

AGENDA

Meeting: **Cabinet**
Place: **The Kennet Room - County Hall, Trowbridge BA14 8JN**
Date: **Tuesday 17 May 2016**
Time: **9.30 am**

Membership:

Cllr Keith Humphries	Cabinet Member for Health (including Public Health) and Adult Social Care
Cllr Laura Mayes	Cabinet Member for Children's Services
Cllr Fleur de Rhé-Philippe	Cabinet Member for Economic Development, Skills, Strategic Transport and Strategic Property
Cllr Baroness Scott of Bybrook OBE	Leader of the Council
Cllr Jonathon Seed	Cabinet Member for Housing, Leisure, Libraries and Flooding
Cllr Toby Sturgis	Cabinet Member for Strategic Planning, Development Management, Strategic Housing, Operational Property and Waste
Cllr John Thomson	Deputy Leader and Cabinet Member for Communities, Campuses, Area Boards and Broadband
Cllr Dick Tonge	Cabinet Member for Finance
Cllr Stuart Wheeler	Cabinet Member for Hubs, Heritage and Arts, Governance and Support Services
Cllr Philip Whitehead	Cabinet Member for Highways and Transport

Please direct any enquiries on this Agenda to Yamina Rhouati, of Democratic Services, County Hall, Trowbridge, direct line 01225 718024 or email yamina.rhouati@wiltshire.gov.uk

Press enquiries to Communications on direct lines (01225)713114/713115.

All public reports referred to on this agenda are available on the Council's website at www.wiltshire.gov.uk

RECORDING AND BROADCASTING NOTIFICATION

Wiltshire Council may record this meeting for live and/or subsequent broadcast on the Council's website at <http://www.wiltshire.public-i.tv> At the start of the meeting, the Chairman will confirm if all or part of the meeting is being recorded. The images and sound recordings may also be used for training purposes within the Council.

By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and/or training purposes.

The meeting may also be recorded by the press or members of the public.

Any person or organisation choosing to film, record or broadcast any meeting of the Council, its Cabinet or committees is responsible for any claims or other liability resulting from them so doing and by choosing to film, record or broadcast proceedings they accept that they are required to indemnify the Council, its members and officers in relation to any such claims or liabilities.

Details of the Council's Guidance on the Recording and Webcasting of Meetings is available on request.

If you have any queries please contact Democratic Services using the contact details above.

Part I

Items to be considered while the meeting is open to the public

Key Decisions Matters defined as 'Key' Decisions and included in the Council's Forward Work Plan are shown as 

1 **Apologies**

2 **Minutes of the previous meeting** (*Pages 5 - 10*)

To confirm and sign the minutes of the Cabinet meeting held on 19 April 2016.

3 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

4 **Leader's announcements**

5 **Public participation and Questions from Councillors**

The Council welcomes contributions from members of the public. This meeting is open to the public, who may ask a question or make a statement. Questions may also be asked by members of the Council. Written notice of questions or statements should be given to Yamina Rhouati of Democratic Services by 12.00 noon on Wednesday 11 May 2016. Anyone wishing to ask a question or make a statement should contact the officer named above.

6 **Re-commissioning Child and Adolescent Mental Health Services (CAMHS)**
(*Pages 11 - 48*)

 Report by Carolyn Godfrey, Corporate Director.

7 **School Loans** (*Pages 49 - 56*)

 Report by Carolyn Godfrey, Corporate Director.

8 **Business Continuity Plan** (*Pages 57 - 60*)

Report by Maggie Rae, Corporate Director.

9 **Urgent Items**

Any other items of business, which the Leader agrees to consider as a matter of urgency.


Our vision is to create stronger and more resilient communities. Our priorities are: To protect those who are most vulnerable; to boost the local economy - creating and safeguarding jobs; and to support and empower communities to do more themselves.

CABINET

DRAFT MINUTES of a MEETING held in THE KENNET ROOM - COUNTY HALL, TROWBRIDGE BA14 8JN on Tuesday, 19 April 2016.

Cllr Keith Humphries	Cabinet Member for Health (including Public Health) and Adult Social Care
Cllr Laura Mayes	Cabinet Member for Children's Services
Cllr Fleur de Rhé-Philippe	Cabinet Member for Economic Development, Skills, Strategic Transport and Strategic Property
Cllr Baroness Scott of Bybrook OBE	Leader of the Council
Cllr Jonathon Seed	Cabinet Member for Housing, Leisure, Libraries and Flooding
Cllr Toby Sturgis	Cabinet Member for Strategic Planning, Development Management, Strategic Housing, Operational Property and Waste
Cllr John Thomson	Deputy Leader and Cabinet Member for Communities, Campuses, Area Boards and Broadband
Cllr Dick Tonge	Cabinet Member for Finance
Cllr Stuart Wheeler	Cabinet Member for Hubs, Heritage and Arts, Governance and Support Services
Cllr Philip Whitehead	Cabinet Member for Highways and Transport

Also in Attendance: Cllr Glenis Ansell, Cllr Chuck Berry, Cllr Allison Bucknell, Cllr Chris Caswill, Cllr Richard Clewer, Cllr Christine Crisp, Cllr Alan Hill, Cllr Atiqul Hoque, Cllr Jon Hubbard, Cllr David Jenkins, Cllr Bob Jones MBE, Cllr Simon Killane, Cllr Gordon King, Cllr Jerry Kunkler, Cllr Magnus Macdonald, Cllr Horace Prickett, Cllr Anthony Trotman, Cllr Bridget Wayman, Cllr Fred Westmoreland and Cllr Jerry Wickham

Key Decisions Matters defined as 'Key' Decisions and included in the Council's Forward Work Plan are shown as 

44 Apologies

There were no apologies as all members of the Cabinet were present.

45 Minutes of the previous meeting

The minutes of the meeting held on 15 March 2016 were presented.

Resolved:

To approve as a correct record and sign the minutes of the meeting held on 15 March 2016.

46 Minutes - Capital Assets Committee

The minutes of the meeting held on 15 March 2016 were presented.

Resolved:

To receive and note the minutes of the meeting held on 15 March 2016.

47 Declarations of Interest

There were no declarations of interest.

48 Leader's announcements

The Leader invited Cabinet, and those in attendance, to observe a minutes silence as a mark of respect for Cllr Jeff Osborn who had recently passed away.

The Leader provided an opportunity for those in attendance to sign a book of condolence.

49 Public participation and Questions from Councillors

The Leader stated that, in accordance with normal practice, questions regarding agenda items would be taken under the respective item.

Cllr Chris Caswill, indicated that he wished to ask supplementary questions, on issues he had raised not on the agenda.

(a) Cllr Chris Caswill – Public Conveniences

Cllr Caswill thanked Cabinet for the response, and reemphasised his support for the continued negotiations between Wiltshire Council and Chippenham Town Council which he hoped would result in the transfer of assets to the control of the local community.

(b) Cllr Chris Caswill – Better Care Plan Scrutiny

In response to a question from Cllr Chris Caswill as to whether the Homefirst pilot and the Better Care Fund could be scrutinised by the relevant Scrutiny Task Group, the Leader stated that whilst she would not hinder a request, it was up to the Health Select Committee to determine its own workplan.

Cllr Gordon King as member of the Better Care Plan Task Group added that the Task Group had already considered the Joint Commissioning Arrangements and financial information.

50 **Draft Chippenham Site Allocations Plan: Progress Update**

Cllr Toby Sturgis, Cabinet Member for Planning, presented a report which provided an update on the Chippenham Site Allocations Plan and progress with the Schedule of Work developed to respond to the Inspector's comments following the suspension of the Examination and next steps.

The Leader invited members of the public to present their submitted questions, as previously circulated in agenda supplement two together with the responses and invited questioners to ask any supplementary questions.

a) Ian James – Flood Risks

In response to a supplementary question from Mr Ian James, Cllr Toby Sturgis stated that he had seen the email in question, and understood the officer's comments. Cllr Sturgis went on to state that no development should go ahead unless it included mitigation measures designed to reduce the flood risk. Developers would have to demonstrate such measures, and the Environment Agency would have to consider the evidence, and make final decision on the adequacy of the plans.

In response to a supplementary question from Mr Ian James, Cllr Jonathan Seed clarified that any development of any ground had flood risks associated with it, but such risks could be mitigated with appropriate strategies.

In response to a supplementary question from Mr Ian James, Cllr Toby Sturgis explained that the Environment Agency (EA) would publish information when they were ready. The Leader asked that officers talk to the EA about expediting the process and asked officers to ensure the relevant parties were informed when the evidence was produced.

In a closing statement, Mr Ian James emphasised the impact of climate change on flood risk

b) Marilyn Mackay – Chippenham DPD

Marilyn Mackay stated that she did not have any supplementary questions.

c) Helen Stuckey – Chippenham DPD

In response to a supplementary question from Mrs Helen Stuckey, Cllr Toby Sturgis explained that the full appraisals would be included in the papers for the

Council meeting on 10 May which would be published on 29 April, and that he intended to keep an open mind considering all the evidence in full.

The Leader emphasised that the meeting of Full Council would make the final decision on a recommendation to the Inspector. The Leader also asked that a link to the published Council papers be promoted in the locality.

d) Cllr Chris Caswill – Chippenham DPD

In response to a supplementary question from Cllr Chris Caswill, Cllr Toby Sturgis undertook to keep an open mind about the need for an Eastern or Southern Link Road. Alistair Cunningham, Associate Director, added that the reference to the need for an Eastern Link Road in the Regulation 123 list was based on the evidence available at the time of publication and did not pre-empt any subsequent consideration of transport needs as part of the Chippenham DPD.

In response to a supplementary question from Cllr Chris Caswill, the Leader stated if the Council produced a detailed transport plan at this stage would it be in danger of being accused of pre-empting the Inspector.

e) Malcolm Toogood – Speculative Development

The Leader asked officers to provide a written response to Mr Toogood's statement about the impact of the delay in the adoption of the Chippenham Site Allocation on speculative development in other areas. As the statement had not been submitted in advance, it was not possible to give a considered reply at the meeting.


Resolved

That Cabinet notes the progress made with the examination of the Draft Chippenham Site Allocations Plan including the work being undertaken pursuant to the Schedule of Work agreed with the Inspector appointed to examine the Plan and the next steps.

Reason for Decision

To inform Cabinet of the continuing work to respond to the concerns of the Inspector appointed to examine the Chippenham Site Allocations Plan following suspension of the Examination in November 2015 and next steps.

51 **Laptop Estate Refresh**

 Cllr Stuart Wheeler, Cabinet Member for ICT, presented a report which sought approval for the spend, and the commencement of a project to replace all Windows 7 laptops in scope with Windows 10 laptops within the Wiltshire Council estate, along with the associated 3rd party services that were required to

assist with the provisioning of new laptops and the reselling, recycling or disposal of old laptops.

Issues highlighted in the course of the presentation and discussion included: that hardware options had been tested by users, compatibility with existing software and applications was also being tested how issues of access, security and equalities would be dealt with. A discussion ensued on the ICT needs of members which would continue to be explored.

Cllr Dick Tonge, Cabinet Member for Finance, stated that issues in relation to the possible disposal of hardware to the community had been explored. However, the disposal programme as detailed in the report, represented the best logistical, secure and value for money outcome but would continue to be considered and taken into account within the business case.

Cllr Dick Tonge also proposed two additional recommendations in relation to developing the business plan to take account of mobile working and expansion of the MyWiltshire App which Cllr Stuart Wheeler accepted.

Resolved

- 1. To invest in new laptops to replace the aging current devices and to take advantage of new mobile functionality.**
- 2. To delegate powers to enter into a contract to purchase new laptops incorporating supply, build, deploy the new devices and dispose of the old devices, to the Associate Director, People and Business and Cabinet member for Hubs, Governance, Support Services, Heritage & Arts and Customer Care in conjunction with the Section 151 Officer.**
- 3. To develop a business plan that evaluates mobile working across all aspects of the Council that results in an action plan that shows potential savings with initial feedback in October 2016.**
- 4. To develop a business plan that evaluates the use of the MyWiltshire App across all aspects of the Council that results in an action plan that shows the advantages to residents and potential savings with initial feedback in October 2016.**

Reasons for Decision

The increasing failure rate of laptops is beginning to have an impact on costs and operational support as well as disruption to council staff. To take full advantage of the Windows 10 operating system we need a new laptop estate that will meet the needs of the majority of staff and still be a cost effective solution. Bringing in Windows 10 will allow us to engage with the Disability Forum, Information Assurance and HR to understand how we can then deploy

the same council build to devices other than those proposed to be purchased e.g. tablets.

52 Wiltshire Council direct provision – CQC registered care services for adults

Cllr Keith Humphries, Cabinet Member for Health, presented a report which updated Cabinet on the registered care services that were directly provided by the Council.

In giving his presentation, Cllr Keith Humphries emphasised that the Council should to acknowledge the hard work of the staff, many of whom went the extra mile; and encouraged councillors to arrange a visit, so they could see for themselves the positive work being undertaken in respite settings.

The Leader asked if such a visit could be arranged for Cabinet members.

Resolved

That Cabinet notes the key outcomes of the CQC inspections in relation to the Council run registered services. Acknowledges the input of the staff, required in order to achieve such positive outcomes, giving assurance to the Council that quality services are being provided to Wiltshire residents.

Reason for Decision

To ensure that Cabinet is aware of the high quality of service provision being delivered by the Council's Adult Care directly provided registered services.

53 Salisbury City Council Asset Transfer – Cabinet Approval of Transfer from Wiltshire Council

Councillor Dick Tonge, Cabinet Member for Finance, presented a report which sought approval of a final package of assets and services to be transferred to Salisbury City Council; provided detailed information in relation to the financial impact this would have on Wiltshire Council; and recommended the process and timescale for other potential asset and service transfers to parish and town councils.

Issues highlighted in the course of the presentation and discussion included: the number of services and properties to transfer; that some land tenure and ownership issues had proved intractable and costly to resolve, so the Council had agreed to agency agreements as an alternative to full transfer of ownership; the s106 monies to be transferred, and the restrictions placed on these; the ambitions of other towns, and how the Council had learnt from the experience thus far; the revenue implications to the Councils; the support that can be provided to Councils during the transfer; that the aim was for packages to be

broadly cost neutral for both parties, and that this meant that assets and liabilities would be devolved.

Cllr Dick Tonge, in giving his presentation explained that the deal for Salisbury, particularly in relation to the funding of CCTV assets, may not be replicated in other towns. Cllr Tonge also made a minor amendment to recommendation (e).

Cllr John Thomson state, in response to a question from Cllr Bob Jones MBE, that discussions with Cricklade on the transfer of some assets were being dealt with separately and he was open to discussions about timescales.

The Leader, in response to a question from Cllr Jon Hubbard explained that she would be happy to arrange discussions about the funding of improvement works for land that had not yet transferred from the ownership of Wiltshire Council.

Cllr Richard Clewer stated that he welcomed the proposals and the opportunities it afforded the City Council.

Cllr Atiqul Hoque expressed his support for the proposals but was concerned at the time it was taking.

The Leader expressed concern that Salisbury City Council were not planning to consider the matter until July, which she felt was an undue delay; and emphasised that the decision on the Asset Transfer was not contingent on any decision regarding Community Governance Review of parish boundaries.

She asked that no more officer time be spent on this issue until a decision had been made by Salisbury City Council. Acknowledging that the Corporate Director had already written to the City Council's clerk, the Leader stated that she would also write to Leader of the City Council to further emphasise these issues.

Resolved

- 1. To approve the final list of assets and services listed that will be transferred to Salisbury City Council;**
- 2. To note the net revenue impact to the council;**
- 3. To approve the service transfer budget principle of “tapering” to zero cost over 4 years;**
- 4. To delegate the implementation of the transfer of properties and the service delegation to a Corporate Director following consultation with the Cabinet Member for Finance;**
- 5. To use the work and model established for Salisbury for further transfers with indicative phasing as shown in on page 90 and 92 of the**

report.

Reason for Decision

To complete the transfer of the package of assets and services to Salisbury City Council and ensure an agreed process is in place for other asset and services transfers to parish and town councils.

54 **Age UK Contracts 2016 and beyond**

Key Cllr Keith Humphries, Cabinet Member for Health, presented a report which set out a proposal for entering into two agreements with a single Age UK organisation covering the whole of Wiltshire. It was noted that the report was required in advance of two exemptions from the Council's procurement regulations so that the Council and Clinical Commissioning Group could enter into a long term investment grant and a separate community services contract with Age UK.

In making his presentation, Cllr Keith Humphries stated that as the management of the new Wiltshire Age UK had not yet been appointed, he asked that the recommendation be amended to delegate the final decision to the Associate Director to allow further negotiation to take place.

In response to issues raised at the meeting, Cllr Keith Humphries agreed that a meeting should take place with relevant parties so that Age UK could take full part in the efforts to devolve more Health and Wellbeing activity to Community Area level.

Resolved

- 1. To delegate authority to the Corporate Director following consultation with the Cabinet Member for Health, to conclude negotiations in entering into a long term investment grant in partnership with the CCG with Age UK for a total maximum term of four years based on a two year agreement with the option to extend the agreement for an additional two years based on the agreement of the parties.**
- 2. To enter into a one year community services contract exempt from the procurement regulations.**
- 3. To arrange a meeting of the Chairs of Health & Wellbeing Groups, Community Engagement Managers and Age UK to discuss possibilities to deliver priorities together.**

Reasons for Decision

1. This proposal has been made so as to ensure there are a range of effective and robust community based prevention services available across the County of Wiltshire. The proposal will provide the Council and CCG with a key strategic partner with which to achieve shared objectives around developing resilient communities and delivering services within the community. The proposal will deliver efficiencies through rationalising the allocation of resources ensuring best value is achieved.
2. The recommendation to enter into a two year agreement with a single Age UK organisation will give commissioners from across the CCG and the Council the opportunity to develop a strategic partnership with Age UK which can be used to drive community based prevention activities, deliver the shared objectives set out in this document and support strategic objectives shared by both the council and CCG delivered through the Health and Well Being Board.
3. The strategic partnership will also be a key element of working across the system to ensure that prevention, information and voluntary services are coordinated and deliver the best value for both health and care sectors.
4. The optional extension will be considered based on the service providers' ability to evidence how it is delivering the objectives shared by the commissioning organisations and that they can work as a key strategic partner across the system. A report will be submitted for the cabinet's consideration in the autumn of 2017 setting out the impact of extending the long term investment grant based on the data collated during the term.
5. The Community service contract will give commissioners the time to agree how these services will be delivered after April 2017.

55 **Highways Peer Review**

Cllr Philip Whitehead, Cabinet Member for Highways and Transport, presented a report which advised Cabinet of the outcome of the recent peer review of the Highways Service.

The Council had received very positive feedback about the way its Highways Service was managed and delivered. The areas recommended for consideration would be taken forward to form an action plan. The review team was due to return to Wiltshire to agree the action plan. The plan and progress with its implementation would then be reported to cabinet and the Environment Select Committee later in the year.

Resolved

That Cabinet notes the positive results of the recent Highways Maintenance Efficiency Programme Peer Review, and that progress on

implementing its recommendations will be reported to a future meeting of Cabinet.

Reasons for Decision

There have been significant changes in the Council's Highways Service over the last few years. These include a significant increase in capital expenditure in maintenance through the Local Highways Investment Fund 2014-20, substantial reduction in revenue funding, realignment of transport funding by the central government, termination and procurement of the term maintenance contract, and several restructuring of the service since Wiltshire became a unitary council.

It is important to get an independent view on whether, after all these changes the service is fit for purpose and provides value for money to the residents.

56 **Urgent Items**

There were no urgent items.

(Duration of meeting: 9.30 - 11.24 am)

These decisions were published on the 26 April 2016 and will come into force on 5 May 2016

The Officer who has produced these minutes is Yamina Rhouati, of Democratic Services, direct line 01225 718024 or e-mail Yamina.Rhouati@wiltshire.gov.uk
Press enquiries to Communications, direct line (01225) 713114/713115

Wiltshire Council

Cabinet

17 May 2016

Subject: Re-commissioning Child and Adolescent Mental Health Services (CAMHS)

Cabinet member: Councillor Laura Mayes – Children’s Services

Key Decision: Yes

Executive Summary

Primary and Specialist Child and Adolescent Mental Health Services (CAMHS) in Wiltshire are provided by Oxford Health NHS Foundation Trust under separate but linked contracts.

Wiltshire Council funds and holds the contract for Primary CAMHS which provides interventions and treatment for children and young people assessed as having mild to moderate mental health needs. The Wiltshire Clinical Commissioning Group (CCG) funds and oversees the contract for specialist CAMHS which provides interventions and treatment for those with more severe mental health difficulties. Bath and North East Somerset (B&NES) CCG is an associate to Wiltshire CCG’s contract and there are efficiencies in having a service that works across a wider geographical footprint.

Both contracts commenced in April 2009 and are due to expire in March 2017. Consequently, a re-commissioning process needs to be agreed to ensure the continuity of a safe and effective Child and Adolescent Mental Health Service to meet the needs of Wiltshire’s children and young people from 1 April 2017.

Taking into account the new national vision for child and youth mental health (*Future in Mind*) and the local CCG transformation plan for children and young people’s mental health and wellbeing, it is recognised that a new CAMHS service delivery model is required in order to meet the changing needs of children and young people.

This report evaluates options for commissioning a new integrated primary and specialist Child and Adolescent Mental Health Service. In doing so, it recommends that Wiltshire Council and the Wiltshire CCG align their funding to re-commission such a service under one contract.

To secure the service required, the report recommends that this is best achieved by applying and testing out a “most capable provider” approach (as set out in option 3 within this report), in accordance with the ‘light touch’ regime as detailed within the Public Contract Regulations 2015 (as detailed in Appendix 1).

The Public Contract Regulations provide more flexibility for the procurement of health, social care and education services (the 'light touch regime'), allowing commissioners to decide how best to procure a provider to deliver the services to meet patient needs and improve the quality and efficiency of services. CAMHS falls within this definition and the most capable provider procurement approach is an established model for securing the service required in accordance with the Regulations.

Proposal(s)

- i) To agree that the Council should work with the Wiltshire CCG to re-commission a new integrated service delivery model for primary and specialist CAMHS to meet the needs of children and young people. To include aligning Wiltshire Council funding for Primary CAMHS with Wiltshire CCG funding for specialist CAMHS;
- ii) Linked to (i) above, to approve that the Wiltshire CCG takes on the role as the Lead Commissioner for the new service with the Council as an associate to the contract.
- iii) To approve the commissioning approach already agreed by the Wiltshire CCG Governing Body to test the market to establish if undertaking a most capable provider process is the appropriate route to secure the service required (option 3). To include authorisation from Cabinet to undertake a tender process if required, in accordance with the 'light touch' regime as detailed within the Public Contract Regulations (option 2). This shall be led by the Wiltshire CCG with the Council as an associate.
- iv) To delegate approval of the procurement process, including the development a revised service specification and decision on award of contract to the Corporate Director in consultation with the Cabinet Member for Children's Services in consultation with the Cabinet Member for Finance, Cabinet Member for Public Health and the Solicitor of the Council.

Reason for Proposal

The local CCG transformation plan for children and young people's mental health and wellbeing sets out the overall joint strategic direction, clear vision and principles for delivering a child and youth mental health system that can meet the changing needs of children and young people in Wiltshire, for example, the increase in eating disorders and self-harming behaviour. The plan has been developed in partnership with a range of stakeholders from across education, health and social care and reflects the needs and views of children, young people and parents/carers.

In order to deliver the plan effectively (which has been agreed by the Health and Wellbeing Board) and ensure the continued provision of a safe and effective Child and Adolescent Mental Health Service, the Council needs to work together

with Wiltshire CCG to set out a new service delivery model. This requires the Council to align its resources with the CCG and the transformation plan's strategic objectives.

This report evaluates options for commissioning a new integrated primary and specialist Child and Adolescent Mental Health Service. In doing so, it recommends that the Council approves the decision already made by the Wiltshire CCG to test the market to establish if undertaking a most capable provider process is the appropriate route. The key argument in favour of this option is that the market for the provision of CAMHS is understood to be limited regionally.

Name of Director	Carolyn Godfrey
Designation	Corporate Director

Subject: Re-commissioning Child and Adolescent Mental Health Services (CAMHS)

Cabinet member: Councillor Laura Mayes – Children’s Services

Key Decision: Yes

Purpose of Report

1. This report seeks Cabinet approval to work with Wiltshire CCG to re-commission a new integrated service delivery model for primary and specialist CAMHS in order to meet the changing needs of children and young people. A number of options for commissioning this service are set out in the report and a recommendation provided on the best option to secure the service required.

Relevance to the Council’s Business Plan

2. The proposal is critical to supporting Wiltshire Council’s key priority to protect the most vulnerable by making sure that children and young people who are experiencing emotional wellbeing and mental health problems get timely access to the right support and treatment they need in the right place.

Main Considerations for the Council

Re-commissioning process

A co-commissioned model

3. To achieve a new service delivery model that best meets the changing needs of children and young people, it is recommended that funding for primary and specialist CAMHS from Wiltshire Council and Wiltshire CCG is aligned, to fund a new service under one contract, with the CCG as Lead Commissioner. This arrangement would provide an overall indicative financial envelope of circa £4.7m per annum.
4. Already agreed by Wiltshire CCG Governing Body, such an arrangement is likely to serve as the most effective and efficient way of securing the right service to improve outcomes whilst ensuring value for money.

Joint Commissioning with Bath and North East Somerset (B&NES) CCG

5. Subject to formal agreement from the B&NES CCG, the B&NES Joint Commissioning Committee has agreed in principle the proposal to re-

commission the new primary and specialist Child and Adolescent Mental Health Service jointly with Wiltshire CCG. It is likely that having a service operating across a wider geographical footprint will result in improved efficiencies and better outcomes for children, young people and families.

Commissioning options to secure the service required

6. The Wiltshire Council Children’s Services Joint Commissioning Team has considered a number of options for re-commissioning a new CAMHS service from 1 April 2017. These are evaluated below and were considered by Wiltshire CCG Governing Body in March 2016.

Option 1 – Re-tender the service under two contracts

This would involve undertaking a full open and **competitive tender process** compliant with relevant procurement policy, law and regulations. Under this option, the CCG would lead the tendering process for Specialist CAMHS and Wiltshire Council would lead a separate tendering process for Primary CAMHS. This would continue the existing commissioning arrangements where these two but linked services are delivered under separate contracts.

Advantages	Disadvantages
<ul style="list-style-type: none"> - Due diligence – achieving best value for money. - Clear compliance with regulatory requirements. - Understanding what alternatives and options are available in the market place as well as maintaining a competitive market. 	<ul style="list-style-type: none"> - The market for the provision of CAMHS is understood to be limited regionally.* - Time consuming and resource intensive process. - More difficult to eliminate artificial barriers between services. - Does not join up local resources across the whole system to support improved outcomes and value for money. - Reduced innovation because the incumbent provider would be unable to utilise their expertise and experience to help shape the new service specification. - Current service developments would effectively be put on hold. This could hamper progress with the delivery of local priorities which the incumbent provider is leading on in respect of CAMHS transformation. - Joint commissioning arrangements with neighbouring authorities might be compromised.

Option 2 – Re-tender the service under one contract supported by an aligned budget

This would involve undertaking a full open and **competitive tender process** in accordance with the ‘light touch regime’ and compliant with relevant procurement policy, law and regulations. Under this option, a new integrated primary and specialist Child and Adolescent Mental Health Service would be co-commissioned between the Wiltshire CCG and Wiltshire Council, with the CCG taking on the role as Lead Commissioner. B&NES would also be an associate to the contract.

Advantages	Disadvantages
<ul style="list-style-type: none"> - Due diligence – achieving best value for money. - Clear compliance with regulatory requirements. - Understanding what alternatives and options are available in the market place as well as maintaining a competitive market. - Joins up local resources across the whole system to improve outcomes and value for money. - Helps to eliminate artificial barriers between services through a fully integrated service delivery model. 	<ul style="list-style-type: none"> - The market for the provision of CAMHS is understood to be limited regionally.* - Time consuming and resource intensive process. - Reduced innovation because the incumbent provider would be unable to utilise their expertise and experience to help shape the new service specification. - Current service developments would effectively be put on hold. This could hamper progress with the delivery of local priorities which the incumbent provider is leading on in respect of CAMHS transformation. - Joint commissioning arrangements with neighbouring authorities might be compromised.

*In the last 12 months, both Buckinghamshire and Oxfordshire have undertaken extensive testing of the market for the provision of CAMHS. The findings suggest that the market for the provision of CAMHS is limited across the region. For example, in Buckinghamshire, it is understood that a recent tender process led to the contract for CAMHS being awarded to the existing provider. In Oxfordshire, it is understood that the CCG have taken the decision not to re-tender and instead review the current service with the incumbent provider as the preferred provider. This decision was reached following an Invitation to Tender exercise which resulted in just one expression of interest being submitted (from the incumbent provider).

Option 3 – Test the existence of a most capable provider (preferred provider)

Under this option, a new integrated primary and specialist Child and Adolescent Mental Health Service would be co-commissioned between Wiltshire CCG and Wiltshire Council, with the CCG taking on the role as Lead Commissioner. B&NES CCG would also be an associate to the contract.

This option would involve commissioners continuing to work with the incumbent provider as well as GP's, schools and other stakeholders to develop the service within the current financial envelope and as required by the local CCG transformation plan for children and young people's mental health and wellbeing (as agreed by the Health and Wellbeing Board). In the event that a tender process is required, this development work would be reflected in the service specification used in the tender process.

Wiltshire Council would work with the Wiltshire CCG to conduct investigations to establish whether there is a viable market for CAMHS in Wiltshire. These investigations would include a number of strands, including further discussions with neighbouring commissioners, a trawl of the relevant advertising portals (Contracts Finder, OJEU), and in accordance with the Public Contract Regulations 2015 a Prior Information Notice (PIN) placed on Contracts Finder and the OJEU to establish current market interest and capability.

This investigatory process would occur over the course of a month and would offer the CCG and the Council strong evidence as to the legitimacy of a most capable provider (preferred provider) approach. In the event of a viable competitive market being established a procurement process would be required (option 2).

Subject to the aforementioned market investigations and the establishment of a most capable provider, the new service would be delivered by this provider subject to the successful outcome of a comprehensive and robust negotiation process¹.

Advantages	Disadvantages
<ul style="list-style-type: none"> - Save considerable time and resources on the basis that a limited market indicates that a full tender process might not be appropriate. - Joins up local resources across the whole system to improve outcomes and value for money. - Helps to eliminate artificial barriers between services through a fully integrated service delivery model. - Improved innovation - the incumbent service provider would be able to contribute its expertise and experience to help develop the service. - Service developments continue to be delivered supporting delivery of the local CCG transformation plan 	<ul style="list-style-type: none"> - May not achieve due diligence – best value for money. - Potentially more difficult to negotiate more favourable terms for commissioners. - Risk of challenge (particularly if a clear audit trail cannot be shown in respect of the decision).

¹ This would involve commissioners from Wiltshire CCG and Wiltshire Council working with the identified most capable provider to negotiate the best terms and conditions of contract to ensure value for money whilst improving quality of service. A key part of the process would require the provider to meet a set of minimum quality standards which would be drawn up by commissioners, with input from GPs and other key stakeholders.

for children and young people's mental health and wellbeing.	
--------------------------------------------------------------	--

Background

Funding for primary and specialist CAMHS

Current arrangements

7. Primary and Specialist Child and Adolescent Mental Health Services are provided by Oxford Health NHS Foundation Trust.
8. PCAMHS is funded by Wiltshire Council Children's Services (£568k per year) to provide targeted mental health interventions and treatment for children and young people with mild to moderate mental health needs. Specialist CAMHS is funded by the Wiltshire CCG (£3.6m per year) to provide interventions and treatment to those children and young people with more severe mental health problems. These services are available for 0-18 year olds who are referred by a wide range of professionals including their GP, health visitor, school or hospital doctor. Referrals are made into the service via a Single Point of Access.
9. Both services are linked but are provided under separate contracts which are overseen by the Wiltshire Council Children's Services Associate Director (Joint with CCG) for Commissioning, Performance and School Effectiveness. Bath and North East Somerset CCG is an associate to Wiltshire CCG's contract.

CAMHS transformation

10. Following additional national investment to support improvements to provision and outcomes, Wiltshire CCG has increased funding to Oxford Health NHS Foundation Trust to deliver on a number of local priorities which are key to the successful delivery of the local transformation plan for children and young people's mental health and wellbeing. From 1 April 2016, the following annual recurrent funding will be provided:
 - £243,924 for an enhanced community eating disorder service as part of Specialised CAMHS. This is being delivered through a joint commissioning arrangement with B&NES and Swindon, with the Wiltshire CCG as the Lead Commissioner.
 - £324,739 to support early intervention as part of the current Wiltshire Council PCAMHS contract.

Overall indicative budget for primary and specialist CAMHS

11. Subject to agreement by the Wiltshire CCG and Wiltshire Council, the overall indicative financial envelope which is potentially available to support the provision of primary and specialist CAMHS in Wiltshire is outlined overleaf.

Commissioner	Indicative Budget
Wiltshire Council Children's Services primary CAMHS	£568,000.00
Wiltshire CCG specialist CAMHS	£3,600,000.00
Wiltshire CCG CAMHS transformation funding for enhanced eating disorder service	£243,924.00
Wiltshire CCG CAMHS transformation funding for early intervention through primary CAMHS	£324,739.00
Total	£4,736,663.00

(Please note that responsibility for funding in respect of Tier 4 CAMHS rests with NHS England Specialised Commissioning and is not included in the above figures.)

Overview & Scrutiny Engagement

12. The Children's Select Committee will consider the proposals set out in this report on 31 May 2016. At this stage it is not known whether proposals will be subject to a scrutiny exercise.

Safeguarding Implications

13. The development of a new integrated primary and specialist CAMHS service delivery model will improve the quality of service and experience for children, young people and their families. This will be achieved by removing barriers between 'tiers' of services; encouraging improved coordination between mental health services, GPs, schools, the local authority and the voluntary and community sector; and providing evidence based interventions and treatment that works in non-stigmatised community settings, close to home.
14. There will be a much stronger emphasis on early intervention which will help to prevent problems from getting worse and reaching crisis point. These changes will help to improve safeguarding and provide children and their families with faster access to the right help, at the right time and in the right place.
15. Once selected, the provider of the new service will be required to meet a set of minimum quality standards which will be drawn up by commissioners, with input from GPs and other key stakeholders. This will include a robust focus on safeguarding and protecting children.

Public Health Implications

16. There are limited public health implications associated with the precise commissioning process selected for securing the future provision of primary and specialist CAMHS in Wiltshire.

17. The service model developed for the future provision of these services, irrespective of provider, has potentially significant public health implications. It will be essential that the model agreed for primary and specialist CAMHS is informed by a needs assessment and evidence review. It should also be designed to form part of a wider comprehensive system that promotes improved emotional wellbeing and mental health across the spectrum of need.
18. The service provision will support improved outcomes across all five domains of the NHS Outcomes Framework.

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill-health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

19. In addition, the service provision will support improvement to the following Public Health outcomes:
- Hospital admissions caused by unintentional and deliberate injuries in children and young people
 - Age standardised rates of hospital stays for self-harm

Procurement Implications

20. Subject to Cabinet approval, Wiltshire CCG will take on the role as the Lead Commissioner for the new CAMHS Service from 1 April 2017 with Wiltshire Council as an associate to the contract. The contract will be overseen by the Wiltshire Council Children's Services Associate Director (Joint with CCG) for Commissioning, Performance and School Effectiveness.
21. The procurement process for securing the new service will need to comply with the Procurement, Patient Choice and Competition Regulations (No 2) 2013 – the 'S75' Regulations and the Public Contracts Regulations 2015.
22. The Public Contracts Regulations 2015 provide more flexibility for the procurement of health, social care and education services. Child and Adolescent Mental Health Services fall within this remit. Consequently, commissioners are able to decide how best to procure the most capable provider to deliver the services to meet patient interests and improve the quality and efficiency of services.
23. From and including 18 April 2016, where a health, social care and education service contract is above €750,000 (£589,148), commissioners must award that contract in line with the Public Contracts Regulations 2015 using a 'light touch regime'. This requires:

- Publication of the contract notice or Prior Information Notice (PIN) in the Official Journal of the European Union (OJEU) (and contract award notice in the OJEU); and
- An award procedure which complies as a minimum with the EU principles of non-discrimination and equal treatment.

24. In awarding the contract, commissioners can focus on the quality of the service that best meets qualitative criteria e.g. accessibility, continuity or the needs of various categories of service user. Commissioners may even prohibit the cost-only criteria for such contracts.

25. The Wiltshire Council Strategic Procurement Hub and NHS South, Central and West Commissioning Support Unit (CSU) have reviewed the contents of this report and contributed specialist procurement expertise where appropriate. They are both satisfied that proposals set out in this report are compliant with the relevant procurement rules and regulations.

26. Following agreement from Wiltshire CCG Governing Body in March 2016, the most capable provider commissioning process (as detailed in Appendix 1) is already being implemented by the NHS South, Central and West Commissioning Support Unit. Subject to agreement from Cabinet, Wiltshire Council's Strategic Procurement Hub will need to work with the CSU to complete the agreed commissioning process.

27. A collaborative commissioning agreement shall be established to manage the governance of the joint commissioning arrangement. This shall be developed in conjunction with legal services and the strategic procurement hub.

Equalities Impact of the Proposal (detailing conclusions identified from Equality Analysis, sections 4 and 5)

28. A comprehensive assessment of the equality issues and impacts of the proposal to redesign the primary and specialist CAMHS service has been undertaken and is set out within the attached Equality Impact Assessment (Appendix 2). This is a working document and will be updated regularly to take account of the views of various stakeholders during the consultation on the development of the new service.

29. The development of a new integrated primary and specialist service delivery model for CAMHS is intended to have a positive impact on all children and young people covering all the protected characteristics.

Environmental and Climate Change Considerations

30. The development of more community based CAMHS provision through universal settings such as schools is likely to have a positive impact on environmental and climate change issues. A more localised service is likely to result in fewer journeys being made by CAMHS staff and members of the public.

Risk Assessment

Risks that may arise if the proposed decision and related work is not taken

31. Failure to agree a robust, timely and effective commissioning process for the provision of primary and specialist CAMHS could result in the mental health needs of children and young people not being met satisfactorily from 1 April 2017.
32. There is a risk that re-commissioning the service via a full tender process could hamper progress with the development of a new service delivery model and implementation of the local CCG transformation plan for children and young people's mental health and wellbeing.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

33. Failure to follow relevant procurement policy, laws and regulations (including EU law as set out in the Public Contract regulations) could result in legal challenge. To mitigate this, the commissioning process will be managed by procurement specialists from the Wiltshire CCG and Wiltshire Council working together.
34. There is a risk that a provider or stakeholder may challenge a decision to not to go out to tender. To mitigate this, procurement specialists from the NHS South, Central and West Commissioning Support Unit and Wiltshire Council Strategic Procurement Hub shall continue to work together to review and oversee the recommended commissioning process, to ensure compliance with relevant procurement policy, laws and regulations.

Financial Implications

35. The Council currently spends £568k per year on the provision of the Primary CAMHS Service. This spend is already budgeted for within Children's Services and subject to budget setting decisions, this forms the indicative financial envelope (and Wiltshire Council contribution) that is available to resource the new service.
36. Aligning resources with the CCG along with the successful completion of the agreed commissioning process may provide the opportunity for efficiency savings for both organisations through improved economies of scale. However, this is not guaranteed.
37. Following the Cabinet decision, the Wiltshire Council Children's Services Associate Director (Joint with CCG) for Commissioning, Performance and School Effectiveness will work with the CCG to finalise the overall financial envelope which is available to fund the new service. For the Council, this will require approval from the Lead Member for Children's Services and relevant Corporate Director.

38. Any financial risks associated with the service contract shall be governed by a co-commissioning agreement that will be developed in conjunction with legal services and the strategic procurement hub. This will clearly set out accountability for the management of financial risk.

Legal Implications

39. Procurement specialists from the Wiltshire CCG and local authority will need to continue and oversee the recommended commissioning process, to ensure compliance with relevant procurement policy, laws and regulations.

40. The Best Value duty under the Local Government Act 1999 places a responsibility on the Council to make arrangements to secure continuous improvement which includes a wide duty to consult when changes to services are proposed.

41. Any joint arrangements will need to be underpinned by legal agreements to ensure that appropriate governance arrangements are in place. These shall be developed in conjunction with legal services.

Options Considered

42. A full appraisal of options for the re-commissioning of primary and specialist CAMHS has been included in the main body of this report.

Conclusions

43. Following an appraisal of the commissioning options available for securing the new service, it is recommended that Cabinet approves the Wiltshire CCG's Governing Body decision to test the market to establish if undertaking a most capable provider process is the appropriate route (option 3). The key argument in favour of this option is that the market for the provision of CAMHS is understood to be limited regionally.

44. Taking account of the above, Cabinet are therefore invited to consider and approve the following recommendations:

- i) To agree that the Council should work with the Wiltshire CCG to re-commission a new integrated service delivery model for primary and specialist CAMHS to meet the needs of children and young people. To include aligning Wiltshire Council funding for Primary CAMHS with Wiltshire CCG funding for specialist CAMHS;
- ii) Linked to (i) above, to approve that the Wiltshire CCG takes on the role as the Lead Commissioner for the new service with the Council as an associate to the contract.
- iii) To approve the commissioning approach already agreed by the Wiltshire CCG Governing Body to test the market to establish if undertaking a most capable provider process is the appropriate route to secure the service required (option 3). To include authorisation from Cabinet to undertake a tender process if required, in accordance with

the 'light touch' regime as detailed within the Public Contract Regulations (option 2). This shall be led by the Wiltshire CCG with the Council as an associate.

- iv) To delegate approval of the procurement process, including the development a revised service specification and decision on award of contract to the Cabinet Member for Children's Services in consultation with the Cabinet Member for Finance, Cabinet Member for Public Health and the Solicitor of the Council.

Name of Director **Carolyn Godfrey**
Designation **Corporate Director**

Report Authors: Julia Cramp, Associate Director (Joint with CCG), Commissioning, Performance and School Effectiveness, Children's Services Julia.Cramp@Wiltshire.gov.uk 01225 718221 and James Fortune, Lead Commissioner, Children's Services James.Fortune@Wiltshire.gov.uk 01225 713341

28 April 2016

Background Papers

None

Appendices

Appendix 1: Most Capable Provider Process and Timetable

Appendix 2: Equalities Impact Assessment

Most Capable Provider Process and Timetable

The process and timetable for securing the most capable provider is set out below. Following agreement by the Wiltshire CCG, this process is already underway and is being led by the NHS South, Central and West Commissioning Support Unit.

No	Task	Dates
1.1	Market assessment report:	11/04/16 – 28/04/16
1.2	Prior Information Notice (PIN) and questionnaire drafted	11/04/16 – 28/04/16
1.3	Market assessment report delivered	28/04/16
1.4	PIN and questionnaire delivered	28/04/16
1.5	PIN and questionnaire draft agreed	29/04/16
1.6	Consideration given to Market assessment report and next steps	28/04/16 – 03/05/16
	Decision point – did Market assessment indicate a viable competitive market?	
2.1	PIN and questionnaire released	13/05/16
2.2	PIN and questionnaire submission deadline	27/05/16
2.3	PIN and questionnaire submissions assessed	27/05/16 – 03/06/16
	Decision point – did response to PIN and questionnaire indicate a viable competitive market?	
3.1	Assessment design	06/06/16 – 10/06/16
3.2	Process approved	TBC
3.3	Invitation to Propose a Solution released to Potential Provider(s)	15/06/16
3.4	Invitation to Propose a Solution submission closing date	21/07/16
3.5	Submission evaluations	22/07/16 – 12/08/16
3.6	Provider decision announced	September 2016
3.7	Primary Due Diligence period with Provider	October 2016
3.8	Further Due Diligence leading to contract award and transfer of service	From December 2016
3.9	Service commences	April 2017

There are three stages to the process, with each one dependent on the results of the previous. The process is fairly swift, with the announcement of a most capable provider by September 2016.

Stage One

The first stage is the **market assessment** stage, and results in a short market assessment report being delivered to the Lead Commissioner for consideration. This will be predominantly compiled by procurement specialists, however the Lead Commissioner will be asked to support where they have existing intelligence that can be taken advantage of i.e. in respect of known local providers.

Stage Two

Based on the points raised in the market assessment report, a decision shall be made as to whether there is any kind of market for CAMHS (this will be a fairly low bar), and based on that a decision shall be made as to whether or not a **Prior Information Notice and short Questionnaire** will be sent out. This will ask the market a few (3 or 4) very high level questions about whether they believe there is a market for CAMHS, and whether they believe they could provide CAMHS in Wiltshire.

Stage Three

Based on the response to the PIN and market sounding questionnaire, there shall be a final decision point regarding whether or not to formally (but in a very light touch manner) **go out to the market to source a provider**.

As an example, if only one substantive response to the market sounding questionnaire is received, then it would quite safely be concluded that there is no local market. **This would result in going straight to contract with that one provider.**

Equality Analysis Evidence Document					
Title: What are you completing an Equality Analysis on?					
Re-commissioning of Child and Adolescent Mental Health Services (CAMHS)					
Why are you completing the Equality Analysis? (please tick any that apply)					
Proposed New Policy or Service √	Change to Policy or Service	MTFS (Medium Term Financial Strategy)	Service Review		
Version Control					
Version control number	1.0	Date	15/04/2016	Reason for review (if appropriate)	N/A
Risk Rating Score (use Equalities Risk Matrix and guidance)					
**If any of these are 3 or above, an Impact Assessment must be completed. Please check with equalities@wiltshire.gov.uk for advice					
Criteria	Inherent risk score on proposal		Residual risk score after mitigating actions have been identified		
Legal challenge	6		3		
Financial costs/implications	6		3		
People impacts	8		4		
Reputational damage	6		3		
Section 1 – Description of what is being analysed					
<p>Primary and Specialist Child and Adolescent Mental Health Services (CAMHS) are provided by Oxford Health NHS Foundation Trust. The Primary Mental Health Service (PCAMHS) is funded by Wiltshire Council to provide interventions and treatment for children and young people assessed as having mild to moderate mental health needs. Specialist CAMHS is funded by the Wiltshire Clinical Commissioning Group (CCG) to provide interventions and treatment for those with more severe mental health difficulties. The two services are currently provided under separate but linked contracts. These commenced in April 2009 and are due to expire on 31 March 2017. Consequently, a new service will need to be commissioned from 1 April 2017 in order to ensure the continuity of a safe and effective local Child and Adolescent Mental Health Service to meet the needs of Wiltshire’s children and young people.</p> <p>Taking into account the new national vision for child and youth mental health (<i>Future in Mind</i>) and the local CCG transformation plan for children and young people’s mental health and wellbeing, it is recognised that a new CAMHS delivery model is required in order to meet the changing needs of children and young people. To achieve this, the proposal is for Wiltshire Council to align its resources with the Wiltshire Clinical Commissioning Group (through a co-commissioning arrangement) and to work together with a range of stakeholders to develop a new integrated primary and specialist CAMHS service delivery model. It is intended that the new service will improve the life outcomes and overall experience for children, young people and their families and help to reduce health inequalities.</p> <p>This Equality Impact Assessment (EIA) is a working document and is the first version to be completed. It details the equality analysis work undertaken so far and identifies the future work needing to be undertaken to ensure that Wiltshire Council meets its statutory obligations under the Public Sector Equality Duty.</p>					

This EIA will be updated following consultation with key stakeholders on the development of the new CAMHS service delivery model.

The focus of the EIA is to inform the proposal being made to Cabinet on 17 May 2016 as outlined above and in the accompanying Cabinet report. This includes a recommendation to Cabinet on the commissioning process to adopt in order to secure the service required.

Section 2A – People or communities that are currently **targeted or could be affected** by any change (please take note of the Protected Characteristics listed in the action table).

Primary and Specialist CAMHS services are available for 0-18 year olds who are referred by a wide range of professionals including their GP, health visitor, school or hospital doctor. Referrals are made into the service via a Single Point of Access.

CAMHS also offers further support to Looked After Children via an extended 18-25 service for care leavers (Outreach Service for Children and Adolescents). This is routinely offered to all young people leaving care at 18 who would continue to benefit from CAMHS interventions into early adulthood where their needs don't meet the threshold for adult mental health services.

Changes to the service may therefore affect all children and young people covering the full range of protected characteristics.

Data taken from the performance assessment frameworks provided by Oxford Health NHS Foundation Trust show that similar to the national picture, locally there is a high and growing demand for child and youth mental health services, with over two thousand children and young people accessing Wiltshire CAMHS per year.

	2012-13	2013-14	2014-15
Routine referrals into Single Point of Access	1892	2062	2138
All referrals	2828	2740	2742

A recent data snapshot taken in April 2016 revealed that there were a total of 1562 cases currently open to the CAMHS Tier 2 and 3 service.

The new service will continue to be available for all children and young people aged 0-18 (up to 25 for care leavers).

Section 2B – People who are **delivering** the policy or service that are targeted or could be affected (i.e. staff, commissioned organisations, contractors)

The information and data below has been provided by Oxford Health NHS Foundation Trust.

Primary and Specialist CAMHS are currently provided by Oxford Health NHS Foundation Trust. The primary service is staffed by 9.85 Whole Time Equivalents (WTE) offering assessment and short-term interventions for children and young people with mild to moderate mental health problems. The primary service also includes the provision of counselling – delivered through a partnership between Oxford Health and the local charity Relate. 60 WTE staff are employed by the Trust in specialist CAMHS (Community CAMHS and the Outreach Service for Children and Adolescents) addressing more complex and severe mental health problems.

Taking the above into account, around 70 Whole Time Equivalent staff who are employed by Oxford Health NHS Foundation Trust would be affected by any changes to the service. Staff employed by Relate who provide counselling to children and young people would also be affected.

Oxford Health CAMHS Staff Profile

Gender	
Female	88%
Male	12%

Age band	
Under 30	10.2%
30-39	22.9%
40-49	21.5%
50-59	38.5%
60 and over	7.0%

Ethnicity	
White - British	92.2%
White - Irish	1.7%
White – Any Other Background	3.0%
Mixed – White and Black Caribbean	1.4%
Mixed – White and Asian	1.7%

Disability	
Yes	4.6%
No	70.2%
Not declared	25.2%

Religious belief	
Atheism	6.6%
Buddhism	2.4%
Christianity	34.5%
Other	6.4%
I do not wish to disclose my religion/belief	50.1%

Section 3 –The underpinning **evidence and data** used for the analysis (Attach documents where appropriate)

Prompts:

- What data do you collect about your customers/staff?
- What local, regional and national research is there that you could use?
- How do your Governance documents (Terms of Reference, operating procedures) reflect the need to consider the Public Sector Equality Duty?
- What are the issues that you or your partners or stakeholders already know about?
- What engagement, involvement and consultation work have you done? How was this carried out, with whom? Whose voices are missing? What does this tell you about potential take-up and satisfaction with existing services?
- Are there any gaps in your knowledge? If so, do you need to identify how you will collect data to fill the gap (feed this into the action table if necessary)

Wiltshire Child and Adolescent Mental Health Service (CAMHS) data

The following data is taken from the performance assessment frameworks provided by Oxford Health NHS Foundation Trust. It provides an analysis of the Wiltshire primary and specialist CAMHS caseload. This is a snapshot which has been taken in April 2016.

Caseload broken down by age

Age group	No	%
0-4	7	0.4%
5-11	344	22%
12-15	660	42.3%
16-18	549	35.1%
19+	2	0.1%
Total	1562	100%

The data shows that adolescents make up the bulk of the CAMHS caseload. The numbers of children aged 0-4 years accessing the service are low.

Caseload broken down by gender

	No	%
Male	640	41%
Female	922	59%

The data shows that females make up the majority of the CAMHS caseload.

Caseload broken down by ethnicity

Type	No	%
Asian or Asian British	5	0.3%
Mixed – White and Asian	4	0.3%
Black or Black British	9	0.6%
Mixed – White and Black Caribbean	4	0.3%
Mixed – Other Mixed Background	7	0.4%
White British	1148	73.5%
White English	8	0.5%
White Irish	4	0.3%
White – Other/unspecified	7	0.4%
White – Mixed White	7	0.46%
White – Traveller	1	0.1%
Other Ethnic Groups	11	0.7%
Not Known	347	22.2%
Total	1562	100%

The data shows that in respect of referrals to CAMHS, where ethnicity is disclosed the majority of children and young people accessing the service are White – British. The numbers of children and young people from Black and Minority and/or other ethnic groups appear to be low. There is only 1 White-Traveller currently accessing the service. There is a significant number of children and young people whose ethnicity is not known which indicates a need to improve recording of this protected characteristic.

% of total caseload with learning disabilities

No	%
66	4%

The numbers of children and young people with learning disabilities accessing the CAMHS service appear low.

The data provided below on Looked After Children has been taken from the Oxford Health Performance Assessment Framework at the end of Quarter 3 (2015/16).

Looked After Children accessing CAMHS in the quarter

	Number	%
Primary CAMHS	9 out of 436 LAC	2% of LAC population
Specialist CAMHS	41 out of 436 LAC	9% of LAC population

Looked After Children accessing CAMHS previously		
	Number	%
Primary CAMHS	56 out of 436 LAC	13% of LAC population
Specialist CAMHS	86 out of 436 LAC	20% of LAC population

The numbers of Looked After Children accessing CAMHS appear low, particularly when taking into account national research which shows this group of children is more likely to experience emotional wellbeing and mental health problems.

The prevalence of child and youth mental health problems in Wiltshire

Using national research, the [Child and Maternal Health Intelligence Network](http://www.chimat.org.uk) (www.chimat.org.uk) provides a range of helpful information for local areas on the emotional wellbeing and mental health needs of children and young people. Key data and findings in relation to Wiltshire are given below:

- Mental health problems feature highest amongst adolescents.
- Boys are more likely to develop a mental health disorder than girls, particularly in the younger years.
- Conduct and emotional disorders are the most common, largely affecting teenagers.
- Boys are most likely to experience conduct disorders whilst girls are more likely to suffer from emotional disorders including depression and anxiety.
- Neurotic disorders are most prevalent amongst 16-19 year old females, with mixed anxiety and depression disorder the most common.

		Aged 5-10	Aged 11-16
Conduct disorders	Boys & Girls	1,515	1,940
	Boys	1,095	1,215
	Girls	420	730
Emotional disorders inc depression and anxiety	Boys & Girls	715	1,580
	Boys	325	645
	Girls	395	940
Hyperkinetic (hyperactivity) disorders	Boys & Girls	515	440
	Boys	440	360
	Girls	80	80
Other (less common disorders, such as ASD and eating disorders)	Boys & Girls	435	400
	Boys	330	270
	Girls	110	135

Vulnerable and disadvantaged children

National research shows that there are some children and young people who have a greater vulnerability to mental health problems, including for example looked after children, those with special educational needs and/or disabilities, those in contact with the youth justice system and those living in poverty.

Other groups of children and young people (including those listed above and below) which are more likely to be more vulnerable to mental health problems may also include those who are lesbian, gay, bisexual or transgender, refugees or asylum seekers, those in gypsy and traveller communities and those who have been sexually exploited and/or abused.

These children, young people and their families may find it more difficult to access appropriate help and support because of their more complex lives and personal circumstances.

Local data on vulnerable and disadvantaged groups is provided below. This has been taken from the needs assessment within the Wiltshire CCG Transformation Plan for Children and Young People's Mental Health and Wellbeing. This is available at www.wiltshirepathways.org.uk

- There are just over 12,717 children with **SEN**; 1,775 have a Statement/Education, Health and Care Plan (EHCP). The majority of SEN pupils are in primary schools (above the national average). Learning Difficulties is the main reason for statementing. Speech and language and behavioural difficulties both account for around a fifth of EHCPs. Autism accounts for 12.5% of plans but also often appears as a secondary diagnosis. The rate of pupils with Autism in primary schools is above the national figure.*
- At the end of March 2014 there were 395 **Looked After Children** compared to 445 in the previous year.**
- The rate of **youth offending** is low. The majority of young people who do formerly enter the youth justice system are aged 17.**
- 11.4% of children live in **poverty**, with highest levels located in the towns of Trowbridge, Melksham, Chippenham, Salisbury, Calne and Amesbury.***
- 5.3% of children are from **minority ethnic groups** (most are Other White or Mixed Background).#
- 8.2% of the school population are from **military families**. #
- At least 1,306 children under 18 are at risk of alcohol and/or drug related harm because they **live with a parent with a substance misuse problem** #
- Hospital admissions for **drugs and alcohol misuse** are above the national average.#
- Estimated 2,723 **young carers** aged 24 and under (2011 ONS Census)
- **Teen pregnancy** is below the national average (19 girls in 2013) (2013 ONS)

* [Wiltshire 2015-18 SEN Strategy](#)

** [Wiltshire Service Snapshot - CAMHS](#), ChiMat, 2014,

*** [Wiltshire Child Poverty Needs Assessment](#), 2014

[Wiltshire Joint Strategic Assessment](#), 2013/14

The views of stakeholders

The Wiltshire Children's Trust has undertaken extensive consultation with children, young people, parent/carers and professionals to hear their voice in relation to the availability and quality of local services. Children have also been asked about their own mental health and wellbeing. The outcome of consultation with stakeholders (including children, young people and families) has been used to shape the local strategy and commissioning intentions for children and young people's emotional wellbeing and mental health. It has also been used more recently to inform the vision, priorities and outcomes within the local CCG transformation plan for children and young people's mental health and wellbeing.

What children and young people say?

The Pupil Health and Wellbeing Survey, completed in 2015 by approx 7,000 children in local primary and secondary schools found that 69% of children and young people were satisfied with their life. Whilst it is positive that the majority of children and young people are happy, around 1 in 3 surveyed were not satisfied. Furthermore, the data highlighted inequalities, for example, only 57% of Free School Meal children (Yr 8+) and 50% of Year 10 girls reported being satisfied or happy with their life. Sleep is an important behaviour to protect health – the survey found that Wiltshire's children are not getting enough sleep across all age ranges and that 37% of secondary and Yr 12 pupils are often so worried about something that they cannot sleep at night.

Generally wellbeing fell in a range of measures as children got older:

- 12% of primary and 30% of secondary pupils said they had no one to talk to.
- 71% of pupils said they are proud of what they have achieved in their life, decreasing to 51% for Yr 12's.
- 56% felt stressed about their school work.
- 76% of primary age pupils felt confident about their future, falling to 47% by post-secondary school age.
- 9% of secondary and post-16 pupils said they had self-harmed daily, weekly or monthly. The rate was significantly higher for young carers and those with SEND.

A range of consultation activity with children and young people has been undertaken by the Wiltshire Council Children's Services voice and influence team over the last 3 years. This has involved Wiltshire Assembly of Youth, the Children in Care Council (representing Looked After Children), the Wiltshire Youth Disabled Group and CAMHS service users. Common messages for children and young people are given below.

- *Better mental health awareness, education and support (including counselling) is needed in schools;*
- *Help and support should be easier to access, as close to home as possible;*
- *Having someone to talk to in confidence is important;*
- *They need protection from bullying (particularly cyber-bullying);*
- *Information about local support and services and how this can be accessed could be improved;*
- *Good access to positive activities helps to promote wellbeing;*
- *More needs to be done to raise awareness of mental health and tackle stigma;*
- *More help could be given to help children and young people build their self-esteem and confidence.*

The voice of those that work with or care for children, including parents and carers

40 professionals from across the whole system (including education, health, social care and the voluntary and community sector) attended a local workshop in March 2014 on the refresh of the Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people. They told us...

- *Pathways and access to services are not clear. Services are patchy;*
- *There is a gap in support for under 5's and those with autism;*
- *Improved capacity and support is needed in schools;*
- *Young people would benefit from self-help resources;*
- *Agencies need to work better together, particularly re: parents with mental health problems;*
- *More investment should be made in promotion, prevention and early intervention;*
- *Vulnerable children and young people require better care and support during key transitions;*
- *More children and young people should have access to CAMHS and school counselling services;*
- *There should be a focus on building resilience in children and families;*
- *More needs to be done to tackle bullying.*

A survey of parents/carers was undertaken by the Wiltshire Parent Carer Council in March 2015. This revealed concerns in relation to CAMHS, including ineffective joint working, underrated customer experience, poor access and long waiting times.

***Section 4 – Conclusions** drawn about the impact of the proposed change or new service/policy

Prompts:

- What actions do you plan to take as a result of this equality analysis? Please state them and also feed these into the action table
- Be clear and specific about the impacts for each Protected Characteristic group (where relevant)
- Can you also identify positive actions which promote equality of opportunity and foster good relations between groups of people as well as adverse impacts?
- What are the implications for Procurement/Commissioning arrangements that may be happening as a result of your work?
- Do you plan to include equalities aspects into any service agreements and if so, how do you plan to manage these through the life of the service?
- If you have found that the policy or service change might have an adverse impact on a particular group of people and are **not** taking action to mitigate against this, you will need to fully justify your decision and evidence it in this section

Key conclusions from the Equalities Impact Assessment are given below:

- The new service will continue to be available for all children and young people aged 0-18 (up to 25 for care leavers).
- In respect of human resources, any changes to the service would affect women more than men.
- Demand for child and adolescent mental health services is rising and without additional capacity in the system the right help for children, young people and their families cannot be provided. Demand is highest amongst teenagers.
- There are low numbers of children aged 0-4 accessing the current service. Professionals have also highlighted this as a gap in support.
- The majority of children and young people accessing the service are female yet national research shows that in Wiltshire it is boys who are more likely to develop a mental health disorder than girls, particularly in the younger years.
- Boys are more likely to experience conduct disorders whilst girls are more likely to suffer from emotional disorders including depression and anxiety. Neurotic disorders are most prevalent amongst 16-19 year old females, with mixed anxiety and depression the most common.
- Conduct and emotional disorders are the most common mental health problem for children and young people in Wiltshire, largely affecting teenagers.
- The majority of children and young people accessing the current service are White-British. The numbers of children and young people from Black and Minority Ethnic and/or Other Ethnic Groups appear to be low. There is only 1 White-Traveller currently accessing the service and this is a group which is more likely to experience mental health problems. There is a significant number of children and young people whose ethnicity is not known which perhaps indicates a need to improve recording for this protected characteristic group.
- There are some children and young people who have greater vulnerability to mental health problems e.g. Looked After Children. These children, young people and their families may find it more difficult to access appropriate help and support because of their personal circumstances. Taking this into account, the numbers of Looked After Children and children and young people with learning disabilities accessing the current service appear low.
- Not enough is understood about CAMHS service users in respect of some protected characteristics e.g. disability, gender reassignment, pregnancy and maternity and sexual orientation.
- A local survey of children and young people has revealed some health inequalities for particular groups, including Year 10 girls, those on Free School Meals, young carers and those with special educational needs and/or disabilities. Wellbeing falls as children get older across a range of measures. Those with Special Educational Needs and/or Disabilities and young carers are more likely to self-harm.

- Children and young people tell us they want better information, improved support in schools and community settings and more help to improve their self-esteem and resilience.
- Professionals and parents/carers tell us that pathways need to be clearer, more support is needed in schools, joint working between agencies should be better and more emphasis is required on early intervention and prevention approaches.

The development of a new integrated primary and specialist service delivery model for CAMHS is intended to have a positive impact on all children and young people covering all the protected characteristics.

Key actions that will be taken as a result of the this equalities impact assessment:

- Children and young people will be consulted on the development of the new service and their views taken into account in the drafting of the service specification. This will involve a series of consultation workshops that will be facilitated by the Wiltshire Council Children's Services Voice and Influence Team working with Healthwatch Wiltshire, schools, local child/youth participation groups and the Wiltshire Parent Carer Council. The workshops will involve targeting all the key groups of vulnerable and disadvantaged children and young people who are at more risk of developing emotional wellbeing and mental health problems. Consultation will also be targeted at ethnic and/or minority groups in order to ensure their needs are taken into account. This Equalities Impact Assessment will be updated with the outcome of the consultation activity.
- Staff employed by Oxford Health NHS Foundation Trust (and/or any incoming provider) will be consulted on any changes to the service. This Equalities Impact Assessment will be updated with the outcome of this consultation activity.
- The new service will be required to ensure that a robust system is in place for collecting demographic and protected characteristic information about its service users. This will help commissioners and the service to better monitor access in respect of key groups, and where required tailor service delivery in order to remove any barriers to access that may exist.
- Recognising the link between living in poverty/deprivation (e.g. children and young people living in low income families/accessing Free School Meals) and the increased likelihood of developing emotional wellbeing and mental health problems, support will be targeted in areas of greatest poverty and deprivation.
- In order to address increased demand for emotional wellbeing and mental health services, the new service will include a focus on early help and build capacity in universal settings to provide lower level interventions. This will involve improving CAMHS links with schools, particularly secondary schools.
- The service specification will seek to enhance the outreach service for children and adolescents so that interventions and treatment are available in community settings, as close to home as possible. This will help to remove barriers to access for children and young people who have complex lives, for example, Looked After Children and Care Leavers.
- The service provider will be required to ensure that an up-to-date equality and diversity policy is in place. Equality and diversity training for all staff working with children and young people will be mandatory so that they have the knowledge and skills required to address the specific needs of vulnerable and disadvantaged children. The provider will also be required to demonstrate what steps they will take to ensure their workforce is reflective of the local population.
- As part of the re-commissioning process, providers shall be required to make explicit what action they will take to tackle health inequalities and promote equalities and diversity. This will include action that will be taken to tailor service delivery in order to meet the specific needs of vulnerable and disadvantaged groups.
- The service specification will include an increased emphasis on interventions and support for 0-4 year olds (perinatal, infant and child mental health) in partnership with the Wiltshire Perinatal & Infant Mental Health Network.
- As part of the commissioning process the providers shall be asked to demonstrate what evidence based interventions shall be provided and approaches that will be used to engage specific genders.
- The service specification shall include the provision of a comprehensive training programme for children's services professionals and parents/carers covering the identification of common mental health problems (to include emotional, neurotic and conduct disorders) and signposting children and young people to the right service.

- Providers shall be required to demonstrate what steps they will take to improve access for Black and Minority Ethnic and Other Ethnic Groups as well as children and young people living in traveller communities.

***Section 5 – How will the outcomes from this equality analysis be monitored, reviewed and communicated?**

Prompts:

- Do you need to design performance measures that identify the impact (outcomes) of your policy/strategy/change of service on different protected characteristic groups?
- What stakeholder groups and arrangements for monitoring do you have in place? Is equality a standing agenda item at meetings?
- Who will be the lead officer responsible for ensuring actions that have been identified are monitored and reviewed?
- How will you publish and communicate the outcomes from this equality analysis?
- How will you integrate the outcomes from this equality analysis in any relevant Strategies/Polices?

The Children’s Trust Emotional Wellbeing and Mental Health Sub Group will oversee the development of the new service, with support from the Wiltshire Council Children’s Services Joint Commissioning Team and Public Health Team. This group is accountable to the multi-agency Children’s Trust Commissioning Executive, Wiltshire CCG (Governing Body and Clinical Executive) and Health and Wellbeing Board.

The Group includes representatives from across education, health, social care and importantly children, young people and their parents/carers. The Group is chaired by the Wiltshire Council Children’s Services Associate Director (Joint with CCG) for Children’s Services Commissioning, Performance and School Effectiveness.

A record of children, young people and parent/carer participation in the development of the service specification shall be maintained. This will provide a breakdown per protected characteristic group to ensure all vulnerable, disadvantaged and hard to hear groups are represented.

Contract review meetings with the new service provider shall include a focus on tackling health inequalities, including reporting against Key Performance Indicators which monitor the numbers of children and young people from protected characteristic groups that are accessing the service.

In addition to the above, the Emotional Wellbeing and Mental Health Sub Group will undertake the following actions:

- Raise awareness of protected characteristic groups and make equality everyone’s business. This will be achieved through the inclusion of a standing agenda item on equality and diversity.
- Ensuring that all staff within commissioned services for mental health and wellbeing receive appropriate training and develop the knowledge and skills required to address the specific needs of vulnerable and disadvantaged children.
- Undertake a comprehensive EIA prior to the re-commissioning and/or procurement of services.
- Understanding the needs of the local population and identifying those experiencing the poorest health outcomes.
- Establishing specific Key Performance Indicators which are focused on monitoring health inequalities.
- Including a standing item on children and young people’s participation and involvement in the development of emotional wellbeing and mental health services.

***Copy and paste sections 4 & 5 into any Committee, CLT or Briefing papers as a way of summarising the equality impacts where indicated**

Completed by:	James Fortune, Lead Commissioner, Wiltshire Council Children’s Services
Date	15 April 2016
Signed off by:	Julia Cramp, Associate Director (Joint with CCG), Commissioning, Performance and School Effectiveness
Date	
To be reviewed by:	

Review date:	
--------------	--

Equality Impact Issues and Action Table (for more information on protected characteristics, see [page 7](#))

Identified issue drawn from your conclusions (only use those characteristics that are relevant)	Actions needed – can you mitigate the impacts? If you can how will you mitigate the impacts?	Who is responsible for the actions?	When will the action be completed?	How will it be monitored?	What is the expected outcome from the action?
Age					
Teenagers make up the bulk of the CAMHS caseload and mental health problems feature highest amongst adolescents. Levels of wellbeing fall as CYP get older.	Consultation with teenagers on the development of the new service specification. Service spec to include focus on early intervention and prevention and building capacity in schools to support CYP e.g. through improved partnership working between CAMHS and secondary schools.	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team	The views and needs of teenagers are taken into account, to shape the new service and improved access to the right support for teenagers.
Low numbers of 0-4 year olds accessing the current service.	Service spec to include increased emphasis on perinatal, infant and child mental health in consultation with public health commissioners, community health and early years professionals.	James Fortune	July 2016	Record of consultation activity with public health, community health and early years professionals maintained by Wiltshire Council Commissioning Team.	The views and needs of 0-4 year olds are taken into account, to shape the new service and improved access to the right support for 0-4 year olds.
In respect of human resources, any changes to the service will affect women more than men.	Consultation with Oxford Health NHS staff on any changes (and/or any incoming provider).	Michelle Maguire / James Fortune	July 2016	Record of consultation activity with staff maintained by Oxford Health NHS Foundation Trust (and/or any incoming provider)	The views of staff are considered as part of any change.
	As part of the commissioning process providers will be required to demonstrate how they will tackle health inequalities. Providers shall be required to have an up to date equalities and diversity policy in place (note that this action is applicable to all protected characteristic groups in this	James Fortune	Ongoing	Results of any evaluation process undertaken as part of the commissioning process. Requirement within service specification.	Clear steps identified to improve access for vulnerable and disadvantaged/hard to hear groups and reduce health inequalities.

Disability					
Children and young people with special educational needs and/or disabilities are more likely to experience emotional wellbeing and mental health problems.	Consultation with children and young people with special educational needs and/or disabilities on the development of the new service specification as well as their parents/carers via the Wiltshire Parent Carer Council.	James Fortune	July 2016	Record of consultation activity with children and young people and their parents/carers is maintained by Wiltshire Council Children's Services Voice and Influence Team	The views and needs of children and young people with special educational needs and/or disabilities are taken into account, to shape the new service. Access to the right support is improved.
Not enough is understood about CAMHS service users in respect of disability.	Recording of information service users and protected characteristics will be a requirement in the new service specification.	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification.	Access to CAMHS and barriers are better understood for all protected characteristic groups.

Gender Reassignment					
Not enough is understood about CAMHS service users in respect of gender reassignment.	Recording of information service users and protected characteristics will be a requirement in the new service specification.	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification.	Access to CAMHS and barriers are better understood for all protected characteristic groups.

Marriage and Civil Partnership					
Not enough is understood about CAMHS service users in respect of marriage and civil partnership.	Recording of information service users and protected characteristics will be a requirement in the new service specification	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification.	Access to CAMHS and barriers are better understood for all protected characteristic groups.
Pregnancy and Maternity					
Pregnant teenage mothers and young parents are more likely to experience emotional wellbeing and mental health problems.	Consultation with pregnant teenage mothers and young parents on the development of the new service specification	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team	The views and needs of pregnant teenage mothers and young parents are taken into account, to shape the new service. Improved access to the right support for this group.
Not enough is understood about CAMHS service users in respect of pregnancy and maternity	Recording of information service users and protected characteristics will be a requirement in the new service specification	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement in service specification.	Access to CAMHS and barriers are better understood for all protected characteristic groups.

Page 45

Race (including ethnicity or national origin, colour, nationality and Gypsies and Travellers)					
The numbers of children and young people accessing CAMHS from BME groups is low. This is also the case for CYP living in traveler communities.	Consultation with BME groups (including CYP living in traveler communities) on the development of the new service specification.	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team.	The views and needs of BME children and young people (inc CYP living in traveler communities) are taken into account, to shape the new service. Access to the right support is improved.
There are a significant number of CAMHS service users whose ethnicity is not known.	Recording is improved and is a requirement within the new service specification. As part of the commissioning process, providers shall be required to demonstrate what steps they will take to reduce barriers to access for this group.	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement within service specification. Results of any evaluation process undertaken as part of the commissioning process.	Any barriers for these groups is better understood and steps identified to tackle these and improve access.
Religion and Belief					
Not enough is understood about CAMHS service users in respect of religion and belief.	Consultation with children and young people from across faith groups on the development of the new service specification.	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team	The views and needs of faith groups are taken into account, to shape the new service. Any particular barriers to access for specific faith groups identified and actions established to address these.
Sex					
Satisfaction and happiness with life is lower amongst teenage girls in comparison to the overall CYP population. Boys are more likely to develop a mental health disorder than girls, particularly in younger years. Yet local data shows that the majority of CAMHS service users are girls.	Consultation with children and young people including males and females on the development of the new service specification.	James Fortune	July 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team.	The views and needs of both males and females are taken into account, to shape the new service. Steps agreed to improve access for boys.

Sexual Orientation

<p>Lesbian, Gay, Bisexual and Transgender children and young people are more likely to experience emotional wellbeing and mental health problems.</p>	<p>Consultation with LGBT children and young people on the development of the new service specification.</p>	<p>James Fortune</p>	<p>July 2016</p>	<p>Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team.</p>	<p>The views and needs of LGBT children and young people are taken into account, to shape the new service. Improved access to the right support.</p>
<p>Not enough is understood about CAMHS service users in respect of sexual orientation.</p>	<p>Recording of information service users and protected characteristics will be a requirement in the new service specification.</p>	<p>James Fortune</p>	<p>September 2016</p>	<p>Contract review meetings with the Provider shall include a standing item on equalities and diversity. Requirement in service specification.</p>	<p>Access to CAMHS and barriers are better understood for all protected characteristic groups.</p>

Other (including caring responsibilities, rurality, low income, Military Status etc)					
<p>Other groups of children and young people which are more likely to experience emotional wellbeing and mental health problems include:</p> <ul style="list-style-type: none"> • Young offenders • Those living in poverty • Refugees or asylum seekers • Those living in gypsy or traveler communities • Young carers • Those who are misusing drugs and alcohol • Those from military families • Those living with a parent/carer with a substance misuse problem 	<p>Consultation with these other groups children and young people on the development of the new service specification.</p>	James Fortune	June 2016	Record of consultation activity with children and young people maintained by Wiltshire Council Children's Services Voice and Influence Team	<p>The views and needs of other groups of children and young people who are more vulnerable to developing emotional wellbeing and mental health problems are taken into account, to shape the new service. Improved access to the right support for these groups and reduced health inequalities as a result.</p>
	<p>Service to be targeted in areas of greatest poverty and deprivation, to be included as part of service specification.</p>		September 2016	Requirement within service specification	
	<p>Outreach service for children and adolescents to be enhanced as part of service specification.</p>		September 2016	As above	
	<p>Providers shall be required to demonstrate what evidence based interventions they will provide and what approaches they will use in order to improve access for all these groups (including girls and boys).</p>		Ongoing	Results of any evaluation as part of commissioning process	
<p>Not enough is understood about CAMHS service users in respect of the other groups given above.</p>	<p>Recording of information service users and protected characteristics will be a requirement in the new service specification.</p>	James Fortune	September 2016	Contract review meetings with the Provider shall include a standing item on equalities and diversity.	<p>Access to CAMHS and barriers are better understood for all protected characteristic groups.</p>

Calculating the Equalities Risk Score

You will need to calculate a risk score twice:

1. On the inherent risk of the proposal itself (without taking into account any mitigating actions you may identify at the end of the Equality Analysis (EA) process)
2. On the risk that remains (the residual risk) after mitigating actions have been identified

This is necessary at both points to:

- Firstly, identify whether an EA needs to be completed for the proposal and;
- Secondly, to understand what risk would be left if the actions identified to mitigate against any adverse impact are implemented

Stage 1 - to get the inherent risk rating:

1. Use the [Equalities Risk Criteria Table](#) below and score each criterion on a scale of 1 - 4 for the impact and 1 – 4 on their likelihood of occurrence. Multiply these 2 scores together (Likelihood x Impact) to get a score for that criterion (this will range from 1 – 16).
2. Record each of these scores in the [table](#) at the beginning of this document
3. Assess whether you need to carry out an EA using the guidance box below (stage 2).

Stage 2 - to identify whether an EA needs to be carried out:

If your inherent risk score (for any criteria) is:

12 – 16 or Red = High Risk. **An Equality Analysis must be completed.** Significant risks which have to be actively managed; reduce the likelihood and/or impact through control measures.

6 – 9 or Amber = Medium Risk. **An Equality Analysis must be completed.** Manageable risks, controls to be put in place; managers should consider the cost of implementing controls against the benefit in the reduction of risk exposure.

3 – 4 or Green = Low Risk. **An Equality Analysis must be completed**

1 – 2 or Green = Low Risk. **An Equality Analysis does not have to be completed**

Stage 3 - to get the residual risk rating:

1. Repeat the process above when mitigating actions have been identified and evidenced in the [table](#) on page 3 to calculate the **residual risk**
2. Make a note of the residual risk score in the [table](#) on the first page of the EA template

Equalities Risk Criteria Table

Impact Criteria	Low 1	Moderate 2	Substantial 3	Critical 4
Legal challenge to the Authority under the Public Sector Equality Duty	Complaint/initial challenge may easily be resolved	Internal investigation following a number of complaints or challenges	Ombudsman complaint following unresolved complaints or challenges	Risk of high level challenge resulting in Judicial Review
Financial costs/implications	Little or no additional financial implication as a result of this decision or proposal	Medium level implication with internal legal costs and internal resources	High financial impact - External legal advice and internal resources	Severe financial impact - legal costs and internal resources
People impacts	No or Low or level of impact on isolation, quality of life, achievement, access to services. Unlikely to result in harm or injury. Mitigating actions are sufficient	Significant quality of life issues i.e. Achievement, access to services. Minor to significant levels of harm, injury, mistreatment or abuse OR, low level of impact that is possible or likely to occur with over 500 people potentially affected	Serious Quality of Life issues i.e. Where isolation increases or vulnerability is greatly affected as a result. Injury and/or serious mistreatment or abuse of an individual for whom the Council has a responsibility OR, a medium level of impact that is likely to occur with over 500 people potentially affected	Death of an individual for whom the Council has a responsibility or serious mistreatment or abuse resulting in criminal charges OR High level of impact that is likely to occur, with potentially over 500 people potentially affected
Reputational damage	Little or no impact outside of the Council	Some negative local media reporting	Significant to high levels of negative front page reports/editorial comment in	National attention and media coverage

Page 50

Equalities Risk Matrix

		Acceptable		Actively managed	
Impact	Critical (4)	4	8	12 Significant risk	16 Significant risk
	Substantial (3)	3	6	9	12 Significant risk
	Moderate (2)	2	4	6	8
	Low (1)	1	2	3	4
		Very unlikely (1)	Unlikely (2)	Likely (3)	Very likely (4)
		Likelihood of occurrence			

The protected characteristics:

Age - Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). This includes all ages, including children and young people and older people.

Disability - A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment - The process of transitioning from one gender to another.

Race - Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief - Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Marriage and civil partnership - Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships' and from 29th March 2014, same-sex couples can also get married at certain religious venues. Civil partners must be treated the same as married couples on a wide range of legal matters.

Pregnancy and maternity - Pregnancy is the condition of being pregnant. Maternity refers to the period of 26 weeks after the birth, which reflects the period of a woman's ordinary maternity leave entitlement in the employment context.

Sex (this was previously called 'gender') - A man or a woman.

Sexual orientation - Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

You are also protected if you are discriminated against because you are **perceived** to have, or are **associated** with someone who has, a protected characteristic. For example, the Equality Act will protect people who are caring for a disabled child or relative. They will be protected by virtue of their association to that person (e.g. if the Carer is refused a service because of the person they are caring for, this would amount to discrimination by association and they would be protected under the Equality Act)

Wiltshire Council

Cabinet

17 May 2016

Subject: **Transferring a Deficit into a Loan to enable a Maintained School to convert to an Academy**

Cabinet Members: **Councillor Laura Mayes - Cllr Laura Mayes, Cllr Dick Tonge**

Key Decision: **Yes**

Executive Summary

This Cabinet report updates Members on the progress of maintained schools converting to academies and the potential role of the Local Authority in converting a current budget deficit into a formal loan to a maintained school, to facilitate their transition to become an academy.

Proposal(s)

That Cabinet

- Note the current position of Wiltshire schools converting to academies
- Delegate powers to the Associate Director, Finance to consider awarding loans to maintained schools to facilitate their conversion to become an academy.
- Authorise the Associate Director, Finance, to enter into appropriate formal arrangements for the award of a loan, where the maintained school currently is in a financial deficit position with the Local Authority and has an agreed recovery plan that extends beyond the standard 3-5 year recovery period. In all cases, loans will only be made following consultation with the Cabinet Member for Children's Services, Cabinet Member for Finance, Associate Director Law and Governance, Associate Director Commissioning Performance and School Effectiveness and in accordance with the requirements of the Local Government Act 1972.

Reason for Proposal(s)

Due to Wiltshire being a poorly funded authority for school funding, combined with the impact of the current demographics, a small number of Wiltshire schools are in a financial budget deficit position. All deficits are being managed in conjunction with the LA.

Budget deficits have proved a barrier to those schools converting to become an

academy, and leave the financial risk of the deficit with the local authority.

The purpose of this report is to provide members with background information and seek a decision regarding the conversion of these budget deficits into a formal loan.

Carolyn Godfrey
Corporate Director

17 May 2016

Subject: **Transferring a Deficit into a Loan to enable a Maintained School to convert to an Academy**

Cabinet Member: **Councillor Laura Mayes - Cllr Laura Mayes, Cllr Dick Tonge**

Key Decision: **Yes**

1. Due to the national priority for a maintained school to convert to become an academy school, Wiltshire is set to see an increase in the number conversion applications in the next 3 to 4 years.
2. There are currently a number of Wiltshire schools operating with a financial budget deficit. The Local Authority has a duty to offer financial assistance to its maintained schools and currently 'cashflows' the deficit whilst the school works through an agreed Financial Recovery Plan over a 3 – 5 year period to repay the deficit.
3. Due to a number of factors including demographics, school funding reform and overall school funding, a small number of Wiltshire's maintained secondary schools are in a position where their Financial Recovery Plan is unable to be achieved within a five year period. However these schools are all keen to pursue academy conversion, and following the Chancellor of the Exchequer's budget statement that all schools will need to convert or have plans to convert by 2020, the Local Authority will need to work with these schools to facilitate conversion.
4. The purpose of this report is to seek authorisation to convert the budget deficits of schools into formal loans where the agreed recovery plan is outside of the normal parameters and may prove a barrier to conversion, to assist with the schools' conversion to academy status, whilst securing the Council's financial position.

Relevance to the Council's Business Plan

5. The Council is committed to provide opportunities for every child and young person to improve their attainment and skills so they can achieve their full potential. Securing the correct skills will ensure future employment opportunities are maximised.

Main Considerations for the Council

6. The proposals outlined will transfer the risks associated with a maintained school having a budget deficit into a formal loan agreement with the school and ensure that the school is able to convert from a maintained school to an

academy. Any risk of the local authority being forced to write off the budget deficit will be removed.

7. The adoption of the proposal will place the budget deficit into a formal loan arrangement.
8. Whilst there is a risk that the Academy may fail to repay the loan in accordance with the formal loan agreement, the immediate risk of the local authority being forced to write off the budget deficit, will be removed. The LA are still waiting for legislation to underpin central government's policy of all schools becoming academies, and the statutory treatment of existing deficits and other liabilities under the new policy remains to be seen.

Background

9. The table below sets out the current position of Wiltshire schools, with regard to the academy conversions.

	Maintained	Academy
Primary	160	48
Secondary	7	23
Special	4	2
TOTAL	171	73

10. The LA is not in a financial position to be able to write off the budget deficits for those schools currently operating a budget deficit. However, the LA is aware that a number of the schools are currently looking at academy conversion and Multi-Academy Trust (MAT) options. In order to facilitate the conversion and also to put the budget deficit onto a formal footing, transferring the deficit into a loan would provide an agreed and enforceable repayment plan between the school and the LA.

Overview & Scrutiny Engagement

11. The local authority does not have financial capacity to write off the deficits and therefore the conversion of the deficit to a loan provides a formal certainty regarding the recovery of the outstanding funds.

Safeguarding Implications

12. There are no safeguarding implications.

Public Health Implications

13. There are no Public Health implications.

Procurement Implications

14. There are no Procurement implications.

Equalities Impact of the Proposal

15. There are no Equalities implications.

Environmental and Climate Change Considerations

16. There are no Environmental and Climate Change implications.

Risk Assessment

17. The awarding of loans to schools does come with various risks and appropriate due diligence will be required.

18. The Schools/Multi-Academy Trusts Business Plan must satisfy the EFA's funding requirements incorporating the repayment of the loan. The Business Plan will also be scrutinised by the Associate Director, Finance, annually.

Risks that may arise if the proposed decision and related work is not taken

19. In the event that one of the maintained schools was to be classified as 'inadequate' by Ofsted, they would be forced to convert into an academy with the financial deficit returning to the local authority to be written off.

20. The financial budget deficit at a school would serve as a barrier to conversion which could force the school to take considerable financial actions to the detriment of the education of the pupils in these schools.

Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks

21. Should the schools not be awarded loans, these schools would not be in a position to convert to become academy schools. The financial risk associated with these schools falling into an inadequate category has not been budgeted for and would present a financial risk and potential burden to the authority.

Financial Implications

22. The Local Authority does not currently have the financial resources to offer loans to these schools and would therefore have to borrow funds in order to provide the loans. Loans would be secured through the PWLB (Public Works Loan Board).
23. Any loan would be offered to the school, incorporating the prevailing interest rate to ensure that the financial position of the Authority is not compromised.
24. The total value of the loans would be expected to total approximately £3m.
25. The EFA will not allow the schools to convert to become an academy unless the school can demonstrate an affordable Business Plan which incorporates the repayments in accordance with the loan agreements.
26. The repayment of the loans and security against default will be agreed with each conversion; however the length of the loan should not exceed 15 years. The Council will not charge an administration charge unless there is a default or rescheduled provision enacted.
27. Appropriate security for each formal loan will be considered on a case by case basis – see further Legal Implications section below

Legal Implications

28. The successful implementation of this decision will entail close working between the Local Authority and the school, to formulate an appropriate loan agreement, enforceable in the eyes of the law.
29. S.111 of the Local Government Act 1972 grants the power to a local authority to do anything (including lending) which is calculated to facilitate or is conducive or incidental to the discharge of their functions, in this case the function is the provision of education. In addition, s. 6A of the Academies Act 2010 allows a local authority to give financial assistance to an academy. Therefore the Local Authority has the power to give a loan.
30. Appropriate security for each formal loan arrangement will be considered on a case by case basis. The Council has asked the Department for Education to underwrite all loans, since it is the funding body for academies. The Department is currently unwilling to give such a guarantee. Even in cases where a legal charge over academy property is possible, a legal charge will be of limited practical value to the Council. Legal and Finance are currently in further negotiation with the Department for Education and exploring remaining options to try to ensure that appropriate security is included in any formal loan. However, for certain converters, security may not be available.

Options Considered

31. The only option to be considered is for the conversion of the current budget deficits at these schools into formal loan agreements. The financial risk transfers from the local authority to the academy schools. The local authority is simply facilitating the conversion process and placing the financial risk with the academy school.

Conclusions

32. Formal loan agreements will be the only vehicle available to enable some Wiltshire schools to convert and become academy schools.

Michael Hudson

Associate Director – Finance

Report Author: Grant Davis, Schools Strategic Financial Support Manager,

Tel No: 01225 718587, E-mail: grant.davis@wiltshire.gov.uk

Date of Report: 29 March 2016

This page is intentionally left blank

Wiltshire Council

Cabinet

17 May 2016

Subject: Business Continuity Plan

Cabinet Member: Councillor Keith Humphries, Cabinet member for Health (including Public Health) and Adult Social Care

Key Decision: No

Purpose of Report

1. Business Continuity is the process of keeping the organisation running during periods of disruption. It is part of the Council's Information Governance, and is managed by the Emergency Planning Team.
2. This report provides Cabinet with feedback on progress with the business continuity programme, how the programme will be progressed, and summarises how any disruptions will be managed.

Background

3. Business Continuity is the process for keeping the council running during disruptions. Strategic leadership has a role in deciding which services are kept running as a matter of priority, and how staff are re-deployed from non-priority services.
4. The Civil Contingencies Act requires Wiltshire Council, in its capacity as a Category 1 Responder, to have business continuity in place to cope with disruptions.
5. Governance of the business continuity process is through CLT, and is also monitored through the Assurance Group and Audit Committee. The Business Continuity programme is robust, and has recently been assessed and has achieved the highest level of compliance in the annual Health Service Information Governance Statement.
6. Over 95% of services now have business continuity plans in place. Because Wiltshire Council is a very broad organisation, business continuity is coordinated, allowing strategic leadership to have visibility of which key services could fail. The potential damage to reputation, financial loss and safety to customers is high.
7. During 2015/16, the Emergency Planning Team put in place a process for refreshing the business continuity of all services. The approach was to

concentrate resource on high priority services, and support lower priority services to complete 'light touch' business continuity plans. Additionally, a series of exercises (simulating a severe snow disruption) was run with Heads of Service between November 2015 and January 2016.

8. A key consideration of business continuity is the priority of a service or process, since this will determine how quickly it needs to be restored following disruption. This has been completed for all services and agreed with Corporate Directors.
9. Business Continuity plans consider a range of scenarios and put in place contingencies for keeping services running. For example, IT failure, loss of buildings, inability to travel, utility failure, etc.
10. A Corporate Resilience Forum has been set up with all priority services, chaired by the Associate Director for Public Health. The Forum enables priority services to learn from each other and to coordinate areas of common concern. For example, this winter the 4x4 protocol was improved following work by the Forum.
11. The Emergency Planning Team will refresh the business continuity programme in 2016/17, and look to further imbed and improve the process. Concentrating particularly on training and exercising, strategic leadership and developing supply chain resilience.
12. Cabinet is requested to note the 95% of services now have plans in place.
13. Cabinet is requested to note the suggestions for strengthening the ability to respond in business continuity emergencies

Conclusions

14. Wiltshire Council has greatly improved its organisational resilience through the hard work of Heads of Service, with the support of the Emergency Planning Team.
15. There needs to be further embedding of business continuity, both strategically and by services. Strategically, there needs to be more capability in response during a business continuity disruption. Furthermore, to continue improving Wiltshire Council's resilience, it is recommended that supply chain resilience is improved.
16. Consideration will be given by Emergency Planning and CLT to creating resilient communications between CLT and Members in the event of disruptions to power or IT.
17. It is proposed that strategic leadership undertakes training and exercising in a business continuity scenario. This will simulate a major failure, and simulate management of the failure, and how the organisation will recover.

18. Emergency Planning and CLT will support remaining services to complete their Business Continuity Plans.
19. It is further proposed that organisational resilience is improved in the following ways:

Task	Responsibility
Improve supply chain resilience, to improve organisational resilience if suppliers fail.	Emergency Planning and Procurement
Heads of Service to take part in Business Continuity exercises	Emergency Planning
Better organisational understanding for all staff through training	Emergency Planning and Learning and Development

Proposal

1. To note the report
2. That the measures being taken to ensure effective business continuity as outlined in the report be approved

Corporate Director, Maggie Rae

Report Author: Surriya Subramaniam
 Head of Public Protection (Emergency Planning, Resilience and Response)
 16th March 2016

