

## Wiltshire Council

### Cabinet

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**Subject: Intention To Make a Decision**

**Integration of the Tier 2<sup>1</sup> “Healthy Minds” Child and Adolescent Mental Health (CAMHs) service, with Tier 3/4 Specialist CAMHs provision**

**Cabinet member: Lionel Grundy – Children’s Services**

**Key Decision: No**

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#### **Executive Summary**

The “Healthy Minds” (previously known as Pathways) Tier 2 CAMHs service agreement is due to expire on 30 April 2012. Commissioners wish to integrate this service with the Tier 3/4 Specialist CAMHs provision from 1 May 2012.

Healthy Minds is presently provided under a Section 28BB agreement between the Council and Wiltshire PCT. Specialist CAMHs is provided under a contract between Wiltshire and BANES PCT’s and Oxford Health NHS Foundation Trust (OH). As Health funding will no longer support Healthy Minds from 1 May 2012 the Council will be solely responsible for commissioning the service.

Personnel delivering Healthy Minds are employed on a mix of NHS and Council employment contracts. There will be a TUPE transfer of these employees to OH if integration is approved and redundancy is not expected.

A range of benefits will be provided through integration, an improved service experience for children and young people and more efficient back office support and management allowing the service quality to be improved and providing best value to the Council.

#### **Proposal(s)**

That through a delegated decision the Cabinet Member approve the integration of Healthy Minds with Specialist CAMHs through a direct contract award to OH by Wiltshire Council. Council staff delivering Healthy Minds will be TUPE transferred to OH.

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<sup>1</sup> Definitions of the Tiers are: Tier 1, universal services such as schools and primary health care; Tier 2, Primary Mental Health and counselling services; Tier 3, Specialist community based CAMHs for complex needs; Tier 4, Inpatient CAMHs where community based treatment is not possible

**Reason for Proposal**

The Healthy Minds service agreement ends 30 April 2012 and needs to be re-commissioned. Lessons learned through the delivery of the new Specialist CAMHs demonstrate that Healthy Minds is a key gateway to Specialist services and that integration will reduce risks and provide service and financial benefits.

Other options considered do not ensure that the children and young people of Wiltshire would receive a consistent, equitable and high quality Tier 2 service.

**Julia Cramp****Service Director, Commissioning and Performance**

## **Wiltshire Council**

### **Cabinet**

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**Subject: Integration of the Tier 2<sup>2</sup> “Healthy Minds” Child and Adolescent Mental Health (CAMHs) service, with Tier 3/4 Specialist CAMHs provision**

**Cabinet member: Lionel Grundy – Children’s Services**

**Key Decision: No**

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### **Purpose of Report**

1. The Council wishes to integrate the Healthy Minds (CAMHs) service with the Specialist CAMHs service to secure quality and best value services.
2. This report seeks Cabinet approval to enter into a contract with Oxford Health NHS Foundation Trust (OH) to deliver that integration.

### **Background**

3. The current Healthy Minds service is delivered under a Section 28BB agreement between the council and Wiltshire PCT. It is delivered by Senior Mental Health Practitioners (SMHP) employed on NHS contracts and Primary Mental Health Workers (PMHW), Support Workers and Administrative staff employed by the council. The council provides the majority of the funding and manages the service. Wiltshire PCT currently provides a small amount of funding, as well as clinical supervision for the SHMPs. From 1 May 2012 the council will provide all the funding for the service.
4. In 2008 the PCT decided to tender for Specialist CAMHs. Tier 2 services such as Healthy Minds were considered for inclusion but subsequently excluded due to the complexity of managing the procurement for specialist services alone. It was also thought that Healthy Minds could be integrated successfully into future locality based services
5. Specialist CAMHs has been delivered by OH since 1 April 2010, under a five year contract. Healthy Minds is a critical referral pathway into Specialist CAMHs and experience of service delivery has raised issues such as:

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<sup>2</sup> Definitions of the Tiers are: Tier 1, universal services such as schools and primary health care; Tier 2, Primary Mental Health and counselling services; Tier 3, Specialist community based CAMHs for complex needs; Tier 4, Inpatient CAMHs where community based treatment is not possible

- Insufficient capacity in Healthy Minds to deliver a core service. In comparative areas with similar child populations the service has roughly double the number of staff. resulting in:
    - Support to Tier 1 professional not available
    - Lack of direct interventions, more time spent screening / signposting
    - Thresholds for referrals are blurred and consistency is reduced
    - Inappropriate referrals to Specialist CAMHs
    - Integration of Healthy Minds into locality Hubs likely to lead to a further weakening of the service capability and less interventions for children.
6. There is an impact on Specialist CAMHs when Tier 2 Healthy Minds is not functioning effectively:
- Specialist resources diverted from Tier 3/4 cases to support Tier 2 cases
  - Increased risk of inpatient admissions as community based support may not be available at Tier 3 due to diverting staff to Tier 2

### **Main Considerations for the Council**

7. There will be a TUPE transfer of council staff to OH. There is no likelihood of redundancy as the benefits of integration will allow OH to rationalise the service support. Unions and staff have been consulted and HR are providing support.
8. Great Western Hospitals NHS Foundation Trust will need to support the TUPE transfer of the seconded SMHP to OH from 1 May 2012.
9. A contract will be required with OH and legal have been consulted.

### **Environmental and climate change considerations**

10. a) Will the proposal result in the energy consumption (related to both static and transport elements) associated with the service area increasing, decreasing or remaining roughly at current levels? (for the purposes of this question contractor emissions are to be included as part of the carbon footprint of the service area that manages the contract.) **They will remain at roughly current levels.**
- b) What measures have been introduced, or are planned to be introduced, to reduce the carbon emissions associated with the proposal. **This has not been specifically addressed.**
- c) From the perspective of day to day environmental management, what risks associated with the proposal have been identified and how are they going to be mitigated? **No risks have been identified associated with the environment.**

d) If the service or contract is planned to last longer than 20 years, how have issues related to the unavoidable consequences of climate change been integrated and mitigated? (for example increases in the mean summer temperature and increased vulnerability to adverse weather events like heavy snow or floods). **N/A**

### **Equalities Impact of the Proposal**

11. The proposed commissioning and procurement approach is the only option that delivers the benefits required. Keeping Healthy Minds in-house or providing them through another organization will maintain the resource issues and the fragmented service, which can lead to an inconsistent and thus inequitable service.
12. This proposal significantly lessens risks of a fragmented services which could have an adverse impact. Through the proposal, the procurement and commissioning process for this service aims to provide consistency, continuity and effective delivery of service which will benefit the service users overall. The service contributes to the good mental health of children and young people, which is essential if they are to be active socially and economically. It provides community based services that reduce the stigma and discrimination that can be felt by those accessing mental health services. Often these children are mistakenly viewed as problematic and this service supports and promotes their quality of life chances. A key benefit is that the children will not be required to move between separately contracted services should their needs level change, they should experience seamless CAMHs support. The proposed procurement approach also delivers the best opportunity for equality of access to service regardless of issues such as geographic location. High quality CAMHs services also reduce the anxiety and stress that families and carers can suffer when their children require support.
13. We believe that this proposal enhances equality in CAMHs services, addressing disadvantage and inconsistency in service delivery.

### **Risk Assessment**

14. Healthy Minds is presently under resourced and is unable to provide the service as efficiently or effectively as it could through the proposed changes. This proposal enables OH investment in coherent services, in the longer term probably allocating more resource into Tier 2, using a delivery model made possible through integration.

### **Financial Implications**

15. Integration with Specialist CAMHs provision in Wiltshire offers opportunity for financial and service benefits to be achieved. The council contribution will be £476,000 in year one and £428,000 in years 2 and 3. Service quality and capacity is expected to improve within the contracted service period. This results in a total projected commitment of £1.332m over four years.

16. The commitment period of three years aligns with the Specialist CAMHS contract period.

### **Legal Implications**

17. TUPE will apply to those staff already identified. The TUPE process will be followed in order to protect staff affected by these new arrangements and in order to comply with our legal obligations. HR and legal have been instructed and are supporting the process.
18. A contract will be required. Legal are aware of the project and have been asked to support the timescale.

### **Options Considered**

19. The options considered were:
  - Do nothing (cease the service). This was discounted as children with emerging or low level mental health issues would not receive appropriate support.
  - Integration into locality teams/areas. This was discounted as the existing resources are not sufficient to be integrated into locality teams. The service would be weakened, its coherence and consistency would be negatively affected so children would risk receiving a variable quality and available service. This does not meet the requirement to improve services.
  - Stay the same. The service quality will be compromised in the short to medium term. The capacity issues at paragraph 4 would remain without increased investment in the service.
  - Integration into Specialist CAMHS – This option resolves the service quality issues and offers the best value solution for delivery of the Tier 2 services.

### **Conclusions**

20. The children of Wiltshire are best served through an integrated CAMHS provision. This will provide a single point of referral and a seamless experience when accessing appropriate services. It also ensures that the interfaces between the Tier 2 gateway into specialist services and the more complex Tier 3/4 cases are subject to integrated management and appropriate resource allocations.

**Julia Cramp**  
**Service Director, Commissioning and Performance**

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### **Background Papers**

The following unpublished documents have been relied on in the preparation of this report:

OH proposal documents

Healthy Minds Service Specification

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