Children’s Public Health 0-5 Transition and CAMHS updates

**Purpose**

For discussion and direction.

**Summary**

Commissioning responsibility for public health for 0-5 year olds will transfer from NHS England to local authorities on 1 October 2015. The LGA has been working with NHS England, the Department of Health and Public Health England to support the transfer, ensure new duties are reasonable, outcome focussed and fully funded This paper provides an update on that work, and on developments in Children and Young People’s Mental Health.

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| **Recommendation/s**  Members are asked to note and offer their views on the:   * Children’s Public Health 0-5 Transition Update (see para 11); and * The key issues to be addressed by the Child and Adolescent Mental Health taskforce (see Para 17).   **Action/s**  Officers to progress as directed. |

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| **Contact officer:** | Samantha Ramanah |
| **Position:** | Adviser, Adult and Social Care |
| **Phone no:** | 020 7664 3079 |
| **Email:** | [samantha.ramanah@local.gov.uk](mailto:samantha.ramanah@local.gov.uk) |

Children’s Public Health 0-5 Transition and CAMHS updates

**Children’s Public Health 0-5 Transition**

1. Over the autumn the LGA in partnership with DH, PHE and NHS England ran a series of regional events to support local authorities and area teams with the transition. The workshops were well attended and answered queries from the field. The LGA has set up a dedicated web resource to support the transfer: [www.local.gov.uk/childrens-public-health-transfer](http://www.local.gov.uk/childrens-public-health-transfer)

**Update on funding**

1. NHS England has been working with local authorities to work out how much money is currently being spent on 0-5 public health services in each area, as the basis for the transfer next October.
2. We have received feedback from local authorities on a number of finance and contracting issues which we have fed into national discussions. Many of the concerns raised have been addressed in the recent NHS England contracting guidance found here: <http://www.england.nhs.uk/nhs-standard-contract>
3. The Department of Health (DH) were intending to publish draft funding allocations for the 0-5s public health transfer in October but it became clear that in a few areas it was not possible to get agreement in time to publish the indicative baselines in for all areas for a 4 week consultation. We understand that there is a delay in order to allow further discussions with the most problematic areas (particularly London, where current levels of resource are lowest for historic reasons). The DH will announce a new timetable soon. We are confident that local authorities will have a period for consultation on the draft allocations when they are published.
4. The delay means it’s unlikely that the final allocations will be published alongside the local government finance settlement in December as originally planned. However, we are pressing for the numbers to be confirmed quickly so that councils can work with NHS area teams to agree contracting arrangements for 2015/16 in time for April 2015. To support these discussions NHS England has published the following guidance: <http://www.local.gov.uk/web/guest/childrens-health/-/journal_content/56/10180/6606415/ARTICLE>

**Update on Commissioning resource**

1. Following LGA arguments that there was insufficient funding to pay for local authorities’ new commissioning responsibilities, the DH has confirmed that an extra £2 million will transfer to local government to fund the new burden on commissioning which is not fully covered by the resources transferring from NHS England. The resource is intended to pay for the post for a whole time equivalent for 6 months (October 2015 – March 2016). We are pleased that our request for additional resources has been listened to.

**Update on Performance against the mandated checks**

1. The DH have consulted us and partners on the draft regulations for the five mandated universal checks. We expect the regulations to make very clear that councils will not be expected to suddenly increase coverage of the mandated checks and can only be expected to take a reasonable approach to continuous improvement.
2. We will continue to resist any expectation of a sudden uplift which constitutes a new burden. We are also pressing for greater clarity about current performance at local authority level, so councils have a clear baseline pre-transfer.
3. We are aware of particular concerns in some areas that current allocations do not relate to need. We are seeking a clear view of how the funding will shift to a needs based formula over time and have expressed concern that this could take many years unless substantial extra funding is made available. We will provide an update when we have further information.

**Update on the Assurance process**

1. Once the funding allocations are confirmed, we will ask local areas to fill in a light touch self-assessment, to identify areas of concern or requests for support as areas plan for the transfer in October 2015. Support will be made available through sector-led regional groups involving local government, PHE and NHS England if required.
2. Members views are sought on any concerns or issues that need to be raised with national partners to help ensure councils are able to jointly plan services for 2015-16 with NHS partners for a smooth transition on October 1 2015.

**Child and Adolescent Mental Health Update**

1. The Health Select Committee published its report into children's and adolescents' mental health and CAMHS on 5 November 2014. The LGA submitted written evidence to the Committee.
2. The report highlighted that there are “serious and deeply ingrained problems with the commissioning and provision of Children’s and adolescents’ Mental Health Services.” It echoes the concerns raised by the LGA. The main recommendations from the Health Committee's report include:
   1. The development, implementation and monitoring of national minimum service specifications, together with an audit of spending on CAMHS. It asks the Department of Health/NHS England CAHMS taskforce to look to remove the perverse incentives that act as a barrier to Tier 3.5 service development and ensure investment in early intervention services. There must be a clear national policy directive for CAMHS, underpinned by adequate funding;
   2. A request to Health Education England, together with the General Medical Council and relevant Royal Colleges, to provide the committee with a full update on their plans for GP training in children’s and adolescents’ mental health;
   3. That as part of its review of mental health education in schools, the Department for Education should ensure that links between online safety, cyberbullying, and maintaining and protecting emotional wellbeing and mental health are fully articulated;
   4. Clear pathways are identified for young people to report that they have been sent indecent images of other children or young people, and that support is provided for those who have been victims of image sharing. Pathways should also be established for children and young people who have experienced bullying, harassment and threats of violence.
3. The report can be found here:

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34202.htm>

1. The LGA is represented on the DH/NHS England CAMHS Taskforce by CWB members and at officer level. The Taskforce has been set up to bring together experts on children and young people’s mental health services and those with knowledge of wider system transformation from across the education, social care and health sectors. It will report to Ministers in the Spring.
2. The Joint CWB and CYP Board meeting on 8 January 2015 will discuss children and young people’s mental health issues in more detail.
3. Members’ views are sought on key issues that need to be addressed by the taskforce.