



Executive
9 December 2013

**Report from the Acting Director of
Children and Families**

Ward Affected: ALL

**Review of Child & Adolescent Mental Health Service
(CAMHS) Contract**

1.0 Summary

- 1.1. Contractual arrangements have been in place with Central and North West London NHS Foundation Trust (hereafter referred to as CNWL) since 2007 to provide a Child and Adolescent Mental Health Service (CAMHS). This contract was intended to supplement the NHS core CAMHS service commissioned by Brent Clinical Commissioning Group (CCG) (formerly NHS Brent).
- 1.2. The current contract is due to expire on 31st March 2014, and consideration has been given to the service model beyond 2014.
- 1.3. For the reasons detailed in section 3 of this report, Officers are seeking Executive approval to decommission the existing service in its entirety and to commission an alternative, reduced service from April 2014 onwards.

2.0 Recommendations

- 2.1. The Executive is recommended to:
 - 2.1.1. Approve a 3 month extension on the existing CAMHS contract from 1st April 2014 – 30th June 2014 to allow efficient commissioning processes to be undertaken.
 - 2.1.2. Approve the proposed decommissioning of the current CAMHS service at the end of the extension on 30th June 2014.
 - 2.1.3. Give approval to Officers to proceed with the commissioning of a new, revised service to commence from 1st July 2014, and note that a pre-tender report will be presented for this shortly.
 - 2.1.4. Note that these changes bring the council into line with other local authorities and will continue to ensure that statutory obligations are met

2.1.5. Note that officers will ensure that there is a smooth transition to the new arrangements.

3.0 Detail

- 3.1. The current contract was intended to supplement the NHS CAMHS provision already commissioned by Brent PCT (now CCG) to form a comprehensive mental health service for Looked After children and young people (LAC) up to their 18th birthday who require Tier 3 CAMH services. The service provides 3 key elements of support:
- a) Direct interventions with looked after young people who have identified mental health needs
 - b) Interventions for parents whose children have learning disabilities to reduce emotional and behavioural difficulties or help parents manage these difficulties in a way that reduces their negative impact at home and school.
 - c) CAMHS consultation and training to foster carers and social workers (for both looked after and children with disability services) alongside CAMHS input into placement provision, service planning and development for looked after children.
- 3.2. Services are provided on the basis of a personalised needs led assessment in order that interventions are appropriate to the individual. Clinical interventions are in the form of both specialist 1:1 support and group work. Assessment and treatment are provided by child and adolescent psychiatrists, clinical psychologists, nurses, child psychotherapists, family therapists, play therapists and occupational therapists. The service is delivered in multidisciplinary assessment clinics, schools, Children and Families Social Care offices, community settings and homes. Over the last year, the service has supported an average caseload of 117 children and young people per quarter.
- 3.3. A contract to provide these services has been in place with CNWL since July 2007, during which time the service requirements and specification have predominantly remained unchanged. This has contributed in the provider not being able to provide clear outcomes data in relation to the children/young people on their case load.
- 3.4. The total cost of the contract to the Local Authority is £533,494 per annum. CNWL have provided a breakdown of the costs of the provision, split between support for parents with children with disabilities (£196,481) and LAC (£337,013).
- 3.5. The current contract with CNWL for the delivery of a specialist CAMHS is due to expire on 31 March 2014. Executive gave approval for the existing contract to be awarded in November 2010 to the current provider CNWL for a period of twelve months from 1st April 2011 to 31st March 2012 with an option for the Council to extend by 1 year. The contract was extended for the period 1 April 2012 to 31 March 2013, and further approval was sought in accordance with Contract Standing Order 112(d) from the Director of Children & Families to extend the contract from 1 April 2013 to 31 March 2014.

- 3.6. The Local Authority service as previously indicated is commissioned to complement the core CAMHS service commissioned and funded by Brent CCG. The value of the core CAMHS contract, also with CNWL, funded by Brent CCG is in the region of £2.5 million.
- 3.7. While consideration was being given to the service provision beyond April 2014, Adult Social Care indicated that it was applying for Executive approval to progress with a tender for the re-provision of local mental health services subject to local consultation and market research. Children's Social Care had expressed a desire to participate in this development, in order to commission a more comprehensive service across the Council that would yield a more cost effective and improved service specification, and this joint approach was duly approved on 22nd April 2013.
- 3.8. The ASC-led tender process has not yet commenced, due to ASC being in discussion with the current service provider about revised service provision.
- 3.9. Consultation with the relevant children's services teams took place in order to determine which elements of the current service have been effective, and which have not been successful. The discussions with the service areas also identified key priority areas to focus future service delivery. Further detail on the key areas is discussed in section 5 below.
- 3.10. Statutory Guidance for promoting the health of looked after children is clear that the CCG is required to ensure that CAMHS services provide targeted and dedicated services to looked after children where this is an identified local need. This is further enhanced by the responsible commissioner guidance which makes improving access to the full range of health services, including CAMHS, a priority for achieving good outcomes for looked after children.
- 3.11. Information has been sought from other boroughs to determine what they commission. This work makes it very clear that while some boroughs do commission elements of training and systemic or early help provision, they do not fund direct therapeutic interventions. The proposed new provision, detailed in section 5 below, is therefore in line with that provided by other Local Authorities.
- 3.12. Given the current financial climate and pressures on all local authorities, it is not possible to continue financing this service without a jeopardising other statutory services. As explained in more detail below in the Legal Implications section, there is no specific legal obligation on the council to provide the service as currently constituted therefore the recommendation is to decommission.

4.0 Implications of decommissioning and Consultation

- 4.1. As indicated above, the provision of CAMHS services is a key CCG responsibility and the local authority commissioned service has been in place for some years on a non-statutory basis to supplement this.
- 4.2. The Statutory Guidance for promoting the health of looked after children is clear that the PCT/CCG are required to ensure that CAMHS services provide targeted and dedicated services to looked after children where this is an identified local need. The CCG also has a responsibility under the National

Indicator 58 (Emotional and behavioural health of looked after children) to ensure the effectiveness of CAMHS services.

- 4.3. Discussions on initial plans for the future of the existing contract have begun with the CCG and the CNWL to aid a smooth transition process. Further discussion on the implications for the CCG contract, and mitigating any impact will take place once agreement has been obtained from Executive.
- 4.4. In order to ensure that a smooth transition process for the existing case load, an extension on the existing contract for 3 months is being requested.
- 4.5. The key loss will be the direct link with CAMHS colleagues and ability to prioritise cases and obtain support at a quicker rate when the need arises. However, the CCG contract already gives priority to provision for Looked After Children, therefore the impact of this is expected to be minimal.
- 4.6. There is also the possibility of increased waiting lists for new referrals made to the CCG service for direct CAMHS interventions after 1st April 2014, when the transition of cases to the CCG contract will commence.
- 4.7. Staff's experience of user views and feedback has been used to inform the decision making and recommendations for this process, and it is envisaged that service users will experience minimal disruption from this process.
- 4.8. It is our intention to obtain views on the shape the new service should take through Care In Action (Looked After Children's forum) especially in relation to the service for adolescents. This will be carried out via the health participation officer, which is a jointly funded post with Health (CCG).
- 4.9. Further detail on the impact of decommissioning, and how this will be mitigated is listed in appendix 1, for both new referrals and current service users.
- 4.10. In addition, the current provider has not been able to provide clear outcomes data in relation to the children/young people on their case load. It is therefore intended that any service that is re-commissioned is done so with clear monitoring requirements focussed on outcomes.

5.0 New service provision

- 5.1. In order to ensure that robust commissioning processes are followed for the new service provision, a 3 month extension on the existing contract period has been requested. This will allow officers to fully scope out the service, and advise Executive on the process to be followed, with detail on the evaluation criteria.
- 5.2. Following discussions with the relevant service areas, the below revised service has been proposed. Further detail on these elements is currently being developed and this will be reported back to the Executive in due course with a request to approve the procurement.
- 5.3. It is our intention to obtain views on the new service through Care In Action (Looked After Children's forum) especially in relation to the service for

adolescents. This will be carried out via the health participation officer, which is a jointly funded post with Health (CCG).

5.4. **Children with disabilities**

5.4.1. Interventions for parents of children with learning disabilities to reduce emotional and behavioural difficulties or help parents manage these difficulties in a way that reduces their negative impact at home and school will be provided directly by the council, through recruitment or commissioning of a behavioural support service, allowing for a more flexible and tailored approach.

5.4.2. Consultations for staff will be commissioned to support staff to provide lower level interventions and support to children/young people.

5.5. **Looked after children**

5.5.1. Consultations for staff will be commissioned to support staff to provide lower level interventions and support to children/young people.

5.5.2. Foster carer training will be picked up through learning & development.

5.6. Initial discussions with the market indicate that there are alternative providers who would be able to offer the services required.

6.0 **Financial Implications**

6.1. The cost of the existing provision is £533,494 per annum. The new contract value is £253,000 resulting in a saving to the council of £280,000. The service is fully funded from the General Fund and the £280,000 savings would accrue fully to the General Fund.

6.2. The table below gives details of the current and proposed funding split between Children with Disabilities and Looked after Children.

| Service area | Current contract value | Proposed reduction | New contract value |
|-----------------------------|------------------------|--------------------|--------------------|
| Children with disabilities | £196,481 | £50,000 | £146,000 |
| Looked after children (LAC) | £337,013 | £230,000 | £107,000 |
| TOTAL | £533,494 | £280,000 | £253,000 |

6.3. The proposed change in the service could lead to an increase in support required through Care at Home and Direct Payments, and there is also the potential for some of these children/young people to become LAC. However, such pressures will be contained as the current service is supplementing a service already commissioned by the CCG and existing users will be able to access support from the CCG.

6.4. The intention is to commission the new provision for a year initially to ensure that the provision is specified to meet the needs of young people. After the initial one year, the service will be tendered for a longer period. At this point, any impact on other budgets (e.g. Direct Payments, Care at Home and LAC budgets) will be taken into consideration to ensure that there is no on-going adverse impact on other budgets.

7.0 Legal Implications

- 7.1. The Children Act 1989 places a duties on the Council to secure that there are services in place for children to safeguard and promote the welfare of children within their area who are in need (section 17). This duty can be met through the core CAMHS contract commissioned by Brent CCG.
- 7.2. Local authorities have a specific duty under section 22 of the Children Act 1989 to safeguard and promote the welfare of each child they look after. Under section 27 of the Children Act 1989, local authorities are entitled to expect other authorities and certain NHS bodies to assist them in discharging their functions to children in need, looked after children and their parents and carers.
- 7.3. These duties can be met through the core CAMHS contract commissioned by Brent CCG.

8.0 Consultation requirements / Equalities duties

- 8.1. As the contract at CNWL is expiring, there are no contractual implications in relation to the decision to decommission. A further report about procurement of a reduced service will be presented to the Executive in due course.
- 8.2. In accordance with part 4 of the Constitution, paragraph 3.1(m), "Closure of a facility or reduction in services", the decision to decommission requires Executive approval.

9.0 Diversity Implications

- 9.1. This contract relates to the delivery of specialist CAMHS for children and young people known to social care services, those with learning disabilities and young people aged up to their 18th birthday with mental health problems and disorders. The presence of mental health problems is a known risk factor which can result in vulnerability and associated behaviours. Therefore the withdrawal of the service in its entirety will result in a lack of targeted support for some of the most vulnerable children and young people in Brent.
- 9.2. An Equalities Impact Assessment in relation to the proposal to decommission the service has been completed and is detailed at appendix 2. This shows that there are minimal adverse equalities implications in relation to the decision to decommission. Details on how the identified inequalities will be mitigated are also discussed in appendix 1.

10.0 Staffing/Accommodation Implications (if appropriate)

- 10.1. This service is currently provided by an external provider and there are no implications for Council Officer staff arising from continuation of the contract.
- 10.2. As a new service specification is developed, there may be TUPE implications, which will be discussed with the provider in due course.

Background Papers

- Report to Executive requesting exemption from standard procurement process – November 2010

- Memo to Director of Children & Families, requesting approval for extension of CAMHS contract for a further year – December 2012
- Report to Executive from Adult Social Care in relation to competitive dialogue process for community based mental health support – April 2013

Contact Officers

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Sara Williams

Acting Director of Children and Families

APPENDIX 1 – IMPACT OF LOSING THE SERVICE

Children with disabilities service

| Impact of losing the service | Mitigating the impact |
|--|---|
| <p>Existing service users – The change in service may mean a slightly different provision than existing service users are accustomed to.</p> | <p>Once Executive approval has been obtained, discussions will be held with the service provider and CCG to wind down the service provision gradually to ensure there is minimal disruption for the young people who are already receiving the service. Where on-going services are required it is envisaged that these will be picked up by the newly commissioned service.</p> <p>In order to ensure a smooth transition, approval to extend the existing contract for 3 months has been requested.</p> |
| <p>New service users - The majority of support that is provided is in the form of parenting support for children with Autistic Spectrum Disorder (ASD), therefore whilst there is a need there is a question of whether this needs to be delivered by clinicians.</p> | <p>The proposed new model of delivery in house will allow a wider service provision, reaching a larger number of parents/carers and will also allow greater flexibility than is currently provided.</p> |
| <p>The loss of the direct support being offered to parents could lead to an increase in support required through Care at Home and Direct Payments, and there is also the potential for some of these children/young people to become LAC.</p> | <p>With greater flexibility in the service, as mentioned above, it is hoped that there will be increased support to those parents who may be struggling.</p> |
| <p>Loss of training to social workers.</p> | <p>It is envisaged that this will have little impact; there has been more on going support to social workers rather than training and up skilling. This support will continue to be provided through a re-commissioned service. Training provision will be provided by Learning & Development.</p> |

Looked after children's service

| Impact of losing the service | Mitigating the impact |
|--|--|
| Existing service users will need to transfer to the CCG contracted provision | Detailed discussions will take place with the CCG once Executive approval has been obtained to ensure there is minimal disruption for the young people who are already receiving the service. |
| New service users - Loss of direct intervention will result in longer waiting lists for the LAC as they will be seen through the core CAMHS contract. | The service will continue to be delivered by the core CAMHS contract therefore there will not be a complete loss of service. The core CAMHS contract also places a requirement on the provider to prioritise LAC. |
| There may be a loss of visibility of CAMHS colleagues on the floor. | It is anticipated that the consultation element of the service will remain, therefore there will still be some visibility for staff. |
| The loss of training to social workers. | The impact of this will not be significant as much of the support has tended to be in the form of advice and consultation. This support will continue to be provided through a re-commissioned service. |

Appendix 2. – Equalities Impact Assessment

| | |
|--|--|
| Department: Children & Families | Person Responsible: Ravina Kotecha |
| Service Area: Commissioning | Timescale for Equality Impact Assessment : |
| Date: October 2013 | Completion date: 15 November 2013 |
| Name of service/policy/procedure/project etc: Decommissioning of Child & Adolescent Mental Health Services (CAMHS) | Is the service/policy/procedure/project etc: New <input type="checkbox"/> Old <input checked="" type="checkbox"/> |
| Predictive <input checked="" type="checkbox"/> Retrospective <input type="checkbox"/> | Adverse impact <input type="checkbox"/> Not found <input type="checkbox"/> Found <input type="checkbox"/> Service/policy/procedure/project etc, amended to stop or reduce adverse impact Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is there likely to be a differential impact on any group? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Please state below: |
| 1. Grounds of race: Ethnicity, nationality or national origin e.g. people of different ethnic backgrounds including Gypsies and Travellers and Refugees/ Asylum Seekers Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 2. Grounds of gender: Sex, marital status, transgendered people and people with caring responsibilities Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. Grounds of disability: Physical or sensory impairment, mental disability or learning disability Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 4. Grounds of faith or belief: Religion/faith including people who do not have a religion Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 5. Grounds of sexual orientation: Lesbian, Gay and bisexual Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 6. Grounds of age: Older people, children and young People Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Consultation conducted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Person responsible for arranging the review: N/A | Person responsible for publishing results of Equality Impact Assessment: N/A |
| Person responsible for monitoring: Ravina Kotecha | Date results due to be published and where: N/A |

Please note that you must complete this form if you are undertaking a formal Impact Needs/Requirement Assessment. You may also wish to use this form for guidance to undertake an initial assessment, please indicate.

1. What is the service/policy/procedure/project etc to be assessed?

Decommissioning of the Child and Adolescent Mental Health Service (CAMHS)

2. Briefly describe the aim of the service/policy etc? What needs or duties is it designed to meet? How does it differ from any existing services/ policies etc in this area

The current contract held by the Local Authority was intended to supplement the CAMHS provision already provided by Brent Clinical Commissioning Group (CCG) to form a comprehensive mental health service for Looked After children and young people (LAC) up to their 18th birthday who require Tier 3 CAMH services. The service provides 3 key elements of support:

- a) Direct interventions with young people who have identified mental health needs
- b) Interventions for parents whose children had learning disabilities to reduce emotional and behavioural difficulties or help parents manage these difficulties in a way that reduces their negative impact at home and school.
- c) CAHMS consultation and training to foster carers and social workers alongside CAHMS input into placement provision, service planning and development.

3. Are the aims consistent with the council's Comprehensive Equality Policy?

The current provision enhances the Council's Policy, however given the current financial climate and pressures on all local authorities, and that this is a non-statutory service; it is not possible to continue financing this service without a loss to other statutory services.

As this is a service already provided through the CCG, those requiring the service will still be able to access the support and provision.

It is proposed that the Council reduces the level of investment in the service and re-commissions a service that better meets the needs of the young people and remains within the available financial envelope.

4. Is there any evidence to suggest that this could affect some groups of people? Is there an adverse impact around race/gender/disability/faith/sexual orientation/health etc? What are the reasons for this adverse impact?

The current service has been developed to help young people with mental health and/or behavioural and emotional issues. As it is supplementing a service already commissioned by the CCG, decommissioning this service will not mean that those needing support will not be able to access the support. Decommissioning may have an adverse impact on this group in relation to the waiting times for assessments/interventions, however the CCG specification has a requirement for the provider to prioritise this cohort of young people, therefore it is anticipated that the impact will be mitigated as much as possible.

Also, an alternative service offering consultations to social workers to support and aid decision making on complex cases, and support/training to adopters and foster carers will also be commissioned which will aid in mitigating the impact on the young people/parents.

A summary of impact and mitigating actions has been provided at the end of this document.

5. Please describe the evidence you have used to make your judgement. What existing data for example (qualitative or quantitative) have you used to form your judgement? Please supply us with the evidence you used to make you judgement separately (by race, gender and disability etc).

Information has been sought from other boroughs to determine arrangements in place from the local authority, and it was discovered that some boroughs do commission elements of training and systemic provision, but no direct therapeutic interventions. The proposed new provision, detailed in section 5 below, is in line with that provided by other Local Authorities.

6. Are there any unmet needs/requirements that can be identified that affect specific groups? (Please

refer to provisions of the Disability Discrimination Act and the regulations on sexual orientation and faith, Age regulations/legislation if applicable)

No additional unmet needs have been identified

7. Have you consulted externally as part of your assessment? Who have you consulted with? What methods did you use? What have you done with the results i.e. how do you intend to use the information gathered as part of the consultation?

Consideration has been given to consulting with existing service users, however it was felt that it would not be in their interest to do so as it would cause unnecessary anxiety, given that they would continue to receive a service through the current provider via the CCG contract.

It is our intention to obtain views on the new service through Care In Action (Looked After Children's forum) especially in relation to the service for adolescents. This will be carried out via the health participation officer, which is a jointly funded post with Health (CCG).

8. Have you published the results of the consultation, if so where?

N/A

9. Is there a public concern (in the media etc) that this function or policy is being operated in a discriminatory manner?

No

10. If in your judgement, the proposed service/policy etc does have an adverse impact, can that impact be justified? You need to think about whether the proposed service/policy etc will have a positive or negative effect on the promotion of equality of opportunity, if it will help eliminate discrimination in any way, or encourage or hinder community relations.

As indicated above, there is likely to be an adverse impact, however it is important to note that this is not a service that has been developed to enhance an already existing service and is not something that is provided by other boroughs.

Additionally, steps are already in place and additional steps will be taken to mitigate this impact and ensure that those who need the service are able to access it.

As the current service is supplementing a service already commissioned by the CCG, decommissioning this service will not mean that those needing support will not be able to access the support. Decommissioning may have an adverse impact on this group in relation to the waiting times for assessments/interventions, however the CCG specification has a requirement for the provider to prioritise this cohort of young people, therefore it is anticipated that the impact will be mitigated as much as possible.

Also, an alternative service will also be commissioned which will aid in mitigating the impact on the young people/parents.

11. If the impact cannot be justified, how do you intend to deal with it?

N/A

12. What can be done to improve access to/take up of services?

N/A

13. What is the justification for taking these measures?

The changes to the commissioning of the service have been driven by the current financial climate and pressures on local authorities. Given that this is a non-statutory service, it is not possible to continue funding this service without the loss to other statutory services.

As indicated above, this is a core service that is provided by the CCG, and therefore in line with other boroughs, it has been necessary to suggest taking this step.

14. Please provide us with separate evidence of how you intend to monitor in the future. Please give the name of the person who will be responsible for this on the front page.

Close communication will be maintained with the CCG to ensure that there is a limited adverse impact on the service user group.

15. What are your recommendations based on the conclusions and comments of this assessment?

The impact of the loss/reduction of the service has been carefully considered both from the perspective of the service users and the local authority.

It is recommended that the service in its current format is terminated, with a view to commissioning a more streamlined service that will allow the loss of provision to be mitigated.

Should you:

1. Take any immediate action?
2. Develop equality objectives and targets based on the conclusions?
3. Carry out further research?

16. If equality objectives and targets need to be developed, please list them here.

N/A

17. What will your resource allocation for action comprise of?

The current proposal is to reduce the current contract value by a total of £280,000. This is 52% of the existing contract value. Discussions are taking place with the relevant service areas on how this funding will be allocated.

| Service area | Current contract value | Proposed reduction | New contract value |
|----------------------------|------------------------|--------------------|--------------------|
| Children with disabilities | £196,481 | £50,000 | £146,000 |
| Looked after children | £337,013 | £230,000 | £107,000 |
| TOTAL | £533,494 | £280,000 | £253,000 |

If you need more space for any of your answers please continue on a separate sheet
Please see additional sheet

Signed by the manager undertaking the assessment:

Full name (in capitals please): Ravina Kotecha

Date: 15 November 2013

Service Area and position in the council:

Commissioning Manager, Children's Commissioning, Children & Families Department

Details of others involved in the assessment - auditing team/peer review:

Once you have completed this form, please take a copy and send it to: **The Corporate Diversity Team, Room 5 Brent Town Hall, Forty Lane, Wembley, Middlesex HA9 9HD**

Children with disabilities service

| Impact of losing the service | Mitigating the impact |
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| The majority of support that is provided is in the form of parenting support for children with Autistic Spectrum Disorder (ASD), therefore whilst there is a need there is a question of whether this needs to be delivered by clinicians. | The proposed new model of delivery in house will allow a wider service provision, reaching a larger number of parents/carers and will also allow greater flexibility than is currently provided. |
| The loss of the direct support being offered to parents could lead to an increase in support required through Care at Home and Direct Payments, and there is also the potential for some of these children/young people to become LAC. | With greater flexibility in the service, as mentioned above, it is hoped that there will be increased support to those parents who may be struggling. |
| Loss of training to social workers. | It is envisaged that this will have little impact; there has been more on going support to social workers rather than training and up skilling. This support will continue to be provided through a re-commissioned service. Training provision will be provided by Learning & Development. |

Looked after children’s service

| Impact of losing the service | Mitigating the impact |
|---|--|
| Loss of direct intervention will result in longer waiting lists for the LAC as they will be seen through the core CAMHS contract. | The service will continue to be delivered by the core CAMHS contract therefore there will not be a complete loss of service. The core CAMHS contract also places a requirement on the provider to prioritise LAC. |
| There may be a loss of visibility of CAMHS colleagues on the floor. | It is anticipated that the consultation element of the service will remain, therefore there will still be some visibility for staff. |
| The loss of training to social workers. | The impact of this will not be significant as much of the support has tended to be in the form of advice and consultation. This support will continue to be provided through a re-commissioned service. |