

## Integrated Impact Assessment Report for Service Specifications

<b>Service Specification Reference Number</b>	Click here to enter text.		
<b>Service Specification Title</b>	Child and Adolescent Mental Health Services Tier 4 (CAMHS T4): Children's Services Proposal <b><u>for routine commission</u></b> (source A3.1)		
<b>Lead Commissioner</b>	Louise Doughty	<b>Clinical Lead</b>	Andy Cotgrove
<b>Finance Lead</b>	Hud Manuel	<b>Analytical Lead</b>	Raj Bhatt

### Section A - Activity Impact

#### A1 Current Patient Population & Demography / Growth

A1.1 Prevalence of the disease/condition.	The population of England from the 2011 census published by the Office for National Statistics was 56,075,912, and the number of 0-13 year olds was 8,547030. <i>Source: Service Specification Proposition section 3.1</i>
A1.2 Number of patients currently eligible for the service according to the proposed service specification commissioning criteria.	Not known <i>Source: required</i> Please specify Click here to enter text.

A1.3 Age group for which the service is proposed according to the service specification commissioning criteria.

**Children**  
Please specify  
Children aged 0-13

A1.4 Age distribution of the patient population eligible according to the proposed service specification commissioning criteria

Not relevant if relevant  
*Source: required*  
Please specify  
[Click here to enter text.](#)

A1.5 How is the population currently distributed geographically?

**Evenly**  
If unevenly, estimate regional distribution by %:

North	enter %
Midlands & East	enter %
London	enter %
South	enter %

*Source: Service specification proposition section 6*  
Please specify  
[Click here to enter text.](#)

**A2 Future Patient Population & Demography**

A2.1 Projected changes in the disease/condition epidemiology, such as incidence or prevalence (prior to applying the new service specification) in 2, 5, and 10 years?

**Other - detail below**  
  
If other, Not known  
*Source: Service specification proposition section 3.1*

<p>A2.2 Are there likely to be changes in demography of the patient population and would this impact on activity/outcomes?</p>	<p><b><u>Not known</u></b>  Please specify  Click here to enter text.  Source: Service specification proposition section 6/other</p>											
<p>A2.3 Expected net increase or decrease in the number of patients who will be eligible for the service, according to the proposed service specification commissioning criteria, per year in years 2-5 and 10?</p> <p>Are these numbers in line with ONS growth assumptions for the age specific population? If not please justify the growth assumptions made.</p>	<table border="1"> <tr> <td>YR2 +/-</td> <td>enter number.</td> </tr> <tr> <td>YR3 +/-</td> <td>enter number.</td> </tr> <tr> <td>YR4 +/-</td> <td>enter number.</td> </tr> <tr> <td>YR5 +/-</td> <td>enter number.</td> </tr> <tr> <td>YR10 +/-</td> <td>enter number.</td> </tr> </table> <p>Source: Service specification proposition section 3.1</p>	YR2 +/-	enter number.	YR3 +/-	enter number.	YR4 +/-	enter number.	YR5 +/-	enter number.	YR10 +/-	enter number.	<p>Choose an item.  Nothing to suggest population changes are not in line with ONS assumptions</p>
YR2 +/-	enter number.											
YR3 +/-	enter number.											
YR4 +/-	enter number.											
YR5 +/-	enter number.											
YR10 +/-	enter number.											
<p><b>A3 Activity</b></p>												
<p>A3.1 What is the purpose of new service specification?</p>	<p><b><u>Provide service specification document for a service already commissioned by NHS England in accordance with 'The Manual' but without a published specification</u></b>  *PSSAG (Prescribed Specialised Services Advisory Group)  Please specify  Click here to enter text.</p>											
<p>A3.2 What is the annual activity associated with the existing</p>	<p>156 patients</p>											

<p>pathway for the eligible population?</p>	<p><i>Source: 2016/17 Provider Contract Monitoring submissions</i> Please specify</p>
<p>A3.3 What is the estimated annual activity associated with the proposed service specification proposition pathway for the eligible population?</p>	<p>156 patients <i>Source: required</i> Please specify No significant change in numbers expected as a consequence of the specification</p>
<p><b>A4 Patient Pathway</b></p>	
<p><b>A4.1 Patient pathway</b> Describe the current patient pathway and service.</p>	<p>Tier 4 CAMHS Children’s Services will be provided across an integrated care pathway which includes crisis treatment services and inpatient services. Inpatient services will include OFSTED registered education provision <i>Source: Service Specification section 2.1</i></p>
<p>A4.2. What are the current service access and stopping criteria?</p>	<p>Access is determined by geographical location <i>Source: Service Specification</i></p>
<p>A4.3 What percentage of the total eligible population are: a) Referred b) Meet any existing criteria for care c) Considered to meet any existing exclusion criteria</p>	<p>If not known, please specify Not known a) enter % b) enter % c) enter % <i>Source: required</i></p>
<p>A4.4 What percentage of the total eligible population is expected to:</p>	<p>If not known, please specify Not known</p>

<ul style="list-style-type: none"> <li>a) Be referred to the proposed service</li> <li>b) Be eligible for care according to the proposed criteria for the service</li> <li>c) Take up care according to the proposed criteria for the service</li> <li>d) Continue care according to the proposed criteria for the service?</li> </ul>	<ul style="list-style-type: none"> <li>a) enter %</li> <li>b) enter %</li> <li>c) enter %</li> <li>d)</li> </ul> <p><i>Source: required</i></p>
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<p>A4.5 Specify the nature and duration of the proposed new service or intervention.</p>	<p><b><u>Time limited</u></b>  For time limited services, specify frequency and/or duration.  The service will work with children until either a) the service's specialist input is no longer required b) the child reaches the age of 13 at which point appropriate transition to adolescent services will be facilitated  <i>Source: service specification</i></p>
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**A5 Service Setting**

<p>A5.1 How is this service delivered to the patient?</p>	<p><i>Select all that apply:</i></p> <table border="1" data-bbox="1086 901 1713 1380"> <tr> <td>Emergency/Urgent care attendance</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: inpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: day patient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Acute Trust: outpatient</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mental Health provider: inpatient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Mental Health provider: outpatient</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Community setting</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Homecare</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Emergency/Urgent care attendance	<input type="checkbox"/>	Acute Trust: inpatient	<input type="checkbox"/>	Acute Trust: day patient	<input type="checkbox"/>	Acute Trust: outpatient	<input type="checkbox"/>	Mental Health provider: inpatient	<input checked="" type="checkbox"/>	Mental Health provider: outpatient	<input checked="" type="checkbox"/>	Community setting	<input checked="" type="checkbox"/>	Homecare	<input checked="" type="checkbox"/>
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Other	<input type="checkbox"/>									
<p>A5.2 What is the current number of contracted providers for the eligible population by region?</p>	<table border="1"> <tr> <td data-bbox="1079 314 1491 365">NORTH</td> <td data-bbox="1491 314 1706 365">2</td> </tr> <tr> <td data-bbox="1079 365 1491 416">MIDLANDS &amp; EAST</td> <td data-bbox="1491 365 1706 416">1</td> </tr> <tr> <td data-bbox="1079 416 1491 467">LONDON</td> <td data-bbox="1491 416 1706 467">3</td> </tr> <tr> <td data-bbox="1079 467 1491 518">SOUTH</td> <td data-bbox="1491 467 1706 518">0</td> </tr> </table>	NORTH	2	MIDLANDS & EAST	1	LONDON	3	SOUTH	0	
NORTH	2									
MIDLANDS & EAST	1									
LONDON	3									
SOUTH	0									
<p>A5.3 Does the proposition require a change of delivery setting or capacity requirements?</p>	<p>NHS England has undertaken a national review of Tier 4 CAMHS capacity across the care pathway aimed at ensuring all Regions and sub regions have sufficient capacity to meet the needs of their local populations. As a result CAMHS services will be reconfigured with additional capacity provided in areas where this is currently insufficient, balanced by a reduction of capacity where there is a surplus. The Regional change programme is being coordinated and overseen by NHS England through the national Mental Health Service Review Programme Board</p> <p>Please specify: Click here to enter text. <i>Source: required</i></p>									
<p><b>A6 Coding</b></p>										
<p>A6.1 Specify the datasets used to record the new patient pathway activity.</p>	<p><i>Select all that apply:</i></p> <hr/>									

*expected to be populated for all commissioned activity	Aggregate Contract Monitoring *	<input checked="" type="checkbox"/>														
	Patient level contract monitoring	<input checked="" type="checkbox"/>														
	Patient level drugs dataset	<input type="checkbox"/>														
	Patient level devices dataset	<input type="checkbox"/>														
	Devices supply chain reconciliation dataset	<input type="checkbox"/>														
	Secondary Usage Service (SUS+)	<input type="checkbox"/>														
	Mental Health Services DataSet (MHSDS)	<input checked="" type="checkbox"/>														
	National Return**	<input type="checkbox"/>														
	Clinical Database**	<input type="checkbox"/>														
	Other**	<input type="checkbox"/>														
**If National Return, Clinical database or other selected, please specify: <a href="#">Click here to enter text.</a>																
A6.2 Specify how the activity related to the new patient pathway will be identified.	<p><i>Select all that apply:</i></p> <table border="1"> <tr> <td>OPCS v4.8</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ICD10</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Service function code</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Main Speciality code</td> <td><input type="checkbox"/></td> </tr> <tr> <td>HRG</td> <td><input type="checkbox"/></td> </tr> <tr> <td>SNOMED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Clinical coding / terming methodology used by clinical profession</td> <td><input type="checkbox"/></td> </tr> </table>		OPCS v4.8	<input type="checkbox"/>	ICD10	<input type="checkbox"/>	Service function code	<input checked="" type="checkbox"/>	Main Speciality code	<input type="checkbox"/>	HRG	<input type="checkbox"/>	SNOMED	<input type="checkbox"/>	Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>
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HRG	<input type="checkbox"/>															
SNOMED	<input type="checkbox"/>															
Clinical coding / terming methodology used by clinical profession	<input type="checkbox"/>															

<p><b>A6.3 Identification Rules for Drugs:</b> How are any drug costs captured?</p>	<p><b><u>Not applicable</u></b> If already specified in the current NHS England Drug / Devices List, please specify drug name and indication for all that apply: <a href="#">Click here to enter text.</a> If drug(s) NOT already been specified in the current NHS England Drug List please give details of action required and confirm that this has been discussed with the pharmacy lead: <a href="#">Click here to enter text.</a></p>
<p><b>A6.4 Identification Rules for Devices:</b> How are device costs captured?</p>	<p><b><u>Not applicable</u></b> If device(s) covered by an existing category of HCTED please specify the Device Category (as per the National Tariff Payment System Guidance) for all that apply: <a href="#">Click here to enter text.</a> If device(s) not excluded from Tariff <b>nor</b> covered within existing National or Local prices please specify details of action required and confirm that this has been discussed with the HCTED team. <a href="#">Click here to enter text.</a></p>
<p><b>A6.5 Identification Rules for Activity:</b> How are activity costs captured?</p>	<p><b><u>Already correctly captured by an existing specialised service line (NCBPS code within the PSS Tool)</u></b> If activity costs are already captured please specify the specialised service code and description (e.g. NCBPS01C Chemotherapy). <a href="#">Click here to enter text.</a> If activity costs are already captured please specify whether this service needs a separate code. <b>No</b> If the activity is captured but the service line needs amendment please specify whether the proposed amendments have been documented and agreed with the Identification Rules team. <a href="#">Click here to enter text.</a></p>



	<p>If the activity is not captured please specify whether the proposed identification rules have been documented and agreed with the Identification Rules team. Choose an item.</p>
<p><b>A7 Monitoring</b></p>	
<p><b>A7.1 Contracts</b> Specify any new or revised data flow or data collection requirements, needed for inclusion in the NHS Standard Contract Information Schedule. Please identify any excluded drugs or devices relevant to the service and their current status with regard to NHS England specialised services commissioning.</p>	<p><b><u>None</u></b> Please specify <a href="#">Click here to enter text.</a></p>
<p><b>A7.2 Business intelligence</b> Is there potential for duplicate reporting?</p>	<p><b><u>Yes</u></b> If yes, please specify mitigation: Reporting requirements are as per the current schedule 6 of the standard NHS contract, and are common across all Specialised MH contracts. There are currently two sources of patient level information – provider contract monitoring via Excel spreadsheet, and the developing MH Standard Data Set (MHSDS). Many of the data items collected are common to both data sets, and the intention is to move towards a single set of data collection in the MHSDS. Both sets of data are validated on receipt for duplicate records, and duplicates are either removed (where possible) or highlighted in reporting (where it is unclear which is the correct record</p>
<p><b>A7.3 Contract monitoring</b> Is this part of routine contract monitoring?</p>	<p><b><u>Yes</u></b> If no, please specify contract monitoring requirement: <a href="#">Click here to enter text.</a></p>

<p><b>A7.4 Dashboard reporting</b> Specify whether a dashboard exists for the proposed service?</p>	<p><b><u>Yes</u></b> If yes, specify how routine performance monitoring data will be used for dashboard reporting. Click here to enter text. If no, will one be developed? Click here to enter text.</p>
<p><b>A7.5 NICE reporting</b> Are there any directly applicable NICE or equivalent quality standards which need to be monitored in association with the new service specification?</p>	<p><b><u>No</u></b> If yes, specify how performance monitoring data will be used for this purpose. Click here to enter text.</p>
<p><b>Section B - Service Impact</b></p>	
<p><b>B1 Service Organisation</b></p>	
<p>B1.1 Describe how the service is currently organised? (i.e. tertiary centres, networked provision etc.)</p>	<p>Secondary centres <i>Source: service specification</i></p>
<p>B1.2 Will the specification change the way the commissioned service is organised?</p>	<p><b><u>No</u></b> Please specify: Click here to enter text. <i>Source: required</i></p>
<p>B1.3 Will the specification require a new approach to the organisation of care?</p>	<p><b><u>No change to delivery of care</u></b> Please specify: Click here to enter text.</p>

## B2 Geography & Access

B2.1 Where do current referrals come from?

Select all that apply:

GP	<input type="checkbox"/>
Secondary care	<input checked="" type="checkbox"/>
Tertiary care	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Please specify:

Referrals come from a variety of sources including Tier 3 community CAMHS services, emergency care settings, secure welfare and youth justice and other criminal justice custody settings

B2.2 What impact will the new service specification have on the sources of referral?

**No impact**

Please specify:

[Click here to enter text.](#)

B2.3 Is the new service specification likely to improve equity of access?

**Increase**

Please specify:

The nationally commissioned CAMHS T4 review in 2014 identified significant challenges for children and young people accessing a range of CAMHS Tier 4 specialised services as close to home as possible. The implementation of the regional plans resulting from the national review of CAMHS will see a rebalancing of service capacity in line with local population need. See A5.3 above

*Source: Equalities Impact Assessment*

B2.4 Is the new service specification likely to improve equality of access and/or outcomes?

**Increase**

Please specify:

The service specifications supports the commissioning of more effective model of care that reduces the reliance on inpatient care, and length of stay through the provision of day care, crisis management and intensive home treatment. Services will be provided more locally significantly reducing fragmentation and the likelihood of patients having to travel out of their local area to receive the right support.

*Source: Equalities Impact Assessment*

**B3 Implementation**

B3.1 Will commissioning or provider action be required before implementation of the proposition can occur?

**Contract action**

Please specify:

A national review of inpatient capacity for Tier 4 CAMHS has been completed. Regional Specialised Commissioning teams have indicated that they intend to procure services to provide the required service capacity and configuration needed locally; Regions may also deliver required capacity and configuration through activity changes in existing contracts. See A5.3 above.

**B3.2 Time to implementation:**

Is a lead-in time required prior to implementation?

Choose an item.

If yes, specify the likely time to implementation: Regional implementation timescales will vary according to current service availability and configuration. Additional inpatient capacity will start coming on stream from 2019-20 with implementation completed in 2020-21.

**B3.3 Time to implementation:**

If lead-in time is required prior to implementation, will an interim plan

**Yes**

If yes, outline the plan:

for implementation be required?	All Regions will agree implementation plans, these are submitted to Mental Health Service Review Programme Board for monthly oversight of progress
B3.4 Is a change in provider physical infrastructure required?	<p><b><u>Yes</u></b> Please specify: The majority of existing providers will require environmental changes to deliver the requirements for a high dependency area for the inpatient element of the service. Providers are likely to fall into 2 categories</p> <ol style="list-style-type: none"> <li>1. Minor remedial work</li> <li>2. Substantial remedial work</li> </ol> <p>Regional Commissioners will complete a baseline assessment and agree remedial action needed to comply with the specification requirements and the timescale for implementation.</p>
B3.5 Is a change in provider staffing required?	<p><b><u>No</u></b> Please specify: <a href="#">Click here to enter text.</a></p>
B3.6 Are there new clinical dependency and/or adjacency requirements that would need to be in place?	<p><b><u>Yes</u></b> Please specify: Tier 4 CAMHS Children’s services must be co-located with other mental health services and/or paediatric services; they are not stand alone services. This requirement is set out in the service specification and should mitigate the risk of patients being placed inappropriately in paediatric services.</p>
B3.7 Are there changes in the support services that need to be in place?	<p><b><u>Yes</u></b> Please specify: Providers delivering the inpatient element of the Specialist Eating Disorder</p>

	<p>service are expected to be co-located with paediatric services. Commissioners will agree with individual providers the local arrangements, service adjacency footprint and protocols required to support delivery.</p>																								
<p>B3.8 Is there a change in provider and/or inter-provider governance required? (e.g. ODN arrangements / prime contractor)</p>	<p><b>No</b> Please specify: <a href="#">Click here to enter text.</a></p>																								
<p>B3.9 Is there likely to be either an increase or decrease in the number of commissioned providers? If yes, specify the current and estimated number of providers required in each region</p>	<p><b>Increase</b> <i>Please complete the table:</i></p> <table border="1" data-bbox="1088 536 2013 981"> <thead> <tr> <th>Region</th> <th>Current no. of providers</th> <th>Future State expected range</th> <th>Provisional or confirmed</th> </tr> </thead> <tbody> <tr> <td>North</td> <td>2</td> <td>2</td> <td><u>P</u></td> </tr> <tr> <td>Midlands &amp; East</td> <td>1</td> <td>2</td> <td><u>P</u></td> </tr> <tr> <td>London</td> <td>3</td> <td>3</td> <td><u>P</u></td> </tr> <tr> <td>South</td> <td>0</td> <td>1</td> <td><u>P</u></td> </tr> <tr> <td>Total</td> <td>6</td> <td>8</td> <td><u>P</u></td> </tr> </tbody> </table> <p>Please specify: It is important to note that the service specification is not driving the changes in provider configuration; it is the findings of the capacity/demand review which highlighted the need for a different geographical distribution to improve access.</p>	Region	Current no. of providers	Future State expected range	Provisional or confirmed	North	2	2	<u>P</u>	Midlands & East	1	2	<u>P</u>	London	3	3	<u>P</u>	South	0	1	<u>P</u>	Total	6	8	<u>P</u>
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South	0	1	<u>P</u>																						
Total	6	8	<u>P</u>																						
<p>B3.10 Specify how revised provision will be secured by NHS England as the responsible commissioner.</p>	<p><i>Select all that apply:</i></p> <table border="1" data-bbox="1088 1286 1998 1377"> <tr> <td>Publication and notification of new service specification</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Publication and notification of new service specification	<input checked="" type="checkbox"/>																						
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	Market intervention required	<input checked="" type="checkbox"/>
	Competitive selection process to secure increase or decrease provider configuration	<input type="checkbox"/>
	Price-based selection process to maximise cost effectiveness	<input type="checkbox"/>
	Any qualified provider	<input type="checkbox"/>
	National Commercial Agreements e.g. drugs, devices	<input type="checkbox"/>
	Procurement	<input checked="" type="checkbox"/>
	Other	<input checked="" type="checkbox"/>
	<p>Please specify:</p> <p>Regional commissioners will agree implementation and market intervention plans to determine the action needed locally to deliver required service configuration and capacity changes. Commissioners in the 2 South Regions have indicated an intention to procure the required capacity for this service.</p>	

**B4 Place-based Commissioning**

B4.1 Is this service currently subject to, or planned for, place-based commissioning arrangements? (e.g. future CCG lead, devolved commissioning arrangements, STPs)	<p><b>Yes</b></p> <p>Please specify:</p> <p>The national New Care Models programme devolving commissioning responsibility to providers encompasses Tier 4 CAMHS; it is expected that all regions will have NCMs in place in due course.</p>
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**Section C - Finance Impact**

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**C1 Tariff/Pricing**

C1.1 How is the service contracted and/or charged?  
Only specify for the relevant section of the patient pathway

Select all that apply:

<b>Drugs</b>	Not separately charged – part of local or national tariffs	<input type="checkbox"/>
	Excluded from tariff – pass through	<input type="checkbox"/>
	Excluded from tariff - other	<input type="checkbox"/>
<b>Devices</b>	Not separately charged – part of local or national tariffs	<input type="checkbox"/>
	Excluded from tariff (excluding ZCM) – pass through	<input type="checkbox"/>
	Excluded from tariff (excluding ZCM) – other	<input type="checkbox"/>
	Via Zero Cost Model	<input type="checkbox"/>
<b>Activity</b>	Paid entirely by National Tariffs	<input type="checkbox"/>
	Paid entirely by Local Tariffs	<input checked="" type="checkbox"/>
	Partially paid by National Tariffs	<input type="checkbox"/>
	Partially paid by Local Tariffs	<input type="checkbox"/>
	Part/fully paid under a Block arrangement	<input type="checkbox"/>
	Part/fully paid under Pass-Through arrangements	<input type="checkbox"/>
	Part/fully paid under Other arrangements	<input type="checkbox"/>

**C1.2 Drug Costs**

Where not included in national or local tariffs, list each drug or combination, dosage, quantity, **list** price including VAT if applicable and any other key information e.g. Chemotherapy Regime.

NB discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.

Not applicable



<p><b>C1.3 Device Costs</b></p> <p>Where not included in national or local tariff, list each element of the excluded device, quantity, <b>list or expected</b> price including VAT if applicable and any other key information.</p> <p>NB: Discounted prices or local prices must not be included as these are subject to commercial confidentiality and must not be disclosed.</p>	Not applicable		
<p><b>C1.4 Activity Costs covered by National Tariff</b></p> <p>List all the HRG codes, HRG descriptions, national tariffs (excluding MFF), volume and other key costs (e.g. specialist top up %)</p>	Not applicable		
<p><b>C1.5 Activity Costs covered by Local Tariff</b></p> <p>List all the HRGs (if applicable), HRG or local description, estimated average tariff, volume and any other key costs. Also indicate whether the Local Tariff(s) is/are newly proposed or established and if newly proposed how is has been derived, validated and tested.</p>	Tier 4 CAMHS Children’s Service activity expected to be monitored using patient contacts, in line with other community services and inpatient OBD in line with other inpatient services		
<p><b>C1.6 Other Activity Costs not covered by National or Local Tariff</b></p> <p>Include descriptions and estimates of all key costs.</p>	Not applicable		
<p><b>C1.7</b> Are there any prior approval mechanisms required either during implementation or permanently?</p>	<p><b>No</b></p> <p>Please specify: <a href="#">Click here to enter text.</a></p>		
<p><b>C2 Average Cost per Patient</b></p>			
<p><b>C2.1</b> What is the estimated cost per patient to NHS England, in years 1-5, including follow-up where required?</p>	YR1	£47,900	Based on single average
	YR2	£47,900	

Are there any changes expected in year 6-10 which would impact the model?	YR3	£47,900	3 month stay. OBD price includes element of subsequent follow up
	YR4	£47,900	
	YR5	£47,900	
	If yes, please specify:		

**C3 Overall Cost Impact of this Service specification to NHS England**

C3.1 Specify the budget impact of the proposal on NHS England in relation to the relevant pathway.	<p>Cost neutral It is important to note that the service specification is not driving any additional revenue costs. The findings of the capacity and demand review identified the need for geographical redistribution to improve access.</p> <p>Please specify:</p> <p>There are 2 potential areas that may have a minor budget impact</p> <ol style="list-style-type: none"> <li>1. Requirement for high dependency area – these will be factored in to all new units; the majority of existing units do not have high dependency areas see B3.4 above. Regional commissioners will work with providers to complete a baseline assessment of any environmental adjustments and agree remedial action including arrangements to meet any associated capital costs. Providers are responsible for meeting the capital costs of any environmental adjustments; revenue consequences of these capital costs are expected to be small and will form part of local contract negotiations over time.</li> <li>2. Increased capacity in the South: currently patients are placed out of area. The intention is to go to procurement to identify a provider with the revenue impact managed within existing commissioner budgets. Any capital requirements will be subject to agreement as</li> </ol>
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	part of the regional STP Capital Programme. There may be a need for pump priming funds to ease the transition to a different provider configuration
C3.2 If the budget impact on NHS England cannot be identified set out the reasons why this cannot be measured.	1. Further work to be undertaken as above. High Dependency Area: It is recognised that the majority of providers will not comply with the service spec and will need to make reasonable adjustments to do so; some providers may be able to achieve this without requiring additional capital funding. However, some existing providers may require additional capital to deliver environmental changes needed within their current inpatient footprint. Commissioning hubs will work with local providers to agree plans where such action is needed, the expectation is that the revenue impact will be managed within existing regional budgets.
C3.3 If the activity is subject to a change of commissioning responsibility, from CCG to NHS England, has a methodology for the transfer of funds been identified, and calculated?	Not applicable
<b>C4 Overall cost impact of this service specification to the NHS as a whole</b>	
C4.1 Specify the budget impact of the proposal on other parts of the NHS.	<p>Budget impact for CCGs:  <b><u>No impact on CCGs</u></b></p> <p>Budget impact for providers:  Choose an item.  Please specify:  No impact on CCGs, requirements for non-inpatient care element of pathway is included in the existing service specification (i.e. no change).</p>

<p>C4.2 Taking into account responses to C3.1 and C4.1 specify the budget impact to the NHS as a whole.</p>	<p><b><u>Unknown but not likely to be significant</u></b>  Please specify:</p> <ol style="list-style-type: none"> <li>1. High Dependency Areas: Potentially some impact to a small number of providers in capital terms see below. No revenue impact expected.</li> <li>2. Increased Capacity in South: Capital impact unknown as subject to procurement, no revenue impact expected.</li> </ol>
<p>C4.3 Where the budget impact is unknown set out the reasons why this cannot be measured</p>	<p>Commissioners will need to identify number of affected providers once the clinical requirements have been confirmed. Expected to be small with no impact on revenue.</p>
<p>C4.4 Are there likely to be any costs or savings for non-NHS commissioners and/or public sector funders?</p>	<p><b><u>No</u></b>  Please specify:  Not at this stage. CAMHS capacity review is aiming to manage growth in demand for services within current financial envelope through strengthened local patient pathways to reduce lengths of stay and potential avoidance of admissions.</p>
<p><b>C5 Funding</b></p>	
<p>C5.1 Where a cost pressure is indicated, state known source of funds for investment, where identified, e.g. decommissioning less clinically or cost-effective services.</p>	<p>Not applicable</p>
<p><b>C6 Financial Risks Associated with Implementing this Service specification</b></p>	
<p>C6.1 What are the material financial risks to implementing this</p>	<p>Potential for additional capital costs associated with the establishment of</p>

service specification?	High Dependency area in some providers see section C4, these are expected to be minimal with minimal revenue implications. Potential for additional capital costs due to planned capacity increase in South regions. This process will be managed through the regional STP Capital Programme.		
C6.2 How can these risks be mitigated?	Regional commissioners will establish number of providers affected and scope of work required, agreeing local action plan where needed. Regional Implementation Boards to oversee implementation as part of capacity review work set out above. The financial impact is likely to be minimal with no revenue implications.		
C6.3 What scenarios (differential assumptions) have been explicitly tested to generate best case, worst case and most likely total cost scenarios?	The revised specification is primarily to add detail and clarity to the existing specification.		
C6.4 What scenario has been approved and why?	See above C6.2		
<b>C7 Value for Money+</b>			
C7.1 What published evidence is available that the service is cost effective as evidenced in the evidence review?	<p><b><u>Published evidence indicates service specification has the potential to be cost-effective</u></b></p> <p>Please specify: Identified in service specification</p>		
C7.2 Has other data been identified through the service specification development relevant to the assessment of value for money?	<p><i>Select all that apply:</i></p> <table border="1" data-bbox="1093 1241 2134 1369"> <tr> <td data-bbox="1093 1241 2056 1369">Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification</td> <td data-bbox="2056 1241 2134 1369" style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification	<input checked="" type="checkbox"/>
Available pricing data suggests the service specification is equivalent cost compared to current/comparator service specification	<input checked="" type="checkbox"/>		

	Available pricing data suggests the service is lower cost compared to current/comparator treatment	<input type="checkbox"/>
	Available clinical practice data suggests the new service specification has the potential to improve value for money	<input type="checkbox"/>
	Other data has been identified	<input type="checkbox"/>
	No data has been identified	<input type="checkbox"/>
	The data supports a high level of certainty about the impact on value	<input type="checkbox"/>
	The data does not support a high level of certainty about the impact on value	<input type="checkbox"/>
Please specify: <a href="#">Click here to enter text.</a>		

## C8 Non-Recurrent Costs

C8.1 Are there non-recurrent revenue costs associated with this service specification?

**No**

If yes, please specify and indicate whether these would be incurred or passed through to NHS England:

[Click here to enter text.](#)

If the costs are to be passed through to NHS England please indicate whether this has been taken into account in the budgetary impact.

[Choose an item.](#)

C8.2 Are there any non-recurrent provider capital costs associated with the service specification?

**Yes**

If yes, please specify and indicate with there is a separate source of funding identified (commissioners cannot reimburse capital costs).

See A5 there may be some capital costs to be incurred by a small number

	of providers to deliver requirement for High Dependency areas. There may be capital costs associated with delivering increased capacity in South regions.
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