


<p style="text-align: center;"><b>Health and Wellbeing Board</b> Tuesday 21 February 2017</p>	
<p><b>Report of the London Borough of Tower Hamlets</b></p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Local Transformation Plan for Children and Young People's Mental Health</b></p>	

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<b>Executive Key Decision?</b>	No

## Summary

Tower Hamlets has an existing priority to improve the mental health of children and young people, through its first Health and Wellbeing Strategy and its local mental health strategies. National guidance has been issued for all CCGs to refresh Local Transformation Plans, based on joint work with partners, and signed off by Health and Wellbeing Boards. The local Transformation Plan is an opportunity to set the strategic direction for the next five years, and provide transparency about spending and services.

The refreshed priorities for 2016 to 2021 include a comprehensive set of transformation goals, updated to reflect the targets in *Implementing the Mental Health Five Year Forward View* (Department of Health, 2016), and including an increase in the number children and young people receiving treatment to 35% of the diagnosable population, and greater integration of services. They are tied together by our overall vision and by our local joint project to improve the outcomes that children, young people and families have said are most important for them.

The report sets out details of planned NHS investment.

Approval of the plan will endorse the Plan's priorities and set the framework for future development.

## Recommendations:

The Health & Wellbeing Board is recommended to:

1. Approve the Local Transformation Plan for Children and Young People's Mental Health.

## **1. REASONS FOR THE DECISIONS**

- 1.1 The Plan provides the framework for transformative change to meet the mental health and wellbeing needs of children and young people in the borough in the coming years.
- 1.2 The plan is consistent with Tower Hamlets Joint Mental Health Strategy for people of all ages, with Children and Families Partnership Boards, Child Rights Approach and with other local strategic frameworks.
- 1.3 Approval of the Transformation Plan will improve mental health services for children and young people in 2017/18 and set the framework for future development.

## **2. ALTERNATIVE OPTIONS**

- 2.1 Tower Hamlets CCG is required to submit and publish a plan, so the option not to approve will delay the publication and implementation.

## **3. DETAILS OF REPORT**

### **3.1 Background**

In February 2015, the Department of Health and NHS England published the policy document, ***Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing***. This set out an ambitious programme of change, and introduced the intention to require every area in England to develop a local Transformation Plan, led by CCGs but involving all partners. The scope included the full spectrum of service provision including education, and the needs of children and young people (up to age 18) who have particular vulnerability to mental health problems. The document stated that '*A whole system approach is needed focusing on prevention of mental ill health, early intervention and recovery*'.

Each area was tasked with producing its own plan to:

- Set out a comprehensive and transparent local offer, including a declaration of resources, to be updated annually.
- Demonstrate a multi-agency commitment to service transformation over the coming years.

The first plans in 2015 were linked to approval of NHS funds (£521k) for in-year spending on children and young people's mental health service, and recurrent investment in 2016/17. In 2016, CCGs and partners were asked to refresh local Transformation Plans, but no additional central funds were earmarked.

Once the Local Transformation Plan is approved, it is proposed that the full 2016 plan is once again published on CCG and Council websites, as advised

in NHS England guidance. In addition, a public-facing summary has been designed to make the key messages more accessible.

The Local Transformation Plan was submitted to NHS England for assurance on 31 October 2016, with the feedback that it was 'overall a strong and ambitious plan'. Additional information was submitted to NHS England on 11 January, and is included in this version.

### 3.2 Local need

Tower Hamlets Public Health Department produced a detailed description of local needs in the 2015 Transformation Plan, which remains valid. Headline issues are:

- There is a highly diverse, mobile, relatively young population, changing composition due to population growth and trends in migration (national and international);
- The health of the population tends to be worse than elsewhere due to high levels of socio-economic deprivation; Tower Hamlets remains the most deprived London authority;
- We have the highest levels of child poverty in the country with almost one in four children (39%) living in an income-deprived family. 54% of neighbourhoods in Tower Hamlets rank in the 10% most deprived nationally on this index.

The Public Health Assessment includes the expected number of children and young people with the main mental health conditions (3,911 in 2015, and 4,028 in 2016).

### 3.3 Key issues to address in current services

The Transformation Plan builds on the existing local service development work which is being undertaken in partnership with the CCG, LA, Schools and third sector providers.

The plan includes a list of CAMHS services in the borough and others that contribute to the delivery of improved mental health outcomes. Tower Hamlets has a tradition of integrated commissioning of CAMHS through a joint agreement between the CCG and the Council. We also have high quality CAMHS clinical practice delivered by integrated services in East London Foundation Trust. There is also a strong record of partnership, including the Children and Families Plan (currently being updated) and, specifically for mental health, the CYP Improving Access to Psychological Therapies (IAPT) Partnership, and the ELFT paediatric liaison service at the Royal London Hospital. Co-location of specialist CAMHS workers with the Looked After Children team in the Council has now been established, leading to closer operational working.

However, the following concerns were reported in 2015:

- **Multiple commissioners working to different contracts and different outcomes.** These include the CCG, NHS England, Local Authority

Children's and Adult Services (including services for parents with a mental illness), individual schools which buy-in counselling, and other services to support the emotional health and wellbeing of pupils. There are also a number of directly delivered Council services such as Education Psychology. (Note: this is being addressed through our outcomes-based commissioning project.)

- **A fragmented pattern of provision**, with many different providers across age ranges and the so-called tiers of provision, but relative weakness in targeted mental health interventions (formerly tier 2) – those which offer earlier intervention, meeting young people where they are, on their own terms (Note: this is being addressed through a new young people's mental health services delivered by Step Forward.)
- **Variable relationships between school and specialist CAMHS**, including poor join up of services (Note: being addressed by training for school staff)
- **Inefficiencies in the current arrangements for specialist CAMHS: including high levels of DNAs** (i.e. those not attending) for first appointment (16.7%), high levels of referrals not accepted (22.4%) in the first three months of 2015/16. (Note: being addressed by the iThrive project)
- **Specialist CAMHS report that up to 30% of those referred are seen only one or twice** (Note: being addressed by the iThrive project)
- **Although the school population is approximately 60% Bangladeshi ethnic origin, only about 36% of those seen in specialist CAMHS are of Bangladeshi ethnic origin** (Note: to be addressed by an action plan.)
- **The need for closer working relationships and better outcomes for vulnerable groups**, including young offenders and Looked After Children (Local work includes research studies and a planned increase in liaison and diversion capacity)
- **Local services wish to strengthen eating disorder pathways to meet national ambitions** and commissioners wish to see treatment offered as early as possible. (A new service started in 2016.)

As noted, a start has been made to improve all of these areas. Waits for specialist CAMHS have continued to improve. By the end of 2015/16, 95% of children and young people were seen in less than 5 weeks, thanks to additional investment by the CCG from 2013.

### 3.4 Our vision for the local service offer

We have refreshed our vision from the 2015 plan, changing it from a statement of how services should run, to an overarching vision setting out our aspirations for how children, young people and families (CYP) should

experience services, and how staff should work with them, as well as our aims for integration. The key headlines across all service areas are:

- **A prevention approach**, building on the research which demonstrates the influence of risk and protection factors in early years in line with the new Tower Hamlets Health and Wellbeing Strategy.
- **A better experience of services for young people and families**, with a welcoming and appropriate response regardless of worker or agency.
- **A trained workforce who work in collaborative ways**, including peer and parent support.
- **Integrated service**, so that interventions from different agencies are seamless and coordinated around the needs of the individual child or family.

At all stages, our services should work with children, young people and families and social networks in a personalised way, and ensure cultural sensitivity. Services should align to the principles in the Child Rights Approach. Full details are given in the full Transformation Plan.

### 3.5 Expenditure

The Transformation Plan is required to make a declaration of resources and activity from all agencies, updated every year.

In December 2015, additional funds of £521k linked to the approval of the transformation plan were transferred to the CCG, for spending in 2015/16, with this sum to recur in the CCG's increased baseline for 2016/17. Investment is tracked by NHSE assurance mechanisms. The main areas of spend were eating disorders, and time limited projects CAMHS research, and partnership / feedback projects, digital mental health, an awareness campaign, and outcomes measures.

The total core expenditure on CYP mental health services by all agencies in 2015/16 is shown in the following table.

Source	Total £
Tower Hamlets CCG	4,079,637
NHS England (inpatients)	1,079,657
Tower Hamlets Council: Children's Services	1,085,000
Tower Hamlets Council: FIS & Family Action	363,000
Tower Hamlets Council: Public Health including FNP	750,000
Tower Hamlets Council: mainstream grants	87,400
<b>Total</b>	<b>7,444,694</b>

*Note: It has not been possible to include mental health spending by Barts Health or by individual schools.*

The recurrent transformation plan funding for 2016/17 is reported as follows in the Transformation Plan:

Service	£k 2015 plan for 2016/17	£k budget
<b>Community eating disorders</b> contracts to ensure a compliant service meeting access standards	150	150 allocated 2016/17
Continue priority for vulnerable children and young people, including contribution to Health and Justice Team's North and East London-wide resettlement consortia and Child House services (business cases to be developed – in progress).	90	Allocated to outcome based commissioning for vulnerable cohort and out of borough services
Increased staffing for (1) <b>perinatal</b> and (2) <b>neurodevelopmental</b> mental health (business cases to be developed as part of contract round for 2016/17	100 Contract variation	220 allocated (1) Compass WB and (2) ELFT
Networked service for young people <b>with severe and persistent conduct problems</b> – make pilot permanent. This reflects costs of 1 WTE Band 8a Psychologist/Mental Health Practitioner, £70k 1 WTE Band 6 Assistant Psychologist, £60k	130 Mainstreamed	150 allocated
Increase funds for targeted mental health and early intervention ( <b>young people's mental health service</b> ) – third sector partnership. The CCG has undertaken a procurement exercise using planned investment increased by £50k as market development showed the project was under scoped.	50 Step Forward contract	50 allocated
<b>Total</b>	<b>£520k</b>	<b>£570k</b>

This shows that all the budgeted funding was allocated to CYP MH priorities - in fact, more. Slippage in some priority areas was spent in others.

In addition, in 2016/17 the CCG has invested the balance of the cost of the young people's mental health service in a contract with Step Forward, beginning delivery in a pilot phase from January 2017.

### 3.6 Local priorities and proposed investment

The 16 transformation areas can be summarised as follows

#### 3.6.1 Meeting the target of 35% of diagnosable population receiving treatment

- **Better access and more Children and Young People seen:** We aim to see 40% more children and young people by 2021 for evidence-based treatments, compared to 2015 - by more staff and accredited training, better links with schools and new training, a digital offer, stronger engagement with young people and reaching all Tower Hamlets ethnic groups. The CCG will invest

**£245k** in 2017/18 recurrently, including funds for engagement with young people.

- **Shorter waits:** We will continue to reduce waiting times for specialist mental health appointments. Additional funds were received during 2016/17 to reduce average waits from referral to second appointment.
- **New young people's mental health service:** Step Forward will fully implement their innovative service for 14 to 21 year olds, provisionally to be called Stepping Stones (£280k per year).
- **CYP mental health crisis response:** Plan and deliver a more joined up response to young people who experience a mental health crisis. The CCG will invest £47k non-recurrently for CAMHS to develop transformation plans with children's social care.
- **New service model for inpatient CAMHS:** Commission a new service model for Tower Hamlets children who require acute treatment, within the North East London Sustainability and Transformation Plan footprint. The first step will be a collaborative commissioning plan with NHS England, who commission inpatient CAMHS services.

### 3.6.2 Integrated services

- **Joint vision for integration:** All young people should access youth work, early help and mental wellbeing together as a matter of course, whilst those with specific needs receive joined-up help
- **Vulnerable Children and Young People:** Improve services and outcomes for vulnerable children, including those who are Looked After and those in the criminal justice system. The CCG will invest £40k in mental health services for children placed out of the borough, and co-commission improvements in youth mental health liaison and diversion with NHS England in Tower Hamlets (74k per year recurrently).
- **Attachment and help in early years:** Support parent/child attachment by strengthening help in early years.

### 3.6.3 Focus on specific improvements

- **Mental health for new mothers:** Improve our offer for pregnant women and new mothers, and increase specialist support for those who need it.
- **Transition to adult services:** Take further measurable steps to improve continuity and outcomes for up to the age of 25.
- **Improved pathway - CYP autistic spectrum:** Join up services for children and young people on the autistic spectrum and their families, offering more support and shorter waits for mental health assessment.

- **Reduction in suicide:** Our Tower Hamlets suicide prevention plan will include children and young people, contributing to a 10 per cent reduction for all ages by 2021.

### 3.6.4 Whole system enablers

- **Commissioning for outcomes:** We will work in partnership to show measurable improvement in mental health outcomes both for those who experience problems, and for longer term prevention. A pilot of a digital outcome measurement tool is under way and due to report shortly.
- **Workforce Planning:** We will publish plans to recruit, retain and train the staff we need over the next five years
- **iThrive:** Tower Hamlets CAMHS will pilot this new model based around shared decision-making and partnership with parents
- **Integrated Personal Commissioning:** As part of a national demonstrator project, we will pilot Integrated Personal Commissioning for children and young people with Education Health and Social Care Plans

Details of each transformation area are included in the plan, and this outline is reproduced in a short public-facing document. The overall increased CCG recurrent investment in 2017/18 (excluding NHSE and investment in Step Forward committed in 2016/17) referred to above breaks down as follows.

Development	£k
Additional CAMHS staff to see more CYP	128
Part-time CAMHS worker for Bowden House (TH school in West Sussex)	31
Schools training programme	20
CYP IAPT backfill to make up NHSE shortfall	42
CYP MH joint crisis transformation project (CAMHS leadership – non recurrent)	47
CYP engagement	25
Digital offer	50
Out of area LAC contingency	9
<b>Total</b>	<b>352</b>

Of note, the investment plans include £25k to continue the partnership between the CCG for engagement work with children and young people, delivered and coordinated by the Parent and Family Support Service, within a renewed partnership agreement.

## 4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 The February 2015 policy document, 'Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing' was published with the key requirement, that every area in England to develop a local Transformation Plan, led by CCGs but involving all partners.



- 4.2 The local authority's children's services directorate would form part of this Transformation Plan. For the 2016/17 financial year, there is general fund allocation of £1.085m for Children's Mental Health. It is expected to remain at this level for the 2017/18 financial year.

## **5. LEGAL COMMENTS**

- 5.1 The Health and Social Care Act 2012 ("the 2012 Act") makes it a requirement for the Council to establish a Health and Wellbeing Board ("HWB"). Section 195 of the 2012 Act requires the HWB to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.
- 5.2 This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health. The approval of the Local Transformation Plan is therefore a function of the HWB.
- 5.3 Section 10 of the Children Act 2004 places a duty on the Council to make arrangements to promote co-operation between relevant partners with a view to improving the wellbeing of children in the area. The concept of wellbeing includes in relation to physical and mental health and emotional wellbeing.
- 5.4 The Council also has statutory functions to assess and provide support to eligible children and young people with mental health conditions under the Children Act 1989 and the Mental Health Act 1983. The Council has further statutory duties to assess and meet eligible needs to young people in transition, parent carers and young carers under the Care Act 2014 and Children and Families Act 2014. They also have obligations to provide services to meet the needs of children with special educational needs under Education Act 1996.
- 5.5 The Council has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. This is referred to as the Council's best value duty.
- 5.6 One of the ways in which the Council achieves best value is by subjecting its purchases to competition in accordance with its procurement procedures. Therefore the Council is required to tender for services in order to meet its best value obligations. The winning bidder should be chosen when measured against the evaluation criteria as being the one providing the most economically advantageous tender having had a regard for a blend of quality and price.

- 5.7 The Public Contracts Regulations 2006 have now been replaced by the Public Contracts Regulations 2015. The new regulations have abolished the old idea of “part B services” and a new regime has been introduced.
- 5.8 Services of the nature included in this report are now referred to in Schedule 3 of the new regulations. Schedule 3 lists a range of services (similar in scope to those that were covered by the old Part B services) to which a new threshold of £625,050 applies. This means that where the estimated value of a procurement is above this threshold then the new regulations apply.
- 5.9 Where such a procurement is subject to the regulations the Council is required by the new regulations to:
- Place an advert requesting bids for the services in the Official Journal of the European Union
  - Award a contract following a fair reasonable and transparent process
  - Place an award notice in OJEU
- 5.10 However, the actual requirements of the tender process itself are intended to be “a light touch” regime. In practice this means that the Council can determine all aspects of the procurement procedure to be followed provided that it always abides by the general European principles of openness fairness and transparency.
- 5.11 The position with this arrangement is complicated by the fact that in some areas the CCG may be procuring the services which meet our requirements. Where the Council elects simply to pay its contribution to the CCG for the services that are provided by a third party contractor this has the effect of being a single provider supply to the Council and would mean that the Council would have failed in its obligation to tender. This is because in effect the Council would be seen to have just purchased the services directly from the CCG.
- 5.12 This would be the case notwithstanding the completion of some sort of other agreement between the CCG and the Council for example an agreement pursuant to Section 75 National Health Service Act 2006. Section 75 enables health and local authority partners to work together, through the use of formal arrangements by acting as a host for managing another’s delegated functions on a day to day basis.
- 5.13 However, the position is assisted by the fact that the CCG is also a Contracting Authority as defined by the Public Contracts Regulations. However, it is to be noted that the implementation of the 2015 update of the Public Contracts Regulations has a delayed implementation in respect of some health related bodies and services. However, the same new regulations may apply to the Council in respect of the same services.
- 5.14 In order to satisfy the Council’s obligations to tender it is necessary to ensure that in any tender it is clear that the CCG is also contracting on behalf of the Council. Therefore, it is possible for the Council to suggest that had they

tendered by themselves for the same services at that time they would have achieved the same result. The Council must also comply with its own internal procedures for tendering and therefore it would be advisable to ensure that:

- All the potential funders and beneficiaries of any tendered services reach agreement on a single process for a procurement undertaken by one lead member on behalf of the others and
  - Any advert placed by the Lead member on a particular procurement includes the statement that they are purchasing on behalf of the other funders / beneficiaries of the services
- 5.15 In any event the Council must abide by its best value duty and therefore, tenders should be run and evaluated on the basis of criteria that determine the Most Economically Advantageous Tender.
- 5.16 When considering this report and during any procurement exercise itself, regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.
- 5.17 A further significant factor which must be considered is the duty now placed on the Council to, in respect of its health functions, have regard to the NHS Constitution (see from para.173 of Schedule 5 to the 2012 Act, amending section 2 of the Health Act 2009). The Council is reminded to add the NHS Constitution (together with any statutory guidance issued by the Secretary of State under section 73B of the 2012 Act) to the list of matters requiring consideration when exercising the functions proposed.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1 Improving the mental health and wellbeing of children and young people will be a significant step towards reducing health inequalities in the borough. This is fully explained in the Transformation Plan and is a priority for the future.
- 6.2 The plan notes that take-up of specialist CAMHS services is disproportionately lower by children and young people of Bangladeshi ethnic origin. The plan aims to address this through an action plan, transformation across the board, and improved engagement with schools and directly with young people in the borough.

## **7. BEST VALUE (BV) IMPLICATIONS**

There are no proposals for local authority spending in this paper, and therefore no Best Value considerations.

## **8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

8.1 There are no environmental implications for the report.

## **9. RISK MANAGEMENT IMPLICATIONS**

9.1 As this is a CCG lead, there are no risks arising for the Council

## **10. CRIME AND DISORDER REDUCTION IMPLICATIONS**

10.1 The strategic priorities include improved mental health pathways for children and young people in the criminal justice system. Since the submission of the Transformation Plan, the CCG has signed a Memorandum of Understanding with NHS England to co-commission improved mental health screening, diversion and liaison capacity, and is developing a partnership agreement with the Council and TH CAMHS.

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### **Linked Reports, Appendices and Background Documents**

- The Tower Hamlets Joint Mental Health Strategy was considered and approved by the Health and Wellbeing Board in February 2014. Papers are on the CCG website.

### **Linked Report**

- Mental Health Strategy 2014 (February 2014)
- Mental Health Crisis Care Concordat (July 2015)

### **Appendices**

- Local Transformation Plan for Children and Young People's Mental Health (HWB) – full plan
- Tower Hamlets Transformation Road Map for Children and Young People's Mental Health and Wellbeing - leaflet

### **Local Government Act, 1972 Section 100D (As amended)**

#### **List of "Background Papers" used in the preparation of this report**

- NONE

### **Officer contact details for documents:**

- N/A