


Health and Wellbeing Board Tuesday 17 November 2015	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Local Transformation Plan for Children and Young People’s Mental Health	

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Executive Key Decision?	Yes

Summary

Tower Hamlets has an existing priority to improve the mental health of children and young people, through its Health and Wellbeing Strategy and other local mental health strategies. National guidance has been issued for all CCGs to submit Transformation Plans, based on joint work with partners, and signed off by Health and Wellbeing Boards. The local Transformation Plan is an opportunity to agree local priorities, and provide initial CCG investment of £521k per year.

The priorities (set out in section 3.8 below) include prevention, engagement, early intervention, tackling health inequalities, improving links with schools, and strengthening pathways for the most vulnerable children and for those with specialist mental health needs. 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.

Approval of the plan will endorse these priorities and the associated investment.

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 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 Board 's Child Rights Approach and with other local strategic frameworks
- 1.3 Approval of the Transformation Plan will improve services and unlock allocated NHS England funding for children and young people's mental health in Tower Hamlets

2. ALTERNATIVE OPTIONS

- 2.1 Not to approve the Local Transformation Plan. Tower Hamlets CCG is required to submit a plan, so the option not to approve will delay the submission, receipt of funds 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*'.

The accompanying guidance said: '*More of the same is simply not an option. Unless we make some real changes right across the whole system, getting serious about prevention and moving investment upstream opportunities to build resilience in our children and young people, promote good mental health and intervene early when problems first arise will continue to be missed and unacceptable variations in quality of care and outcomes will persist.*'

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
- Meet key targets for 2015/16 (relating to specific service priorities)

Once the Local Transformation Plan is approved, it is proposed that the key sections relating to local investment and local priorities are published on the CCG and Council websites, as advised in NHS England guidance.

The Local Transformation Plan was submitted to NHS England for assurance on 19 October 2015 and a response was due in the week commencing 2 November 2015. It is likely that the assurance process will require some clarifications.

NHS England promised additional funding for CCGs to support longer term system-wide transformation and specific deliverables in 2015/16. In August 2015, Tower Hamlets CCG was notified of an additional allocation of £521k in 2015/16 recurrently, to begin to deliver the jointly agreed Transformation Plan. Of this sum, £149k is earmarked for eating disorders, leaving a balance of £372k to be spent in-year by 31 March 2016.

3.2 Local need

Tower Hamlets Public Health Department have produced a detailed description of local needs in the Transformation Plan. 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 socioeconomic 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 (3,490).

3.4 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 LA. 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, the Emotional Health and Wellbeing Board 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 recently been agreed, after a period of closer operational working.

However, the following concerns have been reported:

- 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 Education Psychology

- 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
- Variable relationships between school and specialist CAMHS, including poor join up of services
- 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.
- Specialist CAMHS report that up to 30% of those referred are seen only one or twice
- Although the school population is approximately 60% Bangladeshi ethnic origin, only about 36% of those seen in specialist CAMHS are of Bangladeshi ethnic origin
- The need for closer working relationships and better outcomes for vulnerable groups, including young offenders and Looked After Children.
- Local services wish to strengthen eating disorder pathways to meet national ambitions and commissioners wish to see treatment offered as early as possible.

Waits for specialist CAMHS have been an area of recent improvement. By the end of 2014/15, 95% of children and young people were seen in 8 weeks (increased from approximately 70%) and 61% were seen in less than 5 weeks, thanks to additional investment by the CCG this year and last. The aim in 2015/16 is to see all referrals in 5 weeks.

These areas of weakness will be addressed by our local programme of transformation, and will be priorities for additional investment (see 3.8 below). However, the CCG and Council are clear that a transformative approach, rather than merely incremental improvement, is needed to meet the challenges faced by the borough.

3.5 Our vision for the local service offer

We want to ensure there is easy access for children and families to information, early help, and evidence-based interventions at every stage, reflecting the life course approach in the Health and Wellbeing Strategy. We have begun to put in place improvements along the following lines, but more is needed;

- **Conception, pregnancy and birth:** to ensure preventative interventions and support for those at risk

- **Early support for pre-school children and parents:** to be provided by universal services (health visitors, early years provision, children centres, parenting services) with additional support for those who need it, including the development of strong attachment bonds
- **Wellbeing at school and other children's settings:** based on resilience for all, and programmes for prevention of mental ill health, and early help in these settings
- **Flexible support in teenage years:** with targeted services to engage young people, holistically addressing issues of study, housing, relationships, physical health, substance misuse and vocational support alongside mental health; and with talking therapies through CYP IAPT, and more intensive support for those with diagnosed mental illness or higher risk
- **Continuing support into young adulthood,** up to the age of 25, ensuring that vulnerable young people who have mental health needs (such as those in the criminal justice system and those placed in residential settings) receive a seamless transition into community mental health services.

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.

3.6 Existing work: outcomes based commissioning

The all-age joint mental health strategy approved by the Health and Wellbeing Board in February 2014 gave a commitment to refresh CAMHS pathways, in order to respond to the pressures for growth and the problems in the current system. An innovative outcomes-based commissioning project involving all stakeholders was set up in July 2014. This aims to:

- Identify the outcomes that children, young people and their families say are important to them
- Redesign child and adolescent mental health services around the needs of children, parents and families.

The first of these objectives has been met. Over 50 young people contributed views through a series of listening events, and generated draft outcomes which were then further refined in workshops with local professionals. The Tower Hamlets shared outcomes framework for children and young people's mental health has 20 outcomes to meet three ambitions, as set out in the diagram below:

	Outcome cluster	Outcomes		
Individual	Symptom improvement / maintenance	1. My issues with mental health are reduced	<p>1 Improve health and wellbeing</p> <p>2 Improve resilience enabling flourishing lives</p> <p>3 Reduce inequalities for those affected by mental health issues</p>	
	Functioning	2. I can carry out the daily activities expected of me 3. I lead a healthier lifestyle		
	Achievement of goals	4. I am able to take part in activities that are important to me 5. I am working towards developing my potential		
	Empowerment: Self-determination	6. On balance, I feel good about myself 7. My life has a sense of purpose		
	Empowerment: Self management	8. My family / carers and I have a better understanding of my mental health 9. I am able to manage when things get difficult		
Interpersonal	Improved interpersonal relationships	10. I am able build and maintain good relationships 11. I am able to express my feelings		
	Family / carers	12. I am supported as part of a family		
Whole System	Improved experience	13. My family and I have a positive experience of mental health services 14. My family and I feel listened to by mental health services 15. I feel safe from harm		
		Improved access and early intervention		16. My family and I can access services when we need it 17. My family and I know where to go when I want help 18. My physical health needs are considered alongside my mental health needs
				Reducing inequalities

Work is currently under way to identify the measures which correspond to these 20 outcomes.

The current phase of the project will identify which services can sign up to these measures voluntarily (for example if they are not provided by a contract), and will recommend contracted services where outcome measures can be introduced. In CCG contracts, it is intended that in the future a proportion of contract sum will be made dependent on the achievement of outcomes. In this way services will begin working towards to same outcomes, and able to ensure their progress.

This approach is the preferred alternative to commissioners attempting to re-engineer every service interface, and has the advantage that it harnesses the experience and commitment of front-line staff to meet children and young people's mental health needs.

3.7 Existing work: schools

A survey of local schools' views on mental health was carried out in December 2014, showing that they were reporting increased demand and complexity. Whilst schools were broadly happy with their own in-school provision, there were some strong reservations about links with external services (which are now being addressed). We want to work with schools so that CAMHS improves its communication about individual children's needs, and so that schools will feel supported in helping children who have difficulties, and linking with families, as well as tackling mental health through PHSE and targeted support that reflects the needs of their own school.

In addition, Tower Hamlets has been selected as a pilot area for the national programme of CAMHS and Schools Link training. Overseen locally by the CCG, ELFT and Educational Psychology, this pilot has allowed us to recruit 12 schools who will each send a link person and a member of the senior management team on a two day programme, and take part in evaluation. The CCG has received £50,000 to support the programme, and schools have been awarded funds for backfill costs for the teachers who attend.

We are also planning a programme of initiatives including governor training, young people and family engagement, eating disorder awareness, and review of joint working where young people have both physical and mental health needs. These will help enhance and embed the learning in local networks.

In a separate development, the new contract for school health (which has an emotional wellbeing component) has been awarded to Compass Wellbeing, who have a strong record in psychological wellbeing in their other services.

3.8 Existing work: early years

Tower Hamlets Public Health has undertaken a new programme focusing on prevention and early years, which will be separately reported to the Health and Wellbeing Board in November 2015. The Council also commissions Raising Happy Babies courses from Compass Wellbeing which is delivered in partnership with children's centres.

There has also been extensive consultation in connection with the future commissioning of health visiting services.

3.9 Expenditure

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

The Plan maps the expenditure on CYP mental health services in 2014/15.

Source	Total £
Tower Hamlets CCG	3,675,438
NHS England	1,082,411
Tower Hamlets Council: Children's Services	1,143,000
Tower Hamlets Council Children's Services and Docklands Outreach (investment in IAPT trained staff) and mental health family support	545,000
Tower Hamlets Council: Public Health including Family Nurse Partnership	795,000
Tower Hamlets Council Children's Services: mainstream grants	87,400
Total	7,328,249

It has not been possible to include mental health spending by Barts Health or by individual schools. In addition, in 2015/16 the CCG has invested in:

- Additional staff to improve triage and reduce waiting times
- A small team to strength the conduct disorder pathways for those with severe and persistent need
- A partnership development manager in local specialist CAMHS to develop joint working with schools and children’s social care.

The CCG has also earmarked funds for a young people’s mental health service, and is about to enter procurement for a strategic partner to deliver services in 2016.

The Local Authority has invested in the development of the Disability Children’s Outreach Service delivered by mental health practitioners in partnership which children’s social care which provides support to families of children with a disability to reduce parental stress and improve family relationships.

3.9 Local priorities and proposed investment

The early priorities highlighted by NHS England for the Transformation Plan are community eating disorder services, perinatal services, and the programme known as CYP IAPT (which means Improving Access to Psychological Therapies for Children and Young People, and which already operates in Tower Hamlets, where it is a partnership between ELFT, Children’s Social Care Family intervention Service and Docklands Outreach).

The CCG intends to commission a strengthened service to deliver new access standards (one week urgent, four weeks routine) for young people referred for eating disorders. This will be a clinical service across East London, augmented by local outreach to schools, etc. The CCG has also funded a pilot improvement in perinatal services in 2015/16, provided by adult mental health services.

Based on the wider information about needs and services, the Transformation Plan sets out the following strategic priorities, shown here alongside the proposed investment, which is subject to NHS England assurance of the Transformation Plan:

Priority area	2015/16 proposals	2016/17
Continue the Tower Hamlets shared outcomes framework and service model development	Outcomes based commissioning project (including pilot collection of outcome measures, training and IT feasibility study) (£85k)	Baseline collection of outcome measures, funding of outcomes ‘reward pot’, partnership working, subject to CCG contracts
Stronger offer for prevention, including early intervention	Improving access to effective support (through training in new models and commissioning more Raising Happy Babies courses. (£45k)	Public health have already invested in prevention initiatives in 2014/15, and contracts will continue
Better links between CAMHS and schools	Improving links between CAMHS and schools (through additional training events)	The benefits of the programme will be embedded

	(£35k)	
Tackling health inequalities	Improving access, engagement and early intervention (through a range of initiatives, including research on the reasons why over a fifth of those referred do not access services, and major programme of awareness and engagement for Children and Young People).(£162k)	Improved uptake and specifically increase in reach to young people of Bangladeshi ethnic origin where there is an identified need
Access, engagement and early intervention for young people who do not want to engage with current services support		Additional funding for young people's mental health services targeted at those young people who do not engage with CAMHS
Strengthen pathways for the most vulnerable children support (NB CAMHS posts are co-located with LAC within current budgets	In-depth review of needs, pathways, measures and outcomes for vulnerable children (LAC) and scope project for those at risk (£45k)	Redesign services in response to the reviews so that they better meet the needs of this group
Improve specialist CAMHS pathways, i.e. neuro development (including learning disability and ASD), perinatal mental health, co-morbidity physical and mental health problems ,crisis pathways and severe and persistent conduct disorder	Further work to produce business cases for additional resources CCG has approved posts for perinatal services and children	Priority for increased investment in 2016/17

3.9 Required content of the Local Transformation Plan

To meet the requirements of NHS include, the plan includes evidence of current partnerships and joint working. The plan also maps the future direction for the cross-cutting strategies which support these priorities, including engagement, workforce development family approaches, digital access, IT, parity of esteem, and collaboration with neighbouring CCGs.

3.10 Actions

The Transformation Plan includes a number of actions to obtain the detailed information necessary for on-going service transformation, and to review specific aspects of service. The key additional areas to draw to the attention of the Health and Wellbeing Board are:

- Continue and strengthen engagement with young people and their families
- Review current structures and set up a multi-agency delivery board, led by the CCG in line with NHS guidance
- Progress priority areas and spending proposals, subject to NHS England assurance of the Transformation Plan.

- Report the recommendations of the outcomes based commissioning project, and plan any future work.

Implementation of these actions will be planned in detail in the coming month.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1 Paragraph 3.9 highlights the 2014/15 expenditure for Children and Young People's mental health services in Tower Hamlets by all partners.
- 4.2 The Council related expenditure in 2014/15 for CYP mental health services was £2.570m, the expenditure for 2015/16 is projected to be a similar amount.

5. LEGAL COMMENTS

- 5.1 As highlighted above, in May 2015 NHS England published a letter addressed to all Clinical Commissioning Groups identifying a funding stream to support improvements in how services were delivered and commissioned in relation to the mental health of children and young people. These improvements are intended to be delivered through a Transformation Plan.
- 5.2 The aims of this programme align with the NHS Five Year Forward Plan which was published in October 2014.
- 5.3 The NHS England letter stated 'We anticipate that local Health and Wellbeing Boards will want to be engaged to ensure coherence with existing local priorities'.
- 5.4 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"). S.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.
- 5.5 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.
- 5.6 S.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.
- 5.7 When considering the recommendation above, 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.

- 5.8 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 s. 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 s.73B of the 2012 Act) to the list of matters requiring consideration when exercising the functions proposed.
- 5.9 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.
- 5.10 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.
- 5.11 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.
- 5.12 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.
- 5.13 Where such a procurement is subject to the regulations the Council is required by the new regulations to:
- 5.13.1 Place an advert requesting bids for the services in the Official Journal of the European Union
 - 5.13.2 Award a contract following a fair reasonable and transparent process
 - 5.13.3 Place an award notice in OJEU
- 5.14 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.

- 5.15 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.
- 5.16 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.
- 5.17 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.
- 5.18 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:
- 5.18.1 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
- 5.18.2 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
- 5.19 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

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 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 not 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 There are no direct implications for crime and disorder levels or expenditure. However, closer working to transform mental health services for children and young people has the potential to reduce crime and disorder in the future by:
- Earlier intervention for young people with conduct disorder to avoid later problems and engagement with the criminal justice system
 - Specific interventions to engage vulnerable young people already involved with the criminal justice system, or at risk of becoming involved with gangs, leading to better outcomes

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 Council website.

Linked Report

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

These papers are available on the Council website

Appendices

- Local Transformation Plan for Children and Young People's Mental Health (HWB)

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