


Cabinet 29 January 2020	 TOWER HAMLETS
Report of: Debbie Jones, Corporate Director Children and Culture	Classification: Unrestricted
Integrated Child and Adolescent Mental Health Service (CAMHS) section.75 agreement	

Lead Member	Councillor Danny Hassell, Cabinet Member for Children, Schools and Young People
Originating Officer(s)	Anthony Harris, Interim Head of Service, Children's Integrated Commissioning Team Karlijn Tummers, Senior Commissioning Manager, Children's Integrated Commissioning Team
Wards affected	All
Key Decision?	Yes
Forward Plan Notice Published	19/11/2019
Reason for Key Decision	Impact on Wards
Strategic Plan Priority / Outcome	People are aspirational, independent and have equal access to opportunities

Executive Summary

The Children's Integrated Commissioning Team, the Clinical Commissioning Group (CCG) and Children's Social Care (CSC) are working towards establishing a fully integrated Children and Adolescent Mental Health Service (CAMHS). The strategic aim is to improve the experience of care, access to mental health support and outcomes for the most vulnerable children and young people (CYP), in line with the NHS transformation agenda for CYP's mental health, as well as supporting Tower Hamlets Together (THT) integration agenda.

The report provides an update on progress towards the creation of an integrated CAMHS model; and seeks approval to proceed with the implementation of the integrated CAMHS Section 75 (S.75), of the NHS Act 2006, with a view to implementation by April 2020. This type of agreement allows Local Authorities and Health to delegate their functions to one-another and pool budgets in the best interest of service provision.

The report highlights the:

- Overview of the progress to date;
- Proposed contract approach;

- Anticipated quality impact;
- Overview of proposed integrated budget and resources; and
- Implementation timeframes.

Key Issues:

- Implementing the integrated CAMHS S.75 arrangements for commencement from April 2020;
- Ensuring that there are effectively pooled financial and staffing resources using the commissioning framework.

Risk Implications: The current provider, East London Foundation Trust, has been part of high level discussions regarding the integration of CAMHS, formal negotiations begin December 2019. Should ELFT not agree to the proposals via the formal commissioning intentions, the integration of CAMHS would effectively halt. This would have minimal impact on current service delivery; however it would inhibit future service development.

If negotiations with the provider were unsuccessful Tower Hamlets council, in consultation with CCG colleagues would have until 31st March 2021 to consider and enact alternative commissioning arrangements. Alternative options are cited within body of the report.

Budget: The proposal aims to pool dispersed budgets/resources currently allocated to CAMHS by Children's Social Care (£1,229,800 per annum) into a single budget. This budget will then be added to the CCG budget for the delivery of CAMHS (£4.5m per annum); to commission a single integrated service:

- At this stage there are no expected savings to be made by pooling resources between the council and the CCG; however within 20/21 a service review will in part focus on ensuring the council is receiving best value for money from the service, and identify potential savings.
- There are no new cost pressures expected through integrating CAMHS.

Legal: As part of the creation of the integrated CAMHS section 75 the council will have a single contract agreement in place with the CCG covering all financial outlay for the delivery of CAMHS provision.

RECOMMENDATIONS:

The Mayor in Cabinet is recommended to:

1. Approve the implementation of the integrated CAMHS Section 75 from 1st April 2020, on a three year basis (1+1+1).
2. Delegate to the Corporate Director Children and Culture authority to sign a written agreement for the S.75 Agreement on behalf of the council, and sign any amendments that may be required to the agreement over the life of the contract.
3. Authorise extending financial payment, via a S.75 from Tower Hamlets council to Tower Hamlets CCG from £424,000 per annum up to £1,229,800 per annum for 3 years (£3,689,400) between April 2020 to March 2023.
4. Note potential option to transfer LBTH staff members to the provider.
5. Note the contract approach and timelines outlined in the report.

1 REASONS FOR THE DECISIONS

- 1.1 The key reasons for the decision to integrate CAMHS are:
- 1.2 To improve the experience of care, access to mental health support and outcomes for the most vulnerable children and young people in line with the NHS transformation agenda for children and young people's mental health; and in line with the Tower Hamlets Together (THT) Integration agenda.
- 1.3 To mitigate the current risk of a legal challenge to the council for resourcing external providers, in absence of a formal agreement / contract.
- 1.4 To have a clear oversight of all relevant CAMHS provision through one single robust contract management framework between the council, the CCG and East London Foundation Trust (ELFT).
- 1.5 To provide the contractual infrastructure to support a more comprehensive review in 2020/21 to ensure that the integrated CAMHS meets the needs of relevant children and young people.
- 1.6 To improve governance and quality assurance of the whole CAMHS integrated service.
- 1.7 To increase the accountability of the provider for all aspects of CAMHS delivery.

2 ALTERNATIVE OPTIONS

Option 1 Do nothing:

- 2.1 This would result in the continuation of a fragmented service, and would be in stark contrast to the council and Tower Hamlets Together (THT) programme of integration;
- 2.2 This would be a risk for the SEND Local Area Inspection where there is a clear expectation for such services to be fully integrated.

Option 2 Recommission separately from the CCG:

- 2.3 There is a risk that there could be a lack of suitable providers;
- 2.4 This would be in stark contrast to the council and Tower Hamlets Together (THT) programme of integration;
- 2.5 This would require the same preparatory work as planned to integrate CAMHS; however this option holds further risk and resource implications.

3 DETAILS OF THE REPORT

3.1 Introduction

- 3.2 In 2018 the Local Authority entered into a S.75 agreement with the CCG who hold the contract for CAMHS with ELFT. The value of the S.75 is £424,000 per annum. The Local Authority's current S.75 agreement for CAMHS runs from 2018 to 2021.
- 3.3 Following a high level service and financial review in 2018 Children's Social Care confirmed the intention to pool all their financial contributions to CAMHS into a single commissioning arrangement. In December 2018 approval was sought from the Joint Commissioning Executive (JCE) to enact the +1 option on the existing S.75 from 1 April 2019 – 31 March 2020 in order to progress the development of a joint service specification and funding arrangements with the CCG.
- 3.4 In April 2019 Children's Social Care formally notified ELFT of the intention to continue the current S.75 funding arrangements for 2019/20 with a view to bringing all funding contributions for CAMHS into one expanded S.75 agreement with the CCG from April 2020.
- 3.5 A task and finish group including Children's Social Care, Children's Commissioning and the CCG have met throughout 2019 to agree an

approach to integrating CAMHS, whilst also attempting to untangle legacy agreements which have complicated progress thus far.

- 3.6 In September 2019 a second paper was presented to JCE highlighting progress in key areas, challenges unmet, along with timeframes for completion.
- 3.7 The Local Authority currently procures and delivers CAMHS in 4 ways:
- Authority is delegated to Tower Hamlets CCG via the existing S.75.
 - Direct payment is made by Children's Social Care to the provider, East London Foundation Trust (ELFT) for delivery of Disability Children's Outreach Service (DCOS).
 - Direct payment by Children's Social Care to ELFT for a proportion of the CAMHS in Children's Social Care (CiCSC).
 - London Borough of Tower Hamlets (LBTH) has employees embedded within ELFT as part of the teams delivering CiCSC and DCOS.
- 3.8 The cumulative funding per annum by the Local Authority towards CAMHS is £1,229,800, of which £424,000 is through a formal commissioning mechanism, namely the S.75 with the CCG. The remaining £805,800 Children's Social Care funds the following two services:
- 3.8.1 **CAMHS in Children's Social Care (CiCSC):** Is a multi-disciplinary team of CAMHS professionals dedicated to working with children who have a Social Care plan. The team is co-located and integrated within Children's Social Care. CiCSC offers a tier 1/2 consultation, liaison and support service including attendance at the Entry to Care Panel and enhanced support for looked after children including foster carers and those in residential settings, in or out of borough. CiCSC delivers assessments (including risk assessments), clinical interventions (1:1 basis with CYP, and family/ group work when appropriate), supports CSC professionals, and conducts joint reviews of cases with CSC informing care plans.
- 3.8.2 **Disability Community Outreach Service (DCOS):** Is a psychology team within Tower Hamlets Children's Social Care who support children with diagnosed neurodevelopmental, physical and/or complex health difficulties along with their families and the wider network involved. DCOS provides consultation and joint working with social workers and other professionals and often delivers sessions in home settings to best meet the needs of the children.

3.9 The CCG resource approximately £4.5m towards CAMHS provision, taking the cumulative CAMHS total available to Tower Hamlets to approximately £5.79m per annum.

3.10 **Benefits of having an Integrated CAMHS Agreement**

3.11 The proposal going forward is to progress towards commissioning a fully integrated Child and Adolescent Mental Health Services (CAMHS), by expanding the current S.75 agreement between Tower Hamlets Council and Tower Hamlets CCG. S.75 (of the NHS Act 2006) allows Local Authorities and Health to delegate their functions to one-another and pool budgets in the best interest of service provision. A fully integrated service will benefit from pooled resources, as well as streamlined and more robust contract, governance and monitoring arrangements.

3.12 In order to test out the efficacy of having an integrated CAMHS S.75 a CAMHS review group was set up to look at options for integration. Representatives from CSC, Children's Commissioning, the CCG and Public Health were on the review group. The CAMHS review group held in depth discussions with DCOS and CiCSC professionals to gain a better understanding of current service provision, gaps and opportunities to improve the services.

3.13 The current service gaps/ weaknesses identified by the review group are as set out below:

- a) **A lack of contract and formal service specification:** has resulted in a lack of clarity around roles and responsibilities in DCOS and CiCSC causing the services to have to develop on an ad hoc basis without clear outcomes.
- b) Professionals in DCOS and CiCSC agreed that both a contract and a fit for purpose service specification would:
 - enable services to be held accountable against set outcomes
 - improve the quality of services further
 - provide for a clear governance and quality assurance framework
- c) In addition to the above the following areas for improvement were identified by DCOS and CiCSC within the current set up of service delivery and it is anticipated that these will be addressed within the integrated CAMHS:

- To improve clarity in day to day practice among professionals across social care and health.
- To strengthen referral pathways between services and greater CAMHS.
- To improve clarity how services can develop in the future and within which outcomes framework.
- To improve referral pathways between DCOS and health.
- To improve service provisions for care leavers.
- To improve/ develop specialist trauma informed provisions for Unaccompanied Asylum Seeking Children (UASC).

3.14 **The benefits of having an Integrated CAMHS Section 75**

3.15 The short-term benefits of integrating CAMHS and having a single, holistic and coherent service specification are as follows:

- Roles and responsibilities of professionals across children's social care and health will be more clearly defined;
- Services will be more easily accountable against a set of key performance indicator and outcomes. This will enable a better understanding of service demand through tight monitoring practices;
- There will be better information to inform future commissioning decisions. Enabling the identification of innovative value for money service developments to better meet the needs of children and young people;
- It will allow both services (DCOS and CiCSC) to reflect on current best practice and increase the standard of delivery
- It will enable outcomes focused services to evolve in line with the local area strategic priorities;
- It will allow professionals to work better together by having opportunities to implement joint therapeutic working strategies;
- It will offer opportunities to further streamline referrals between psychologists.

3.16 The long-term benefits of having an Integrated CAMHS S.75 include:

- An integrated CAMHS will improve the holistic service provided to vulnerable children and young people;

- It will launch and facilitate the start of a comprehensive service review in 2020/21, ensuring that CAMHS meets the needs of the local population and offers best value for money;
- It will end a legacy of funding and service delivery which are overly complex, which inhibit flexible and innovative practice;
- It will guide the transition of the service to one that supports care leavers up to the age of 25, in line with the NHS long term plan. This will be achieved through ongoing dialogue and negotiation with ELFT

3.17 **Quality Assurance and Governance Improvement**

- 3.18 The existing S.75 between the CCG and ELFT is subject to a set governance and quality assurance/ monitoring framework in line with national NHS standards. However, DCOS and CiCSC are currently not subject to any governance and monitoring due to the lack of a contract and service specification. A fully integrated CAMHS will be subject to the a commensurate level of governance and monitoring as the CAMHS service that is commissioned by the CCG, including but not limited to:
- 3.19 Clinical Quality Review Meetings (CQRM) chaired by the CCG mental health lead and attended by senior leaders from both the CCG and ELFT, including the Waltham Forest and East London (WEL) Performance and Quality Manager, Transformation Manger of the Integrated Children Commissioning team, and Tower Hamlets Children and Young People Mental Health Clinical lead. The quarterly CQRM is the essential forum where senior leaders are able to scrutinise the quality and performance of the service in a granulate detail (see appendix 1 for a copy of the combined CQRM CAMHS meeting papers of November 2019).
- 3.20 In preparation of the CQRM the provider is required to submit a report outlining its performance through data and feedback in line with set key performance indicators and outcome measures. A number of key performance indicators within the CQRM focus on capturing outcomes for children and young people) with Special Education Needs and Disabilities (SEND) and CYP known to CSC.
- 3.21 Moreover, the CAMHS service is subject to an ongoing development and improvement programme in line with NHS England mandate, system intentions and Tower Hamlets local needs. The contract with the provider is reviewed annually to enable the delivery of the Mental Health programme with a collaborative approach between the Inner North East London (INEL) CCGs and ELFT supported by the Commissioning Support Unit (CSU).

3.22 The contract also includes monitoring and assurance schemes (Service Development and Improvement Plan (SDIP) and Data Quality Improvement Plan (DQIP)) to ensure any variations to the contract are delivered as agreed in the negotiations.

3.23 **Cost Impact**

3.24 There is no expected cost pressure arising from the proposal to integrate CAMHS. The new arrangements are projected to be cost neutral, unless through the commissioning intentions the provider aims to negotiate a higher cost for delivery.

3.25 Given the current fragmentation of service delivery and resourcing of CAMHS it has not been possible to establish a clear rationale for making savings during the process of integrating the service. However, as part of the 2020/21 service review savings would be considered in full.

Area	Resources Per Annum	Proposal
Current S.75	£424,000	Pool resources (£806,823) into expanded S.75 for April 2020
Disability Children's Outreach Service	Total = £197,823	
One LBTH employed staff outreach worker	£37,178	
Two posts within ELFT	£160,645	
CiCSC (Direct payment to ELFT)	£185,000	
CiCSC (LBTH embedded staffing cost – includes 7 posts employed by LBTH*)	£422,967	Phase this resource into S.75 through contract variations in line with outcome of staff consultations*
Total	£1,229,790	

**Head of Regulated Activity and Resources intends to retain a staff member and redeploy the role to other areas of CSC. The cost of this role is £58,500.*

3.26 This proposal aims to pool and direct resources more effectively in delivery of CAMHS. The table below illustrates current funding streams, and in addition indicates when these resources can be pooled together into a single commissioning arrangement.

3.27 In total there are 8 Tower Hamlets council staff members employed across DCOS and CiCSC provision delivering specific aspects of the CAMHS. Consideration to transferring these staff over the provider will be fully scoped to streamline the process further, however this aspect will not act as an obstacle to the plans for April 20/21. There are two options for CLT to consider in regards to these roles transferring:

- **Option 1:** Following relevant HR policies staff members will TUPE from the Council to ELFT during 20/21
- **Option 2:** Staff will be phased over to ELFT through the cycle of staff turnover. As each role is vacated, ELFT would reemploy and a contract variation would reflect this change.

3.28 Both options require further work in 20/21 and therefore the proposed extend to which the S.75 in April 2020 would initially increase, is from £424,000 to £806,823. As council staff transfer to ELFT the value of the S.75 would finally reach £1,229,800, which is the entire spend from the council towards the CAMHS.

3.29 **Implementation**

3.30 The table below sets out proposed key actions to ensure that the integrated CAMHS will be implemented in time for April 2020 and comply with both organisations' (CCG and Local Authority) legal and financial frameworks.

3.31 The table below was presented and approved by the JCE in September 2019.

3.32 The column on the right provides a further update as of November 2019:

N.	Action	Lead	Complete by	Update November 2019
1	Issue notification of proposed arrangements to ELFT through systems intentions process	CCG	30 September	Being completed in line with CCG commissioning intentions
2	Issue notification to ELFT of proposed S.75 arrangement with an outline of included services	Children Social Care	30 September	Being completed in line with CCG commissioning intentions
3	CSC to draft the service specification with reporting requirements for the 805,800	Children Social Care	25 October	Draft developed by CCG, CSC and Commissioning.

	CAMHS provision and provide the S.75 legal framework.			Final draft to be signed off by early January
4	Draft specification and S.75 documents signed off by Legal services at the Local Authority and the CCG	CCG and CSC	December 2019	Consulting with TH Legal department
5	CSC to submit proposed new S.75 contract to MAB / Cabinet for approval	Children Social Care	January 2020	January 2020
6	CCG to submit proposed new S.75 contract to the Governing Body for approval	CCG	Dates tbc	January 2020
7	CSC to issue ELFT a draft service specification, reporting requirements and S.75 legal framework	Children Social Care	1 November	December 2019
8	Complete contract negotiation with ELFT	CCG and CSC	31 January 2020	31 January 2020
9	New S.75 contract goes live	CCG	1 April 2020	1 April 2020
10	Joint service review with recommendations for incorporation as part of next commissioning round.	CCG and CSC	31 October 2021	31 October 2021

4 EQUALITIES IMPLICATIONS

4.1 Please see appendix 4.

5 OTHER STATUTORY IMPLICATIONS

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,

- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 There are no other statutory implications.

6 COMMENTS OF THE CHIEF FINANCE OFFICER

6.1 This report details the establishment of a fully integrated Children and Adolescent Mental Health Service (CAMHS) provided by LBTH Children's Social Care (CSC) and the Clinical Commissioning Group (CCG).

6.2 The CSC CAMHS (including the Disability Outreach Service) budget for 2019-20 is £1,299,790. The breakdown of this budget is detailed in paragraph 3.25. There is no financial pressure on this budget forecast for 2019-20.

6.3 A joint commissioning arrangement between CSC, the CCG and East London Foundation Trust (ELFT) is currently formalised by a S75 agreement for the Council's contribution of £424,000. In order to start working towards the full integration of the service it is proposed that the current S75 be extended from April 2020 for a period of 3 years and the Council contribution initially increase to £806,823. This will enable further work required for the transfer of staff to ELFT. As council staff transfer to ELFT the value of the S.75 would finally reach an annual total of £1,229,800, which is the entire spend from the council towards CAMHS (including the Disability Outreach Service). Over 3 years, between April 2020 and March 2023, the Council contribution to the pooled budget will be up to £3,689,400.

6.4 The CCG contribute approximately £4.5m to the CAMHS service and this will be pooled together with the Council's contribution to provide a total annual pooled budget of approximately £5.79m.

6.5 The maximum contribution of up to £3,689,400 from the Council, will be the CSC CAMHS (including the Disability Outreach Service) annual budget of up to £1,229,800 each year. This will be for a maximum of 3 years as detailed in paragraph 6.3. The CSC CAMHS and Disability Outreach service has a balanced budget forecast position for 2019-20.

7 COMMENTS OF LEGAL SERVICES

7.1. The Council has a duty under the Health and Social Care Act 2012 (the "2012 Act") in regards to the provision of health services to promote population health and for addressing health inequalities in it area.

7.2. Section 75 of the National Health Services Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the "2000 Regulations") enables the Council to enter into agreements with NHS bodies where the arrangements are likely to lead to an improvement in the way in which the health-related functions are exercised.

- 7.3. Local Authorities and NHS organisations can delegate functions to one another to meet partnership objectives and create joint funding arrangements. Responsibility for undertaking certain functions, activities or decisions can be transferred from one partner to another to achieve the partnership objectives. Although the functions are delegated, partners remain responsible and accountable for ensuring they meet their own duties under the legislation and cannot pass on responsibility for services outside the agreed activity.
- 7.4. The 2000 Regulations set out the detail to be included in any Section 75 Agreement, e.g. the funding to be contributed by each partner and how those contributions may be varied, and the staff, goods, services or accommodation to be provided by the partners in connection with the arrangements.
- 7.5. Entering into the S75 agreement as proposed in this report is either in pursuit of that function or is to “facilitate, or is conducive or incidental to, the discharge of the Council’s functions in accordance with section 111 of the Local Government Act 1972.
- 7.6. The Section 75 is a technical document outlining the partnership arrangements between the Council and the East London (NHS) Foundation Trust. Both organisations have played a joint role in the development of the agreement and it is be subject to their own separate governance for sign off.
- 7.7. In taking a decision, the Council must have regard to Section 10 of the Children Act 2004 Act which requires the Council to makes arrangements to promote cooperation with its safeguarding partners, including Health, to improve the well-being of children in its area relating to physical and mental health and emotional well-being.
- 7.8. In the exercise of its functions, the Council must with the public sector equality duty to eliminate unlawful conduct under the Equality Act 2010, the need to have regards to equality of opportunity and the need to foster good relations between persons who share a protected characteristic, including ethnicity, and those who do not.

Linked Reports, Appendices and Background Documents

Linked Report

- None

Appendices

- **Appendix 1:** CQRM ELFT CAMHS Meeting Combined Papers (5th November 2019)
- **Appendix 2:** Breakdown staffing across the fragmented services

- **Appendix 3:** Copy of Existing S.75 between LBTH and CCG
- **Appendix 4:** Equality Impact Assessment

Background Documents – Local Authorities (Executive Arrangements) (Access to Information) (England) Regulations 2012

- None

Officer contact details for documents:

N/A