

By email to: [integrationplacepartnerships@dhsc.gov.uk](mailto:integrationplacepartnerships@dhsc.gov.uk)

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## ADCS response to Review of section 75 arrangements call for evidence

1. The Association of Directors of Children's Services Ltd. (ADCS) is the national leadership organisation in England for directors of children's services (DCSs). Under the provisions of the *Children Act (2004)*, the DCS acts as a single point of leadership and accountability for services for children and young people in a local area, including children's social care and education. ADCS welcomes the opportunity to respond to this consultation.

### Current challenges of integrative working

2. Section 75 arrangements can have benefits in terms of risk sharing, transparency and building trust. However, current arrangements do not always make this easy for children's services to navigate. While there has been a recent push for more integrated working through section 75 arrangements, this should only be done where clear value can be added, following the principle of 'pooling with purpose'.
3. There is a mis-match in the complexity of governance of health and children's services which makes joint decision making more complex. Without a clear framework, it takes a long time for bespoke arrangements to be established, often impacting on the children whose needs are not being met while decisions are being made.
4. There is a lack of parity for adults and children in the integration of services. This must be addressed, with a dedicated chapter and specific examples of how Section 75 arrangements can work for children.
5. Unlike adult services, section 75 arrangements are only being used to commission services for children, instead of bringing teams together under the same management and working arrangements to deliver services. This would make sense for mental health provision in particular, so there is a more seamless offer in a place and delivery options and locations can better reflect children's preferences i.e. less clinical and more community-based. Limiting eligibility to NHS bodies and local authorities (LAs) restricts effective integrative working.

### Shared purpose

6. The NHS Act 2006 defines Section 75 as being designed for integrated commissioning, and pooling and aligning of budgets of health and social care services. However, NHS bodies often view this through the lens of medical issues, as opposed to the broader models of health, which impacts on the extent and scope of arrangements and detracts from the sense of shared responsibility. A clearer definition is needed which focuses on a broader view of support for children.
7. ADCS have previously called for a review of continuing care guidance for children. The current framework is outdated and needs to better respond to the high level complex psychological and emotional needs, and behaviours which challenge, that are prevalent in a small but growing cohort of children and young people. We are all finding it difficult to respond via existing provision and guidance. If updated and made fit for purpose, the

continuing care national framework could be included as a tool for designing section 75 arrangements. It could also be integral in developing more effective multi-agency transitions to adult services, particularly for some key cohorts which are not currently well served, including children in care transitioning to independence and young people with special educational needs and disabilities (SEND), both of whom have entitlements for support up to age 25 years.

8. While the focus on place based decision making has been well-received, there are concerns that this is being rapidly undermined by national reforms and agendas promoting sub-regional thinking, driven by provider alliances and large ICB footprints which span several LAs.

### **Developing integrated services**

9. There has been some success in developing integrated services for adults, however, ADCS members report that section 75 guidance is restrictive so it is mainly only used for joint commissioning services. Different working arrangements and pay differentials have been flagged as one of the key barriers.

### **Making integrated health and social care work for children**

10. The Better Care Fund encourages integration by requiring integrated care systems and LAs to enter into pooled budget arrangements. By making it a requirement to pool funds, the Better Care Fund has been successful in bringing together local systems to deliver the integration of health and social care and provide better outcomes for adults. While this is primarily focused on adults, local areas have the discretion to include children's health and social care services in their plans. In practice though, very few ADCS members report they have been able to successfully use it to make arrangements for children.
11. This is a good example of the inequity in health matters between adults and children. ADCS has previously called for a change in the provision of children's community health services, that prioritises a place-based response, rather than organisational boundaries. As leaders in place, with a statutory duty to act as a champion and advocate for children, young people and families in their area, Directors of Children's Services could lead an integrated approach to community services which has children at its heart. This could be driven through either the extension of the Better Care Fund to fully include children, or the creation of a new Children's Better Care Fund. This would alleviate the long running question of *who* must spend their money and replace it with *how* can money be spent most effectively to best meet the needs of the child or young person?

### **Bringing together the right partners**

12. Other organisations should be able to enter into section 75 arrangements. Currently, a lattice of arrangements is required to encompass all partners in arrangements involving children. This will also support the move towards a multi-disciplinary family help service, as imagined in [Stable homes built on Love](#). Multi-agency partners include including housing, justice, voluntary, community, social enterprise partners, as well as providers. Allowing additional relevant organisations to enter section 75 agreements will make it easier for partnerships like the One Croyden Alliance to be established, where local NHS partners, Croydon Council and Age UK Croydon joined up their services to offer more coordinated support to look after the physical and mental health and wellbeing of people of all ages in the borough.

13. Similarly, opening up section 75 to other partners would make tripartite funding of health, education and children's social care more straightforward. To this end, it would be useful if the Dedicated Schools Grant (DSG) could also be drawn in here, which could offer a way to fund and support children with SEND.
14. If you would like to discuss any of the points raised in this consultation further, please contact [sarah.wilson@adcs.org.uk](mailto:sarah.wilson@adcs.org.uk) in the first instance.