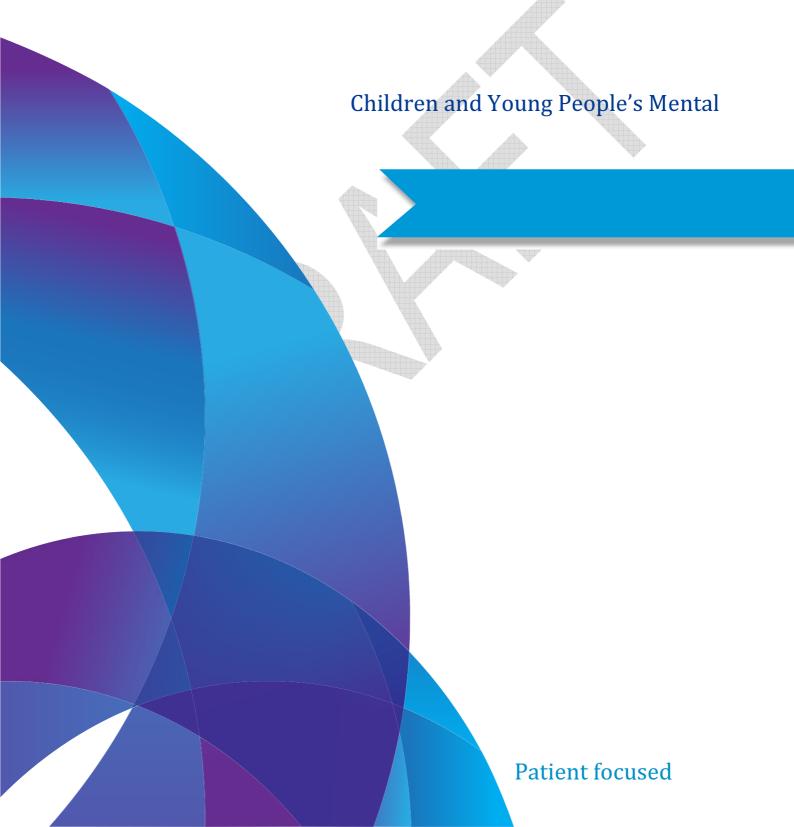


Strategic Commissioning Direction for



KENT HEALTH AND OVERVIEW SCRUTINY COMMITTEE

FRIDAY 31 JANUARY 2014

STRATEGIC COMMISSIONING DIRECTION FOR CHILDREN AND YOUNG PEOPLES MENTAL HEALTH AND WELLBEING IN KENT

SUMMARY

This draft report provides an overview of progress in the development of an integrated commissioning approach to children and young people's mental health provision in Kent.

RECOMMENDATIONS

The Committee is asked to:

Note the report and endorse the integrated commissioning proposal

1. STRATEGIC CONTEXT

The need to improve children and young people's mental health provision is a key challenge for health commissioners and stakeholders. One in ten children aged five to 16 has a clinically significant mental health problem and this burden is rising, Kent mirrors the national picture. Early intervention and a range of high quality services will improve efficiency and patient outcomes. The Kent JSNA 2010 and an updated CAMHS needs assessment 2011, states that at any time in Kent there are approximately 17,000 children aged between five and fifteen who have a diagnosable mental health disorder.

The overarching strategic context for the delivery of children's mental health in Kent is linked to five key strategies

- DoH The NHS Outcomes Framework
- DoH No Health Without Mental Health
- Kent Health and Wellbeing strategy
- KCC Every Day Matters
- Draft Kent and Medway Emotional Wellbeing and CAMHS Strategy 2012

The Kent Health and Wellbeing strategy 2012 outcomes, one and four, set key objectives for children's mental health mental health. The Health and Wellbeing strategy commits to meeting objectives through an integrated commissioning approach and through the delivery of integrated provision and person centred care, essentially the delivery of seamless services for the public. The outcomes are:

Outcome One - Every child has the best start in life

Outcome Four – People with mental health issues are supported to live well

KCC Every Day Matters sets a clear vision for children's services. This is underpinned by 4 broad outcomes and five priorities. The key vision within Every day Matters is:

"Every child and young person in Kent achieves their full potential in life, whatever their background".

The four outcomes at the heart of Kent County Councils integrated children's services are:

- Keep all children and young people safe
- Promote the health and wellbeing of all children and young people
- Raise the educational achievement of all children and young people
- Equip all young people to take a positive role in their community.

Kent County Council, Kent and Medway NHS and key partners developed the Draft Kent and Medway Emotional Wellbeing and CAMHS Strategy 2012 using a multi-agency approach to improve emotional wellbeing and mental health of children and young people in Kent and Medway. This draft strategy has influenced the aim of improving services by strengthening strategic relationships across the system, provide direction and direct the development of commissioned services.

2. KENT INTEGRATED COMMISSIONING PROPOSAL

Current arrangements

In September 2012 NHS Kent & Medway and Kent County Council agreed to align funding in order to jointly commission new Emotional Well-being and Mental Health Services for children and young people. Sussex Partnership NHS Foundation Trust (SPFT) commenced delivery of Community Children and Young People's Mental Health Services (CAMHS), with Kent and Medway NHS acting as the lead commissioner. The total value of the contract is £15m. KCC contributes £1m for the children in care (CIC) element of the service.

It was agreed that the new services would take the form of an Emotional Well-being Service delivering support within universal settings (Tier 1 - 2), alongside a 'Community CAMHS' model comprising targeted (Tier 2) and specialist (Tier 3) mental health

services. Within this contract is the specialist service for children in Care, funded by KCC. Tier 4 CAMHS Specialised mental health is commissioned through NHS England. There are currently two years remaining of the contract to April 2016.

The Health and Social Care Act 2012 provided a new structure for commissioning of mental health in England in the main commissioning transferred from the Primary Care Trusts to Clinical Commissioning Groups (CCGs). Since April 2013 following organisational re-structures as part of the Health and Social Care Act reforms, West Kent CCG has been the coordinating commissioner across Kent for the CAMHS (Tier 2 and 3) contract.

At the time of taking over the contract, SPFT inherited significant waiting lists from the previous provider of the service, particularly in West Kent for specialist (Tier 3) and targeted services (Tier 2), which they have been working to reduce. An action plan was put in place to reduce waiting times for first appointment to 4-6 weeks, this was achieved by September 2013, but waits have started to increase in Quarter 3.

At present, West Kent CCG is the co-ordinating commissioner on behalf of Kent & Medway CCG's and is taking a robust approach to managing the performance of the provider against the contract requirements. As a consequence of targets that were missed, the CCG initially formally wrote to Sussex Partnership Trust outlining its concerns and seeking re-assurance through an action plan to address the shortfall in service delivery. Board to board discussions to further improve performance monitoring data is now in place in order to provide confidence in the performance regime and quality of service delivery. Contractual levers such as penalties have been considered and if performance does not improve these can be implemented.

Some improvements have been made, the service is prioritising those young people who need urgent support and there have been no breaches in urgent referrals. The introduction of the Choice and Partnership approach is helping caseload management. Care pathways and referral routes have improved. A workforce development plan has been implemented and the service is still recruiting to reach a full complement of staff. Temporary staffing solutions (agency) are being used to support this area particularly the Dartford area, to address this backlog.

The CCG will continue to monitor and work with the provider to ensure that the service is working to full capacity and will continue to use all necessary contract levers to ensure this is adhered to. West Kent CCG will continue to co-ordinate monthly performance meeting with SPFT to review progress.

Strategic Integrated Commissioning Proposal

Since April 2013 through the current coordinating commissioner contract monitoring arrangements it is becoming apparent that the CAMHS provision is not correctly

imbedded within the wider context of vulnerable children and young people pathways and the wider context of current and future C&YP commissioning plans.

Recent drivers from central government particularly the Children and Families Bill is pushing towards a more integrated and partnership approach in developing children and young people services. Kent CCG's believe this is a good opportunity, during this contract refresh round to consider developing a Section 75 Pooled Budget Agreement with KCC bringing all the appropriate investment into an agreed strategic arrangement.

A Section 75 agreement will provide the structure for integrated commissioning arrangements leading to greater opportunities to create a more seamless patient care pathway journey. This will provide greater opportunity for Health Commissioners to ensure that Health financial investment and health outcomes of children and young people pathways is more integrated within the preventative and recovery pathway that currently sits within the remit of KCC.

Through this arrangement, there is the opportunity to develop with KCC joined planning and investment to support the Emotional Well-being and Mental Health Services for children and young people and CAMHS provision through the patient journey. An agreed approach to the integration of The Common Assessment Framework (CAF) coordinators and the KIASS will support CAMHS referral processes ensuring children are correctly assessed by the best service to meet needs. Agreed strategic planning of provision will promote access into the KCC preventative agenda (including Public Health), education services, targeted prevention & early intervention services (which will include young offenders, Healthy Young Minds Provision), Troubled Families Agenda and Aim Higher agenda (disabilities - transition).

Through the establishment of Section 75 Pooled Budget Agreement, there may be a requirement for 3 agreements either sitting underneath an overarching Section 75 or three separate Section 75 agreements to reflect the emerging North Kent, East Kent and West Kent health economies. This arrangement mirrors the agreed NHS Adult mental health commissioning arrangements from April 2014.

To prevent any possible dilution of Health Investment within this arrangement, the Section 75 Pooled Budget Agreements will become the mechanisms for CCG's to monitor KCC in their function as Commissioners on Health's behalf; and as there could be three arrangements within the overarching Section 75, CCG's and KCC will have greater input, control and flexibility of how their investment is being used to meet local populations needs.

In addition to CAMHS the arrangements for wider children's emotional wellbeing commissioning frameworks can also be considered going forward.

If agreed, the initial milestone is for an 'in principle' agreement with key stakeholders by April 2014. Following agreement, an options analysis will be completed. Once the details of the transfer have been agreed, West Kent CCG on behalf of Associate CCG Commissioners will novate the current CAMHS contract as a whole across to KCC for them to act as commissioners for the contract on behalf of Health. The proposal has been raised with colleagues across the health economy and with KCC and although there is a positive response to this proposal.

3. GOVERNANCE ARRANGEMENTS

A refresh of the JNSA and the draft Kent and Medway Emotional Wellbeing and CAMHS Strategy will be required going forward, to act as the strategic vehicle to deliver service transformation and improve outcomes for children and young people. Clarity regarding governance and the role of the Health and Wellbeing Board, Joint Commissioning Board and Health DMT will need to be considered. CCG's reporting mechanisms will need to be defined .Future plans could include an integrated children's mental health and wellbeing board who will oversee the delivery and performance manage the emotional and wellbeing strategy, this board could report into relevant organisation boards and report to the Health and wellbeing board.

4. FINANCE

The overall expenditure for Kent CCGs, KCC and Medway Council on tier 1,2 and 3 children's mental health provision is circa £15m this is allocated in the following areas:

CCGs/ Local Authorities	Total (£)
NHS Ashford CCG	1,203,028.10
NHS Canterbury and Coastal CCG	2,192,839.41
NHS Dartford, Gravesham and Swanley CCG	1,729,550.25
NHS Medway CCG	1,124,075.04
NHS South Kent Coast CCG	2,333,250.47
NHS Swale CCG	1,157,091.15
NHS Thanet CCG	1,781,140.31
NHS West Kent CCG	3,007,645.73
Kent County Council	1,000,000
Medway Council	144,269
Total	15,672,889.45

The value of the South London and Maudsley (SLAM) contract for Kent and Medway Tier 4 provision at the point of transfer to NHS England was £4.8m.

5. NEXT STEPS

Kent CCG's will need to work collaboratively with Kent County Council and continue to build the partnership arrangements with the voluntary sector, patients and carers in order to implement the proposal to drive transformational change in the way children's mental health services are commissioned, provided and purchased in line with key guidance. A refresh of the Joint Strategic Needs Assessment (JSNA) and the specific children's element of the Mental Health Assessment (MHA) will provide further evidence based information to support the commissioning intentions and commissioning governance framework.

Kent CCG's will be focusing on key transformational commissioning intentions aimed at driving significant economy and efficiency within the local health and social care environment. Commissioners in West Kent for example will demand a quicker and more responsive service for children and young people that need access to Mental Health services.

Contractual details linked to agreed baselines, risk, due diligence, performance monitoring in addition to any emerging PbR tariff, further efficiency programs and outcome focused KPI's will need to be clarified. Governance arrangements will need to confirmed. Where innovation has been successful it will be mainstreamed into the new Section 75 contract arrangements and innovation programs will continue to be a key contractual tool to transform, integrate and re design services to children and young people with mental health issues.

Once an 'in principle' agreement is reached more detailed work will commence to facilitate a Section 75 arrangement in 2014/15. Further details will need to be examined and an option analysis paper with more detailed thinking will be presented at a future Health and Wellbeing board.

List of Background Documents

DoH NHS Outcomes Framework

No Health Without Mental Health 2011

Draft Kent and Medway Emotional Wellbeing and CAMHS Strategy 2012

Kent Health and Wellbeing Strategy 2012

Health and Social Care Act. 2012

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