



**West Kent  
Clinical Commissioning Group**

EMOTIONAL WELLBEING AND  
MENTAL HEALTH SERVICES

Kent Targeted and Specialist level Mental  
Health Services for Children and Young  
People Project

FINAL Approved Project Closure report

March 2018

Patient focused,  
providing quality,  
improving outcomes

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# 1 Background

Kent County Council and the Kent Clinical Commissioning Groups have been working together since early 2014, to increase universal provision and deliver a new whole system of wellbeing and mental health support that extends beyond the traditional reach of commissioned services.

The new Model, which was developed alongside the principles and approaches articulated within Future in Mind, sets out a whole system approach to emotional wellbeing and mental health for which there is a Single Point of Access, and clear seamless pathways to support ranging from Universal 'Early Help' through to Highly Specialist care with better transition between services.

Figure 1 demonstrates how the whole system will work together:

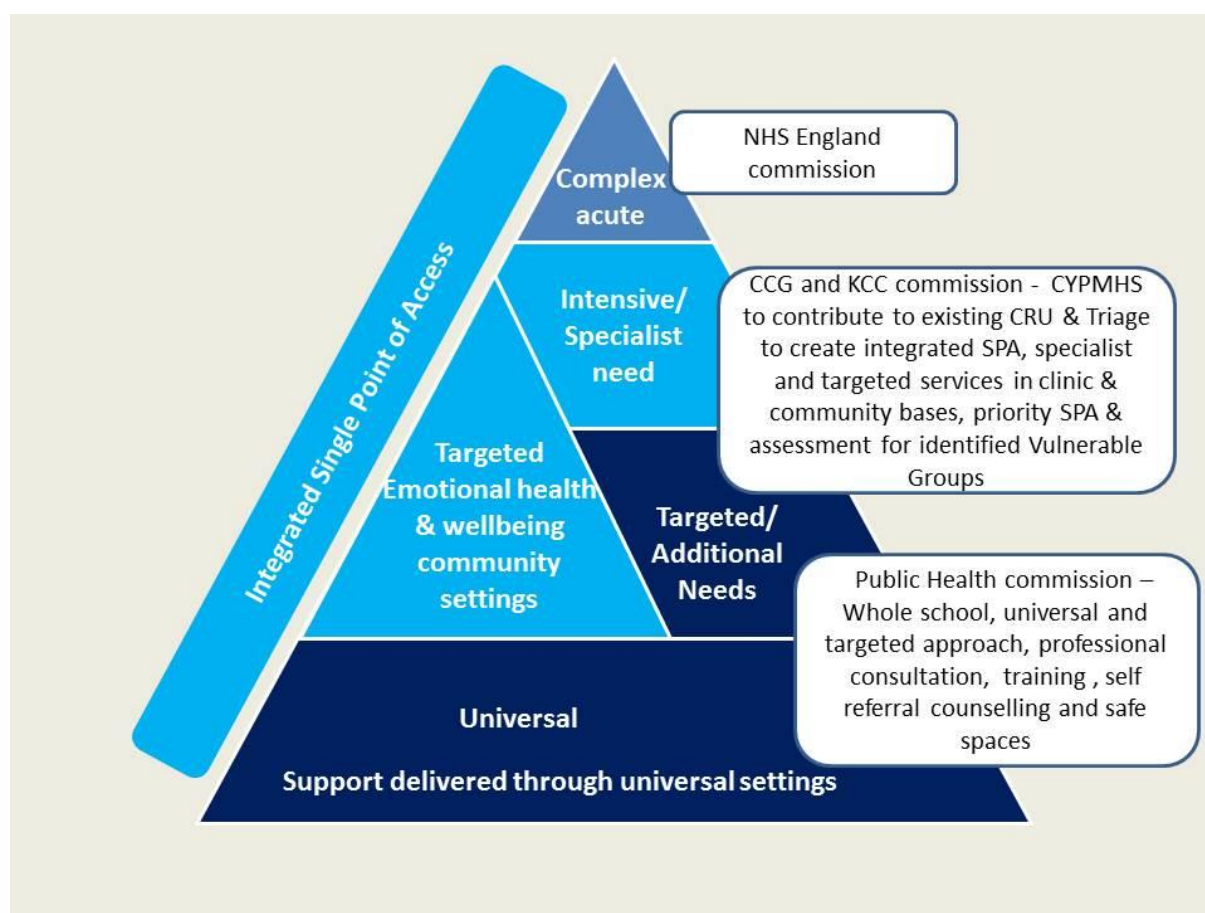


Figure 1: The whole system model

## 1.1 The new model for Kent

The new model represents a significant shift in the way that support and services are provided to children and young people across the Kent system.

It was agreed by KCC and the seven Kent CCGs, that two separate types of services would need to be procured to meet the diverse emotional health and wellbeing needs of children and young People across the system

The first service type was Universal provision, which promotes positive emotional wellbeing and provides a lower level service in Universal settings such as schools. The goal of this provision is to ensure that children and young people and their families are supported at the earliest opportunity, to prevent their needs escalating and requiring the intervention of specialist mental health services. These services are commissioned by KCC.

The second service element of provision would deliver Targeted and Specialist Mental Health Services for Children and Young People (CYPMHS), previously referred to as Tier 2 and Tier 3 of Child and Adolescent Mental Health Services (CAMHS). These services are commissioned by the seven Kent CCGs. The procurement and mobilisation of this element of provision was the core purpose of the CYPMHS project.

In order to ensure delivery of the required whole system improvements it was crucial to link these initiatives together throughout the procurement and mobilisation of these new services.

## 2 Purpose

The purpose of this report is to:

- Set out how the Kent Targeted and Specialist level Mental Health Services for Children and Young People(CYPMHS) Project met the objectives set out in the Project Initiation Document (PID)
- Set out any additional activities that will be required to give oversight and assurance until the service reaches a steady business as usual state.
- Make a recommendations regarding project closure

### **3 Project Structure**

The project was led by West Kent CCG as the Coordinating Commissioner.

A Project Initiation Document (PID) that set out how the project aims and objectives would translate into milestones, work streams, and deliverables was agreed by the seven Kent CCG Accountable Officers and KCC in April 2016.

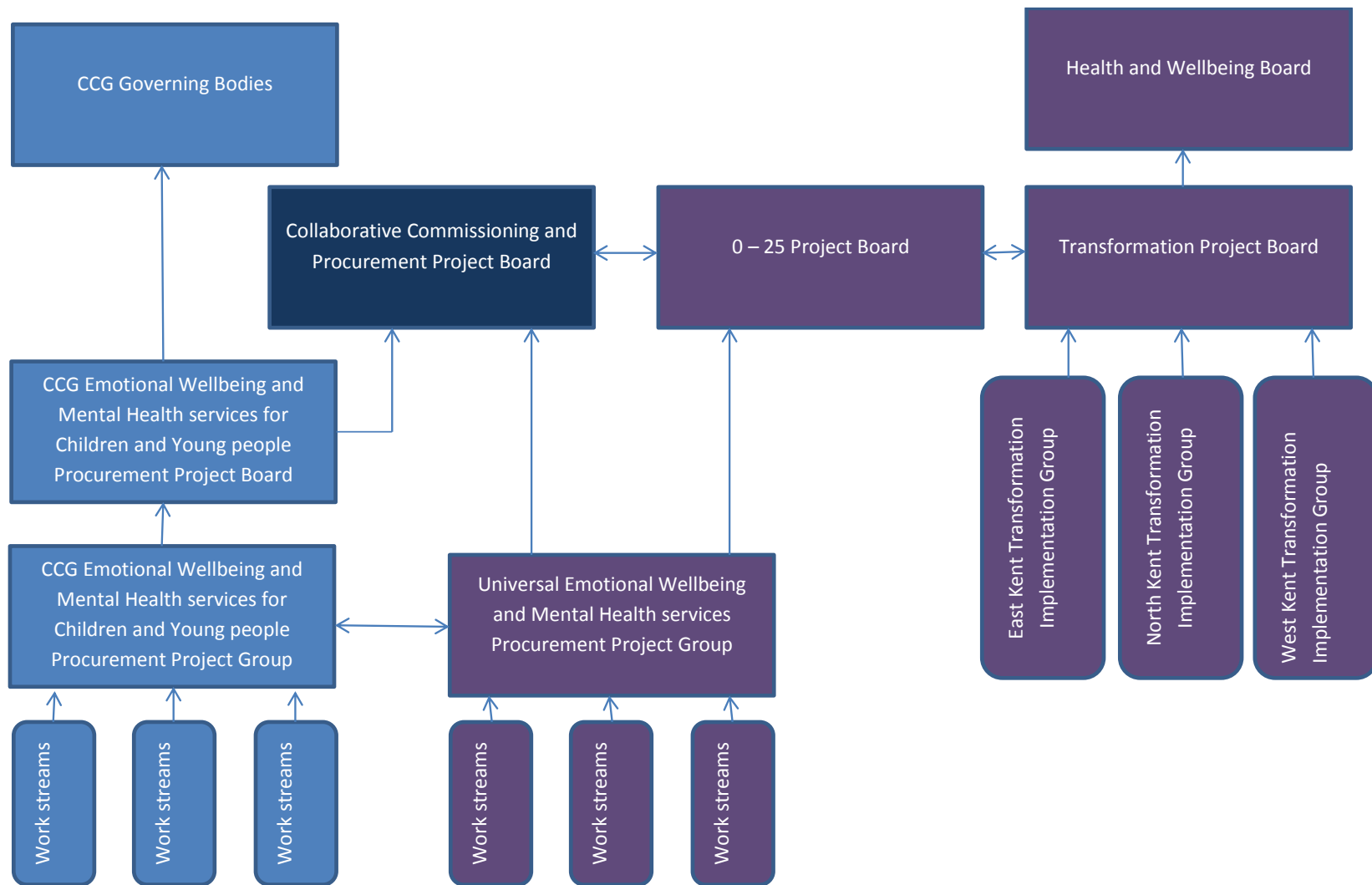
The procurement partner for the project was KCC. KCC was chosen as the procurement partner to ensure that the procurement of Targeted and Specialist level Mental Health Services for Children and Young People dovetailed with the emotional health and wellbeing services being procured by KCC.

The scope of the project was defined by the project deliverables set out in the PID.

#### **3.1 Project Governance**

In order to ensure that there was a single point of accountability, the governance arrangements illustrated below were established. This provided clarity of leadership and timeliness of decision making. It also helped to make the distinction between organisational governance structures, reducing the number of project decision layers.

The governance for this project was intrinsically linked to the wider whole system transformation programme.



The functions of the key groups in the structure were as follows:

### **CCGs**

Responsible for the CCG commissioned Emotional Wellbeing and Mental Health specialist services for Children and Young people procured through project. Gave authority to procure services and award contract/s.

### **Health and Wellbeing Board**

Responsible for overseeing the strategic delivery of the new model of Emotional Wellbeing and Mental Health services for Children and Young people across the whole system.

### **Collaborative Commissioning Procurement Board**

Responsible for overseeing the procurement of Emotional Wellbeing and Mental Health universal and specialist commissioned services for Children and Young people.

### **Project Board**

Responsible for overseeing the strategic delivery of the project to procure CCG commissioned Emotional Wellbeing and Mental Health services for Children and Young people. Made Project Board delegated decisions on behalf of CCGs.

### **Project Group**

Responsible for overseeing operational delivery of the project procure CCG commissioned Emotional Wellbeing and Mental Health services for Children and Young people. Made Project Board delegated decisions on behalf of CCG

### **Work streams**

Work streams identified and led the delivery of actions required within work stream.

The roles and responsibilities for each element of this structure were set out in the Project Initiation Document. The terms and reference for the Project Board and Group were subsequently agreed at the respective inaugural meetings. In addition to CCG and KCC membership, both groups had strong stakeholder involvement, patient engagement was a strong focus throughout the project.

## 4 Project Aims

The aim of the project was to procure and mobilise Targeted and Specialist Mental Health services for Children and Young people in Kent from April 2017 to a specification co-designed with stakeholders that would deliver:

- The provision of high quality services in a timely, effective and patient focused way.
- Value for money

## 5 Project Objectives

The key project deliverables were:

1. To ensure that robust project governance, assurance and decision making processes, were put in place and that these arrangements are transparent and effective.
2. To ensure appropriate arrangements were put in place to engage patients, their parents and carers in the procurement project and ensure that their voice is heard.
3. To ensure that the service redesign maximised opportunities for partnership working and is congruent with the whole system and in particular that:
  - a. the service redesign dovetails with services commissioned by KCC and
  - b. the service provision is shaped to the needs and demographics of the three health and social care systems of East Kent, North Kent and West Kent.
4. To ensure that the specified service requirements were clear, transparent and met the objectives set out in commissioning plans. The service specification/s would include specified service standards and quality and performance criteria (KPIs) against which the provider will be measured and assessed, together with any sanctions that will be applied for performance beyond acceptable limits.
5. To ensure that contract data on which the procurement is based was validated and robust.
6. To establish a limit of affordability and make recommendations on how the procurement was structured to enable a bid to be selected that fell within this limit.
7. To procure through a comprehensive and robust process a service that would deliver the new operating model effective from 1st April 2017.
8. To mobilise the procured service effective from 1st April 2017.



9. To put in place a communications and engagement plan that covered the entire process from project commencement to post mobilisation assurance under the new contract/s.
10. Undertake post mobilisation activities for a period of three months that ensure service provision meets commissioner requirements.

## **6 Project Quality**

### **6.1 Project Gateways**

The project had five Gateways.

The purpose of the Gateway review was to act as a 'health check' for the project and to help increase the chances of successful delivery. The Gateway acted as a real-time assessment of project progress, ensuring that any issues or concerns that may have the potential to affect the objectives or projected benefits of the project were addressed.

The Gateway reviews also provided robust assurance to the relevant key stakeholders. Gateways were used as key points in the project pathway where progress did not continue unless the requirements and criteria of the Gateway are met.

The Gateways were as follows:

#### **[Gateway 0, Project start]**

- A. Project initiation
  - a. Approval of Proposal
  - b. Approval of PID

#### **[Gateway 1, Approval of Project Plan and Service Model]**

- B. Confirmation and sign-off of proposal and project plan.
- C. Review and sign-off of the service specification/s (includes;
  - a. SME review
  - b. Patient and Stakeholder engagement
  - c. Analysis of affordability envelope
  - d. Inclusion of robust contract data
  - e. Inclusion of robust KPIs
- D. Approval of procurement plan and CCG approval to procure

#### **[Gateway 2, Evaluation of submissions including affordability assessment]**

- E. Evaluation of submissions
- F. Award recommendation

G. Approval of procurement recommendation of successful bidder/s

**[Gateway 3, Appoint supplier]**

H. Submission and scrutiny of exit and mobilisation plans from outgoing and incoming providers and approval of exit and mobilisation plans

I. Oversee, support and monitor delivery

**[Gateway 4, Ready for Service Launch]**

J. Exit and mobilisation plans approved

K. Exit and mobilisation plans delivery

**[Gateway 5, Post Mobilisation Assurance]**

L. Post mobilisation assurance

M. Project Close

## **7 Procurement**

The procurement of the CCG commissioned Targeted and Specialist level Mental Health Services for Children and Young People services was run in parallel with the KCC commissioned services procurement. Both procurements followed a competitive dialogue route.

During the service specification development phase of the project it became apparent that that the procurement phase, would need to be extended. This was primarily due to:

- The number of stakeholders that needed to be actively engaged in the development of the specification and competitive dialogue process.
- The time required for each individual CCG to approve the decision to procurement and contract award.

As a result the procurement timetable for the Targeted and Specialist level Mental Health Services for Children and Young People services was extended to include sufficient time for these activities.

The deadline for service commencement was revised to 1 September 2017. This decision was approved by the Project Group and Board and each individual Accountable Officer on behalf of the respective Kent CCGs.

The emotional health and wellbeing services procured by KCC did not require a similar extension. The contract for the provision of the services commissioned by KCC commenced on 1 May 2017.

## **8 Contract structure and scope**

It was determined during the contract scoping and defining phase, that the provision of Targeted and Specialist services would comprise two lots with a single service specification. The lots were intended to cover the CCG geographical areas of North and West Kent (lot 1), East Kent (lot 2).

However during the competitive dialogue process it became apparent that the provision of two separate contracts would create unforeseen challenges in the respect of services that needed to be delivered across the county as a whole specifically the Single Point of Access (SPA) and crisis services. It was subsequently agreed prior to the final invitation stage that a single contract would be let. This decision was approved by the Project Group and Board and each individual Accountable Officer on behalf of the respective Kent CCGs.

In addition to ensuring that the SPA and Crisis provision operated effectively this ensured that provision would be consistent across the county and maximised the potential efficiency benefits that could be gained from a larger scale provision

## **9 Contract Award**

Following the process of competitive dialogue, the contract for the provision of Targeted and Specialist services was awarded to NELFT. NELFT consistently demonstrated throughout the procurement process that they were the best placed organisation to deliver the service required

The contract mobilised on 1 September 2017.

The contract is currently managed by NELCSU on behalf of the CCGs with West Kent CCG as the Coordinating Commissioner.

## **10 Contract Mobilisation**

### **10.1 General**

The new contract for Children and Young People's Mental Health Services in Kent commenced on 1<sup>st</sup> September 2017. In general there has been a smooth transition from Sussex Partnership Foundation Trust, (SPFT), to North East London NHS Foundation Trust (NELFT).

The single point of access (SPA), for Children and Young People's Mental Health Services is now up and running, and is offering advice, referring to the relevant specialist team where

appropriate, and signposting to other services where they can better meet the child or young person's needs.

Staff that transferred from SPFT, along with new staff recruited by NELFT, are working well together.

NELFT is now moving towards implementation of the full new model of care, set out in the specification that underpins the contract. The service specification was developed by the Kent clinical commissioning groups in conjunction with service users, their families and carers, and clinicians, including GPs.

The new model of care focuses on early intervention, joined-up working with the other elements of the Kent Emotional Wellbeing and Mental Health Services, and a flexible and responsive approach which "holds" children and young people until they are clearly being supported by a team or service.

This will involve some changes to working practices for staff and therefore NELFT has initiated a statutory period of consultation with staff.

In addition to the services that transferred from SPFT, mental health services previously provided for children aged 0 to 11 with ADHD and ASC in east Kent by EKHUFT (0 to 8 year olds), and PSCION (8 to 11 year olds) also transferred to the new contract.

Prior to transfer a number of issues emerged that meant NELFT were unable to transfer existing EKHUFT and PSCION patients or put in place effective arrangements to assess the needs of individuals that had been referred but whose needs had not been assessed by 1<sup>st</sup> September 2017.

Interim arrangements were put in place to ensure that the needs of patients already receiving treatment would continue to be met by the existing service providers until 1<sup>st</sup> April 2018. These arrangements were put in place to ensure that the information relating to the needs of this cohort of patients was better understood and robust transfer arrangements could be established.

Data relating to known waiting lists (provided by SPFT and PSCION but not EKHUFT), was included in the invitation to tender documentation. However subsequent to service transfer it has become apparent that this data was inaccurate and did not contain sufficient detail on which decisions about how best to assess and meet the needs of individuals that have been referred are managed. These issues relate to referral and waiting lists held by SPFT and the ADHD and ASC lists held by EKHUFT and PSCION.

In addition there is also a lack of robust information relating to patients currently being cared for by EKHUFT and PSCION that will impact on the development and delivery of plans to transfer these patients from 1 April 2018.

All new referrals made from 1 September 2017 are being managed through the SPA.

In addition prior to contract commencement it was identified that the financial envelope determined to meet the prescribing needs of children, particularly those in east Kent that are currently prescribed medication by PSCION and EKHUFT may not be accurate.

A full briefing on these issues was presented by Ian Ayres the Coordinating Commissioner, to CCG Accountable Officers in October. This is attached as **Appendix 1**.

The new service specification and operating model presented by NELFT in their final tender submission is significantly different from the service specification and model in place prior to September 2017. It will therefore take some time for the service to transform. This includes a period of formal consultation with transferred staff.

Transformation of the service to that set out in the specified service requirements is currently overseen by the Project Board. Arrangements need to be in place post project closure to ensure that the:

- Service model transformation plans are robust and well understood
- Timetable in place is agreed and understood by all stakeholders and
- Transformation timetable is delivered on time.

## **10.2 Conclusion of “long stop” items**

As part of contract mobilisation planning, a number of matters, including those described in section 10.1, that required resolution post contract signature were included as “long stop” items.

A number of these long stop items are particularly complex. NELFT will not be able to mobilise the contract in full and move to business as usual, until these matters have been resolved. The issues underpinning these long stop items were not fully understood or articulated in the invitation to tender for the provision of CYPMHS in Kent. It unreasonable to expect NELFT to simply resolve these matters through business as usual processes and systems without there being a significant impact on patients.

The activities, oversight and assurance required to resolve these issues will extend beyond the current project governance arrangements that are due to end in December.

The issues requiring resolution after project closure are summarised below.

**Table 1 Longstop contract items**

<b>Longstop Item</b>	<b>Lead Agency</b>	<b>Commissioning lead</b>	<b>Actions required</b>
1. Prescribing – Sch 3A	East Kent CCGs	Deborah Frazer	Undertake review of prescribing for CYPMHS cohort. Make recommendations following review and revise contract accordingly. Implementation by 1 <sup>st</sup> April 2018
2. ASD/ADHD – Sch 3A	NEL FT/east Kent CCGs	Andy Oldfield	Service for under-8s to transfer from EKHUFT to NELFT. Commissioners to confirm requirements and timescales with EKHUFT and NELFT. Proposal to transfer to be developed by NELFT and considered by commissioners. Implementation by 1 <sup>st</sup> April 2018
3. ASD/ADHD – Sch 3A	NEL FT	Jane O'Rourke	NELFT to develop a proposal and trajectory to clear the backlog of historic PSCION referrals. PSCION proposal approved Nov 2017.
4. ASD/ADHD – Sch 3A	NEL FT	Andy Oldfield/Jane O'Rourke	NELFT to develop proposal to move to specified model of care for this east Kent ADHD/ASC patients – to be implemented in April 2018

### **10.3 Moving from mobilisation to business as usual**

Until the issues set out in section 10.1 and 10.2 are fully understood and quantified, NELFT will be unable to develop proposals to expedite outstanding assessments for individuals that have been referred, and there will be a delay in the service moving to a business usual state. The associated timelines to develop the proposals required and date for business as usual operation can only be established once these matters have been addressed.

The risks relating to the issues described in sections 10.1 and 10.2, are captured in the CYPMHS Project and NELFT risk registers. Mitigating actions have been put in place to

ensure that sufficiently robust arrangements are in place to assess the needs of children and young people where it is identified that the referral is urgent.

## **11 Contract Management**

### **11.1 Contract/Operational Management and Governance**

The Coordinating Commissioner is the decision-making authority for this contract.

### **11.2 Operational Contract Monitoring Meetings**

The following people (or their nominated representative(s)) are expected to attend regular Contract Monitoring Meetings between the Providers across Children and Young Persons Emotional Wellbeing and Mental Health Service, the Contracting Parties and any other relevant parties:

- The Coordinating Commissioner
- East, West and North Kent Coordinating Commissioners/Contract Managers
- Provider Contract Manager
- Provider Operational Lead/s (such as Single Point of Access Manager)
- Provider Performance Lead
- Other relevant stakeholders (such as KCC Commissioning representatives, KCC Early Help, KCC Specialist Children's Services, CIC etc.)

The Operational Monitoring Meetings are organised by the Provider with the Contract Manager.

Such topics to include at the meeting are, but not limited to:

- Review Monthly Operational Reporting
- Review KPI performance and applicable RAG status
- Effectiveness of the Interface Agreement
- Service Quality (including service issues such as complaints, serious incidents, service user feedback)
- Review of Risk Registers
- Dispute Resolution
- Finance and management of efficiencies savings
- Proposed contract variations
- Issues to escalate to the Strategic Quarterly Review meeting

### 11.3 Strategic Performance Monitoring

A Strategic Performance Management Group will be established during February 2017 to oversee and direct the strategic issues associated with the contract.

Items for discussion at these meetings will include but are not limited to:

- Facilitating a collaborative working relationship between key stakeholders
- Discuss demand related aspects of the Service in relation to recommendations around increase/decreases in demand management;
- Reviewing the performance of the Providers in delivering the service and achieving the required outcomes and agreeing Penalties if necessary;
- Reviewing and considering other relevant matters throughout the lifetime of the Contract;
- Reviewing and understanding the implications of the transformation agenda from a National and Local perspective;
- Reviewing performance and delivery of outcomes in line with the Interface Agreement;
- Developing, agreeing and where appropriate implementing improvements across the integrated Service;
- Developing and agreeing the key Outcomes to be measured across the service in relation to delivering the Outcomes payment required from year 2 of the Contract (September 2018, month 12 of the contract)

Due to the nature of these meetings representatives must hold senior positions or delegated authority within the Contract.



## 12 Delivery of Project Objectives

Although most of the project objectives have been achieved a number will not be concluded prior to 31<sup>st</sup> December 2017.

A summary of the Project Objectives and how these were delivered is set out below.

**Table 2.**

Objective	How delivered	Comments
1. To ensure that robust project governance, assurance and decision making processes, were put in place and that these arrangements are transparent and effective.	Arrangements in place and consistently applied throughout the project. All Gateway reviews successfully passed. All approvals and decisions followed agreed route.	Objective achieved
2. To ensure appropriate arrangements were put in place to engage patients, their parents and carers in the procurement project and ensure that their voice is heard	Patients and their carers were actively engaged throughout the project including during, service specification development; the dialogue process, ITT evaluation, site visits and evaluation of submissions. Patient engagement also included the development of a service standard which is integral to the service specification.  Included in the specification is the requirements of the provider to actively engage with patients.	Objective achieved

<p>3. To ensure that the service redesign maximises opportunities for partnership working and is congruent with the whole system and in particular that:</p> <ul style="list-style-type: none"> <li>a. the service redesign dovetails with services commissioned by KCC and</li> <li>b. the service provision is shaped to the needs and demographics of the three health and social care systems of East Kent, North Kent and West Kent.</li> </ul>	<p>Service design coproduced with key stakeholders and robustly tested through procurement process.</p> <p>Service redesign dovetailed with KCC provision though not mobilised at same time as originally planned.</p> <p>Section 76 arrangements in place to assure partnership arrangements.</p>	<p>Objective achieved</p>
<p>4. To ensure that the specified service requirements are clear, transparent and meet the objectives set out in commissioning plans. The service specification will include specified service standards and quality and performance criteria (KPIs) against which the provider will be measured and assessed, together with any sanctions that will be applied for performance beyond acceptable limits.</p>	<p>Multiple stakeholders involved in the development and articulation of service standards into KPIs that form the contract performance requirements.</p> <p>Range of penalties attached to KPIs at varying levels to reflect standard required and tolerance of not delivering KPIs to the required standard.</p> <p>Performance standards apply at a CCG level.</p>	<p>Objective achieved.</p> <p>Service specification will take time to fully implement as a result of historic issues and lack of some baseline data.</p>
<p>5. To ensure that contract data on which the procurement is based is validated and robust.</p>	<p>Data gathered and validated prior to ITT. Data gathered and revalidated post contract award. Following mobilisation there has been some variance in actual from baseline activity this is largely due to historic</p>	<p>Objective not fully achieved at project close.</p> <p>Final data validation will take place as part of the conclusion of long stop items and resolution of waiting list issues.</p>

	commissioning arrangements prior to September 2017.	
6. To establish a limit of affordability and make recommendations on how the procurement is structured to enable a bid to be selected that falls within this limit.	Financial envelope determined by CCG finance leads. Finance risks and mitigating actions managed through risk register.	Objective not fully achieved at project close.  Some financial risks remain as a result of actual versus predicted activity and outstanding resolution of long stop items and waiting list issues. In addition to the resolution of long stop items a true up and rebasing exercise planned for end of year one to resolve outstanding issues and ensure contract is based on accurate data.
7. To procure through a comprehensive and robust process a service that will deliver the new operating model effective from 1st April 2017.	Procurement led by KCC procurement timetable extended by mutual agreement. Key objectives delivered on time and to required standard.	Objective achieved with mutually agreed revised deadline
8. To mobilise the procured service effective from 1st April 2017.	Mobilisation schedule delayed s consequence of extended procurement timetable.  Mobilisation plans tested as part of tender submission. Mobilisation plan of appointed provider presented to and assured by the Project Board. Mobilisation progress against plan monitored regularly up to and during go live.	Objective achieved with mutually agreed revised deadline

<p>9. To put in place a communications and engagement plan that covers the entire process from project commencement to post mobilisation assurance under the new contract/s.</p>	<p>Communication plan in place throughout the duration of the project and adapted as required.</p>	<p>Objective achieved</p>
<p>10. Undertake post mobilisation activities for a period of three months that ensure service provision meets commissioner requirements</p>	<p>Robust mobilisation plans in place and reviewed on a regular basis. Effective mobilisation impeded by historic issues. Issues that require resolution set out in long stop</p>	<p>Objective not fully achieved at project close. Plans in place to resolve long stop items overseen by Project Board. It is recommended that this oversight and assurance transfer to the Strategic Performance Management Group with plans to resolve issues being agreed by end of February 2018.</p>



## 13 Risk Management

Project risks were identified, managed and mitigated through a risk register that was reviewed regularly by the Project Board.

Operational mobilisation and delivery risks were identified managed and mitigated post contract award by NELFT with regular reports to the Project Group and Board.

There are a number of outstanding project risks relating that will need to be actively managed until the contracted services meets a steady business as usual position. These are summarised below.

CYPMHS Procurement Project Risk Register Revision 14th December 2017

Risk Number	Project work stream	Status	Risk Description	Date reviewed	Current Probability	Current Impact	Probability Score	Impact Score	Current Status	Mitigation Actions	Date Closed
<b>Contracting</b>											
3.3	Contracting	Open	The range of prescribing practices and ownership for CYP prescribing across Kent is unclear and needs to be clarified. Prescribing budget allocated through contract may not be sufficient to meet need. Prescribing review needed to understand issues and propose way forward. Issues more prevalent in east Kent due to historic arrangements and lack of shared care. Prescribing long stop item required.	14.12.17	Almost certain	High	4	4	16	Long stop item included in contract. Wording for long stop approved by all parties. Prescribing review being led by the east Kent CCGs. Resolution of long stop item being overseen by Project Board.	
3.4	Contracting	Open	SPFT waiting lists for assessment and treatment steadily increased since August 2016 (when commissioners went to market) particularly for east Kent and west Kent CCG areas. This increase is likely impact on new contract from 1st Sep	14.12.17	Almost certain	High	4	4	16	SPFT waiting lists (including internal waiting lists) being triaged and reviewed by NELFT. Proposal to expedite assessment of patients waiting for referral and treatment to follow in January 2018 - included as long stop item.	
<b>Communications</b>											
5.3	Communications	Open	The existence of large numbers of "hidden" patients - still to be quantified - needs to be understood and dealt with, and a significant amount of communications work will be required to support this, with patients and families, GPs and other health professionals, and stakeholders.	14.12.17	Almost certain	Moderate	5	3	15	Comprehensive communications plan by commissioners, strongly supported by providers, for all audiences.	
<b>Commissioning</b>											
7.1	Commissioning	Open	Historic ADHD commissioning issues in east Kent not fully articulated at ISFT stage. Mobilisation period did not then allow sufficient time for these issues to be worked through, impact to be understood and ensure there were resources in place to meet the needs of this cohort. This includes waiting lists being larger than expected for ADHD patients in east Kent. Significant waiting lists also transferred from SPFT.	14.12.17	Almost certain	High	4	4	16	Proposal to resolve historic PSICON referral lists has been accepted by EK CCGs. Similar proposal required to resolve other ADHD waiting list issues in east Kent and SPFT waiting list issues once quantified.	

## 14 Transformation funds

The contractual position with regard to the allocation of transformation funding to the CYPMHS contract is set out below.

The allocation of transformation funding awarded to NELFT through the CYPMHS contract was earned based on the scoring of submissions with the total maximum allocation available being 25% of the funding allocated to each CCG.

Following evaluation it was determined that the NELFT score equated to an allocation of approx. 18% of each CCGs total transformation fund allocation.

Within the ITT and the final contract finance schedule, the Single Point of Access (SPA), was identified as being funded from this allocation, because this was a pure transformation element that the contract would deliver. This was agreed pre and post tender and signed off as part of the final contract at Project Group and Board.

The total allocated sums included in the contract is summarised below.

2017/18	2018/19	2019/20
£338,000	£579,000	£579,000

Post contract award it was highlighted by NELFT, that they had included the funding of the SPA within their service model baseline costs and if commissioners preferred this could enable the allocation to be redistributed. This was subsequently highlighted in the side letter that was issued with the contract as follows;

*“In addition, there is £1.496M of Transformation Money, linked to this contract that is to be used between 1st Sept 2017 and 31st March 2020. All parties agree that they will identify the best use of this resource by 31st March 2018”*

In principle CCGs therefore have some flexibility with regard to the allocation.

Contractually all parties must agree to the reallocation of transformation funds with any reallocation being agreed by each respective CCG. The process of decision making must be coordinated by West Kent CCG.

Given that it was widely documented prior to and at contract award that the transformation funds aligned to the CYPMHS contract would be used to establish the SPA and that there are defined KPIs attached to this provision, the CYPMHS Project Board decided in November 2017 that the

monies released within NELFT from the allocation of transformation funds to the SPA, would be considered as operational efficiencies. These operational efficiencies can then be reallocated as commissioners require. Any such allocation can be agreed by each CCG system (West and East), with the support of the Coordinating Commissioner. Additionally given that CCGs are expecting a number of proposals from NELFT to address the issues set out in section 4, the Project Board also decided that CCGs only consider reallocation of such operational efficiencies to the resolution of these issues.

The east Kent CCGs have already aligned the sum of £420,229 for 17/18 and 18/19 to implement the PSCION proposal which will rectify long stop item 3. This sum is equivalent to the total transformation sum allocated by the east Kent CCGs to the contract for 17/18 and 18/19. The additional sum required to deliver the proposal will be funded by the east Kent CCGs.

All CCGs and particularly east Kent need to be aware that further additional funding is very likely to be needed following to address the issues set out in section 4. This will need to be considered following the presentation of proposals following the conclusion of the waiting list and prescribing reviews.



## 15 Recommendations

The following sets out a number of recommendations that the Project Director considers essential in order to enable the contract to deliver the remaining project objectives and meet the specified service requirements.

1. It is recommended that conclusion of the long stop items set out in section 10 is overseen by the Strategic Performance Management Group that will commence meeting in February 2018. It is further recommended that a timetable and a plan that sets out the actions required to conclude each of the respective specified longstop items is presented to and agreed by the Strategic Performance Management Group by the end of February 2018. This should be led by the named commissioning leads in table 1. Any other matters relating to operational performance management and the service delivery improvement plan will be managed through operational contract performance management meetings. It is recommended that a proposal to rectify the historic previous provider waiting list issues set out in section 10 is presented to the Strategic Performance Management Group by the end of February 2018.
2. It is recommended that any proposals regarding the allocation of operational efficiencies, (identified in section 14 as unspent transformational monies), should focus on the rectification of the long stop items and historic waiting list issues set out in section 10, prior to any consideration being given to allocating these sums to more transformational activities.
3. It is recommended that any proposals regarding the allocation of operational efficiencies or additional funding to rectify the long stop items and historic waiting list issues are presented for consideration to Strategic Performance Management Contract Group when it starts to meet in February 2018. Thereafter any proposals requiring additional funding (over and above operational efficiencies), will need to be agreed by the relevant respective CCGs
4. It is recommended that the risks highlighted in section 11 continue to be actively monitored by the Strategic Performance Management Group until they can be closed.
5. It is recommended that the Strategic Performance Management Group considers progress reports with regard to all of the above including the development and consideration of proposals to rectify historic issues in the same format as the Project Board.

6. Given that the transformation of the service to that set out in the specified service requirements and operating model presented by NELFT in their final submission, is currently overseen by the Project Board, arrangements need to be in place post project closure to ensure that the:
  - Service model transformation plans are robust and well understood
  - Timetable in place is agreed and understood by all stakeholders and
  - Transformation timetable is delivered on time.

It is recommended that this is overseen and assured by the Strategic Performance Management Group.

As lead commissioner West Kent CCG will ultimately be responsible for ensuring that these matters are successfully concluded.

## **16 Project Closure**

The CYPMHS Project Board approved the content of this report including the recommendations set out in Section 15 on 20<sup>th</sup> December 2017. The Project Board also approved the formal closure of the project on 31<sup>st</sup> December 2017.

Author: Evelyn White

PTS Project Director on behalf of the Kent CCGs



**West Kent  
Clinical Commissioning Group**

Children and Young People's Mental Health Services in  
Kent briefing note  
24<sup>th</sup> October 2017

Evelyn White CYPMHS Project Director



Patient focused,  
providing quality,  
improving outcomes

## 17.1 Background

The new contract for Children and Young People's Mental Health Services in Kent commenced on 1<sup>st</sup> September 2017. There has been a smooth transition from Sussex Partnership Foundation Trust, (SPFT), to North East London NHS Foundation Trust (NELFT).

The single point of access for Children and Young People's Mental Health Services is now up and running, and is offering advice, referring to the relevant specialist team where appropriate, and signposting to other services where they can better meet the child or young person's needs.

Staff that transferred from SPFT, along with new staff recruited by NELFT, are working well together.

NELFT is now moving towards implementation of the full new model of care, set out in the specification that underpins the contract. The service specification was developed by the Kent clinical commissioning groups in conjunction with service users, their families and carers, and clinicians, including GPs.

The new model of care focuses on early intervention, joined-up working with the other elements of the Kent Emotional Wellbeing and Mental Health Services, and a flexible and responsive approach which "holds" children and young people until they are clearly being supported by a team or service.

This will involve some changes to working practices for staff and therefore NELFT has initiated a statutory period of consultation with staff.

In addition to the services that transferred from SPFT, mental health services previously provided for children aged 0 to 11 with ADHD and ASC in east Kent by EKHUFT (0 to 8 year olds), and PSCION (8 to 11 year olds) also transferred to the new contract.

Prior to transfer a number of issues emerged that meant NELFT were unable to transfer existing EKHUFT and PSCION patients or put in place effective arrangements to assess the needs of individuals that had been referred but whose needs had not been assessed by 1<sup>st</sup> September 2017.

Interim arrangements were put in place to ensure that the needs of patients already receiving treatment would continue to be met by the existing service providers until 1<sup>st</sup> April 2018. These arrangements were put in place to ensure that the information relating to the needs of this cohort of patients was better understood and robust transfer arrangements could be established. These arrangements are set out in **Appendix 1**.

Data relating to known waiting lists (provided by SPFT and PSCION but not EKHUFT), was included in the invitation to tender documentation. However subsequent to service transfer it has become apparent that this data was inaccurate and did not contain sufficient detail on which decisions about how best to assess and meet the needs of individuals that have been referred are managed. These issues relate to referral and waiting lists held by SPFT and the ADHD and ASC lists held by EKHUFT and PSCION.

In addition there is also a lack of robust information relating to patients currently being cared for by EKHUFT and PSCION that will impact on the development and delivery of plans to transfer these patients from 1<sup>st</sup> April 2018.

All new referrals made from 1<sup>st</sup> September 2017 are being managed through the SPA.

NELFT have reported to commissioners that SPFT, EKHUFT and PSCION have engaged in service transfer and mobilisation discussions in a positive manner

## **17.2 Purpose**

This briefing sets out the key issues relating to the full mobilisation of the new CYPMHS contract provided by NELFT, and in particular the resolution of a number of issues set out in the “long stop” contract items. A summary of the long stop items are listed below. This briefing note primarily relates to the items highlighted in yellow.

Longstop Item	Lead Agency	Update	Deadline
Interface Agreement – Sch 2D	NEL FT/KCHF	Conference call with all parties 1/9/17. Providers to jointly write revised Interface Agreement Document  NEL FT working with KCHT on an SLA, possibly reduce Interface Agreement Content. Expect to agree for end Dec'17.	Revised to December 2017
Exit Arrangements - Sch 2I	NEL FT	To confirm Exit Strategy	August 2018
Invoicing Schedule - Sch 3A	WK CCG		August 2017 Completed
Prescribing – Sch 3A	NEL FT	Submit proposal to undertake review of prescribing for ASD/ADHD in EK  Deborah Frazer leading on behalf of CCGs. Proposal to include realistic implementation date in 2018.	November 2017
Longstop Item	Lead Agency	Update	Deadline
ASD/ADHD – Sch 3A	NEL FT	Service for under-8 assessments to transfer from EKHUFT	April 2018
ASD/ADHD – Sch 3A	NEL FT	Develop a proposal and trajectory to clear the backlog of referrals, which may include screening/triage of the current waiting list  CCG/NELFT meeting on 12th Oct to set out key steps for development of plan which will include timescales for agreement and implementation.	Revised to October 2017
ASD/ADHD – Sch 3A	NEL FT	Develop a proposal for the new model of care for this	Jan 2018

		cohort of patients – to be implemented in April 2018  CCG/NELFT meeting on 12 <sup>th</sup> Oct.	
CQUIN – Sch 4D	WK CCG	National CQUIN confirmed  Completed	Sept 2017
Service Quality Performance Report (SQPR) – Sch 6A and 6B	NEL FT	To develop systems and processes to ensure that they are able to meet the national standard of 15 days	April 2018
S136 Arrangements	CCGs	Lead a system wide review of the existing S136 arrangements in order to agree a new model of provision. This will link to a wider review of Tier 4 provision across the south east which NELFT and CCG's colleagues are involved.	March 2018
Service User and Carer Surveys Sch 6E	NEL FT	To develop appropriate Surveys	March 2018

In addition the mobilisation plan agreed with NELFT prior to 1<sup>st</sup> September 2017, included an undertaking that following transfer SPFT referral waiting lists and waiting lists for treatment would be triaged with a view to developing a proposal to expedite assessment that would enable a business as usual state to be achieved as soon as was practically possible.

## 17.3 Referral waiting lists

### 17.3.1 SPFT

Following the transfer of the SPFT service to NELFT on 1<sup>st</sup> September 2017 it has become apparent that there are significant waiting time issues that need resolving. The key sources of concern are:

- a) SPFT exported data to NELFT for patients that should no longer appear on caseloads i.e. they were formerly a patient of the CYP service, but should now have been discharged;
- b) Many of the records transferred from Care Notes had not been 'sync'd' to the NHS spine therefore the data transferred to RiO is displaying incorrect personal demographic data;

- c) There appear to be waiting patients not currently entered on any system –so called ‘hidden waiting lists’;
- d) It is possible that not all progress notes have been successfully transferred between IT systems during transition and this needs investigating;
- e) There is considerable inconsistency across the Kent teams in their methods of recording and reporting waiting patients;
- f) Previous methods of reporting waiting lists externally used prior to 1<sup>st</sup> September 2017 do not seem robust and there is concern that historical data reporting is therefore inaccurate.

In addition;

- g) Records held by PSCION appear to be either manual (non-computerised) or captured in spreadsheet form, and need to be entered on to RiO.
- h) No patient data (waiting lists or current patients receiving care), has been shared with NELFT by EKHUFT.

In order to enable a better understanding of the impact of these issues, NELFT have put in place the following actions:

- A waiting list task and finish group is being established. Membership has been agreed and the first meeting took place on 26<sup>th</sup> September 2017. Meetings will be held weekly thereafter;
- The Kent business manager will act as the key contact point for the project and will liaise directly with the Director of Performance and BI and the Deputy Director for Integrated Care for all matters relating to waiting list management;
- NELFT performance team will employ a temporary member of staff (from NELFT bank) to work flexibly across the clinical team bases. This member of staff (directed by the performance team) will work with clinicians to cross check each caseload and ensure patient details for manual and RiO records are matched for accuracy.
- NELFT has appointed a Kent lead performance analyst who will fully participate in the project, providing guidance and reporting expertise;
- Weekly reports will be run (internally) to start analysing data. Reports will not be shared externally until such time as data accuracy is verified (as incorrect information will not be helpful in managing the situation);



- NELFT Business Intelligence tool (MIDAS) will be reviewed during October to consider rolling out to Kent teams (earlier than planned), in order to provide staff with a waiting list tool going forward;
- The performance team will provide training to each team in the management of waiting times. This will take place in October and November. A consistent methodology will be used throughout Kent for recording and monitoring waiting lists;
- As patient details are reviewed, consideration will be given to those patients who may not have received communication about the change of provider e.g. if their details had not previously been loaded on to Care Notes and thus may not have received an automated letter. If cases are identified, the performance team will liaise via Deputy Director of Integrated Care to ensure a refreshed communications plan is initiated;
- Regular updates on the progress will be provided to Kent commissioners through the project group.

Task	Descriptor	Who Responsible	By When	Comments
A waiting list task and finish group to be established. Membership: locality team leads, admin staff, performance team	To ensure clear process in place for reviewing waiting list backlog & data cleanse	Julie Price	26/09/17	Complete – group established and meeting weekly
Employ temporary bank admin worker	To work with performance & clinical teams to cross reference Excel waiting lists with RiO & check caseload data.	Julie Price/Jacky Hayter	Interviews 26/9/17. To be appointed by 11/10 17	Complete. Candidate appointed. Start date 12/10/17. Further admin support identified by

Task	Descriptor	Who Responsible	By When	Comments
	Review 'internal' waiting lists			locality teams.
Weekly data reports will be run (internally) to start analysing data	To understand the scale of the problem and ensure data cleansing tracked.	Jacky Hayter/Linda Joyce	9/10/17	Complete.
NELFT Business Intelligence tool (MIDAS) will be reviewed during October to plan rollout for RTT management in November	Tool cannot be used until data is cleansed	Keith Apperley/Jacky Hayter	31/10/17	
The performance team will provide training to each locality team in the management of waiting times.	Ensure protocols in place and consistent methodology across teams	Jacky Hayter/Linda Joyce/Michael Moffat	Training Schedule to be in place by 31/10/17  Training to be complete by 5/12/17	
Waiting list data cleanse complete and accuracy		Julie Price/Jacky Hayter	By 4/12/17	

Task	Descriptor	Who Responsible	By When	Comments
established				
Review of internal waiting lists to formulate next steps plan		Gill Burns/Julie Price	18/12/17	
Review waiting list and calculate additional clinical requirement needed to support patient throughput	Once data verified, additional clinical capacity will be required to work through the inherited backlog	Gill Burns/ Julie Price	18/12/17	

The requirement to complete these activities in order to fully understand the waiting list issues will mean a delay to the develop of the proposal to expedite assessments for individuals that have been referred, and delay the service moving to a business usual state. The associated timelines to develop the proposal and date for business as usual operation can only be established once the activities set out in the above table have been completed.

The risks relating to the issues described above are captured in the CYPMHS Project and NELFT risk registers. Mitigating actions have been put in place to ensure that sufficiently robust arrangements are in place to assess the needs of children and young people where it is identified that the referral is urgent.

### 17.3.2 EKHUFT and PSCION EKHUFT

There is a currently no specialist provision for children aged 0 to 8 with mental health needs and ADHD and ASC in east Kent. Services for this cohort are provided through the EKHUFT community services provision as part of a generic community paediatric service. This gap

has been addressed through the procurement of the new CYPMHS, however the lack of robust data including care plans relating to this cohort means that it has been difficult to identify the patients concerned and therefore commence any meaningful discussion with EKHUFT to safely transfer information and care to NELFT.

The current arrangements present a potential clinical risk for children and families. This also adds to pressure on school teams and impacts longer term educational outcomes for these children. It is essential that discussions are progressed between EKHUFT and NELFT in order to identify the patients whose needs should be assessed and/or met by NELFT in order that plans can be developed to transfer waiting lists and patients as soon as possible. Initial dialogue has been positive but robust commissioning direction is required to move forward.

### **PSCION ASD/ADHD historical referral waiting list**

The historical ASD/ADHD referral waiting list is held on an excel spreadsheet held by PSCION with hardcopy referrals. The referral list comprises approximately 800 referrals. Although the majority of referrals date from the middle of 2016 some are considerably older. There is also some evidence to suggest that some individuals have previously been referred to other services where the referral has been held for some time before an onward referral to PSCION was made.

In addition there are a further:

- 20 patients that have already been assessed for ADHD and now need an ADOS assessment to complete the ASD review. The completion of these assessments is being discussed between commissioners and PSCION
- 40 new referrals from 01/09/17 to 27<sup>th</sup> September- already moved to NELFT SPA for triage

NELFT, under the current CYPMHS contract, do not have the staff in place required to carry out a review and assessment of the historic PSICON referral waiting list. A proposal is currently being developed by NELFT for consideration by the CYPMHS Project Board and the east Kent CCGs to expedite the review and assessment of these referrals. The proposal will also include how long it will take NELFT to review and assess these referrals if managed within current resources.

A plan is also being developed to fully understand the needs of children currently prescribed medication by PSCION with a view to transferring the service by 1<sup>st</sup> April 2018. The care plans and information relating to this cohort is not sufficiently robust to enable NELFT to simply transfer patients without undertaking a care review for each individual patient.

Such a review will take time and require additional resource. NELFT will develop a proposal to address this issue but cannot do so until they have had sufficient time to work through the care plan information currently held by PSCION for each individual patient.

The clinical risks relating to the issues described in section 1.3 are included on the east Kent CCG risk registers. The Chief Nurses, Heads of Quality and Safeguarding Nurses for the east Kent CCGs have been involved in developing the actions that are required to mitigate the risks. Mitigating actions include; the inclusion of provision for this cohort of children in the CYPMHS contract, the interim arrangements put in place to manage the transition from current services to NELFT, and a review of community paediatric services in east Kent that was undertaken by the Royal College of Paediatrics and Child Health in June 2017. The recommendations from this review are currently being considered by the east Kent CCGs. The concerns relating to this cohort of children have also been escalated to NHSE who have refused the CCGS request for additional funding to put in place additional measures that would limit the level of risk. These issues have not been reported as a serious incident but this will be reviewed at the November east Kent CCG Governing Body meetings.

#### **17.4 Prescribing**

Prior to contract commencement it was identified that the financial envelope determined to meet the prescribing needs of children, particularly those in east Kent that are currently prescribed medication by PSCION and EKHUFT may not be accurate.

It was agreed as part of “long stop”, that by the end of December all parties will have agreed the principles, process and data sources required to review and understand the prescribing needs of children supported by the CYPMHS service and particularly those currently prescribed medication by EKHUFT and PSCION whose care should transfer to NELFT by 1<sup>st</sup> April 2018.

This will include a review of the financial arrangements that are in place to cover the cost of prescribing for this cohort for the period between 1<sup>st</sup> September 2017 and 1<sup>st</sup> April 2018.

The figure used in the NELFT tender submission of £836k for EK prescribing and £127,000 was provided by commissioners. Within the tender submission, NELFT indicated that £571k (pa) related to drug costs in east Kent and £86k in West Kent. Given that this figure has not been validated by NELFT it represents a potential financial risk. At the end of the review, agreement will need to be reached on the appropriate resource required to fund the prescribing associated with these services and the most appropriate financial arrangements.

A commissioner has been appointed by the east Kent CCGs to lead this review. The Project Group members have been agreed and an inaugural meeting at which an outline project plan will be developed is in the process of being arranged. It should be noted however that a full project plan must be developed with realistic and deliverable timescales before a date for the completion of the work is agreed. It is likely given that it takes three months to process and validate prescribing data that 1<sup>st</sup> April 2018 will be not be achievable for the completion of this work.

In addition to the above it should be noted that the circa 500 PSICON patients that will transfer to NELFT by 1<sup>st</sup> April 2018 do not receive any form of care or treatment for their mental health needs other than medication. There is evidence to suggest that there was a high conversion rate from referral to the PSCION service to prescribing treatment. Similar evidence suggests the same for patients currently treated and prescribed by EKHUFT. In addition to the potential clinical and wellbeing risks this presents, such a high number of children in receipt of often high cost medication presents a significant cost pressure on the contract. The development of the plan referred to in section 1.4 to fully understand the needs of children currently prescribed medication by PSCION and EKHUFT with a view to transferring the service by 1<sup>st</sup> April 2018 will be crucial to ensuring that children's needs are met in the most effective way. The prescribing review will need to include a specific element relating to the needs of this cohort of children that is informed by a clinical reassessment of their needs.

## **17.5 Conclusion**

The issues set out above are historic and complex and will take time and resource to resolve. These issues were not fully understood or articulated in the invitation to tender for the provision of CYPMHS in Kent. It is not therefore reasonable to expect NELFT to simply

resolve through business as usual processes and systems without there being a significant impact on patients.

It is essential that sufficient resources are put in place to undertake the activities outlined above and ensure that the needs of these vulnerable individuals are met.

## 17.6 Appendix 1

Interim arrangements for patients with mental health needs and ADHD and ASC in east Kent.



11.08.17 Childrens  
ASC ADHD proposal f