

KENT COUNTY COUNCIL – RECORD OF DECISION

DECISION TAKEN BY:

Susan Chandler, Cabinet Member for Integrated Children's Services

DECISION NO:

19/00076

Unrestricted

Key decision: YES

Changes to contract management arrangements for Children and Young People's Mental Health Services (CYPMHS).

Subject: Children and Young People's Mental Health Services, funded by Kent County Council

Decision:

As Cabinet Member for Children's Integrated Services, I agree to:

- a) Finalise changes to the Section 76, allowing KCC to have clear oversight of the funding for Looked After Children and children impacted by sexually harmful behaviour and a more dedicated named resource for KHNES.
- b) Give notice to NELFT, via West Kent CCG, that funding for part of the Kent Health Needs Education Service and all the Early Help element will be recommitted to other early intervention programmes.
- c) Delegate authority to the Corporate Director for Children, Young People and Education, or other nominated officer to undertake the necessary actions to implement the decision.

Reason(s) for decision:

In 2017, KCC and the NHS jointly procured the Children and Young Person's Mental Health Service. KCC agreed to invest £2.65m per year into the new contract via a Section 76 funding mechanism. The integrated service was agreed through both KCC and NHS governance and procured as part of a collaborative process.

The new model has delivered a significant increase in universal provision and a new clinical model has been designed and implemented. Although some parts of the new service are performing much better than previously, demand for the specialist interventions particularly across the Neuro-developmental pathway have been significantly higher than expected. As a result, KCC and the NHS have faced several challenges with the KCC Early Help elements of the contract.

KCC remains committed to working in partnership with the NHS to manage the mental health challenges that are faced by children and young people and significant work has been undertaken with the commissioners locally and with NELFT directly as the provider.

A full options appraisal has been undertaken in collaboration with the NHS and it is recommended that the KCC investment into the contract should be split, retaining the elements of the service that require clinical intervention/oversight and recommissioning the elements that can be delivered by the wider market and workforce.

Equality Implications

An Equalities Impact Assessment has been completed as part of the process.

Financial Implications

The KCC element of the contract is worth £2.65m per annum. The proposed decision will split the investment, with £1.257m retained in the contract and £1.2m refocused into alternative services/interventions. £200k of Dedicated Schools Grant refocussed through the DSG High Needs Funding arrangements for KHNES.

A financial audit of the KCC investment is currently being undertaken by the NHS. The changes to the Section 76 agreement will allow KCC to have clear oversight of the funding and performance of the remaining Authority Services.

There is existing capacity within the service to undertake the recommended changes.

Legal Implications

KCC have a duty, under Section 22 of the Children Act 1989, to safeguard and promote the welfare of each child we look after. Under Section 27 of the Act, local authorities are entitled to expect other authorities and certain NHS bodies to assist them in discharging their functions to children in need, looked after children and their parents and carers. Section 11 of the Children's Act 2004 places a duty on a range of organisations and agencies to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

This is a county-wide service and any changes will be communicated to schools, police and health providers

Cabinet Committee recommendations and other consultation:

Children, Young People and Education Cabinet Committee – 15 November 2019. The Minute extract is as follows:

Mr Holman (Associate Director of Mental Health, Children's and Maternity Commissioning (NHS West Kent CCG)), Ms Bamblett (Lead Co-ordinator, Kent Enablement and Prevention Service) and Ms Pearson (Transforming Care Accelerator Pilot Lead, Kent Enablement and Prevention Service) were in attendance for this item.

(1) Mr Collins briefly introduced the report which set out information relating to the Children and Young Person's Mental Health Service (CYPMHS) and the recommendation that some Kent County Council (KCC) investment be re-focused to address the challenges outlined within the report.

Officers then responded to comments and questions from Members, including the following: -

a) Mr Collins referred to the challenges faced by KCC and the NHS within the KCC early intervention elements of the contract said that the contract's issues and challenges had been consistently reported to the Service Commissioning Board, Commissioning Advisory Board and Children's, Young People and Education Cabinet Committee. He briefly outlined the options available within the report and the need to review the section 76 arrangement through which KCC worked with West Kent CCG as the Lead Commissioner for the contract with North East London Foundation Trust (NELFT), and the need to change the funding arrangement for the Early Help element of the contract. He added that KCC's public health specialists had recently undertaken a review of the offer for mild to moderate needs in order to understand the effect of the current services and what more could be done to address needs. He briefly referred to the increased demand for specialist interventions, and NELFT's increase in waiting times and Neurodevelopmental referrals. He emphasised the importance of addressing concerns before they needed to be escalated and working collaboratively with partners.

b) Mr Holman reiterated Mr Collins' comments and the importance of working collaboratively to reach desired outcomes. He said that despite the current challenges faced within NELFT's Neurodevelopmental pathway, NELFT were performing adequately as a service in the context of workforce demands and demands for children requiring support and met their Referral to Treatment (RTT) standards across five CCG's. He explained the reasons behind these challenges and emphasised the significant need to ensure that children's needs were met in a universal manner. He referred to the positive work being undertaken in relation to improving the Neurodevelopmental pathway and reducing waiting times.

c) Mrs Chandler (Cabinet Member for Integrated Children's Services) reiterated comments made by

Mr Collins and Mr Holman and emphasised the importance in ensuring that children received early intervention which would benefit them and their families instead of having to wait for long periods of time for a more clinical diagnosis.

d) Mr Collins provided more information in relation to section 2.6 of the report and said that the target of 300 was for children and young people who were involved in the Early Help intensive elements.

e) Ms Bamblett referred to the training which was undertaken by all staff within the Positive Behaviour Support Practitioner model (PBS) and stated that the Kent Enablement and Prevention Service (KEPS) utilised a positive behaviour support model training programme with the Tizard Centre at the University of Kent and the Challenging Behaviour Foundation (CBF). She added that the new proposal, if agreed, would embed trauma-informed care practice.

f) Ms Pearson said that informal and formal training sessions would be put in place within the PBS model for Early Help provision. She emphasised the importance of staff working closely with young people and their families to embed a positive behavioural support culture.

g) Mr Collins referred to the recommended option set out within the report and the advantages of recruiting a PBS model. He stated that decision and implementation timescales would differ based on which option was agreed.

h) Mr Collins provided more information in relation to the percentages within section 2.7 of the report.

i) Mr Holman referred to contract governance arrangements and said that Children's Services and Health Services were key priorities in Kent. He emphasised the importance of meeting the needs of the children and families accessing services in the most efficient way.

(2) The Chairman suggested that update reports on the matter be submitted to the Children's, Young People and Education Cabinet Committee in March 2020 and October 2020. Committee Members generally supported this.

(3) **RESOLVED** that the proposed decision to be taken by the Cabinet Member for Integrated Children's Services to

(i) Finalise changes to the Section 76, allowing KCC to have clear oversight of the funding for Looked After Children and children impacted by sexually harmful behaviour and a more dedicated named resource for KHNES;

(ii) Give notice to NELFT, via West Kent CCG, that funding for part of the Kent Health Needs Education Service and all the Early Help element will be recommitted to other early intervention programmes; and

(iii) Delegate authority to the Corporate Director of Children, Young People and Education, or other nominated officer to undertake the necessary actions to implement the decision,

be endorsed.

At its meeting on 11 January the Children and Young People's Cabinet Committee debated the following decision: 18/00071 - Children and Young People's Mental Health Services, funded by Kent County Council

The decision has been discussed at the following meetings:

CYPE Cabinet committee – 29 November 2018, 11 January 2019, 28 March 2019, 28 June 2019

CAB – 18 October 2019

Any alternatives considered and rejected:


An options appraisal has been completed in collaboration with the NHS and supported by an analysis of the market, the KCC Public Health review of the offer for children with mild to moderate needs and the findings

from the 2019 SEND inspection.

Other options considered were:

- Business as usual – retain the current service model and continue to work with the NHS to improve the contracting arrangements.
- Recommission a new service – withdraw KCC's investment in the contract and recommission a new service.
- Align KCC Early Help workforce to the current contract

Any interest declared when the decision was taken, and any dispensation granted by the Proper Officer: None

A handwritten signature in black ink, appearing to be 'S. J. P.', written over a horizontal dotted line.

Signed

A handwritten date '19th November 2019' in black ink, written over a horizontal dotted line.

date