

Report to:	HOSC		Agenda Item:	
Date of Meeting:	16 December 2019			
Title of Report:	Procurement of Kent and Medway neurodevelopmental service specification.			
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Governing Body Sponsor:	Dr Simon Lundy			
Action Required:	Approval	Decision	Discussion/ Assurance	Information X
Conflict of Interest:	N	For Part 1 (delete as necessary)	For Part 2 (delete as necessary)	
Involvement of patients, carers, staff and stakeholders	Describe: Engagement and communication plan will be implemented. A pre-procurement market and engagement event has taken place and the contract will be mobilised with coproduction and codesign.			

Situation:
<p>Kent and Medway Clinical Commissioning Groups (CCGs) have agreed to the procurement of a Kent and Medway Neurodevelopmental (ND) Health Service for Adults (18+) which will improve quality and value for money across Kent and Medway and is fully supported and identified as a priority need by the Sustainability and Transformation Partnership (STP) and the NHS England (NHSE) Long Term Plan.</p> <p>Provision of assessment and post diagnostic support across Kent and Medway currently is fragmented with only east Kent providing a commissioned service. The proposed service (see draft service specification appendix 1) will improve both the access to and quality of support for people living with an Autistic Spectrum Condition (ASC) and or Attention Deficit Hyperactivity Disorder (ADHD) across Kent and Medway. It does not alter the current ND pathway which provides access to assessment, diagnosis, post- diagnostic interventions and a complex autism services.</p>

Background:
<p>The Kent and Medway STP have pledged to transform commissioned services as laid out within their current Transforming Care (TC) cohort and TC programme. Key findings from the Strategy for Adults with Autism in Kent and joint needs assessment highlighted gaps and inconsistencies within the pathway for people with autism and or ADHD across Kent and Medway.</p> <p>NHS procurement across Kent and Medway for a new ND (autism and ADHD) Health Service will</p>

address the current gaps in diagnostic provision whilst ensuring care for complex autism provision is sustainable, thus reducing the demand from using of out of area high cost in-patient placements. The service will bring consistency to the delivery and accessibility of ND Health Services that will be designed specifically to enable multidisciplinary practice with council services which is in line with recent updated NICE guidelines - Learning disabilities and behaviour that challenges: service design and delivery [NG93] March 2018.

The *NHSE Long Term Plan* identifies improved community-based support for autism as a priority over the next 10 years; further reducing reliance on specialist hospitals, making sure all NHS commissioned services are providing good quality health, care and treatment for autistic people and their families, ensuring equal access to, experience of and outcomes from care and treatment. Reduce health inequalities, reducing over-medicating and acting to prevent avoidable deaths. In 2017/18 Kent and Medway CCGs had a small number of complex autistic patients in need of specialist support that was not available locally and patients were sent out of area at high cost to CCGs. In 2018/19 NHSE funded a small pilot specialist service to work locally across the area. KAMCAS is the Kent and Medway Complex Autism Service and commenced service delivery in May 2018. To date this health and social care service has seen in excess of 55 patients, avoiding step-up into the TC cohort and retaining patients in locally based community services. This pilot service funding is due to cease in March 2020 and will be replaced by the proposed new ND service.

In February 2018 Public Health (PH) conducted an analysis of autism and ADHD data. Within the adult population of Kent 14,600 people are estimated as being undiagnosed for Autism (7,118) and or ADHD (7,482). Medway data for these cohorts showed within the adult population of Medway 8,061 people are estimated as being undiagnosed for Autism (1,001) and or ADHD (7,060). Kent and Medway adults' data evidences a significant undiagnosed population when compared to expected prevalence rates for this cohort. The demand for adult diagnostic service provision is unlikely to diminish over the next five to ten years

Only the east Kent CCGs commission a single ND contract with one provider, South London and Maudsley NHS Trust (SLaM). Since April 2017, this has been a pilot service for assessment, diagnosis and post diagnostic provision (adapted CBT) covering east Kent. This service covers both autism and ADHD and has extended its contract until March 2020 to align with the procurement.

Excluding east Kent, the rest of Kent and Medway CCGs use spot purchasing arrangements with SLaM for combined autism/ADHD assessments and post diagnostic treatments. They also commissioned Psicon for autism diagnostics in isolation. The use of these two providers is more complex in referral pathways as patients will either be seen in Kent for non-complex autism (by Psicon), or if complex or comorbid conditions are suspected for autism and or ADHD, referrals are required to be funded by out of area treatments (OATs) and patients are seen and assessed by SLaM in their London base.

Assessment:

The current health diagnostic pathway is difficult for patients to access due to long waiting list backlogs and the majority of post diagnostic services are not available without individual funding approved or locally available in Kent or Medway.

The new service does not alter the pathway with regards to the range of clinical interventions available, what it does provide is cohesive local access to these interventions across Kent and Medway.

The wider costs of ND conditions and lack of commissioned services have a significant impact on

the wider system, evidenced through more increasing demands on social care commissioned services to provide care packages and support to this cohort, as well as increasing demands in primary care and MH services for those with comorbid conditions.

Summary of Benefits:

Patient benefits			
	Current service	New service	Change
1	Fragmented provision / not all locally based – for ADHD diagnostic and post diagnostic ASC based in London. ADHD / Medical review – (ongoing prescribing) is sporadic / postcode lottery of GP's most without local enhanced services (LES) – patients often have to be seen in London via SLAM	Service continuity through a comprehensive Health and Social care MDT will be locally available across all areas / once LES agreements in place ADHD medication provision will provide consistency	Complete range of diagnostic services available locally within their CCG area for patients. Patient improved experience with ND services – improved satisfaction with GP once LES in place for ongoing prescribing for ADHD meds (enable tracking of prescribed drugs and costs).
2	Post diagnostic provision (Psychology) requires individual funding / sensory functional assessments are not funded / local care mental health teams (LCMHTs) do not provide mental health services for ASC patients	Post diagnostic Psychology and or occupational therapy (TO) sensory functional assessment provision available as part of core service for patients where identified need. Multidisciplinary teams (MDTs) enable holistic individual support	Complete range of Post-diagnostic services available locally within their CCG area for patients will improve patient satisfaction and support carers through individualised local care packages
3	Individual funding requests for highly complex autism support results in high cost / out of area placements for treatment	Complex autism MDT provision accessible for patients where identified need – step-up avoidance / early intervention / lower cost. Step down enabling from TC cohort to locally based treatment	Early access to complex autism MDT service enables early intervention and deescalates crisis situations accelerating to avoid step-up into TC cohort (step down enables those to return to their communities, in line with TCP objectives). Patients remain with or closer to families / carers and home environment

The detailed analysis undertaken has determined that the main benefits will be:

- Increased value for money with the removal CCGs contracting independently and the high cost of spot purchasing
- Reduced cost across the system from the reduction in CCG funded beds from demand from using of out of area high cost in-patient placements for the transforming care cohort
- Improved access to and a reduction in waiting times / waiting list backlogs for diagnosis and post diagnosis treatment and support
- Better integration (MDT between health and social care) - where patients need the support or intervention of community care, secondary care, social services or the voluntary sector this should be a seamless transition both to that provider and from that provider improving patient outcomes
- Increased confidence from primary care for ongoing medication arrangements within the ADHD pathway
- Improved patient experiences / services in local communities via local care model
- Address gaps in service provision / bring consistency to the delivery and accessibility of services
- Provide sustainable transitional arrangements for children and young people's services
- Allows option of all-age ND pathway/ future funding shift from the back (adults pathway) to the front (children's pathway)
- Early diagnosis - where we can't prevent people getting ill, we need to ensure that their condition is diagnosed early as this leads to better outcomes in most conditions. This includes helping people to self-diagnose but to also take responsibility to see their GP at the earliest opportunity
- Better care - a focused approach to prevention and early diagnosis will lead to better care options and management for individual patients; which will lead to better outcomes. Focusing on promoting patient responsibility to choose well when accessing the right services at the right time and in the most appropriate place and empowering patients to be better able to self-manage their own conditions
- Quality - improve quality to ensure services are safe, efficient and effective
- Finance - ensure value for money, directing resources to maximise benefit to make the best use of public money.

The aim of the new health service is to work in collaboration, towards integration through Neurodevelopmental (ND) MDT practice between health and social care which meets the strategic objective for both local authorities (LA) and health commissioners (HC).

Locations:

The new ND Health Service will deliver services across Kent and Medway according to activity / investment shares across CCG areas. For example, if east Kent CCGs are investing 55 per cent of the contract, 55 per cent of the activity will be delivered in this local area by providers of the service.

Communication and Engagement:

Various communication and engagement has been conducted across Kent, along with stakeholder mapping during the development of the business case which has spanned two years. In order to develop a draft service specification which was also National Institute for Health and Care Excellence (NICE) compliant, a survey questionnaire was circulated throughout current health and social care providers for their views on 'how, what and where' the service and its delivery should be provided. Detailed analysis of the results has been interwoven into the specification.

The Kent Autism Collaborative is a strategic group held by Kent County Council (KCC) which has multi-professional / organisational membership has had significant input into the development of the

specification, along with the independent service user representation group (SURG) autistic adults across Kent. Healthwatch's independent people's panel have also showed interest in the development of this service and Healthwatch have offered to consult on the new service post purdah across Kent and Medway in order to gain feedback for co-production.

A pre-procurement market and engagement event was held for Kent and Medway prospective providers to gain feedback on the proposed new service in August 2019. Feedback from this event was around codesign of any new service over the first two years of the contract.

Upon formal procurement commencement, we plan to implement a robust communications and engagement plan that will cover and cater for the needs across Kent and Medway stakeholders. This will include consulting across the system along with independent service user groups via Healthwatch.

Adult ND Pathway:

The procurement of a new ND health service will be based fundamentally on the current adult ND pathway that is now in place, but is aimed to align and provide consistency to service delivery, to reduce waiting times that result from the current fragmented commissioning and promote more integrated working between health and social care.

Apart from the main benefits of 'service location' and 'reduced waits', patients should see no change to their current pathways.

Recommendation:
HOSC is asked to provide comment on the service specification and procurement of a Kent and Medway Health Service for people with Autism and or ADHD for contract commencement by October 2020.

Risk description:							
Lead Committee	Date Added	Risk Description Including Cause and Impact to CCG	Original Risk Rate	Actions Completed to Reduce Risks	Action Planned and Progress	Date By When All Actions will Be Completed	Owner / Risk Register
			0				

Supporting Paper/Appendices:
Appendix 1 service specification