

**From:** Roger Gough, Cabinet Member for Children, Young People and Education  
Matt Dunkley, CBE, Corporate Director of Children, Young People and Education

**To:** Children's, Young People and Education Cabinet Committee – 28 March 2019

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

**Classification:** Unrestricted

**Past Pathway of Paper:** CYPE Cabinet Committee, 29<sup>th</sup> November 2018  
CYPE Cabinet Committee, 11<sup>th</sup> January 2019

**Future Pathway of Paper:** N/A

**Electoral Division:** All

**Summary:**

At meetings held on 29<sup>th</sup> November 2018 and 11<sup>th</sup> January 2019, Children Young People and Education (CYPE) Cabinet Committee discussed options regarding the contract management arrangements for Children and Young People's Mental Health Services (CYPMHS).

The services are delivered by the North East London NHS Foundation Trust (NELFT) and KCC invests £2.65m annually into the NHS contract for the delivery of specific services including Early Help and services for Looked After Children across Kent.

The papers presented to CYPE Cabinet Committee in November 2018 and January 2019 highlighted underperformance against the requirements of the contract and a lack of effective monitoring arrangements. This paper sets out the current position in relation to performance against the contract and the new contract monitoring arrangements.

**Recommendation(s):**

The Children's, Young People and Education Cabinet Committee is asked to **NOTE** and comment on the report.

## 1. Introduction

1.1. KCC invests £2.65m per year into the mental health service contract for children and young people in Kent. This is delivered by North East London NHS Foundation Trust (NELFT). KCC funding is invested alongside the wider NHS funding and the service is commissioned and contracted by the NHS. In the original agreement, a partnership arrangement was established between KCC and

the NHS, organised via a Section 76 agreement - a funding mechanism that enables joint commissioning, by allowing Local Authorities to invest into an NHS contract.

- 1.2. At CYPE Cabinet Committee on 29<sup>th</sup> November 2018 and 11<sup>th</sup> January 2019, Members discussed the contract monitoring arrangements for the KCC investment and the challenges with delivery against the requirements. Subsequent to these discussions, work has been undertaken with NHS commissioner colleagues and NELFT to begin to develop a new contract monitoring arrangement and ensure that data capture surrounding performance and qualitative information can flow into KCC to accurately represent the service provided.
- 1.3. This paper sets out the progress of work the undertaken since January 2019 with both West Kent CCG (the lead commissioner for the contract) and NELFT, and how KCC will be able to further develop this in the coming months.

## **2. Background**

- 2.1. The service model for mental health support for children and young people in Kent was developed and procured based on feedback from children and young people, consultation with partners and in line with the government strategy "Future in Mind". KCC agreed in 2017 to invest £2.65m per year into the new contract for an integrated service via the Section 76. The integrated service was agreed through both KCC and NHS governance and the procurement was undertaken as a collaborative process.
- 2.2. There have been several challenges in the delivery of the new model including a significantly greater demand to the service. This has led to a range of difficulties in delivery against the KCC investment and resulted in significant underperformance in this part of the contract.
- 2.3. The discussions at both CYPE Cabinet Committee meetings and the Member Briefing in January 2019, along with the consultation, highlighted the urgent need to address the underperformance and the challenges surrounding the validity of data. However, it was acknowledged that using a whole system model is the right approach and that KCC wishes to continue its partnership with the NHS locally.
- 2.4. In particular, Members identified the need to avoid fragmentation of the integrated model. The new model has been mobilised in Kent during the last year and one point of access for the service has been implemented. The development of a SPA (Single Point of Access) across the spectrum of Mental Health Support has been a progressive step in service delivery and a strength that needs to be maintained.
- 2.5. However, the data that has been provided by NELFT to KCC to date, has not provided the requisite value for money assurance against the KCC investment. When data has been forthcoming it has not reconciled with the data held on KCC internal systems and therefore, cannot be validated.

### 3. Progress to date

3.1. Since the January committee meeting, KCC officers and West Kent CCG Commissioners have been working together to agree an amended Section 76 which would enable KCC to contract manage their investment. The proposed amendments to the Section 76 include:

- KCC to manage the KCC-funded elements of the CYPMHS contract and liaise directly with NELFT
- KCC to be responsible for ensuring that the Authority services are delivered in accordance with the service contract
- KCC to have the ability to make requests for information directly to the Provider
- KCC to hold service capacity planning meetings with NELFT to agree any new operating model and volume targets
- CCG to continue to make contract payments to NELFT but only once the CCG has received authorisation from KCC to confirm that they are satisfied with performance and are happy to release payment

3.2. The proposals are currently being reviewed by legal teams to ensure compliance with the requirements of a Section 76 and the NHS contract which is already in place.

3.3. Whilst the conclusion of the legal discussions is awaited, KCC, the CCG's and NELFT are already undertaking a more detailed review of performance. It is not the intention that changes to the current Section 76 disrupt any service level or provoke wholesale change in the model of provision, but the purpose is to strengthen KCCs position in contract monitoring.

3.4. In addition to the development work to the Section 76, KCC and NELFT have met to look at how current provision is being reported and how assurance can be gained regarding the validity of the data. This work has included:

- A system which differentiates those cases that are on the NELFT Early Help pathway by way of partner referral, and those cases which are known to KCC Early Help Units
- A review of the current joint working protocol for sharing information between Early Help Units and NELFT Early Health Pathway
- Clear recording of capacity and support into the Kent Health Needs Education Service (KHNES)
- Developing a clear count of how many assessments completed and interventions conducted for young people demonstrating Harmful Sexual Behaviours and the associated onward referrals made
- Numbers of Looked After Children (LAC) receiving a expedited assessment and ongoing intervention

3.5. During the CYPE Cabinet Committee meeting on 11th January 2019, an offer was extended to bring the CYPMHS contracting arrangements under the scrutiny of the Contract Management Review Group (chaired by Cllr Catherine Rankin). The meeting took place on 12th March 2019 and reviewed the activity undertaken to date and the developing Section 76 and monitoring arrangements. The group

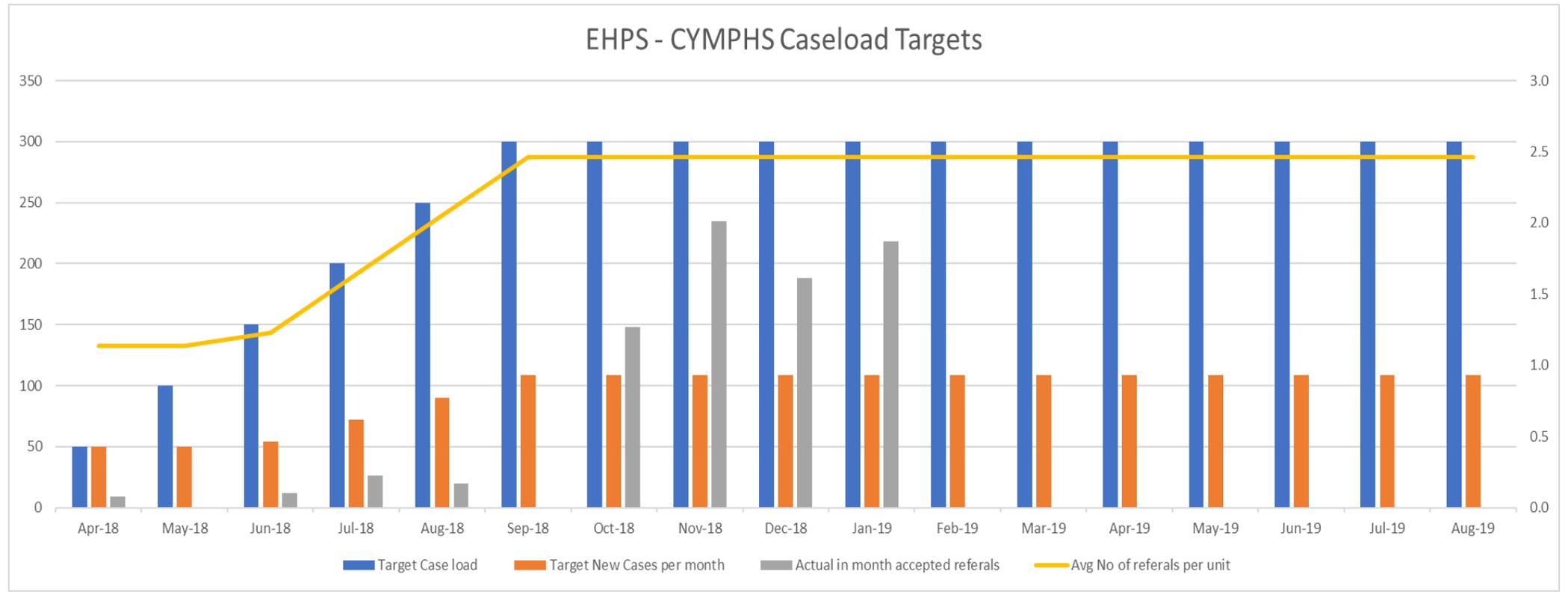
were satisfied with the developing approach and the progress made.

- 3.6. In addition to the work outlined above, KCC Public Health have committed to lead a review to explore the wider context for emotional wellbeing services. The timescale for this review will align with the monitoring period agreed by CYPE Cabinet Committee, and the outcome will feed into the recommendations that are made back to the Committee.

#### **4. Performance**

- 4.1. The change in contract in 2017 resulted in a significantly different clinical model, a large staff re-structure and the implementation of a completely new data management system. Therefore, it was recognised that improvement in performance would take some time. NELFT have provided routine performance data against the contract since October 2018.
- 4.2. The January 2019 data sets from NELFT indicate a current overall Early Help caseload of 856. However, there is some confusion over what cases are being recorded and how we can best match this to KCC internal systems. Work is being undertaken to understand which types of cases NELFT are recording as Early Help cases and how this is best communicated.
- 4.3. In order to meet the caseloads that were expected in the Early Help stream, NELFT would have needed to accept a minimum of 108 new cases per month (assuming a 12-week average case duration and a rolling caseload of 300 Early Help cases).
- 4.4. As set out in Figure 1, NELFT are working to increase the caseloads from the Early Help Units and, since October 2019, have been accepting more cases than the anticipated 108 per month. Whilst it is unlikely that the shortfall will be made up, an upturn in provision has been demonstrated.

Figure 1 – Caseload Targets



4.5. Data surrounding LAC cases has shown a marked improvement since the publication of October 2019 data (see Figure 2 for breakdown). However, as with other data, sources KCC and NELFT are working together to fully understand the validity of the data to ensure that any reporting is fully representative of activity.

Figure 2 – LAC Cases

KEY PERFORMANCE INDICATOR	Performance Threshold				Unit	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD
	Stretch Target	Green (Target)	Amber	Red														
All phone calls are screened and triaged within 24 working hours	>95%	90-94%	85-89%	<85%	%	66%	73%	77%	81%	90%	89%	97%	97%	98%	93%			84%
Vulnerable groups – (LAC) Where the placing authority has authorised enhanced service, assessments completed within two weeks of accepted referral. This excludes Crisis referrals which should be recorded as KPI 13.	>90%	85-90%	80-85%	<80%	%	0%	17%	60%	46%	6%	45%	100%	100%	100%	50%			52%
Crisis referrals assessed and treated within 4 hours of presentation 24/7	>95%	90-94%	85-89%	<85%	%	33%	37%	61%	64%	98%	77%	85%	86%	95%	81%			72%

## 5. Conclusion

5.1. KCC remains committed to working in partnership with the NHS to manage the mental health challenges that are faced by children and young people. KCC must ensure that the investment it makes into the contract for mental health services delivers those services and outcomes for which the funding is intended.

5.2. KCC are continuing to shape the contract monitoring arrangements with both NELFT and the CCGs and whilst this is being undertaken, further work surrounding the need of LAC and provision at tier two will be developed.

### Recommendation(s):

The Children’s, Young People and Education Cabinet Committee is asked to **NOTE** and comment on the report.

#### Report Authors

##### Karen Sharp

Job title: Head of Children’s Commissioning Portfolio

Telephone number: 03000 416668

Email address: [Karen.sharp@kent.gov.uk](mailto:Karen.sharp@kent.gov.uk)

##### Stuart Collins

Job title: Director of Integrated Children’s Services (West Kent and EHPS Lead)

Telephone number: 03000 410519

Email address: [stuart.collins@kent.gov.uk](mailto:stuart.collins@kent.gov.uk)

#### Relevant Directors

##### Stuart Collins

Job title: Director of Integrated Children’s Services (West Kent and EHPS Lead)

Telephone number: 03000 410519

Email address: [stuart.collins@kent.gov.uk](mailto:stuart.collins@kent.gov.uk)

##### Sarah Hammond

Job title: Director of Integrated Children’s Services (East Kent and CSWS Lead)

Telephone number: 03000 411488

Email address:

[sarah.hammond@kent.gov.uk](mailto:sarah.hammond@kent.gov.uk)