

## Update on community



**By: Ian Ayres Chief Officer/Accountable Officer, West Kent Clinical Commissioning Group.**

**To: Social Care & Public Health Cabinet Committee 4<sup>th</sup> October 2013.**

## **1. Introduction**

1.1 Members have asked for quarterly reports on the community mental health service for children and young people and this paper provides an update on the service and progress in addressing the waiting lists.

## **2. Background**

2.1 In July 2011, NHS Kent & Medway PCT and Kent County Council Cabinet Members agreed to align funding in order to jointly commission new emotional well-being and mental health services for children and young people in Kent. This decision was made in response to significant evidence, notably the Department of Health National Support Team (NST) visit to Kent and Ofsted/CQC inspection in 2010, identifying the need to establish a more integrated system that would enable interventions to be delivered to children and young people in a more targeted and timely fashion.

2.2 NHS Kent and Medway PCT led on the re-commissioning of the mental health service, which was previously delivered by five different providers across Kent, and following a procurement process the contract was awarded to Sussex Partnership NHS Foundation Trust (SPFT) and the contract commenced on 1 September 2012.

2.3 The lead commissioner for this contract is west Kent Clinical Commissioning Group (CCG) and the annual contract value is £15million of which the 8 Kent and Medway CCG's contribute £14 million.

2.4 Kent County Council contributes a further £1million, which is ring-fenced for the Children in Care (CIC) element of the service and is paid directly to SPFT.

2.5 Since the start of the contract SPFT have undertaken a major review and restructure of the mainstream service and the CIC element.

2.6 At the time of taking over the contract, SPFT inherited significant waiting lists from previous providers of the service, particularly in west Kent for specialist (Tier 3) and targeted services (Tier 2), which they have been working to reduce. An action plan was put in place to reduce waiting times for first appointment to 4-6 weeks by the end of July 2013.

- 2.7 Alongside the procurement of a new mental health service, KCC led on the re-commissioning of emotional wellbeing services to deliver support as part of the local authority's early intervention strategy and acknowledging the need to provide a whole system response to emotional wellbeing/mental health. Following a procurement process the contract was awarded to Young Healthy Minds (YHM), a consortium led by Kent Children's Fund Network (KCFN).
- 2.8 Following the establishment of KCC's Early Intervention and Prevention (EIP) Framework there is now a range of early intervention services to meet the emotional health and well-being needs of children and young people. An early intervention Emotional Health and Well-being Service is provided by a consortia under the umbrella of Young Healthy Minds (YHM) . Access to this service is via the Common Assessment Framework (CAF).
- 2.9 YHM engage individual children and young people who are experiencing, or at risk of experiencing, low-level emotional difficulties and will offer time-limited group or 1-1 support.
- 2.10 YHM have worked closely with SPFT to address the historic waiting lists that exist and all referrals on the waiting list were re-screened by CAMHS to update current needs and where appropriate transfer to Young Healthy Minds for a service. Initially the CAF process was suspended to allow YHM to take on these cases. Young Healthy Minds are now receiving referrals through the CAF process
- 2.11 The value of this contract is £1.1 million, with a contribution from the Kent CCG's of £300,000. This contract also commenced in September 2012 and YHM have worked closely with SPFT to tackle the historic waiting list for a service.

### **3. Community Children and Young Peoples Mental Health Service model**

3.1 The CAMH services are delivered from four hubs – 3 in Kent and 1 in Medway (which covers Swale). Each hub is the central point of referral for that geographical area but staff will deliver services in satellite bases or places very local to where families live and where they wish to be seen. Examples include GP surgeries; Children and Family Centres; Youth Centres; Schools; and the new MASH (multi agency service hub) centres in Swale, Thanet and Ashford.

3.2 The Kent hubs are:

East Kent: based in Canterbury (with a satellite base in Thanet);

South Kent: based in Folkestone (with satellite bases in Dover and Ashford).

West Kent: based in Maidstone (with a satellite base in Dartford)

In addition the Medway hub is based in Gillingham (with a satellite base in Swale)

#### 4. Referrals

- 4.1 Since the current provider was awarded the contract and it has been possible to monitor the numbers of referrals, SPFT has seen a 35% increase in referrals to the service (see appendix 1, table 1). This seems to be part of a national trend that has seen increased referrals this year. In addition there has been an increase in referrals for inpatient CAMHS treatment.
- 4.2 In December 2012, 36% of the referrals were re-directed to other more appropriate services e.g. paediatrics, emotional wellbeing services, school nurses/school counselling. In June 2013, 11% of all referrals were re-directed. Of those 47% related to a referral from a GP that does not meet the CAMHS criteria. In these cases a CAF is initiated for these young people and their families so they have access to the most appropriate advice and support through the Team Around the Family (TAF) and where appropriate referred to services such as Young Healthy Minds (YHM).
- 4.3 The source of referrals to CAMHS has been changing since the new service started. See table 1 below.

**Table 1**  
**Referral source**

<b>Referral source</b>	<b>January 2013</b>	<b>June 2013</b>
GP	328	346
School	41	63
Social services	26	41
Other (including Paediatrics, Youth Offending Teams, A&E)	141	181
<b>Total</b>	<b>536</b>	<b>631</b>

\* During the needs analysis and contract development period 80% of referrals were from GPs.

- 4.4 Referrals to CAMHS are triaged on a daily basis to check for emergency and urgent referrals. Routine referrals are screened weekly.

#### 5. Waiting times

- 5.1 At the time of taking over the contract, SPFT inherited significant waiting lists with children and young people waiting a long time to be assessed for routine referrals.

- 5.2 Young people who are referred as an emergency are assessed the same day. Young people deemed to require an urgent assessment are seen within 10 days. These targets are consistently adhered to.
- 5.3 A major focus of the provider has been to reduce the time that young people wait for a specialist routine referral particularly in west Kent.
- 5.4 At the end of June 2013 these times have significantly reduced in most areas compared to when SPFT took over the contract (see table 2 below) and the average across Kent has reduced from 19 weeks to 9 weeks (see appendix 1 table 3)
- 5.5 In west Kent at the end of June 2013, Tunbridge Wells area was continuing to show long waiting times but all young people were offered an assessment appointment in July 2013. An effect of concentrating work in the west has been some slippage in the east, where staff have been re-provided to assist in the process.
- 5.6 It has not been possible in this report to update members of the committee regarding July figures due to a changeover of data collection systems and the need for further data cleansing. The committee will receive up to date figures for the meeting on the 4<sup>th</sup> October 2013.

**Table 2**  
**Average waiting times to first appointment for routine referrals to specialist (Tier 3) CAMHS (in weeks)**

	<b>Oct 2012</b>	<b>June 2013</b>
<b>Dartford &amp; Gravesham</b>	53	8.5
<b>Maidstone</b>	26	6
<b>Tunbridge Wells</b>	18	17
<b>Swale</b>	18	6
<b>Ashford</b>	8	10
<b>Canterbury</b>	4	3
<b>Dover</b>	4	5
<b>Shepway</b>	8	4.5
<b>Thanet</b>	4	8

Areas covered by each teams is outlined in Appendix 2.

**Table 3**  
**Numbers waiting for routine specialist assessment by weeks**

June 2013	0 - 4 wks	5 -8 wks	9 - 16 wks	17 -26 wks	26 - 48 wks	49 - 54 wks	54 +
Dartford/Gravesham	89	53	44	39	1	0	0
Maidstone	89	53	44	39	1	0	0
Tunbridge Wells	19	41	31	20	24	7	0
Medway	60	24	18	0	0	0	0
Swale	13	16	9	1	0	0	0
Ashford	2	11	26	18	16	0	0
Canterbury	30	0	0	0	0	0	0
Dover	10	8	1	0	0	0	0
Shepway	14	6	2	0	0	0	0
Thanet	23	22	2	0	0	0	0

5.7 Table 3 shows the breakdown of waiting times in bands. The numbers of young People now being seen within 8 weeks has significantly increased whilst the numbers waiting longer has decreased over the last 6 months. Of those waiting longer, all were expected to be seen by the end of August 2013 whilst the introduction of a new system for planning and booking appointments (Choice and Partnership Approach) will ensure that waiting lists don't build up again.

In addition to the specialist waiting lists SPFT also inherited long waiting lists for targeted services in west Kent and whilst the numbers waiting for assessment has reduced (from 585 in May 2013 to 382 by July 2013) and the average waiting time has reduced (see table 4 below) SPFT have an action plan in place and have a target of reducing the historic waiting list by the end of September 2013.

**Table 4**  
**Average waiting times to first appointment for routine referrals to Targeted (Tier 2) CAMHS (in weeks)**

	Oct 2012	June 2013
<b>Maidstone</b>	46	16
<b>Tunbridge Wells</b>	49	19
<b>Dartford &amp; Gravesham</b>	48	27
<b>Swale</b>	N/A	4

- 5.8 East Kent Targeted referrals are incorporated into specialist figures as outlined in table 2.
- 5.9 At this stage it has not been possible to provide treatment waiting time figures and this will be available following the changes to the database and will be shared with members of the committee as soon as they are available. There are currently 685 young people waiting for treatment across Kent and Medway.

## **6. Performance management**

- 6.1 West Kent CCG is the co-ordinating commissioner on behalf of Kent & Medway CCG's and is taking a robust approach to managing the performance of the provider against the contract requirements.
- 6.2 As a consequence of targets that have been missed, the CCG has formally written to the provider outlining its concerns and seeking re-assurance through an action plan to address the shortfall in service delivery. The CCG will continue to monitor and work with the provider to ensure that the service is working to full capacity and will use all necessary contract levers to ensure this is adhered to.
- 6.3 West Kent CCG will continue to co-ordinate monthly performance meeting with SPFT to review progress.

## **7. Staffing**

- 7.1 There have been a number of vacant posts within the service particularly in west Kent that has impacted on SPFT's ability to tackle their waiting list initiative. In the interim SPFT have been employing locum workers and providing overtime to permanent staff to provide extra sessions. They have however had one recruitment round over the last two months that has resulted in posts being offered and this is an on-going process with further interviews planned that will strengthen the workforce. The first group recruited are expected to start in October 2013 and with further successful recruitment, the service is expected to be at full strength by the end of the calendar year.
- 7.2 Members of the committee will be provided with an up to date position regarding staffing at the meeting.

## **8. Children in Care**

- 8.1 As with the mainstream service the key aims of the children in care (CIC) service model are to deliver care and support of the very highest quality, equity and consistency whilst ensuring that services delivered are sensitive and responsive to the specific needs of children and young people who are in care, and adopted children where they have active social work involvement.

8.2 The CAMHS-CIC service has been re-designed to provide a wider reach and an effective and timely service to this group of children and young people. In June 2013, the service was working with 202 Kent CIC. In addition the mainstream CAMHS teams were working with 316 CIC, some of whom would also be receiving a service from CAMHS-CIC, but others are children and young people placed in Kent by other local authorities. CAMHS teams were also working with 90 adopted children and young people.

## 9. Commissioning arrangements

9.2 To strengthen the commissioning arrangements between KCC & West Kent CCG, commissioners are working together to establish a Section 76 arrangement to enable CCG's to monitor the contract holistically on behalf of KCC partners. The first draft of this agreement is scheduled to be presented at the next meeting between the Accountable Officers from the 7 Kent CCGs and KCCs Directors from both Families & Social Care and Public Health. These are monthly meetings which discuss the interface between health and social care from a commissioning delivery perspective.

## 10. Recommendations

10.1 Members of the Social Care & Public Health Cabinet Committee are asked to note the contents of this report.

### Contact details

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Sue Mullin, Commissioning Manager (Children) Strategic Commissioning, FSC.

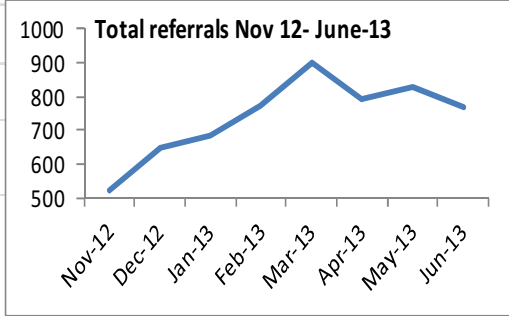
Kent County Council [sue.mullin@kent.gov.uk](mailto:sue.mullin@kent.gov.uk)



1. Total Referrals to SPFT Children and Young People services November 2012-June 2013

	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total all CCG	524	648	684	772	898	790	829	766

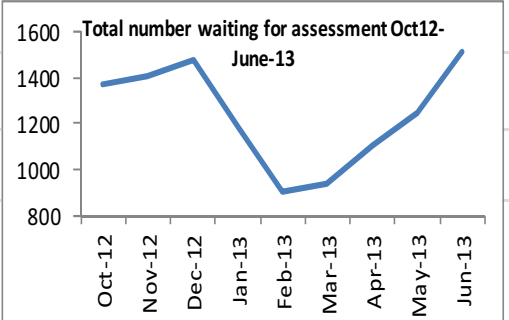
Referrals have increased by 35% between November 2012 -January 2013 and April-June 2013.



2. Total numbers waiting for assessment across all CCG areas October 2012- June 2012

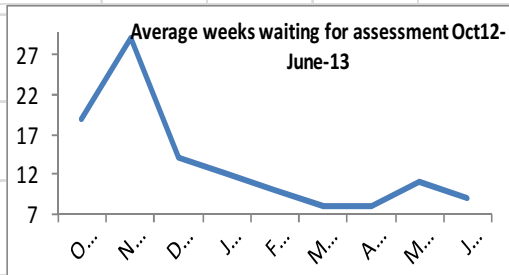
	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total all CCG	1367	1408	1481	1183	908	936	1111	1251	1515

The numbers waiting for assessment are up in June as a factor of increased referral rates but average weeks waiting is down by 53% from an average of 19 weeks in October 2012 to 9 weeks in June 2013. This is expected to be at six weeks in September 2013



3. Average number of weeks waiting from referral to assessment between October 2012 and June 2013

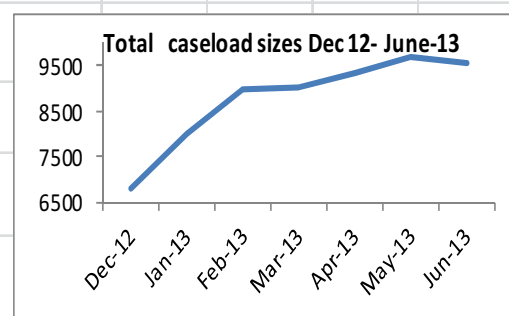
	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total all CCG	19	29	14	12	10	8	8	11	9



4. Total Caseload sizes across all CCG Targetted and Specialist services

	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total All CCG	6814	7999	8971	9010	9328	9680	9574

Total caseload sizes across all areas are up by 40% between December 2012 and June 2013.



## Appendix 2

### Geographical areas - CAMHS Team Areas

Maidstone	Allington, Boxley, Detling and Thurnham, Hollingbourne, Harrietsham, Lenham, Leeds, Headcorn, Sutton Valence and Langley, Staplehurst, Marden, Yalding, Nettlestead, Coxheath & Hunton, Barming, East and West Farleigh, Maidstone, Watringbury, Aylesford, Leybourne, Bearsted, Borough Green, Boughton Monchelsea, Burham, Snodland, Staplehurst, Headcorn, and West Malling.
Tunbridge Wells	Tunbridge Wells, Southborough, Paddock Wood, Cranbrook, Hawkhurst, East Peckham, Chiddingstone, Penshurst, Tonbridge, Hadlow, Sevenoaks, Edenbridge, Westerham, Knockholt, Crockenhill, Farningham, Snodland, Ditton, Burham, Wouldham, Blue Bell Hill, Aylesford and Watringbury, Sevenoaks as far as Westerham and Dunton Green,
Dartford & Gravesend	Dartford, Stone, Darenth, Swanscombe, Southfleet, Longfield, Hartley, Horton Kirby, Crockenhill, Swanley, New Ash Green, Hextable, Cobham, Eynsford, Sutton at Hone, Wilmington, West Kingsdown, Higham, Gravesend, Fawkham, Joydens Wood, Northfleet & Greenhithe
Medway & Swale	Grain, Hoo, High Halstow, Cuxton with Medway GP, Higham with Medway GP, Strood, Rochester, Borstal, Chatham, Walderslade, Lordswood, Gillingham, Twydall, Rainham, Parkwood, Wigmore, Upchurch, Lower Halstow, Newington, Iwade, Sittingbourne, Milton, Kemsley, Bobbing, Murston, Babchild, Teynham, Queenborough, Sheerness, Minster, Eastchurch, Leysdown on Sea, Warden and Halfway
Ashford	Kennington, Mill Court, Willesborough, Kingsnorth, Singleton, Musgrove Park, Hollington, Tenterden, Wye, Charing, Hamstreet, Sellindge, Woodchurch, Chartham, Headcorn, Chilham.
Canterbury	Canterbury, Herne Bay, Whitstable, Wingham, Aylesham, Staple, Sturry, Faversham, Ospringe, Boughton, Chartham, Chilham, Littlebourne, Hersden.
Dover	Dover, Deal, St Margarets at Cliffe, St Martin's Mill, Sholden, River, Walmer, Eythorne, St Radigans, Temple Ewell, Shepherdswell, Tower Hamlets, Guston Aycliffe, Elvington and Whitfield
Shepway	Folkestone, Sandgate, Sandling, Elham, Capel le Ferne, part of Sellindge, Hawkinge, Densole, Lyminge, Lympe, Hythe, Seabrook, New Romney, Dymchurch, Dungeness, Greatstone, Littlestone, Brenzett, St Mary's Bay and Lydd.
Thanet	Margate, Ramsgate, Broadstairs, Minster, Monkton, Sartre, Ash, Eastry, Westgate, Westbrook, Sandwich
Learning Disability & Challenging Behaviour	The whole of the East Kent area
Tier 2 EK	The whole of the East Kent area.
T2 Swale	Isle of Sheppey (Sheerness, Minster, Queenborough, Warden and Leysdown), and Sittingbourne urban and rural – postcodes ME9, 10, 11 and 12
ACCENT West	Dartford, Gravesend and Swanley Sevenoaks Tonbridge and Malling Tunbridge Wells (from Southborough to just east of Cranbrook) Maidstone
ACCENT East	Swale (Isle of Sheppey, Sittingbourne, etc) Canterbury Thanet Dover Shepway (from Folkestone to Dungeness area on the coast and inland a fair way) Ashford (from the Sussex border up to slightly east of Chartham)