

From: Sue Chandler, Cabinet Member for Integrated Children's Services

Matt Dunkley, CBE, Corporate Director of Children, Young People and Education

To: Children's, Young People and Education Cabinet Committee – 15 November 2019

Decision No: 19/00076

Subject: Children and Young Person's Emotional and Mental Health Service (CYPMHS)

Classification: Unrestricted

Past Pathway of Paper: CYPE Cabinet Committee: November 2018, January 2019, March 2019, June 2019

Future Pathway of Paper: N/A

Electoral Division: All

Summary:

National and local guidance in relation to mental health sets out a clear case to support good mental health for children and young people.

In Kent, KCC has a long-established partnership with the NHS, schools and other agencies, to enable a "whole system approach" to improve children and young people's mental health. The Children and Young Person's Mental Health Service (CYPMHS) is one part of this system and provides specialist support, the service was jointly procured by KCC and the NHS in 2017.

The service procured was based on local consultation and need and KCC invested £2.65m into the NHS contract. Strategic oversight has been in place through the Health Transformation Board and managerial oversight through a Section 76 agreement between KCC and West Kent CCG. The KCC investment covers four distinct programmes of work, split broadly into early intervention or clinical provision.

Capacity issues elsewhere in the contract, ongoing difficulties in the delivery of the Early Help element of the contract and a review of children with mild to moderate mental health needs undertaken by the KCC Public Health specialist outline some systemic challenges and reasons for the underperformance in relation to the Early Help pathway.

The review and learning from the past 2-years set out the case for a broader response to meeting emerging needs, by developing a more community and family-based approach to conduct and behaviour rather than focussing the response in a specialist clinical based service.

This report therefore recommends that some KCC investment should be re-focused to address the challenges outlined above. The recommendation is to split the current KCC investment into the CYPMHS contract, retaining the elements of the service that deliver clinical intervention/oversight namely the services for Looked After Children and children impacted by sexually harmful behaviour and recommissioning the non-clinical early intervention elements that can be delivered by a much wider market and workforce.

The recommendation would be to implement the changes through a phased approach to minimise disruption to service provision. The first phase will be to formally give notice to the NHS with a clear exit agreement allowing a safe and smooth transition to the new service arrangements. While changes to the Section 76 agreement will be finalised, allowing KCC to have clear oversight of the remaining funding for the clinical services.

The second phase will be to recommission the non-clinical services in line with a range of other Early Help and Preventative Services to: consolidate the parenting offer across Kent; support the early help workforce development and model; and strengthen the CYP targeted support and counselling offer.

Recommendation(s):

The Children's, Young People and Education Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Integrated Children's Services on the proposed decision to:

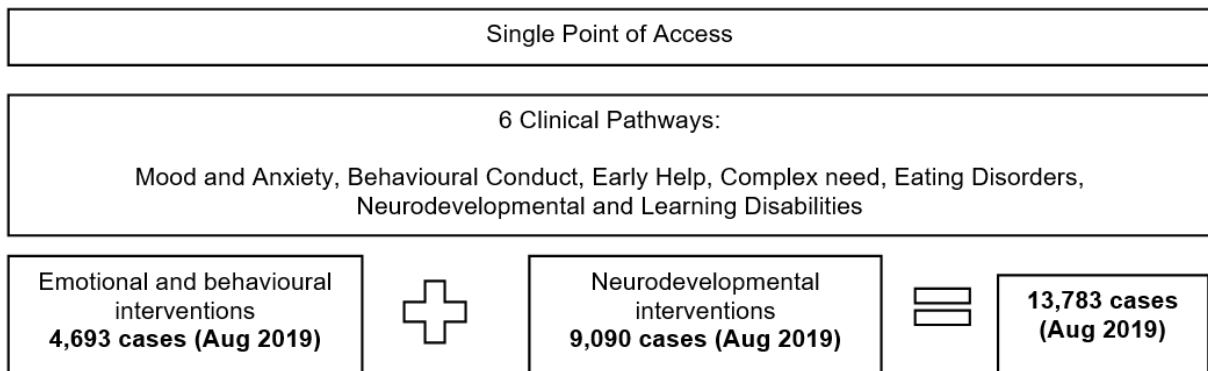
- a) Finalise changes to the Section 76, allowing KCC to have clear oversight of the funding for Looked After Children and children impacted by sexually harmful behaviour and a more dedicated named resource for KHNES;
- b) Give notice to NELFT, via West Kent CCG, that funding for part of the Kent Health Needs Education Service and all the Early Help element will be recommitted to other early intervention programmes; and
- 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.

1. Introduction

- 1.1 Mental health services for Children and Young People are provided by a range of organisations including NHS mental health and community trusts, Local Authorities, schools and the private and voluntary sectors. In England, clinical services are commissioned by NHS Clinical Commissioning Groups, and NHS England for the most specialist services.
- 1.2 Changes in one part of the system of support can affect demand and delivery in another, therefore, an organised multi-agency approach is required, with interdependencies properly considered. It is well recognised that many parts of the support system face significant challenges including increasing demand and complexity of need, while there remains a shortage of qualified professionals to

respond.

- 1.3 The case for early intervention to improve children and young people’s mental health and wellbeing has been clearly set out, to prevent issues for children and young people escalating and then requiring specialist support. Earlier intervention can be delivered in many forms, through family support, schools, technology and through different types of organisations and workforce.
- 1.4 In Kent, KCC has a long-established partnership with the NHS and also with other agencies, to enable a “whole systems” response to improve children and young people’s mental health services. Since the publication of the first Kent Transformation Plan for Children, Young People and Young Adults’ Emotional Wellbeing and Mental Health in December 2015, KCC have worked in partnership with the NHS and other agencies to increase the resilience of children and families and intervene at an earlier stage to stop issues from escalating. Capacity in early intervention has been significantly increased through initiatives such as Headstart, the work to develop and implement the ‘Green Paper’ mental health trailblazers in schools in Gravesham, Dartford, Canterbury and Maidstone and the commissioning of the School Public Health Service.
- 1.5 Even though 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.
- 1.6 As a result, KCC and the NHS have faced several challenges within the KCC early intervention elements of the contract and analysis shows that the Early Help and Kent Health Needs Educational Service (KHNES) elements continue to underperform. The issues and challenges have been consistently reported to the Service Commissioning Board, Commissioning Advisory Board and to CYPE Cabinet Committee. These briefings and reports have set out the contractual framework and levers available, and options for improving performance. Although significant work has been undertaken in partnership with the provider to address the performance issues, concerns remain in relation to the efficacy of the pathway.
- 1.7 In 2017, the specialist Children and Young People’s Mental Health Service (CYPMHS) was jointly procured with the NHS. North East London Foundation Trust won the contract. The service is broadly structured as follows:



- 1.8 Working together in the integrated model, KCC entered into a Section 76 agreement with the NHS for the provision of the following services:

Service Element	Investment
Support to Early Help Units	£1.2m
Kent Health Needs Education Service	£240,000
LAC Priority Assessment	£1m
Harmful Sexual Abuse/Post Sexual Abuse	£217,000
Total	£2.65m

- 1.9 The new service has resulted in a significantly different clinical model, a large restructure and upskilling of the provider workforce and the implementation of a new data management system. At the heart of the whole system approach is a Single Point of Access (SPA) enabling a seamless pathway of care.
- 1.10 Demand for the specialist interventions have been significantly higher than expected, and in addition NELFT have needed to deal with the legacy of significant waiting times and an increase in the Neurodevelopmental referrals. Temporary staffing has been secured to ensure continuity of service, however, vacancy rates within Kent remain high at around 20%.
- 1.11 Whilst the CCG's are now seeing improvements in performance of the overall service, it has been apparent that the early intervention KCC funded elements of the service are not achieving the desired outcomes. The intention of these elements of the service was to reduce the escalation of need for children and young people and in turn reduce the demand on specialist provision.
- 1.12 In addition, the recent SEND inspection reviewed the provision of social and emotional mental health services in Kent. This inspection highlighted that a significant number of children with Autistic Spectrum Disorders and with Social, Emotional and Mental Health (SEMH) difficulties are not having their needs successfully met. Although a strength was noted that access to the range of services has been streamlined through the SPA, it outlined that joint commissioning arrangements are underdeveloped with the complex arrangement of health providers impacting on the effectiveness of service commissioning.
- 1.13 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 (led by West Kent CCG) and with NELFT directly as the provider. This has included improving the contract monitoring arrangements and has resulted in not just greater visibility of performance but other good joint working. For example, a collaborative deep dive into how to better support children with autistic spectrum conditions was reported to the 0-25 Health and Wellbeing Board for Kent in October 2019.

1.14 Based on the above KCC officers have undertaken a full options appraisal for KCC's current investment into CYPMHS. This report recommends that the investment into the NELFT for early intervention should be re-focused to address the challenges outlined above.

2. The Current Performance

Clinical Elements of the Service

- 2.1 CCGs are responsible for the clinical service provision and are mandated to ensure that by 2020/21, 35% of children and young people with a mental health need are able to access evidence-based mental health treatment.
- 2.2 In 2018-19, Kent and Medway STP achieved an access target of 47.7%, placing it as the fifth best performing STP nationally for clinical provision.
- 2.3 NEFLT held a caseload of 13,783 in August 2019, with over 65% needing a neurodevelopmental intervention.
- 2.4 The LAC Priority Assessment element of the service is currently performing to the required standard, with the target being met in both East and West Kent. It is anticipated that changes to the Section 76 arrangements will help to further focus attention onto those LAC in greatest need.
- 2.5 The Harmful Sexual Behaviour/Post Sexual Abuse Services element of the contract supports children, young people and their families who have experienced trauma leading to emotional health and wellbeing difficulties as a result of sexual abuse. Tailored clinical interventions are designed to maintain and improve well-being and resilience and manage risks to vulnerable young people and others. Unfortunately, NELFT are not able to report specifically against these services but in the overall performance of the contract.

Early Intervention Elements of the Service

- 2.6 There have been consistent challenges with the Early Help Pathway since the start of the contract. The current performance data shows that in August 2019 there was a total caseload of 191 against the target of 300.
- 2.7 Cases being held on the Early Help pathway made up 1.3% of the total NELFT caseload for August 2019 however, the KCC spend allocated to the workstream is 8% of the total, suggesting that KCC monies are being used elsewhere in the system. Challenges with the workforce coupled with the higher than anticipated demand has limited the ability for the staff aligned to the KCC Early Help units to develop the workforce.
- 2.8 The number of NELFT workers aligned to the Kent Health Needs Education Service has been significantly less than outlined in the original model, resulting in KCC reducing the payment made to the NHS.

3. Demand Pressures and Need

- 3.1 It is estimated that 17% of children aged 5-17 have a diagnosable mental health condition which means that 22,000 children in Kent are estimated to have a mild to moderate mental health condition.
- 3.2 KCC Public Health specialists recently undertook a review of the offer for children with mild to moderate needs in order to understand the effect of the current services and what more could be done to address needs.
- 3.3 The review brought together evidence and stakeholders across the system including providers in the CVS commissioned by schools. The key findings from the review were:
- The offer to children with mild to moderate mental health needs is not standardised across Kent with variation in practice and in recording systems.
 - The model of intervention within the existing KCC Early Help intensive offer currently includes working with multiple complex needs, building skills and a framework of interventions including resilience and trauma informed approaches. But this is not a clinical mental health resource.
 - Providers are working with increasingly complex children which comes with the need to extend the length of the intervention.
 - Whilst there is evidence of effective practice in services there is a need to better join up these services, enable providers to coordinate their activity and identified groups of children who may be missing out on accessing services specifically children who can't attend school.
 - It is recommended to test a more integrated model of delivery with mental health clinicians as a model of service improvement focussing on high risk young people.
- 3.4 The recommendation from the review is for Integrated Children's Services to build on the existing mental health work by reducing the likelihood of escalation in the mild to moderate risk cohort, considering contextual risk factors and consolidating the parenting offer in Kent.

4. Analysis of the Market

- 4.1 An initial market assessment has been undertaken to support the options appraisal. Key points include:
- The market of provision for clinical services and early help services is different. Clinical service providers are more limited and are usually delivered by Mental Health Trusts.
 - However, there is a much greater breadth of Early help providers. There are a number of existing providers already delivering nonclinical mental health services in Kent.
 - There are a number of existing frameworks and contracts for mental health services that are performing well and could be utilised.

4.2 The analysis provides the confidence that there are alternative providers within the current market who could deliver the required elements of the service.

5. Best Practice

5.1 Whilst there is no prescribed 'best practice' model, there is NICE guidance available for early intervention for example, Depression in children and young people: identification and management (NG134). Good services need to relate to local need and circumstances and be able to provide care that is:

- Timely – delivered without long waits for interventions appropriate for the age and needs of the child or young person.
- Effective – have sufficient numbers of staff with the right skills to be able to offer evidence-based interventions that meet the needs and wishes of children, young people and families.
- Efficient – with a delivery model that best focuses the capacity of the service to the demands of the population.

5.2 There are several key objectives for the investment into CYP emotional wellbeing and mental health services:

- Compliance with KCC's regulatory frameworks including the recent SEND inspection
- To effectively direct children and young people to the right intervention at the right time.
- To give staff within universal and targeted services the opportunity to receive advice and support through supervision/consultation for complex cases.
- A reduction in the demand for specialist services and a broader local offer for parents.
- The ability to offer children and young people responsive interventions which sit outside of a traditional clinical offer.

6. Options Appraisal and Next Steps

6.1 An options appraisal has been completed in collaboration with West Kent CCG and is provided in Appendix 1.

6.2 The recommended option is to split the current KCC investment in the CYPMHS contract with NELFT, retaining the elements of the service that require clinical intervention/oversight and recommissioning the elements that can be delivered by a wider market and workforce (Option 3).

6.3 The recommendation will be implemented in a phased approach.

6.4 The next steps are set out below:

Phase One (Following the Key Decision at CYPE Cabinet Committee in November 2019)

6.4.1 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.

6.4.2 In collaboration with the NHS, work up an exit agreement from the CYPMHS contract allowing a safe and smooth transition to the new service arrangements.

6.4.3 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.

Phase Two

6.4.4 Recommission the funding and align with the timetable for the commissioning of Early Help and Preventative Services, to consolidate the parenting offer across Kent; support the early help workforce development and model; and strengthen the CYP targeted counselling offer.

6.4.5 Proposals worked up jointly with the NHS and NELFT include:

- The funding of a Positive Behaviour Service that would deliver a variety of interventions to meet the needs of children and young people including trauma informed practice, emotion and wellbeing, anxiety, behavioural conduct and relationships skills. This service would be landed in the Adolescent Service and would support the delivery and workforce development of universal services.
- The consolidation of the parenting offer in Kent through evidence-based interventions such as Cygnet and Early Bird Plus, aligned to a range of other services within KCC Open Access services to support families and young people with ASD at the earliest stage.

6.5 The new service model will be co-produced with children, young people and parents/carers and will consider links with to support the outcomes of the SEND inspection. This will build on the work that is already being undertaken through the SEND Parental Engagement workstream and HeadStart's engagement with children and young people. Services will be outcomes focused and robustly contract managed by KCC, taking on board previous learning from the Contract Management Review Group.

6.6 The new service model will also be aligned to the development of the Kent Parenting Strategy and the work currently being undertaken by the Public Health Commissioning Team on the transformation of the School Public Health Service, to prevent duplication of services.

6.7 The procurement strategy and engagement with the market will drive the final allocation of funding and shaping of the service model. It is anticipated that the procurement of any new service will commence in March 2020.

6.8 Analysis of the market thus far has provided the confidence that there are several providers who are able to deliver a new service model. Pre-procurement testing will be undertaken with the market to ensure active involvement with key

stakeholders.

- 6.9 It should be noted that potentially there could be a short period of time between the ending of the provision of services delivered by NELFT and the start of the new service model. In order to ensure that families do not experience a reduction in capacity, an existing partnership with KCHFT will be utilised. KCHFT already provide early intervention services from referrals into the Single Point of Access. The partnership is performing well and there is clear oversight by KCC. This will provide additional early help provision for young people on a spot purchased basis, increasing the current capacity offered by NELFT and ensuring that KCC are the lead commissioner.

7. Recommendation(s):

The Children's, Young People and Education Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or **MAKE RECOMMENDATIONS** to the Cabinet Member for Integrated Children's Services on the proposed decision 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; and
- 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.

Report Authors

Karen Sharp

Job title: Head of Children's Commissioning Portfolio

Telephone number: 03000 416668

Email address: 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

Dave Holman

Job title: Associate Director of Mental Health, Children's and Maternity Commissioning (NHS West Kent CCG)

Email address:

dave.holman@nhs.net

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

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