

## 01/14 Questions from the Public

Mr Alan McKendrick commented that the majority of people knew about the delay in retendering the out of hours contract to allow what MTF was seeking to address, there was recognition that one size did not fit all and he asked the CCG what process would be used to access the needs and that the objective was rural rather than urban. Dr Whistler commented that the CCG would be establishing the requirements of the population within the localities, the CCG was able to track the demand for out of hours through NHS111, the CCG felt that it was addressing the needs of those from a more rural environment and also those from deprived areas and the CCG needed to ensure that their needs were met. When the out of hours service was commissioned the following year the CCG would be looking at these areas closely to ensure that the commissioning of a service was appropriate to meet the needs of the population within West Kent, albeit in the context of a form of contract specification that was laid down nationally.

Mr McKendrick raised the launch of the strategy document 'Closing the Gap' and the benefits of early referrals, he enquired what the benefits were to the CCG and what the priorities that the CCG needed to address were. Dr Chesover commented that the data to answer these questions comprehensively was not available and in Kent it was difficult to do a comparison against the national data at the current time. Differences existed with regards to acute care between the commissioner and provider but there was willingness to address and resolve this. Early referrals necessitated the change needed and there was willingness to change but realistically achieving these changes was likely to be a full year away. This was also about sustainability. Dr Chesover would reflect on this enquiry to see if a more detailed response could be provided. **Action: Dr Chesover**

Cllr Richard Davison enquired what the CCG's view was regarding the relationship between the CCG and Kent HWB and also whether the organisations had a scrutiny role. The Chair commented that the relationship was described in the Act, and the Kent system had delegated a great deal to the CCG HWB. The role of the HWB was to generate the HWB strategy and the CCG was obliged to take account of this in its commissioning plans. The only scrutiny function of the HWB was to identify whether the CCG fulfilled its role and did what it needed to do. Mr Ayres commented that there was nothing included in the Act that allowed the HWB to instruct, they had a duty to produce a HWB strategy and JSNA. The KCC Health Overview and Scrutiny Committee had the right to scrutinise the role of the CCG.

Cllr Richard Davison enquired whether the MTF document was to be published in a precis form. The Chair confirmed that such a document would be sent out to all PPG Chairs in due course.

A question had been received from Mr David Morris, Chair of Abbey Court PPG and Vice Chair of TWOFF, regarding out of hours, enquiring how big was the area this service covered and how many GPs were employed. The Chair commented that IC24 provided this service to the whole of the Kent area covering 5m people, the number of GPs employed varied depending on the time of the year against previous activity for the same period but was up to 15. IC24 had Lay Member representation, Mr Munson, who attended the monthly clinical governance meetings and had volunteered to be involved in these meetings.

EXTRACT FROM CCG MINUTES

## Patient Transport Services

### Background

- The contract for patient transport services (PTS) is hosted by NHS West Kent CCG on behalf of all Kent and Medway CCGs.
- Historically PTS services were provided by a range of providers in Kent and Medway.
- The previous PCT cluster re-procured the service in 2011/2012 and NSL Care Services were appointed as a new provider for the whole of Kent and Medway.
- Two months before contract go-live the commissioner discovered that they had failed to advise all bidders of an additional 100 staff who needed to be TUPEd to the new provider. Discussions were held with NSL who agreed to take on these staff, subject to the Commissioner paying the additional costs. These additional costs are c£0.6m per annum.
- NSL took over the contract in July 2013.

### Contract performance

- Following implementation of the new contract in July 2013 it became clear that the mobilisation was running into difficulties. Patients were not being collected on time. This meant patients arriving late for appointments or trust not being able to discharge patients on time.
- NHS West Kent CCG worked with NSL to support the mobilisation and performance started to improve over the summer.
- However, by September it was clear that performance had plateaued at about 60 to 65% of contract KPIs and was not improving. Over the period September into October performance started to drift downwards.
- NSL were asked for a recovery plan and trajectory which they produced but failed to achieve.
- A review of activity showed that although actual activity compared to activity estimates included in the ITT and Contract were significantly different. Although total activity was comparable the profile was very different:

### Current position

- NSL have brought in new management for the Kent and Medway Service which is helping to re-build confidence in their local team.
- CCGs and NSL have concluded a re-basing of the contract and are about to sign the formal contract variation to conclude this. Additional costs to <sup>All</sup> West Kent CCG £1.6m per annum.
- NSL are recruiting additional staff and leasing additional vehicles to enable them to meet the revised demand estimates.
- A recovery trajectory has been agreed with NSL which will see performance hit most contract KPIs by Easter and all of them by June 2014. These are being monitored on a weekly basis and the early signs are that performance is beginning to improve in line with the trajectories.

EXTRACT FROM  
CCG AGENDA

## CAMH Services

### Background

- Child and Adolescent Mental Health Services (CAMH Services) are commissioned at 4 levels:
  - Tier 1 – support delivered within universal settings
  - Tier 2 – targeted support
  - Tier 3 – specialist support
  - Tier 4 – Specialist MH services
- In 2011/12 the Kent Cluster PCTs in partnership with Kent County Council (KCC) retendered the CAMH Service following dissatisfaction with the previous service.
- KCC commission Emotional Well-Being services (Tier 1 CAMH Services) from Healthy Young Minds.
- Sussex Partnership Foundation Trust (SPFT) took over provision of Tier 2 (targeted) and Tier 3 (Specialist) services from September 2012. This service is now commissioned by CCGs with NHS West Kent the lead provider.
  - These services were previously provided by 7 separate providers with different pathways and processes.
- Tier 4 (specialist Mental Health) services are commissioned by NHS England Specialist services team. The current provider is South London and Maudsley NHS Foundation Trust (SLaM).

### SPFT contract performance

- When SPFT took over the tier 2 & 3 service it rapidly became clear that there were significantly more children waiting for assessment and treatment than had been anticipated through the tender process. This led to considerable delays for assessment and treatment and failure to meet contract KPIs. It has taken an unacceptable time for SPFT to reduce these delays.
- SPFT rapidly undertook a review of the team structure they had taken over and restructured into a more appropriate model. This led to high levels of vacancies in some teams which compounded the problems clearing waiting lists.
- Demand for the service has also been rising since the new service was introduced.

- SPFT have had to move to a single information system, from the previous 7 systems, and in a number of instances this has meant introducing systems where none existed. This has led to a poor flow of performance information from the Trust to commissioners.
- SPFT have also been a low reporter of clinical performance issues and Serious Incidents (SIs).
- All of this has led to considerable numbers of complaints from parents, MPs, and HOSCs; together with interest from local media.

### **S136 Issues and interaction with SLAM**

- Soon after NHS West Kent took over the lead for the SPFT contract it became clear that the arrangements for caring for children picked up by the Police under S136 were not working with a number of children waiting for far too long in police cells for an assessment and/or placement by the Tier 4 service.
- NHS West Kent has been working with SPFT, SLaM and the Police to understand the issues and take action to resolve them. It has become clear that the whilst this Tier 4 contract requires SLaM to place children needing a Tier 4 inpatient bed, they are not required to assess them for a bed or look after them in a place of safety until they are assessed! The Tier 3 contract with SPFT requires them to assess children for a Tier 4 service and hand them over to SLAM if a placement is needed, it does not require them to look after children in a place of safety until they are assessed. – Neither contract requires the provider to look after children until they are assessed! This leaves a critical gap in service.
- There are also significant problems with SLaM finding placements when required and a number of children have either been placed a long way out of county or have had to wait for a bed to become available. Where a child has to wait SPFT has often incurred considerable unfunded costs looking after them. The shortage of Tier 4 beds is a national problem experienced across England.

### **Actions**

- SPFT have re-aligned management to the Kent service which is giving a greater focus to improving delivery.
- SPFT have cleared the backlog from 1/4/13 and have prioritised assessing children to enable them to treat in clinical order. Although this led to an improvement of waiting times for assessment it has led to an increase in waiting times for treatment.

- SPFT have ensured all urgent referrals are treated within the 24 hour timeframe required.
- SPFT have completed the team restructuring and a number of rounds of recruitment to fill vacancies. Although vacancies still exist the number of vacancies has been reduced to the point where these can be safely filled by agency staff. Teams are thus able to operate at full capacity.
- A performance notice has been serviced on SPFT requiring them to produce a recovery plan and deliver rapid improvements to ensure compliance with contract standards for waiting times for routine referrals (4-6 weeks for referral to assessment and 8-10 weeks for referral to commencement of treatment). The plan has been received and reviewed by the CCG. Performance is now being regularly monitored to ensure compliance. The plan will see full achievement of contract KPIs by the end of August 2014.
- Dr Steve Beaumont the CCG Chief Nurse has met with SPFT to agree a quality dashboard and a process for reporting SIs.
- To resolve the immediate S136 problems West Kent CCG has agreed to commission a place for safety for children held under a S136 and is close to concluding an agreement for this service. This will provide a short term fix to the issue.
- West Kent CCG has agreed with KCC and the Health and Wellbeing board to jointly review commissioning arrangements for CAMH Services with a view to bringing the commissioning of Tier 1 to 4 services into an integrated approach. This will help avoid some of the problems that the fragmentation of commissioning responsibilities has created. This review will also consider issues of transition and the interface with Education and other agencies.
- Steve Duckworth (NHS England), who manages the Mental Health Strategic Clinical Network, has agreed to review Tier 4 services for Kent and also identify a number of providers elsewhere in the country who provide good CAMH services and whom we can use to benchmark and support local services.

### **Current position**

- Quality and SI data is beginning to flow from SPFT and the quality committee is reviewing the information. This has provided improved assurance.
- Performance data is beginning to flow from SPFT and is starting to show some indications of improvements to waiting times.

- SPFT have walked the CCG through the recovery plan and the CCG are assured that it is a robust plan.
- SPFT are now producing weekly sit reps for their team and the CCG which are helping to galvanise action and provide re-assurance that the actions set out in the recovery plan are being delivered.
- Vacancy levels at SPFT continue to fall.