

MEDWAY COUNCIL
 Gun Wharf
 Dock Road



Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

1. A brief outline of the proposal with reasons for the change

Commissioning Body and contact details:

Medway Clinical Commissioning Group
 Stuart Jeffery, Deputy Managing Director, Medway CCG
 Email: Stuart.jeffery@nhs.net

Current/prospective Provider(s):

South London and Maudsley NHS Trust (SLaM)
 Psicon Limited

Outline of proposal with reasons:

The proposed service model will enhance both the quantity and quality of existing services and support for people living with an Autistic Spectrum Conditions (ASC) and/or Attention Deficit Hyperactivity Disorder (ADHD) across Kent & Medway. The proposed service model incorporates pre diagnosis, assessment, diagnosis, and post diagnostic interventions along with a complex autism service. As such none of the current provisions will be reduced or removed, but instead enhanced.

Currently provision of assessment, diagnosis and post diagnostic support for adults with Autistic Spectrum Conditions (ASC) and/or Attention Deficit Hyperactivity Disorder (ADHD) across Kent and Medway is fragmented. The Medway Autism Self-Assessment (2018) highlighted a number of gaps and inconsistencies within the current pathway for people with ASC and/or ADHD. These findings are supported by anecdotal feedback from professional groups, carers and people living with ASC and ADHD in Medway.

Currently assessment and diagnosis of ASC for Medway residents is provided by Psicon Limited. Specialist assessment, diagnosis and treatment for ASC and/or ADHD for Medway residents is provided by the South London and Maudsley NHS Trust (SLaM).

There is no commissioned pre-diagnostic or post diagnostic support for adults with ASC in Medway. The assessment and diagnosis of ASC should sit within a wider local pathway that provides both pre diagnosis and post diagnosis support in line

with the Autism Strategy 2014ⁱ.

There is no commissioned pre-diagnostic support for adults with ADHD in Medway. As stated in NICE Guideline 87 there should be an agreed local pathway for those with ADHD inclusive of pre-diagnostic supportⁱⁱ.

This pattern of non-compliance with aspects of the Autism Act 2014 and current NICE guidelines for ASC and ADHD is reflected across Kent and Medway in varying degrees.

As such Kent and Medway 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 and is fully supported and identified as a priority need by the STP and NHSE Long Term Plan (2019)ⁱⁱⁱ

The *NHSE Long Term Plan* identifies improved community-based support for autism as a priority; 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. The plan requires action to reduce health inequalities, reduce over-medication and prevent avoidable deaths, through ensuring equal access to and experience of positive outcomes from care and treatment.

The proposed change is to procure a single Kent and Medway ND Health Service for Adults with an ASC and or ADHD. The proposed service (appendix 2 draft service specification) will expand as well as improve the quality of support for people living with ASC and/or ADHD across Kent and Medway. A funding contribution of £296,562 is proposed in 19/20 from Medway CCG (exclusive of £0.01m reserve). Table 1 below provides the detail of the financial contribution required from Medway CCG.

Table 1. Comparison of current service costs by CCG with new ND service and waiting list initiative £0.31m.

	NDHS new model ASC ADH	Waiting List Initiative	Total Year 1 New model NDHS	Projected existing model NDHS	Variance between new and old NDHS models	% increase or decrease
	£	£	£	£	£	
EKCCG	1,366,190	123,638	1,489,828	1,224,443	265,385	21.67%
WKCCG	521,364	45,334	566,698	514,685	52,013	10.11%
NKCCG	307,990	75,007	382,996	320,441	62,555	19.52%
MedCCG	227,325	69,237	296,562	198,497	98,065	49.40%
Kent & Medway	2,422,869	313,215	2,736,084	2,258,066	478,018	21.17%

The £296,562 contribution is inclusive of £69,237 waiting list initiative to clear a backlog in ADHD, £51,934 for the Complex Autism Service and 5% annual growth (2% price and 3% activity). Although this represents a variance of £98,065 on 2017/18 costs, it will ensure that the backlog in ADHD is addressed, complex autism provision is guaranteed and there is capacity built into the system to accommodate growth. It is also important to note that a £50,000 contribution to the complex autism service will come via NHSE funding transfer for Transforming Care. Whilst the unit

cost of specialist services currently provided from SLaM is likely to reduce to almost half of what it is now and as such will provide increased capacity.

Background

Most of the ASC and ADHD provision in Medway suffers from increasing demand, long waits and non-compliance with national standards and guidelines. This means a poor experience for patients, increased clinical risk and a possible deterioration in health as the condition/s remain unmanaged. The wider costs of ND conditions and lack of commissioned services have a significant impact on the system as a whole. This is evidenced through 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.

In addition, in 2017/18 Kent & Medway CCGs had a small number of complex autistic patients in need of specialist support. This specialist support was not available locally, leading to patients being sent out of area at high cost to NHS commissioners. In 2018/19 NHSE funded a small pilot specialist service to work locally across the area. The Kent & Medway Complex Autism Service (KAMCAS) commenced service delivery in May 2018. To date this health & social care service has seen in excess of 55 patients (inclusive of 7 Medway patients), avoiding step-up into secure in-patient hospital 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.

Joint commissioning across Kent & Medway for a new single ND Health Service will address the current gaps in provision. This will reduce demand from the use of out of area high cost in-patient placements and bring consistency to the delivery and accessibility of ND Health Services.

Engaging patients and understanding their views and needs for care and engaging clinicians will be instrumental to the success of the new pathway. As such a detailed engagement/consultation plan following the key stages as outlined at point 5 below will be developed for further consideration.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

16th Jan 2020 – HASC is asked to provide comment on and to determine if the proposed new service presents a significant change. Further HASC is asked to consider and agree the outline proposal for engagement/consultation as detailed at point 5 below.

3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway’s JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The primary purpose of the proposed Kent and Medway ND pathway is to reduce the health inequalities and improve the quality of life for Medway residents with ASC and/or ADHD. Adoption of the proposed ND pathway will ensure that Medway residents with ASC and/or ADHD receive timely, evidenced based care and support in a place that is most convenient to them.

The service improvements proposed are designed to directly improve the patient experience and meet the emerging need. Table 2 below provides details of the benefits to patients

Table 2

Patient benefits			
	Current service	New service	Change
1	Fragmented provision / not all locally based – for ADHD diagnostic & post diagnostic ASC based in London. ADHD / Medical review – (ongoing prescribing) is sporadic / postcode lottery of GP’s some without LES – patients often have to be seen in London via SLaM	Service continuity through a comprehensive Health & 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 & costs).
2	Post diagnostic provision (Psychology) requires individual funding / OT sensory functional assessments are not funded / LCMHTs do not provide MH services for ASC patients	Post diagnostic Psychology & or OT sensory functional assessment provision available as part of core service for patients where identified need. MDTs enable holistic individual support	Complete range of Post-diagnostic services available locally within their CCG area for patients will improve patient satisfaction & 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 & 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 & home environment
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Successful implementation in line with the Autism Strategy 2014 and NICE guidelines will inevitably bring closer working between health, social care and community and voluntary groups. An impact assessment was carried out which found a positive impact on disabled people while there was neutral impact on all other protected characteristics

The proposal supports key themes in the JHWB:

- Preventing ill health by helping people to stay well
- Delivering excellent care, closer to home, by connecting the care from the NHS, social care, community and voluntary organisations
- Giving local people the right support to look after themselves when diagnosed with a condition
- Intervening earlier, before people need to go to hospital
- Reducing health inequalities

4. Alignment with Kent and Medway Sustainability and Transformation Plans.

The proposal aligns with the Kent and Medway STP aims by putting people at the heart of services, helping them to stay well and independent in their own homes and communities and avoid being admitted to hospital. More specifically adoption of the proposal will ensure that people living with ASC and ADHD in Medway have access to:

- Improved the health and wellbeing
- high-quality, joined-up health and social care
- the right care and support in the right place, at the right time
- their needs being met within the funding available and,
- health and care services that are sustainable.

5. Please provide evidence that the proposal meets the Government's tests for service charge:

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

It is acknowledged that there has been insufficient engagement in Medway with regards to the discussions around the future of the proposed Kent & Medway ND pathway. There has however been engagement across the Kent CCGs which has included the following:

- Presentation to Kent Peoples Panel in 2019
- Presentation to the Kent and Medway STP Clinical and Professional Board in June 2018
- Engagement undertaken by Kent Healthwatch in 2018/19

To date presentations in Kent have been well received and feedback from these insights have been incorporated into the high-level pathway (appendix 2 draft service specification) design.

However, in recognition of the lack of engagement in Medway to date the following stages of engagement will be utilized to develop a detailed plan of engagement/consultation going forward. The delivery of the detailed plan will ensure that the views and needs of Medway stakeholders shape and inform the development of the new ND pathway.

Key stages for engagement:

Evidence review

An evidence review will bring together existing information on Autism and ADHD services and what people think of these services in the form of anecdotal information from the Public, GP enquiries and provider feedback. The review will also look at legal requirements and best practice to ensure compliance with national regulations. Demographic data, prevalence predictions and current numbers of diagnosed patients will be analysed to understand current and predicted service demand. The review will also consider the findings from Public Health England's 2018 Self-Assessment response which highlights areas for improvement to inform the basis for questions that are to be asked at pre-engagement.

Pre-engagement – Winter 2019/20

Pre-engagement will consist of collating information on what patients, families and service stakeholders think of current service provision, what they would like prioritised, what the biggest issues are for them and what should happen to address current problems. This will provide insight on what an ideal service

would look like. Workshops, discussions, targeted interviews, direct working with families and surveys will be used to gather this information and begin the process of co-production.

Engagement – Spring – Summer 2020

The pre-engagement activity and the evidence review will be used to design proposals for a ND health service. Engagement will take place to understand patient, families and stakeholder views on the proposals, whether it solves the issues raised at pre engagement, and if there are any gaps that still need to be addressed. Workshops, discussions, targeted interviews, direct working with families and surveys would be used to gather this information.

Ongoing engagement – Autumn 2020 onwards

Once a new service model has been agreed and procured on going monitoring and engagement will commence to ensure it is achieving the required outcomes. Service users and their families along with other stakeholders will be engaged through existing panels or through a dedicated forum to discuss their experiences using the enhanced service. Engagement will also help shape the service going forward.

Post contract award a process of on-going co-production will be delivered to ensure that the model is refined to take account of changing needs and lessons learnt.

Test 2 - Consistency with current and prospective need for patient choice

Patient choice will be improved by increasing access to services and support based in the local community and as close to home as possible. The CCG will use the feedback from the engagement/consultation events to detail the key changes that will improve patients' experience of services. This information will guide the design of the ND Pathway. The CCG will continue to engage with all stakeholders throughout the process by holding workshops and user group sessions to ensure that what is delivered accurately reflects what the local population said it wanted.

Taking this approach will ensure that the patient voice continues to sit at the heart of all we do. It will mean that patients have access to fit for purpose and timely services that are delivered against quality measures and achieve patient outcomes. It also means that families and carers will feel more supported as patients using the services will be managed on an agreed pathway that promotes self-management and independence whilst providing treatment and intervention where necessary. This will in turn will reduce unnecessary hospital admission and/or reduce the time spent in hospital.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

In Medway social care services and their commissioned support providers continue to work independently from healthcare services. This does not deliver clinical outcomes in line with NICE clinical guidelines for Autism Spectrum Disorder in Adults: Diagnosis and Management (2012)^{iv}. The proposed new service across Kent and Medway will improve the service in Medway by providing a single point of access across health and social care. This will provide faster access to pre-diagnostic, assessment, diagnosis, treatment and post diagnostic support, whilst fostering joint working between health and social care to improve outcomes for patients.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

The proposal for this business case was clinically and professionally endorsed in June 2018 by the STP Clinical & Professional Board for Kent and Medway. Further engagement/consultation with clinical commissioners will be undertaken as a part of the consultation/engagement plan. All new pathways will be developed through an agreed process of dialogue between the key stakeholders, in addition these will be based on best practice and be evidenced based to ensure patient safety as the key principle.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so, please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

An agreed ND pathway across Medway will aim to better support people in the community reducing the likelihood of patients entering a crisis situation which requires in-patient secure hospital admission.

Since April 2016 the national Transforming Care Programme (TCP) has aimed to reduce in-patient secure hospital admissions and create local community-

based services and support for individuals presenting with complex LD and/or Autism. The programme across the 48 TCPs in England has led to a reduction in hospital bed numbers, however the Kent and Medway TCP along with a number of other TCPs is well above its trajectory of 54 inpatients by 31st March 2020. To date there have been 11 discharges under this programme since April 2016 and as such Medway only discharges are not expected to have a significant effect on hospital bed numbers locally or nationally.

6. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (i.e. changes to travel or times of the day)?

In February 2018 Public Health (PH) conducted an analysis of Autism & ADHD data. Medway data for these cohorts as taken from Projecting Older People Population Information (Poppi) and Projecting Adults Needs and Service Information (Pansi) data bases (November 2019) show that within the adult population of Medway a total of 634 people with Autism and 3524 people with ADHD are estimated as being undiagnosed. This data evidences a significant undiagnosed population when compared to expected prevalence rates for this cohort. The demand for adult provision is therefore unlikely to diminish over the next five to ten years.

The current health diagnostic pathway is difficult for patients to access due to long waiting lists; backlogs and most pre and post diagnostic services not being available in Medway or accessible without individual funding being approved. This means that some patients travel to South London and Maudsley (SLaM) for assessment, diagnosis and treatment after a long wait. Due to the patients presenting condition, patients and carers can find travelling into and out of London for care and treatment distressing.

As such the proposal is to enhance the existing service by adding pre and post diagnostic support thereby increasing capacity and resource to support individuals who would have previously gone unsupported. Introducing a new pathway will enable more people to access the right service at the right time, through a shared pathway designed, developed and delivered in collaboration with stakeholders.

The aim of the proposal is that patients and carers will experience a positive change in the way they receive services through easier access and by placing people closer to home for their treatment and support services.

7. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

The 2018 mid-year estimate from Office of National Statistics indicates that the population of Medway has currently reached 277,855 and is expected to rise to around 317,529 by 2035^v. Therefore, the number of people with Autism and ADHD will also rise.

There are many people with Autism who go through life undiagnosed^{vi}. As autism is increasingly featuring in the media i.e. on TV programmes and documentaries this could lead to people becoming self-aware and seeking formal diagnosis driving up demand for services.

Although research is ongoing there is a wide belief that underdiagnosis in girls and women could be linked to diagnostic tests focusing on male characteristics^{vii}. Should diagnostic methodology change this could lead to an increase in demand for autism services from girls and women.

Data from Medway Council Performance and Intelligence Team shows that Medway secondary schools list Autistic Spectrum Disorder as the second most prominent primary need amongst children. In Medway this need is currently 50% larger than the national average.

Autistic Spectrum Disorder per pop. 1,000

	2015	2016	2017	2018	2019
Medway	155	144	154	152	155
National	83	83	89	97	103
Overall South East	94	97	105	108	114
Statistical Neighbour Average	86	83	92	97	99

Currently 1024 school children in Medway have Autism Spectrum Disorder as their primary need with a further 227 children listed as their secondary need. This profile in children may also lead to an increase in demand for services in the future.

In summary Medway's growing population, advances in diagnostic practice and increased public awareness may lead to increased demand on Medway Autism services.

8. Diversity Impact

- Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

There will be a positive effect on those with disabilities as the proposed adult ND pathway will foster good relations and advance equality for people with disabilities. The diversity impact assessments (appendix 3) shows that there will be no adverse effect on anyone within the protected characteristics. As such no mitigating actions are proposed.

9. Financial Sustainability

- Will the change generate a significant increase or decrease in demand for a service?
- To what extent is this proposal driven by financial implications? (For example, the need to make efficiency savings)
- Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- Will it be affordable in revenue terms?
- What would be the impact of 'no change'?

At present the ND Pathway does not align with the Autism Strategy 2014 or a number of NICE guidelines relating to the management of those presenting with Autism and/or ADHD. No change in the provision would mean that patients continue to experience a service that is not fit for purpose, does not adequately address health inequalities experienced by this cohort and does not actively improve health and well-being. NHS procurement across Kent and Medway for a ND Health Service will address current gaps in diagnostic provision, expand the pathway to include pre and post diagnostic support, whilst ensuring care for complex autism is sustainable. This will reduce the demand for out of area, high cost, inpatient placements.

The proposed final service cost of £2.87m across Kent and Medway is based on modelling historic activity assumptions, a 5% growth assumption and funding flows from NHSE as a result of the Transforming Care Programme.

The proposal represents a total £0.48m increase across Kent and Medway compared to the 2017/18 cost of service.

A funding contribution of £296,562 is proposed in 19/20 from Medway CCG (exclusive of £0.01m reserve). This will be inclusive of £69,237 waiting list initiative to clear a backlog in ADHD, £51,934 for the Complex Autism Service and 5% annual growth (2% price and 3% activity). This represents a variance of £98,065 on 2017/18 costs. The proposal requires no capital expenditure and revenue funding is based on utilising the existing funding (inclusive of NHSE funding flows) envelope differently. Table 3 below details the proposed funding across Kent and Medway for the next 5 years from 2020/21 to 2023/24

Table 3

CCG system	2020/21 ND baseline	2021/22 ND baseline	2021/22 ND baseline	2022/23 ND baseline	2023/24 ND baseline	5 year Projected ND baseline
EKCCG	£1.56m	£1.64m	£1.72m	£1.81m	£1.90m	£8.64m
WKCCG	£0.60m	£0.62m	£0.66m	£0.69m	£0.72m	£3.29m
NKCCG	£0.40m	£0.42m	£0.44m	£0.47m	£0.49m	£2.22m
MedCCG	£0.31m	£0.33m	£0.34m	£0.36m	£0.38m	£1.72m
Kent & Medway	£2.87m	£3.02m	£3.17m	£3.33m	£3.49m	£15.87m

10. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

The Kent and Medway TCP Executive Board has now changed into the Kent and Medway Learning Disability and Autism (LDA) Board and is actively integrating into CCG and Council business as usual. This will ensure that a wider group of staff understand, are involved in and own the outcomes for our population with Autism and ADHD.

Reports from the Board will be presented into the STP and single CCG as it develops. The newly developed ND Pathway will be a priority programme at the heart of the Integrated Care System across Kent and Medway. As such the LDA Board will support implementation and oversee the management of risk to provide assurance and guarantee delivery.

The ND Pathway will ultimately assure delivery of care locally that is closer to people's homes to ensure ease of access for all patients in line with the Medway Model. Travel to and from London for many of these complex patients will be eliminated. Only in exceptional circumstances where care cannot be delivered locally due to complexity of someone's clinical presentation will care away from home be considered.

11. Is there any other information you feel the Committee should consider?

This proposal has come about as a result of the continued challenges across the local system to adequately meet the needs of people with ASC or ADHD. This inability to meet need has led to a poor experience for patients, a lack of access to timely appointments for diagnosis and treatment and limited pre and post diagnostic support. This pattern of provision poses a clinical risk and increases the potential for health deterioration as an individual's condition remains unmanaged.

The proposal will result in improvements to the patients experience and well-being due to improved access to timely care and support.

12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

The CCG does not consider the proposal to be "substantial" in the meaning here. There are no service reductions being proposed, only developments, particularly in the availability of pre and post diagnostic support. Stakeholders including individuals living with a learning disability and their network of support will be engaged in the development through the co-design, implementation and delivery process, which will be supported by comprehensive communication and engagement strategy.

i <https://www.autism.org.uk/about/strategy/2014-strategy.aspx>

ii <https://www.nice.org.uk/guidance/ng87/chapter/Recommendations#information-and-support>

iii <https://www.england.nhs.uk/long-term-plan/>

iv <https://www.nice.org.uk/guidance/cg142>

v <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>

vi <https://www.autism.org.uk/about/diagnosis/adults.aspx>

vii <https://www.autism.org.uk/about/what-is/gender.aspx>