

**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
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**KENT AND MEDWAY
NEURODEVELOPMENTAL PATHWAY**

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Summary

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 Sustainability and Transformation Partnership (STP) and NHS Long Term Plan (2019). 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 Autistic Spectrum Conditions (ASC) and/or Attention Deficit Hyperactivity Disorder ADHD.

The proposed service model will enhance both the quantity and quality of existing services and support for people living with an ASC and/or 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 and improved, whilst other additions will be made to provide a complete pathway.

This will ensure that a locally based service in line with the Autism Strategy 2014 and NICE guidelines relevant to ASC and ADHD exists in Medway.

1. Budget and Policy Framework

- 1.1 The Autism Act (2009)¹ and The Autism Strategy (2014)² both set out comprehensive guidance on the future expectations of services in local communities for people with ASC and ADHD. Further legislation and guidelines including the Mental Capacity Act (2005), Mental Health Act

¹ <http://www.legislation.gov.uk/ukpga/2009/15/contents>

² <https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance>

(2007), Equality Act (2010) and Nice Guidelines NG87 (2018) and NG142 (2012), have to date driven the agenda forward.

- 1.2 The Care Act (2014)³ sets out a range of statutory duties for Local Authorities, including a number related to the prevention agenda. It requires all Local Authorities to, work in partnership to provide, or arrange services, facilities, resources, or take other steps, towards preventing, delaying or reducing the development of need for care and support. These statutory duties include people with ASC and ADHD.
- 1.3 The NHS Long Term Plan (2019)⁴ sets out specific actions that the local health and social care economy must address in order to improve outcomes for people with ASC and ADHD. The NHS Plan specifically 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. This will be achieved by ensuring equal access to and experience of positive outcomes from care and treatment. Reducing health inequalities, reducing over-medication and acting to prevent avoidable deaths.

2. Background

- 2.1 Current specialist services for people with ASC and ADHD in Kent and Medway are not compliant with Autism Act (2009), Autism Strategy or NICE guidelines (NG87, NG142) and as such do not meet the needs of the local population.
- 2.2 This means at times 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 mental health services for those with comorbid conditions.
- 2.3 In addition, in 2017/18 Kent & Medway CCGs also had a small number of complex autistic patients in need of specialist support that was not available locally and patients were sent out of area at high cost to CCGs. 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. This health & social care service is helping to avoid escalating need retaining patients with Autism in locally based community services. This pilot service funding is due to cease in March 2020 and will be replaced by the proposed new service.
- 2.4 In order to address these issues a single Kent and Medway ND service has been proposed to support the delivery of quality, local care for this group of Medway residents.

³ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

⁴ <https://www.england.nhs.uk/long-term-plan/>

3. Kent and Medway ND Business Case

- 3.1 On 14th November 2019 the Joint Commissioning Management Group and on 4th December 2019 Medway CCG Commissioning Committee considered a proposal to develop a single Kent and Medway ND Health Service. It was agreed that this presented an opportunity to develop a fit for purpose future proofed ND health service for Medway residents. The information detailed below provides a summary of the proposal.
- 3.2 **Develop a Kent and Medway ND Pathway** - Table 1 below provides a comparison of the current service with the newly proposed service. The overview provides a high-level insight into the changes that are expected to occur as a result of commissioning a single ND health service across Kent and Medway. Appendix 1 – SV Questionnaire provides further detail of the proposal and gives consideration of the proposed enhancements to service.

Table 1

| | Current Model | New Model | 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 most 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 | Pre diagnostic provision – support via local voluntary sector not co-ordinated as a part of a complete pathway. Currently knowledge of voluntary provision is limited | Pre-diagnostic support including information, advice and sign posting sits as a part of an agreed ND pathway. This will enable ease of access and crucially facilitate support at an early stage even before official diagnosis | Complete range of pre-diagnostic support available locally. Improved patient experience as early access to support can be provided whilst a diagnosis is being made. For those with a diagnosis but not requiring clinical intervention access to information and advice is readily available to support self-management |

| | Current Model | New Model | Change |
|---|--|--|--|
| 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 |

Key

LES – Locally Enhanced Service

OT – Occupational Therapist

SLaM – South London and Maudsley NHS Trust

TC – Transforming Care

LMCHTs – Local Mental Health Community Health Teams

MDT – Multidisciplinary Team

4. Analysis

4.1 **Procure Kent and Medway ND health service** – This option meets the overall strategic objective of delivering a ND health service. The benefits of which are outlined below:

- Increased value for money with the removal of CCGs contracting independently and the high cost of spot purchasing.
- Reduced cost across the system from the reduction in CCG funded beds from demand from using of out of area high cost in-patient placements for the transforming care cohort.
- Improved access to and a reduction in waiting times / waiting list backlogs for diagnosis and post diagnosis treatment and support.
- Better Integration (Integrated MDT between health & social care) - Where patients need the support or intervention of community care, secondary care, social services or the voluntary sector this should be a seamless transition both to that provider and from that provider improving patient outcomes.
- Increased confidence from primary care for ongoing medication arrangements within the ADHD pathway.

- Improved patient experiences / services in local communities via the local care model.
- Address gaps in service provision / bring consistency to the delivery and accessibility of services.
- Provide sustainable transitional arrangements for children and young people.
- Allows option of all-age ND pathway/ future funding shift from the back (adults pathway) to the front (children's pathway).
- Early Diagnosis - Where we can't prevent people getting ill, we need to ensure that their condition is diagnosed early as this leads to better outcomes in most conditions. This includes helping people to self-diagnose but to also take responsibility to see their GP at the earliest opportunity.
- Better Care - A focused approach to prevention and early diagnosis will lead to better care options and management for individual patients; which will lead to better outcomes. Focusing on promoting patient responsibility to choose well when accessing the right services at the right time and in the most appropriate place and empowering patients to be better able to self-manage their own conditions.
- Quality - Improve quality to ensure services are safe, efficient and effective Ensure value for money by directing resources to maximise benefit to make the best use of public money.

5. Risk management

5.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community. Table 2 below provides detail of the risks and the actions to avoid or mitigate those risks.

Table 2

| Risk | Risk Description | Mitigations of Risk | Rating |
|---|---|---|---------------|
| Fragmented services | Separate contracts continue the systems of fragmented health service provision. | Alignment of budgets and procurement under a single contract will reduce system wide pressures and enable the needs of the cohort to be met through improved whole system efficacy | D2 |
| Finance | Finance - no economies of scale for Medway through separate commissioning and contracting. | The option recommended provides the most cost-effective approach to securing quality outcomes for people with ND conditions. The historic level of investment, and additional external funding is in the main being utilised to fund the required investment. | C2 |
| Collaboration and Integration with health and social care provision | Medway continues to supply an adult ND health service via a system that is inherently fragmented. | The proposed ND pathway will allow for collaboration and integration of health and social care provision. It will allow access to specialist MDT provision and facilitate closer working. | C2 |

| | | | |
|-----------------------|---|---|----|
| Suppliers / providers | There is a risk associated with a lack of providers who have the specialist knowledge to deliver the ND health services. This may make procurement difficult and result in a lack of competitive tendering. | There are two main providers currently operating within this specialist field in Medway. We need to develop the market and encourage other providers with experience in this field to work in the Medway area. The proposed procurement process post 2021 will offer an opportunity to test the market. | D3 |
|-----------------------|---|---|----|

6. Consultation

6.1 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 at Kent's Peoples Panel in 2019
- Presentation at Kent and Medway STP Clinical Board in June 2018
- Engagement undertaken by Healthwatch in 2018/19

6.2 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. The exercise will include an evidence review, pre-engagement, engagement and post engagement activity as outlined in Appendix 1.

7. Pathway Finances

7.1 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.

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

7.3 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.

7.4 The new service is expected to lead to a reduction in expensive placements. However in the medium to long term this may be offset by an increased number of people coming forward for diagnosis and subsequently funded packages.

8. Financial Implications

8.1 There are no financial implications to Medway Council directly arising from the contents of this report.

9. Legal Implications

- 9.1 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 and includes a requirement on relevant NHS bodies and health service providers (including Public Health to consult with local authorities about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.
- 9.2 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation with the local authority on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.
- 9.3 Revised guidance for health service Commissioners on the NHS England assurance process for service changes was published in March 2018:
<https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>
- 9.4 The guidance states that broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered. It also says that any proposed changes should be aligned to Sustainability and Transformation Partnership (STP) Plans.
- 9.5 The NHS England guidance acknowledges that the terms "substantial development" and "substantial variation" are not defined in the legislation. Instead commissioners and providers are encouraged to work with local authorities to determine whether the change proposed is substantial thereby triggering a statutory requirement to consult with Overview and Scrutiny. The Council has developed a template to assist the Committee in determining whether a proposed change is substantial. This is attached as Appendix 1.
- 9.6 The NHS England guidance also states that public consultation, by commissioners and providers is usually required when the requirement to consult a local authority is triggered under the regulations because the proposal under consideration would involve a substantial change to NHS services. However, public consultation may not be required in every case, sometimes public engagement and involvement will be sufficient. The

guidance says a decision around this should be made alongside the local authority.

10. Recommendations

10.1 The Committee is asked to:

- i) Comment on the proposal to procure an enhanced Kent and Medway wide ND Health service to reduce health inequalities and improve the quality of life for residents in Medway with ASC and/or ADHD.
- ii) In view of there being no proposed reduction in service provision, that none of the current provision will be removed or reduced, but instead improved and enhanced, to consider whether the proposal amounts to a substantial variation to the health service in Medway.
- iii) Consider and agree the outline proposal for engagement/consultation as detailed in section 5 of Appendix 1.

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Appendices

Appendix 1 – SV Questionnaire
Appendix 2 – Draft Service Specification
Appendix 3 – Diversity Impact Assessment

Background Papers

None.