

NHS West Kent Clinical Commissioning Group
Wharf House
Medway Wharf
Kent
TN9 1RE
Tel: 01732 375200
Email: westkent.ccg@nhs.net

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Mr S Inett
Chief Executive
Kent HealthWatch
Seabrooke House
Church Road
Ashford
Kent TN23 1RD

Dear Steve

Thank you for the recent report Healthwatch Kent: Child and Adolescent Mental Health Service report. This service is now called 'Children and Young People's Service' [ChYPS] although in this response it will be referred to as CAMHS.

Firstly, thank you for completing this important piece of work. In this area of practice the Kent and Medway system as a whole is undertaking a wide and far reaching service redesign with the aim of improving provision for children and adolescents experiencing a mental health issue. The experiences and observations of children and young people in this report will help us in our efforts.

NHS West Kent Clinical Commissioning Group, in its role as the coordinating commissioner for Tier 2 and Tier 3 health provision across Kent and Medway, is able to respond to each of your recommendations. However, it is important to note that some of the issues raised in the report relate to other parts of the emotional health and wellbeing system for children and young people in Kent and Medway. This includes local authority led provision therefore I will be sharing my response with key stakeholders. My responses to each of the recommendations are set out below:

The commissioners and the providers for all four tiers should confirm with Healthwatch Kent how they will respond to the needs highlighted by patients and families for:

1) A single point of access and appropriate, simple referral form

Following a multi-agency summit in July 2014, a programme of activity has now commenced to improve current provision; this is being overseen by the Children's Health and Wellbeing Board. The approach is to develop a new Children's Emotional and Wellbeing Strategy sitting underneath the Kent Health and Wellbeing Strategy. This will be based on four key principles: early help, access whole family approaches, recovery, and transition.

A new service model will follow for all tiers to support service improvement under these headings. The new service model will be embedded in new contract arrangements from August 2015. Evidence highlights that there is a problem with the current referral system, West Kent CCG is working with partners across the system to improve the current arrangements, although we are yet to fully develop the new service model, it is likely to have a single point of access triage system.

2) A clear service offer and pathway, described in a user friendly way and made accessible to anyone requiring services

As part of the development of the draft Children's Emotional and Wellbeing Strategy, an extensive consultation was undertaken with young people, young adults and parents/carers, with further group discussions facilitated by youth workers across Kent. They told us that they want a service offer that is easy to access and understand. This will be a key element of the emerging new model of service.

3) A mechanism for patients, families and young people to continue to inform service delivery and development

We recognise that on-going engagement with patients, families and young people will be essential as the model is developed and to improve services going forward. There are currently mechanisms in use, for example, patient participation groups, but these need to be more visible so that young people's voices are heard and inform future commissioning and service delivery arrangements.

4) Increase understanding in staff at all levels of the mental health needs of young people and the need for a compassionate and holistic way of working

There is an acknowledgement that more needs to be done, particularly in universal services, about promoting good emotional wellbeing and enabling staff to respond to young people in a compassionate and holistic way at the earliest opportunity, whatever their role.

We at NHS West Kent CCG, along with the other CCGs, are aiming to deliver the mental health Parity of Esteem requirement through the Strategic Commissioning Plans. In doing

so, we will reduce health inequalities and raise awareness of mental health and the impact on physical health conditions.

Organisations that provide health and social care locally all have workforce plans that increase the understanding of mental health. Workforce plans are monitored through the current contractual arrangements. CCGs oversee a complaints process in partnership with the provider and ensure responses are received in an appropriate time-frame. Complaints are monitored by CCGs through regular performance meetings with the provider.

5) The provision of specialist secure accommodation in Kent

The South London and Maudesley Trust provides Tier 4 inpatient provision at The Woodland Unit in Staplehurst, Kent. This is not a secure unit but offers a holistic 'secure' provision, meeting complex needs. Kent CAMHS patients can access all specialised Tier 4 CAMHS beds nationally, depending on need and bed availability. Kent presently uses the Woodland Unit in Staplehurst, Kent for access to Tier 4 CAMHS beds but it should be noted that NHS England does not commission specialised services for geographical areas and Kent people can access all specialised beds, regardless of the area. However, we note that patients will prefer access to services nearer to home.

Where more specialised types of CAMHS beds are required, Kent patients can access a full range of services across the county. These include Medium and Low Secure provision, Psychiatric Intensive Care Units, Eating Disorder and Deaf services. Given the small numbers of people needing such services, they will not be provided in all Area Team localities. NHS England commissions a range of CAMHS services that are accessible to all Kent CAMHS patients and, given the highly specialist nature of secure CAMHS provision, would not seek to have an additional secure unit in Kent.

Commissioners and providers for Tier 2 and 3 should confirm how they will continue to be transparent regarding the work on waiting times. Waiting times should also continue to be closely monitored with other partners such as HOSC

Following the concerns regarding waiting times raised at January HOSC, a detailed performance regime was implemented to reduce the numbers and the length of time young people were waiting for an assessment and treatment. Within Sussex Partnership NHS Foundation Trust, waiting times are now in line with contract requirements and the current weekly performance monitoring regime can now end. As a result of this weekly monitoring, we have more in-depth knowledge and detail about the waits issue. The level of understanding of the reasons behind waits has also improved; this has helped inform the thinking and details of the emerging new model of service.

Waits will continue to be monitored through the monthly performance monitoring regime that includes wider system stakeholders such as KCC. The position on waits will always be available for scrutiny, for example via the Health and Overview Scrutiny Committee, as this is a vital measure of performance.

NHS England should confirm how they will respond to the need for consistent awareness from GPs about mental health issues in children and adolescents to ensure a more consistent service amongst GPs and quicker referrals

The new NHS Clinical Commissioning Group arrangements meant that CCGs and KCC now have more opportunities to have close links with GPs. We are working with them to further develop the Common Assessment Framework (CAF) referral process. This includes information being shared with GPs both verbally and through publications about how to refer and also information and support on raising awareness about children's mental health.

KCC colleagues also collect referral information, this supports targeted work with those GP practices where the quality of referrals needs to improve. NHS West Kent CCG also requests information from Sussex Partnership NHS Foundation Trust on the quality and number of referrals. This means a targeted approach can be applied across the system.

Healthwatch Kent acknowledges that much of the feedback received was about Tier 2 and 3. Discussions would be welcomed about the role Healthwatch Kent can play in working with commissioners and providers to look in more detail at other elements of the CAMHS service

NHS West Kent CCG welcomes a further role for Healthwatch in looking in more detail at other elements of the CAMHS service. Stakeholders' contribution have been vitally important as we have gone through the journey this year of Tier 2 and 3 service improvement and building plans for a strategic children's emotional and wellbeing offer. Through the Children's Emotional and Wellbeing Task and Finish Group there may be a role for Healthwatch in examining other elements of the service, with findings being fed into the on-going service developments. If agreeable, this can be taken forward at a further meeting.

Commissioners should confirm with Healthwatch Kent how they will involve patients, the public and Healthwatch Kent in the redesign of the entire CAMHS service

NHS West Kent CCG can confirm that patients and carers will be involved fully in the planned redesign of the whole CAMHS service. This will be through the ongoing consultation and engagement exercise, including having young people on working groups involved in the process. Progress will be communicated through the Children's Health and Wellbeing Board and the Kent Health and Wellbeing Board, where Healthwatch Kent is a member. NHS West Kent CCG is happy to attend any Healthwatch Kent public meetings to share information and progress.

NHS England has set up a number of Clinical Reference Groups (CRGs), including a CAMHS CRG, which is responsible for the development of service specifications which set out the standards and quality requirements of services. Service users and carers are members of these groups.

In addition, NHS England supports the need for co-commissioning of CAMHS services and supports commissioners working collaboratively on pathways of care. NHS England and

Kent CCGs welcome this approach and have been working together to develop integrated pathways of care.

I hope this information provides assurance on the steps the whole system is taking to respond to Healthwatch Kent's recommendations and improve provision for children and young people's emotional wellbeing in Kent. I welcome further engagement with Healthwatch Kent going forward and we will continue to use your feedback to develop further service improvement.

Yours sincerely

A handwritten signature in black ink, appearing to be 'D. Holman', with a long horizontal line extending to the right.

Dave Holman
Head of Mental Health Programme Area and Kent Tier 2 and 3 Coordinating Commissioner
NHS West Kent CCG

Office Direct Telephone: 01732 376091
Mobile: 07852 379012

Email: dave.holman@nhs.uk