

PART C - Children and Young Peoples 4 Week Wait Pilot Expression of Interest Form

Use this form to express interest in being selected to be a trailblazers site to deliver a waiting time pilot

The expression of interest form is composed of three parts:

Part A) a word document where textual information is collected for Mental Health Support Teams

Part B) an excel document, largely for the collection of financial and analytical Information for both Mental health supports teams and waiting time pilots

Part C) a word document where textual information is collected for waiting time pilots

1 Introduction

You have been sent this expression of interest pack because your CCG has met a series of pre-defined criteria that have been identified as being essential for the successful delivery of the first round of trailblazer sites. Expressions of interest should be collaboratively developed with relevant providers, commissioners, local authority and educational officials.

Please complete part A and B and C if applicable and send to your NHSE Regional Delivery Lead england.mentalhealthsouth@nhs.net by **17th September** .

This form should be read alongside the guidance document.

2 Organisation Details

Lead CCG	Brighton & Hove
CCG lead contact name, organisation, position	Gill Brooks , Commissioning Manager, Brighton and Hove CCG
Other CCG's involved in the application	NA
Other organisations involved in the application and named lead for each organisation This should include: <ul style="list-style-type: none"> • Providers of CYP MH services • Other key partners 	Pinaki Ghoshal , Brighton and Hove City Council, Executive Director Families, Children and Learning - Alistair Hill , Brighton and Hove City Council Public Health, Director of Public Health Ruth Hillman , Sussex Partnership NHS Foundation Trust, Service Director for Learning Disability and CAMHS Services Cllr Barford , Chair of Health and Wellbeing Board for Brighton and Hove
Region	South East
STP Footprint	East Surrey and Sussex
VSM approval	Wendy Carberry , Brighton & Hove CCG, Managing Director, South Place Commissioning Alliance
	Lola Banjoko , Deputy Managing Director, South Place, Commissioning Alliance

3 The proposal

Proposal – 1,000 words max

Please provide a brief description of your proposal to achieve and maintain waiting times from referral to evidence based intervention of 4 weeks, including details of your proposed service model, why it should be funded and your success criteria, and proposals for how you would use extra resources

We would welcome information on:

- the proposed starting average waiting time and
- the expected proportion of CYP that will be seen within the waiting time

Please note applicants in receipt of funding must demonstrate that:

- They are committed to delivering a waiting time pilot within the timescales specified
- They engaged the right stakeholders in the development of their proposal and have senior strategic commitment to the joint delivery
- Any funding will be used exclusively for the purposes it is intended for
- Any funding will be in addition to current investment

Brighton and Hove CCG has worked with the whole system to develop this expression of interest. The City has an established engagement infrastructure that includes children, parents, key Mental Health providers, Local Authority and Voluntary Sector. This includes a whole system partnership group (document one) and a collaborative working group. Its aim is to improve partnership working and develop pathways and protocols such as risk-management; information sharing and governance, using a Thrive-informed model (document two). Our system-wide shared commitment to improving outcomes and experience as well as measuring them, and addressing our workforce and training needs has been developed through our CYP IAPT working group (documents three and four).

The proposal to achieve waiting times of 4 weeks from referral to evidence based treatment (4 week pilot) is part of our longer term vision and transformation as outlined in our Local Transformation Plan (LTP) (document five); children, young people and parents/carers expressed desire for shorter waiting times as part of their involvement in redesign. The LTP also describes recent collaborative working (CCG and Sussex Partnership NHS Foundation Trust) and a track record on implementing change - improving Specialist CAMHS through a mobilisation of a re-design process that included reducing access and waiting times (document six). Children/ young people, parents/ carers were a key part of the redesign of the service; a user group has been established that continues to be a touchpoint for service improvements. The LTP has been collaboratively developed and has senior level support across all organisations. This expression of interest is in addition to the sustained funding planned within the LTP. We will plan and implement within the required timescales, details of our roll out plan can be found below.

Current waiting times

The Specialist CAMHS service has improved access and waiting times in the last 12 months with the introduction of local targets which were achieved by LTP funding:

	Routine	Priority	Urgent
Referral to face-to-face assessment	4 weeks	5 working days	4 hours
Referral to first face to face treatment	8 weeks	2 weeks	24 hours

The current performance against these targets (June 2018) is:

	Routine	Priority	Urgent
Referral to face-to-face assessment (YTD)	39%	85%	100%
Referral to first face to face treatment (YTD)	92%	71%	100%

Great progress has been made on reducing waiting times from 18 weeks to treatment however demand continues to rise so this has been difficult to sustain.

This proposal will enable the service to make further improvements as well as address risk and specialist pathways (following first treatment). The proposal is to focus the pilot on Specialist CAMHS, which will include some young people up to 25 years old (document seven). This pilot will link with the vulnerable children model currently being developed and implemented; focusing additional mental health support in social care teams, especially Looked After Children (our City has 19th highest rate of LAC) (document eight). This also includes Adaptive Mentalisation-Based Integrative Treatment (AMBIT) training across health and social care (<https://manuals.annafreud.org/index.html>) that has taken place in July 2018, with a plan to train a further 40 professionals with a focus on schools, as part of this pilot.

It will not include referrals for assessment and diagnosis of ASD/ ADHD as the CCG has written a separate business case to address this need.

The estimated annual number in the cohort is:

	2018/19	2019/20
Total in waiting list initiative	85	85
Total in cohort *	900	900
Total seen within waiting time	pilot starts 2019/20	480

*Includes ADHD & ASC patients estimated 240.

A detailed demand and capacity modelling has taken place that ensures:

- The current demand is addressed through a short term waiting list initiative (November 2018 – May 2019), with the potential to use bank/ agency staff
- A trajectory on current demand and 4 week pilot starting in June 2019 (one waiting list backlog addressed)

- Continue to submit activity and outcome data to MHSDS
- Reduce current caseload by one third
- The model we intend to adopt in this project (document nine)

Proposal: Assessment and Treatment; packages of treatment that will ensure:

- Continue to participate and provide clinical leadership in the triage hub ensuring extension of partnership working to MHSTs to develop an integrated referral system (CAMHS, MHST's and Wellbeing Service)
- Assessment within 2 weeks – front load the pathway with skilled clinicians , to address risk, this could be see and treat and would commence paired outcome scores (where treatment continued)
- At assessment and at all points of the pathway the AMBIT framework would be used to support staff and networks to manage risk, engage and provide appropriate response to our most vulnerable children/ young people especially for those who do not attend or were not brought
- A universal offer to all Specialist CAMHS accepted referrals - first line treatment of: a workshop based model for children and young people, parents/carers (workshops include: resilience skills; distress tolerance; emotion /sensory regulation; grounding techniques; psychoeducation); and/or risk support and interventions; and/or AMBIT informed network consultation. At assessment and all points of the service pathway the AMBIT framework would be used to ensure effective communications and safer systems around YP
- Ongoing Specialist intervention pathways for more complex needs and treatment
- Integral links with Schools trailblazer (supervision, consultation and step up/ step down across the Thrive-informed pathway) as well as potential for some Specialist CAMHS interventions in education settings (document ten)

Our success will be measured by:

- Testing proof of concept through robust monitoring and evaluation methodology
- Sustainable decrease in waiting times, ensuring no reduction in access
- Measurement of outcomes and experience (CYP IAPT)
- Audit and feedback

A summary of the key resources required to deliver this:

- Project management(2018/19)
- Operational clinical leadership
- A range of clinical staff (who may be bank/ agency) with a particular focus on reaching out to vulnerable children and young people

Timetable

Please provide a high level timeline for the delivery of waiting time pilot. Please indicate any key milestones. This could be in the form of a slide or table.

Date	Action	Who
Sept 2018	<ul style="list-style-type: none"> HR processes in place (recruitment) and JDs developed with adverts 	SPFT
Week commencing 15 th Oct 2018 Oct 2018	<ul style="list-style-type: none"> Successful EOI notified Develop full business case by 9th Nov 2018 (internal committees required to approve beforehand) Detailed proposal Detailed project plan and monitoring and evaluation Full baseline data Development of data sharing agreements EIA QIA Links with Schools part of the Trailblazer Recruitment commences for waiting lists Recruitment commences for pilot Communications and engagement strategy developed 	CCG as lead (whole system involvement)
Nov 2018	<ul style="list-style-type: none"> Recruitment continues Waiting list initiative planning commences Finalise model for pilot Complete full business case by 9th Nov 2018 Communication and engagement developed (links with Schools Trailblazer) 	SPFT CCG
Dec 2018	<ul style="list-style-type: none"> Waiting list initiative continues Recruitment continues Final preparation for implementation for pilot starting 	SPFT CCG led (whole system approach)
Jan – March 2019	<ul style="list-style-type: none"> Waiting list initiative continues 	SPFT
April 2019	<ul style="list-style-type: none"> Implementation of pilot model starts 	

2019/20	<ul style="list-style-type: none"> • Pilot model commences • Monitoring of data • Year one evaluation (Nov/ Dec 2019) • Decisions made on further implementation 	<p>SPFT</p> <p>SPFT, CCG & NHSE</p>
2020/21	<ul style="list-style-type: none"> • Continue roll out, monitoring and evaluation 	Whole system involvement

Risks identified – please add any other risks and their mitigations

	Risk	Mitigation
1	Recruitment of staff in a short period of time for a pilot of one year	Consider flexible workforce e.g. part time staff working longer hours in the short term
2	Reliant expenses for agency model due to lack of personal	Monitor all costs and in house colleague availability
3	Suitable Building to support capacity	Explore further shared based opportunity with network and independent rental solutions
4	Short implementation timescales	Dedicated project management resource and robust governance structure and assurance

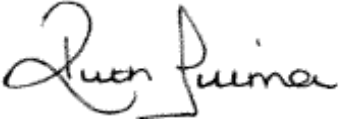

Supporting documents

Please include any supporting documents which you would like to be considered as part of your expression of interest - **please highlight sections relevant to this EOI**

- Document One – Terms of Reference for CYP Mental Health Partnership Group
- Document Two – Diagram of Thrive-informed model and summary of key providers
- Document Three – Workforce Strategy
- Document Four – Workforce Training (Matrix)
- Document Five- 2018 LTP refresh – with highlighted relevant areas:
 - ✓ Five Year Forward View Mental Health (section 1.1.12)
 - ✓ Track record of mobilisation (section 16.3)
 - ✓ Engagement (section 24)
 - ✓ Needs assessment (Section 3)
 - ✓ Vulnerable children requiring mental health (section 18)
- Document Six – summary of Specialist CAMHS re-design process
- Document Seven – Specialist CAMHS summary of service
- Document Eight - Mental Health for Vulnerable children model
- Document Nine – 4 week treatment model diagram
- Document Ten – Briefing on supervision and consultation in Schools team

4 Signatories

Signatories should include the CEO or COO of the CCG, the strategic lead for the bid and any other supporting senior strategic signatories that you feel is relevant to demonstrate joint sign up

Organisation	Role	Signature
Sussex Partnership NHS Foundation Trust	Ruth Hillman Service Director for Learning Disability and CAMHS Services	
Brighton and Hove CCG	Wendy Carberry Managing Director, South Place Commissioning Alliance	
Brighton and Hove City Council	Executive Director Families Children and Learning	