

Appendix 1

Implementation Plan 2017 Q3 to 2018/19

*CCG clinical commissioning Group ** London Borough of Hillingdon. All relevant work streams are and will continue to be co-produced with children, young people and their families / carers. NOTE Consider Trajectories for work streams with time lines.

| Priority 1 THRIVE – redesign the system from tiers | LEAD | Q4 2017/18 | Q1 2018/19 | Q2 | Q3 | Q4 | Outcome |
|--|------------------|---|--|--|---------------------------------|---|--|
| Actions: | | | | | | | |
| 1 THRIVE modelling to identify: <ol style="list-style-type: none"> 1. Full scope of current provision across partners based on THRIVE Framework 2. Gaps, what needs to change : define the “To –Be” 3. Action planning | CCG* with LBH ** | THRIVE Map key stakeholders CAMHS Users Schools early years Specialist services e.g. YOS, LAC Third sector, Voluntary and religious organisations. | Map and confirm across the borough: What is already being provided across the THRIVE framework Gap analysis. | Design and agree actions Map and plan implementation of model Model estimated numbers across THRIVE re capacity: contract variation or commission to fill gaps where funding is available | Implementation | Implementation Publication Communicate Model Addendums to relevant contracts | By the end of 2019: THRIVE model is in place and working across the system and is recognised as framework in Hillingdon |
| 2. Integration: what where and how | CCG and LBH | | | As part of the modelling identify integrated models | As part of implementation above | | As part of the THRIVE Model services will be integrated where it makes sense to families C&YP ¹ |

¹ C&YP – children & young people

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| 2 Continue to reducing stigma Labelling and messaging – avoid labelling | CCG with LBH | Continue to work across communication teams to build positive emotional health & wellbeing messages across Hillingdon | | From the above workshop plan identify current gaps/issues and disseminate messages | | | Children’s emotional and mental health have parity of esteem with physical health. |
| 4. “Yearly review workshops” – to critically review and identify service across THRIVE with key stakeholders including children young people and their families/carers/ first date Q1 2019 | CCG with LBH | Set dates. Agree stakeholders. Book venues for September 2019 | Send out invites. Plan presentation: What’s been progress, what’s planned? | Deliver Review workshops 1 | Develop plan to resolve gaps. | | Developments and progress will be held to account by key stakeholders and users. |
| 5 Agree system wide performance score card | CCG and LBH | Scope score card and KPI’s | Agree score card and leads responsible for monitoring and system | Implement new score card | | | There will be an agreed score card across the system that informs progress and issues |

| Priority 2 Access | LEAD | Q4 2017/18 | Q1 2018/19 | Q2 | Q3 | Q4 | Outcome |
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| Actions: | | | | | | | |
| 3 Stream line referral process, with appropriate sign posting. Supporting C&YP and their families to receive the <i>“right help at the right time”</i> | CCG | Scope and plan SMART referral and sign-posting system | | Implement model | Monitor | | There will be a SMART referral and sign posting system making referral simple with sign posting for these requiring alternative services. |
| 4 Scope the model of Single Point of Access/ Referral, capacity, viability and cost | CCG with LBH | Model scoped with options appraised | Map and plan implementation of preferred option | Establish project plan for implementation based on agreement of options. Cost analysis. | Implement | Implementation/ monitoring | By 2019 there will be one route into Specialised CAMHS services |
| 5 Continue to reduce waiting times for specialist CAMHS. <ul style="list-style-type: none"> • All referrals are screened by duty senior clinicians on the same day for urgency • Clinically urgent are prioritised and progressed to the complex care element of the service for urgent response. • Urgent response times: <ul style="list-style-type: none"> ○ 2 hours ○ 24-48 hours ○ 2-3 weeks ○ Non-urgent 85% to be seen within 18 weeks. | CCG and LBH | Maintain referral targets | Maintain referral targets | Maintain referral targets Determine proposed waiting times across THRIVE and agree data collection fit | | Work to continue to reduce the waiting time targets, across THRIVE | Waiting times consistently within targets. Sufficient capacity in work force to meet need across THRIVE |

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| <p>6 Online Support & Technology CCG Technology Solutions working with LBH Lead Officer will develop a tailored, interactive website covering local CAMHS provision.</p> <p>Ref: LTP 2018 On line support and technology to work jointly to ensure an interactive web site for CAMHS provision and the Introduction of monthly webinars led by specialist clinicians to support primary care and schools and other community based practitioners.</p> <p>Using existing sites: Provider KISS Local Offer</p> | <p>CCG and LBH</p> | <p>Implement quick wins e.g. NHS recommended web sites and apps and other local CCG systems.</p> <p>Identify if funding stream available</p> | <p>With LBH and CCG communication teams develop local site.</p> <p>Link with other local CCG's where appropriate.</p> | <p>Test</p> | <p>Implement</p> | <p>Communication/ launch</p> | <p>By 2019 there will be the foundation of a matrix of electronic provision – across THRIVE</p> |
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| Priority 3 Workforce Training | LEAD | Q4 2017/18 | Q1 2018/19 | Q2 | Q3 | Q4 | Outcome |
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| Actions: | | | | | | | |
| <p>1 Actions identified from needs assessment, prioritised work plan.</p> <p>Ref: The training needs identified in the 2016 JSNA highlighted the following training areas: Schools training teachers in Mental health issues, tackling bullying, better use of school nurses, and mental health and wellbeing to be included in the curriculum. Self-harm, reducing stigma and thresholds for the wider workforce. The CCG ensured the plan and new specialist providers/services have a training and outreach remit and are engaging with schools to identify the most effective way support the training teachers require. 11.01.2017 meeting with Uxbridge College – training needs required for staff working with the 16-18 year olds cohort.</p> | CCG with LBH | <p>Continue training programme across the system: Children Centres Early intervention Schools General Practice Social Care C&YP – Peers Families / carers</p> <p>Scope Webinars provided across the borough provided by existing team/serve providers.</p> | <p>Deliver programmes within existing budgets.</p> <p>Develop training matrix with in current contracts – to encourage take up credit for validation and continuing professional development.</p> | | Launch training matrix | | Programme of workforce training available year on year |

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| <p>2 Schools & College: Young MINDs Practitioner, by Q4, Q1: funding £5K</p> <p>Mental Health First Aid Training – NHSE offer one free place for training per secondary school.</p> | <p>CCG with LBH and schools and College</p> | <p>‘Young Minds’ Practitioner training event for Schools and Uxbridge College. 5 all day events.</p> <p>Every secondary school take up training offer from NHSE for MHFA Continue working with Heads Forum representatives.</p> | <p>Number of schools participated – Who trained by Primary and secondary school.</p> <p>Identification next steps and funding streams working with schools.</p> | <p>Based on funding availability, as for Q1 and Q3 in Priority 3.</p> <p>MHFA</p> | | | <p>Five full day events attended.</p> <p>Mental Health Training attended with identified MHFA champion per secondary school. To inform key worker/ coordinator, Menco type role.</p> |
| <p>3 Explore and test the concept of Co-ordinator/ key worker/ Menco role within existing workforce working towards the “Green Paper” Dec 2017 https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper</p> | <p>CCG and Schools</p> | <p>Scope evidence based approaches and models.</p> | <p>Building on MHFA champion model.</p> | | | | <p>Hillingdon model agreed and developed for all schools</p> |
| <p>4 C&YP IaPT</p> | <p>CNWL</p> | <p>Identify number of CNWL staff and number trained in IaPT (Base line data) Locate past data.</p> | <p>Plan training model need for sustainability. Include wider workforce needs.</p> | | | | <p>CNWL staff trained in IaPT</p> |

| Priority 4 Review newly commissioned services for impact | LEAD | Q4 2017/18 | Q1 2018/19 | Q2 | Q3 | Q4 | Outcome |
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| Actions: | | | | | | | |
| 1 Review : ED LD and Crisis new services | CCG | Scope review criteria and measures; Hillingdon focus | Carry out review | | Analysis of findings and implement improvements, within existing resource | | Hillingdon CCG will be assured that quality and Value For Money are received for investment |
| 2 Sustainability for Specialist Getting More Help based on: Outcomes Activity model sustainability – see Priority 6 | CCG | As for priority 6 below | | | | | |
| 3 Young people passport for crisis – young people suggested that they would like a passport system to access Getting More Help. “Test the concept” | CCG | | Working with young people in crisis scope what would constitute a passport approach. With providers develop concept – validate with young people | Redesign and implement – within existing budgets | | | Young people will have a validated “passport” approach for access and support |
| 7 Identify peer support programme with cost analysis. | CCG with LBH | Funding dependent develop Peer support programs | Actions: Within budget | | | | Peer support in place – wit identified budget. |

| Priority 5 Vulnerable** children and young people | LEAD | Q4 2017/18 | Q1 2018/19 | Q2 | Q3 | Q4 | Outcome |
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| Actions: | | | | | | | |
| <p>1 Review and scope emotional health and mental health gaps across the vulnerable cohort</p> <p>Ref: Commissioning Int Plan 2016-20)“Children & young people with additional needs includes, those with physical, learning and sensory disability, those with mental health issues, long-term conditions, palliative care needs, looked after, young carers, CIN, and young offenders, child carers and others not included here”</p> | CCG and council | <p>Identify key leads across the vulnerable cohort groups</p> <p>Current provision per group.</p> <p>Gap identification:</p> | <p>Implement easy wins.</p> <p>Evidence based interventions, how to fill gaps</p> | Close gaps | Close gaps | No gaps: Monitoring outcomes | All children and young people in the identified vulnerable groups to have access to emotional health and wellbeing and mental health care appropriate to needs. |
| 2 CSA Hub NWL development: | CCG with NWL | <p>Rapid review: Estates Consultant Rota Commission support for children and young people.</p> <p>Commission voluntary sector to work with young people to identify if technology solution</p> <p>Present update to the NWL commissioners.</p> | Evidence based Support in place. Secure estates and rota | Agree service specification and conditions of provision across NWL. | Sign off and implement provision across NWL including sustainability requirements. | Provision in place. | There will be a NWL CSA hub approach in place. Children will be supported from disclosure to resolution and will feel safe and supported. |

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| 3 CYP Liaison & Diversion Hillingdon development | CCG with LBH | <p>Current provider to recruit based on NWL model.</p> <p>Agree training programme with priority staff</p> <p>Research and Model technology solutions</p> <p>Data reporting in place to NHSE.</p> | <p>Deliver training.</p> <p>Update and promote pathways, including criteria and support.</p> <p>Full model in place.</p> | Continue development, monitoring and sustainable model. | | | Young people will be diverted from crime, and feel they have and support to positively change their future. |
| 4 Integrated pathways Specialist CAMHS and Children's Development Centre | CCG and CNWL | <p>Provider to work to integrate current provision.</p> <p>Gap identification – already in place</p> | <p>Agree model</p> <p>Identify what / how to fill gaps.</p> | | Launch new pathways | | There will be an integrated pathway |

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| <p>8 Behaviour: There is a number of support approaches in place, which are however fragmented. Teams currently providing behavioural support: Inclusion team Virtual schools team Early intervention & prevention Parenting SEND outreach Troubled families Parenting programs NWL – Person Centred Planning (e-learning) for carers supporting people with autism. Positive Behavioural Support training for CYP/Adult health and social care staff.</p> <p>To be prepared for bids as they become available.</p> | <p>CCG with LBH and partners</p> | <p>Clarify existing provision across the system, e.g.</p> <p>Identify gaps.</p> <p>Within existing resources: Agree evidenced based approach across the life course.</p> | <p>Map shared model of pathways.</p> <p>Matrix of service provision across existing services.</p> | <p>Training and develop identified across the borough.</p> <p>Methods to provide and meet gaps.</p> | | | <p>There will be an agreed approach to behaviour management and systems across the borough within existing resources.</p> <p>Successful bid applications.</p> |
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**vulnerable Children & young people includes, those with physical, learning and sensory disability, those with mental health issues, long-term conditions, palliative care needs, looked after, young carers, CIN, and young offenders, child carers and others not included here.

| Priority 6 Sustainability | LEAD | Q4 2017/18 | Q1 2018/19 | Q2 | Q3 | Q4 | Outcome |
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| Actions: | | | | | | | |
| 1 Business case identification across funding gaps and following reviews | CCG | | Development and process as soon as identified. | | | | Funding decisions for all work streams. |
| 2 Multi-agency workforce planning across the system, including children centres, schools, colleges | CCG, LBH, ALL | | | | | | Planning for future capacity |
| 3 Develop sustainable financial model for system wide THRIVE model. Sustainable financial modelling will be in place, with corresponding business case a THRIVE emotional health and wellbeing and mental health THRIVE model for Hillingdon children young people their families and carers beyond 2020. | CCG with Council | Develop specialist task and finish group: Data Finance and analysts to support modelling. Or agree the process to secure sustainability. | | | Business case with financial modelling in place and being processed through the relevant governance systems. | | By Q 4 2019/20 THRIVE will be in place and understood across Hillingdon. |
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Risks and Mitigation

| Priority | Risk | Mitigation | Lead Responsible |
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| 1 THRIVE – redesign the system from tiers | Demand continues to outstrip capacity. Nationally difficult to recruit staff. | Prevention and pathway transformation. Education and training for families and children and young people to self-manage at “low” level to prevent escalation of issues. Early identification – crisis service. | All partners across the system. |
| 2 Access | Limited innovation using 21 st century solutions to increase capacity and early intervention. | Remodelling based on learning across the country. | CCG |
| 3 Workforce Training | Capacity change management - Behaviour / skills may be slow to embed. | Identify champions and leaders in the system Training programs, within system. Children’s laPT training. | All partners across the system and |

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| | | Scope webinar | individual statutory organisations e.g. CCG, LLBH, CNWL, Schools |
| 4 Review newly commissioned services for impact | May not provide value for money for Hillingdon, unable to disaggregate provision. | Ensure Hillingdon representation at NWL Monitoring reviews, developments as progressed to ensure Hillingdon interests met. | NWL and CCG with LBH |
| 5 Vulnerable children and young people | Limited funding across the system for specific provision. | Bid for national funding and developments. Scope bid template ready for timely response for funding. Develop economic model demonstrating invest to save across the system. | CCG with LBH |
| 6 Sustainability | Economic Modelling highlighting funding gaps. | Business case development by the end of 2019, processed through governance decision making processes. Financial control system in place. | CCG for specialist commissioned services. LBH and Schools for relevant elements NWL for eight borough approaches |