

PROJECT Brief – Expressions of Interest

Programme	Expression of interest for the Children and Young People Integration Test Sites
Project	Evaluation of the Children and Young People Integration Test Sites
Programme Contact	Dr Elizabeth Crabtree (liz.crabtree@alderhey.nhs.uk)
Submissions	Expressions of Interest providing a comprehensive response and full cost profile to the requirements outlined in this project brief should be submitted to Dr Elizabeth Crabtree, Programme Director (liz.crabtree@alderhey.nhs.uk) by Friday 26 th November 2021. Evidence of similar projects undertaken and any supporting information would be looked upon favourably.

1. Project Outline

Expressions of interest are being sought from Higher Educational establishments to undertake a systematic evaluation of the Children and Young People Integration Test Sites. Expressions should provide a comprehensive response to the requirements set out in this document and should include a full cost profile, timescales, and outcomes. The amount of funding available for this project is £20,000.

It is proposed that project initiation commences in December 2021.

2. Project Background

The C&M Mental Health Programme Board (C&M MHPB) have prioritised the development of a new model of care for the delivery of CAMHS Tier 4 services; this is focused on connection with local Place services, enabling their whole-system integration at a local level, as well as providing a single point of integrated access into specialist provision where required. This is in line with the national direction of travel towards ‘Establishing Steady State Commissioning’, the Five Year Forward View for Mental Health and the Long Term Plan. The new care model for CAMHS Tier 4 seeks to achieve the aspirations of each of these national drivers for the population of C&M, including the improved outcomes being delivered by existing ‘New Care Model’ pilot sites across England. <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-new-care-models/>

As aforementioned, the CAMHS Tier 4 new model of care has been developed with system wide collaboration including co-production with CYP and their families.

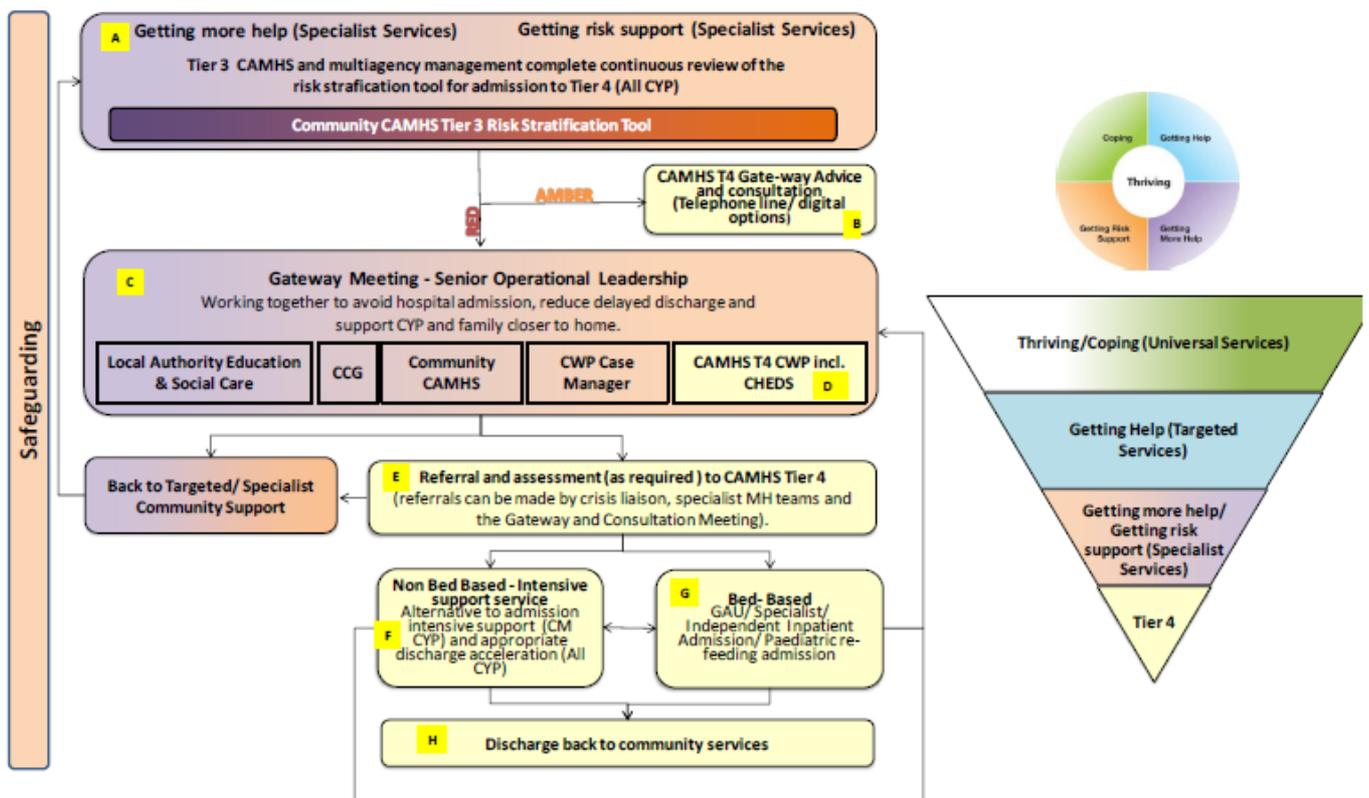
The cornerstone of the C&M approach is ‘Partnership and Collaboration’. Our approach aims to meet the needs of CYP and families locally at Place; this is in line with the aspirations of the National Provider Collaborative and New Care Model Programme. The proposed model seeks to:

- Ensure CYP and their families receive the right care, at the right time, in the right place by:
 - Developing high quality alternative provision to inpatient care, built up at local Place level;
 - Reducing admissions which are outside of natural clinical flow.
 - Decreasing length of inpatient stay through appropriate, timely and effective discharge planning in collaboration with partner agencies.
- Eliminate avoidable harm;
- Provide intensive clinical support, advice and guidance to parents/families and the wider workforce through wrap around provision.

- Provide greater access, consistency, quality, equity and parity of provision of CAMHS Tier 4 services across C&M where this is still required.

The ‘gateway meeting’ (shown below) is an essential part of the model; this effectively acts as the **single point of access** between local Place-based provision and the Tier 4 pathway, with a proactive focus using dynamic risk registers and risk stratification to identify CYP at risk of entering a crisis and enabling early action, support and effective signposting to take place. Representation from local CYP social work, embedded within their own Local Authorities, is core to this. Gateway meetings are anticipated to take place at every Place, requiring a high degree of effective coordination.

C&M MODEL



It is recognised that work to enhance services needs to be undertaken at every level in the system, in order to support prevention of CYP reaching crisis. The CYP programme will proactively connect with the work already underway at universal, targeted and specialist services, whilst enhancing the resource offer into the Tier 4 new model of care.

1. Gateway coordination through programme management across the ICS – this is **as a system resource for Places to draw from** for support to coordinate implementation of the new model of care; the **coordination resource will support Places to develop and embed their own local coordination** where needed, and provide a shared system-level view of aggregated dynamic risk registers, to support **cross-Place, and cross-Tier working** to ensure CYP pending crisis do not fall through any gaps in the system;
2. Social care as part of an ISF function – this is embedded within Places, employed through the Local Authority
3. Population Covered – Cheshire and Mersey
4. **A mental health crisis is a situation in which a child, young person, family member, carer or any other person requires immediate support, assistance and care from urgent and emergency mental health service.** This includes situations where there is significant, intentional risk of harm to themselves or others.

A mental health crisis can have a wide range of underlying causes, diagnoses and triggers, some of which may be longstanding, but which essentially culminate in a deterioration of an individual's mental state to the point at which they require an immediate response from mental health services.

5. **It is important to note that services do not decide if the individual is in crisis or not.** Crisis is self-defined. A self-defined crisis relates to a subjective level of emotional distress for which they require an immediate response in order to resolve and/or stabilise this distress.

Alignment with National Priorities

- **FIVE Year Forward View** 'By 2020/21, inappropriate placements to in-patient beds for children and young people will be eliminated: including both placements to inappropriate settings and to inappropriate locations far from the family home (out of area treatments)'.
- **The Long Term Plan** 'Drawing on learning from the New Care Models in tertiary mental health services, local providers will be able to take control of budgets to reduce avoidable admissions, enable shorter lengths of stay and end out of area placements'

Principles

The following principles have been derived from system wide consultation and engagement across C&M and reflect the views of CYP, parents, carers and professionals.

- **Whole family approach** to care that meets individual needs **close to home** in the community, where possible and appropriate
- **Person-centred approach** - CYP and their family's needs, views and wishes are of paramount importance
- **Seamless care pathways with shared/multi-agency ownership**, coordination, commitment and accountability to meet need safely
- Clear, unambiguous, open and seamless **inter-agency communication**, shared language and information sharing with clear roles and responsibilities of all professionals and family members in care planning and delivery of care
- Standardised, equitable consistent approach across C&M providing the **right care, at the right time, in the right place, by the right professional**
- Flexible, skilled and resilient **workforce** with mutual respect and support across disciplines
- Formulated understanding of **risk and challenges** available to all involved

The current proposal will see a pilot in two C&M locations in the first instance, along with ICS support:

1. **Gateway coordination and support through programme management across the ICS**
2. **Intensive Support Function -**
 - a. **Social Care Worker Support at Place;**
 - i. Integrated into Wirral ISF (mature model)
 - ii. Integrated into a second identified ISF – to be agreed through further engagement with C&M Places (developing model – there is already appetite for this from additional C&M Places – identification of a second site will continue concurrent to this EOI's submission)
 - b. **Integrated Research & evaluation** of the above

The programme will connect with and capitalise on assets already in existence within C&M; for example, LHP and ARC, who are leading on MH research, evaluation and implementation; we will tap into these resources at a C&M level and embed evaluation from the start of the EOI's implementation. Collaborative working between C&M research and innovation (R&I) assets (e.g. LHP, ARC and AHSN (Innovation Agency)) harness academic skill mix around MH and development / implementation of new models of care are a shared priority across C&M R&I. We will develop a partnership 'evaluation cell' approach which will have the aim of focusing on the 'how' as well as the 'what' – 1) monitoring progress of implementation and amending appropriately at a local level 2) for others to learn and for future testing (regional) 3) influencing change in practice (national). We will build upon the development of the local integrated dataset (CIPFA) to support evaluation of the new CYP models of care.

3. Project Requirements

The overall aim is to identify, evaluate and share learning on what works well and could be construed as good practice in the integration of services. The plan to achieve this should be developed in collaboration with the CYP integration Steering Group from the outset. The broad-based lines of enquiry are:

- Capturing the **most important outcomes to CYP**, through engagement and co-production with them and their families/carers
- Embedding **multiagency integrated approach** as routine practice – metrics to be co-created
- **Integration of social care into existing ISF enhanced function** – development of appropriate metrics to demonstrate effectiveness of the social care element with Local Authority colleagues – for example, qualitative feedback from newly integrated social workers
- **Evaluating outcomes** in the first 12 months based on reduction in admissions and providing more care closer to home
- **Research and evaluation framework** established and in situ
- Develop alignment with the **Key Worker** programme in partnership at Place-level
- **Establishment of a weekly integrated multiagency meeting** in identified Places to ensure that CYP on the edge of needing risk support are receiving a joined up and integrated care plan to support them to remain in their home and community setting – NB: this may already be established (i.e. Wirral) – evaluation of effectiveness, impact and outcome
- Development of **shared guidelines**, further national shared learning and **peer to peer support**; for example, the CYP Transformation Programme has an opportunity to link with the Healthy London Partnership¹ who published their recommendations for improving care for CYP in Crisis in November 20.
- **Evaluation of newly established roles** – Social Worker and Gateway Programme Manager
- **Evaluation of Year One in totality for continuation into Years Two-Four**

Design

A mixed-methods exploratory design should be used to maximise views and insights from service providers, key stakeholders and service-users. Experience-based design methodologies are welcomed:

Data collection should involve (not exhaustive to):

- a) Interviews/focus groups with service providers and wider stakeholders;
- b) Attendance at relevant meetings to capture insights into service delivery and decision-making processes;
- c) Experience-based design and family-led evaluation and service improvement techniques
- d) Collection and analysis of anonymised service-user evaluation data.
- e) Reference to / inclusion of data generated from MMHS NHSE dashboard

Participants, consent and data collection

Contact details of service providers and key stakeholders (e.g. commissioners, healthcare professionals) will be provided by the CYP integration team. The evaluation provider will seek consent from external participants and will ensure all relevant information and support is provided. Some translating and family engagement support will be available from the CYP integration team.

Members of the evaluation team will be invited to attend existing development and clinical meetings, where feasible/appropriate, to capture insights into operational issues, and decision-making processes.

Outputs

A final report that provides a summary of key findings and recommendations into service delivery, areas of good practice and recommendations will be produced.

¹ 'Improving Care for CYP in Crisis; Recommendations for Transforming the Delivery of high quality and accessible care', Healthy London Partnership, November 2020

4. Scope

The evaluation will primarily focus on how the service has been operationalized, rather than health outcomes.

5. Project Reporting and Governance

The evaluation project will provide a written monthly report to the CYP integration steering group. This will be forwarded for noting at the MH Workstream, and the CYP Programme Board where appropriate.