Access workstream – workstream narrative and PID

Children's Transformation Programme - ACCESS – PROJECT MANDATE SUMMARY

Problem to be solved:

1. Long waiting times and poor experience of waiting
2. Delays in the identification and assessment of needs compromises individuals' progress.
3. Confusion about how to navigate the system, services and processes are opaque
4. Need and family/professional expectations exceed capacity
5. CYP preferences for how they wish to access services not known/systematically addressed.
6. Gaps in access to advice and support while waiting/ and response for those not requiring specialist care but have other needs

Key milestones and Timeframes

Activity	Ma	Jn	Jl	Aug	Sep	Sep-Dec	Jan-Mar
'As is' mapping	X						
Implement co-location		X					
Design streamlined multi-agency workflows including triage		X	X				
Design graduated response		X	X				
Self-referral pilot launch		X					
Implement joint demand and capacity model / plan			X				
Integrate generic referral screening tool				X			
Launch integrated front door and comms campaign					X		
Launch digital front door							X

Assumptions:

- Willingness of partners to integrate front door and recognition of need for whole system response
- Trusted relationships among professionals working with the family

Measurements & Evidence to Support Evaluation:

- Experience metrics and engagement feedback
- Waiting times, through-put and re-referral rates
- Channel shift to self-referrals, digital access
- Increase in early help and advice provided relative to specialist referrals

Outcomes for this Theme:

1. CYP experience reduced waiting times
2. Triage is more likely to result in the right decision at the right time for that family (in line with iThrive)
3. Advice consistently available to CYPF while waiting or when specialist care not needed
4. More CYP can choose to access support in a way that suits them
5. More CYPF know how they can access help for themselves
6. Families and professionals better understand where they are and what they can expect from the process
7. CYPF receive the help they need via the SPA to access VCSE, school or peer support (not just signposting)
8. More efficient use of capacity

Deliverables

1. Co-located integrated front door
2. Shared language, common processes, policies, tools and training for referrals and multi-agency triage
3. Graduated response offer/protocols
4. Self-referral pathway
5. Digital access strategy and virtual front door
6. Comms and engagement plan to CYP, families and GPs/schools to clarify system and reframe behaviours. Supported by evidence for non-specialist interventions.
7. Joint demand and capacity model
8. IMT solution for single front door
9. Mechanisms/process for feedback and self-learning

In Scope: Single Point of Access (SPA) for CAMHS and MASH Level 3-4 services. Access to early and low level help through SPA and digital front door. Incl. re-access.
Out of Scope: Therapies (Phase 2). Direct access to support in schools, VCSEs etc.

Requirements of Enabler Work streams:

- Coordination and facilitation of CYP input to test and implement offer/solutions
- Design, coordination and execution of comms and engagement campaigns
- Demand and capacity analysis and baselining/ measuring outcomes
- Support with estates, IG and IT solutions

Risks/Constraints:

- Over-ambitious scope for front door could undermine deliverability
- Dependency on Early Help workstream to create graduated response and shift expectations/behaviour
- Risk of replication of existing DOS services and creating excessive layers
- Availability of data to analyse impact of advice/signposting/virtual help

Dependencies with Children's Community Services:

- Phase 2 Integrate SEND/access to therapies.
- Clarify overlaps with CSH mental health offer

Next steps to refine PID

- Identify key group members
- Map current service access channels and digital portals for multi-agency view
- Confirm services/activities to be accessed through integrated front door
- Consolidate user feedback on access to validate analysis of priority outcomes, baseline current experience and clarify what we already know about how people want to access support
- Review work in progress of SPA improvement / integration across SCC and SABP to ensure alignment with outcomes and timeframes

Background narrative

Fulfilling our charter

"I need support as soon as I start to feel like I'm struggling to cope with my emotions or mental health issues. I want to be able to access support in a way that suits me."

"I want to be able to access the best information and advice to support my emotional wellbeing and mental health. I want my family and people who look after me to be able to do the same."

"I only want to tell my story to the people looking after me once."

The case for change

- Multiple front doors across the system and triage is not multi-agency
- Opportunity to integrate front door with community health therapies and access for diagnosis of ASD (phase 2)
- Self-referral and family referral not yet consistently offered
- Need to reduce long waiting times
- Ability to provide a needs-led graduated response – including genuine advice and consultation, signposting and early help for contacts which do not result in a referral.
- Need for speedy and appropriate multi-agency response to crisis
- Need to make best use of our available capacity and skills base to manage demand

Evidence for change:

- CAMHS thresholds and services are opaque, and knowledge of services beyond CAMHS is low, driving high CAMHS referrals. [1]
- Lack of clarity about referral processes, for children and young people with autism [2]
- Confusion about whether parents can self-refer or not, among GPs and parents. [1]
- Waiting times are problematic, but what increases frustration is not knowing what the wait is for. [1]
- Significant volume of MASH contacts do not go onto intervention and high re-referral rate [3]
- Delays in the identification and assessment of children's and young people's special educational needs, provision of therapies and accessing CAMHS compromises individuals' progress. [2]
- LAs and the NHS need to work together to ensure that each area has a joined-up plan to support children who do not require specialist care [4]

1. http://www.guildfordandwaverleyccg.nhs.uk/website/X09413/files/190221-EWMH_Surrey_Engagement_Report_Final_DSDL_Compressed.pdf
2. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575666/Joint_local_area_SEND_inspection_in_Surrey.pdf
3. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/752455/2018-09-independent-report-Trevor-Doughty-Surrey.pdf
4. https://www.childrenscommissioner.gov.uk/publication/early-access-to-mental-health-support/

Our ambitions

- Implement **one front door** that offers multi-agency triage, signposting and advice
- Enable our workforce to provide a **graduated and multi-disciplinary response** and **embed 'getting advice'** across services and processes through cross-system leadership
- Ensure that early and emerging concerns are actively identified and families are supported with **evidence-based interventions from the first contact** including interim support*
- Effectively and **efficiently deploy skills to manage growing demand**, supported by streamlined processes and a shared view of demand, capacity and performance
- **Improve digital access** to information and support such as virtual counselling
- Establish **clear self-referral pathways**

Actions Underway:

- One Stop transferred into Children's SPA and improvement plan in progress to improve decision-making and risk management
- Work underway to improve information capture through SystmOne and interface with adult SPA
- SCC working with CYP including apprentices on website and app
- SABP achieving significant uptake of Kooth
- SCC/SABP action plan for integration agreed and common language being established

*Interdependency with Early Help Workstream