

NHS England

Implementing *Transforming CYP MH Provision: a Green Paper*

November 2018 update

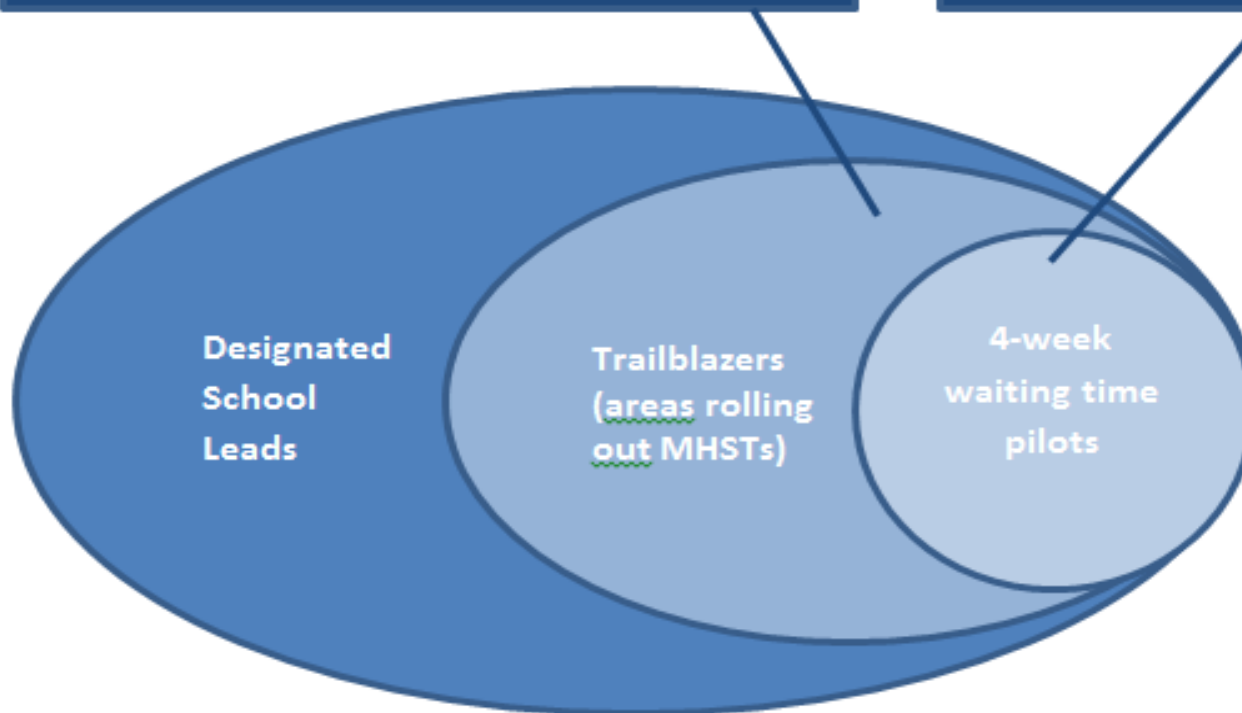
4-Week Waiting Time Pilots



Green Paper Overlap

Trailblazers may be single CCGs or CCG groupings. Each CCG will need to have at least two MHSTs within them, each of which will support a number of schools/colleges. *All* schools in the Trailblazer must have a Designated MH Lead.

Trailblazer CCGs can also pilot 4-week waiting times. The exact coverage of the pilot may vary depending on local circumstance, but as a minimum should cover the trailblazer CCG have DSLs.).



Four week waiting time pilots



All 'long list' prospective trailblazer sites have been invited to submit bids for trialling a four-week waiting time, alongside their bids for Mental Health Support Teams.

Overview

- CCGs have been asked to nominate NHS providers through an expression of interest, to test how best to reduce waiting times, with the aim of achieving four weeks. Although pilots will be in trailblazer areas, our expectation is that all children and young people within the relevant geography would benefit from shorter waits - not just those at schools with the new mental health support teams.
- We will require pilots to:
 - flow accurate data
 - be inclusive on condition and not focus on some conditions over others
 - maintain or improve access rates (i.e. not raise thresholds)
 - demonstrate that delivery of the standard is sustainable
- The pilots are there to test the best ways to lower waiting times, aiming for 4 weeks. But as yet there is no standard defined.

Purpose of pilots

- To pilot implementing reduced waiting times for access to NHS-funded CYP MH services
- Test the feasibility and impact of achieving an average of 4 weeks from referral to appropriate intervention
- The Green Paper does not define a specific access and waiting time standard, or set out the number or proportion of CYP that should be seen within 4 weeks; any decision on the definition of any future waiting time target will be informed by the learning from the pilots
- But for the pilots we are focusing on referral to treatment in NHS-funded CYPMH services

What will be measured?

- Time from referral to first contact and to second contact (in-line with the current CYPMH access proxy metric)
- In addition, we will seek to test the feasibility of a measure that is more representative of the CYPMH pathway by collecting information from pilots using the SNOMED-CT system, including:
 - Time from referral to an assessment and
 - start of treatment intervention in NHS mental health services and/or
 - appropriate sign-posting/handover to other help outside the provider
- Pilots will also collect key data to allow costing of a national ambition including information on demand and supply (including referrals accepted and not accepted), workforce and productivity in the provider
- A detailed data specification is in development.

Core MHSDS Data Items used

These are minimum data items within MHSDS that we expect pilot sites will need to flow. They are intended to mark key elements of the pathway and data from pilots on these will inform plans and decisions on wider access and waiting ambitions.



Measure	MHSDS Table	Data Item
Presenting problem	MHS101 Service or Team Referral	Primary Reason for referral
Filtering to remove internal transfers	MHS101 Service or Team Referral	Source of Referral
Type of referral	MHS101 Service or Team Referral	Clinical Response Priority Type
START	MHS101 Service or Team Referral	Referral Request Received Date Age at Service Referral Received
First contact / Second contact	MHS201 Care Contact	Care Contact Date Consultation Medium Used Attend or Did Not Attend Code
Care Coordinator assigned	MHS006 Mental Health Care Coordinator	Start Date (Mental Health Care Coordination Assignment Period)
Care Plan agreed	MHS009 Care Plan Agreement	Care Plan Agreed Date
Biopsychosocial Assessment / NICE intervention	MHS201 Care Contact	Care Contact Date
	MHS202 Care Activity	Coded Procedure (Clinical Terminology)
Referral closed/rejected	MHS102 Service or Team Type Referred To	Referral Closure Date Referral Closure Reason Referral Rejection Date Referral Rejection Reason
Time spent on caseload / open or closed referral and/or possibly time spent/contacts for open cases at the measurement point	MHS101 Service or Team Referral	Service Discharge Date

Testing approaches

We are also keen that pilots provide information on the impact of different approaches and organisational models on access, waiting times and ultimately outcomes. This could include:

- Single Points of Contact/Access.
- Approaches to support demand management that are used by effective CYPMH services (e.g. CAPA and/or i-THRIVE).
- Digital solutions to improve integration between NHS and other services and to deliver appropriate care.
- They are also an opportunity to gather data on productivity and efficiency

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