

Calderdale Local Transformation Plan – Issues and risks to delivery 2017-2020

Description of local priority scheme	Description of issue of risk to delivery of 2017/2020 plan	Mitigating Actions	*Date expected to deliver
Timescales for implementation of projects	All our proposals are being implemented through either a project management approach or a formal procurement process with engagement from key stakeholders and co-production where appropriate- this can delay timescales and lead to delays in delivery.	Where possible work on proposals has been prioritised. The appointment of an LTP Officer should increase the speed at which projects can be mobilised.	End March 2020
Introduction of the THRIVE model	The introduction of THRIVE requires a whole system approach and changes in culture and ways of working in CYP mental health services and requires input from wider partners. There is a particular risk around implementation of the Getting Advice quadrant of THRIVE due to the impact of budget reductions on early intervention services across the board e.g. voluntary sector, schools etc	A CAMHS/THRIVE Partners Board has been established consisting of Commissioners and CAMHS providers. The Board will focus on the implementation of THRIVE in Calderdale. Terms of reference have been agreed and sub-groups have been established which include wider partners to focus on the THRIVE quadrants. A small pot of LTP Year 3 funding has been identified to support the planning and implementation of Getting Advice.	End March 2019
Embed First point of Contact	Funding for the long term sustainability of the FPoC has not been confirmed beyond the end March 2018.	Discussions are ongoing with the two CAMHS providers to address how funding sustainability can be resolved by shifting resources in the system.	End December 2017
Children and Young People's Mental Health Waiting Times	An increase in demand has seen a subsequent increase in waiting times.	This remains a key challenge and priority. Providers and Commissioners are working	End March 2019

		<p>closely to reduce waiting times and work is underway to understand and address this trend more fully. Funding has been allocated in LTP Year 3 priorities to support the reduction of waiting times and an Invitation to Quote has been offered through a restricted procurement process and is currently in the evaluation stage.</p>	
<p>Explore and implement solutions to improve waiting times and the support for children and young people on the ASD pathway and their parents and support for those who do not receive a diagnosis.</p>	<p>Referrals and waiting times for the multi disciplinary ASD assessment diagnosis continue to increase in line with national trends. A key concern is that children and young people and their families should be able to access support whether or not there is a diagnosis as around 85% of children who have been through the screening process receive a diagnosis of ASD. In the past two years the requests for assessments of school age children to the pathway have almost quadrupled. For example, in April 2015 there were 5 referrals to the pathway and in April 2017 there were 19. As of May 2017, there are now more than 200 children and young people at some stage of the Calderdale ASD Assessment Pathway for ages 4 to 17.</p>	<p>An Assistant Psychologist post has been recruited to within CAMHS Tier 3 to ensure children and young people are screened quicker.</p> <p>An action plan has been developed based on the key themes from a survey undertaken with parents and carers which supports the view that better support should be available pre diagnosis to alleviate stress and anxiety and to ensure children can achieve the best possible outcomes</p> <p>The risk has been flagged to senior leaders and a paper is due to go to the Health and Wellbeing board meeting in November.</p> <p>The CCG have awarded a contract to an independent provider to complete a review of ASD services for children and young people in Calderdale. The review will have a focus on the current delivery model, waiting times and pathways. The review will provide recommendations with a realistic action plan for improvements. Work on the review will commence on 1st November and will be completed by 31st January.</p>	<p>End March 2020</p>
<p>Workforce planning</p>	<p>Nationally the new workforce strategy Stepping Forward highlights that</p>	<p>We will work closely with HEE, NHSE and our CYP IAPT partnership colleagues to identify an</p>	<p>End March 2020</p>

	<p>approximately 4,500 additional members of the children and young people's mental health workforce will need to be recruited by 2010 in order to meet the targets in the 5 year forward view. We know that HEE will be working with NHSE and our STP to identify what action needs to be taken at a local level. We know from best practice advice from HEE that effective workforce planning requires significant capacity and time.</p>	<p>effective local approach to workforce planning. We will utilise existing tools and resources to minimise already stretched capacity but will also consider investing in this area if necessary to ensure we achieve our 2020 vision for workforce.</p>	
Finance	<p>The LTP funding is not ring-fenced within the CCG baseline budget. The CCG continues under considerable financial pressures with many competing priorities. In addition the CCG is measured against targets in the MH 5 Year Forward View which do not support the early intervention work which is fundamental to the delivery of the LTP which mirrors the Future in Mind themes and recommendations.</p>	<p>We will continue to lobby at a regional and national level that the LTP funding is ring-fenced. We will also continue the debate regarding the direction of travel and argue for a clearer correlation between the 5YFV data measures and the early intervention and prevention work which is fundamental to the delivery of our LTP.</p>	End March 2020