APPENDIX A

Title of meeting			
Date of Meeting		**Paper Number**	

Title	Project team to scope the possibility of a Berkshire Wide Ageless Autism and ADHD Service
Sponsoring Director (name and job title)	
Sponsoring Clinical / Lay Lead (name and job title)	
Author(s)	Emma Willing, Associate Director for Mental Health, Learning Disabilities and Children and Young People for East Berkshire CCG's
Purpose	To deliver an options appraisal of how we can improve clinical care and holistic support for people and their families who have either Autism or Attention Deficit Hyperactivity Disorder

The Business Planning and Clinical Commissioning Committee is required to (please tick)									
Decision	**X**	**Review**		**Discuss**		**Note**		**Recommend**	

Risk and Assurance *(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)*	Risk of doing nothing regarding the growing demand on these services is higher than the risk of agreeing the project described. We need to better understand the demand and the usage of these services before we can commission a new service model
Legal implications/regulatory requirements	No current legal implications however these will be considered
Equality Impact Assessment has been undertaken (see Appendix E)	
Links to the NHS Constitution (relevant patient/staff rights)	
Strategic Fit	
Commercial and Financial Implications *(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?* *Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)*	Date Deputy CFO sign off …………………………..

Quality Focus *(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets* *Include date the Director of Nursing has signed off the quality implications)*	Date Director of Nursing sign off………………
Clinical Engagement *Outline the clinical engagement that has been undertaken*	Clinical and Social Care leads for Autism and ADHD have been fully involved
Consultation, public engagement & partnership working implications/impact	Working together for Berkshire and Autism Work stream for the TCP have been involved
NHS Outcomes *Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:* *Please note there may be more than one Domain.*	Domain 1 Preventing people from dying prematurely; Domain 2 Enhancing quality of life for people with long-term conditions; Domain 3 Helping people to recover from episodes of ill health or following injury; Domain 4 Ensuring that people have a positive experience of care; and Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Executive Summary

(summary of the paper and sign-posting the reader to the key sections within the report / paper)

This paper makes the case for the development of a small project team to look at the demand and service usage for people with Autism and ADHD, it demonstrates that the services in place locally are not meeting the demand and needs of local people and we need to review these.

To enable us to commission services for the future we need to fully understand the current demand and how this has gone in recent years and what the potential is for this to further grow and the impact on health, social care and education in the local area.

The project team would have 6 months to develop this information and analysis it to inform an options appraisal of the next steps – clearly articulating the cost of a do nothing position

Recommendation(s) For East Berkshire CCG, West Berkshire CCG and the 6 Local Authorities to jointly fund the project team to support the development of the options appraisal in 6 months

East Berkshire CCGs – Full Business Case (FBC)

Project Reference ID: XXX	**Development of Autism and ADHD Options Appraisal**
Programme	Mental Health
SRO	Emma Willing
Project Lead	Emma Willing
Period covered by project	
Date Business Case prepared	December 2017
Author(s)	Emma Willing
Version History	

Project checklist	
Programme Board pre-approval received	*Jan 2018*
Compliance with National Guidance	*Yes*
Alignment with STP priorities	*Yes*
Alignment with the CCGs' strategic objectives	*Yes*
Alignment with the New Vision of Care (NVoC) Principles	*Yes*
Quality Impact Assessment completed and signed off	*This is a scoping exercise, Sarah Locke has been involved in the business case,*

	and agreed that the project team tasks outlined are working towards a full quality, equality and sustainability impact assessment
Equality Impact Assessment completed and signed off	*As above*
Sustainability Impact Assessment completed and signed off	*As above*
FBC reviewed and signed off by Finance team	*JP Jan 2018*
FBC reviewed and signed off by Contracts team	*N/a at this stage*
FBC reviewed and signed off by Business Informatics team	*N/a at this stage*
FBC reviewed and signed off by Quality team	*as above*
FBC reviewed and signed off by Procurement team	*N/a at this stage*

IT Requirements		
Please confirm whether your proposal would require the procurement of any new IT software (if yes, please see Appendix A for additional information)		No

Project Summary	
Project description	**Context** ASD and ADHD are common lifespan conditions that cost society more than cancer, diabetes, and heart disease combined. It is clear that effective assessment and intervention leads to increased patient and carer well-being and to decreased long-term social and health care costs. (National-slam.nhs.uk) In 2014 the London School of Economics estimated the economic cost of Autism to the UK to be £32 billion. ASD is a lifelong condition in which there are difficulties with social and communication skills, restricted interests and repetitive behaviour and difficulty tolerating change, some are sensitive to external stimuli. It occurs in approximately 1.1% of the population. This indicates 6,911 adults over 18 years in the Berkshire. There are no treatments for ASD but interventions and support can be offered to address some of the comorbid difficulties ADHD is also a condition which can cause problems in childhood with attention, hyperactivity and impulsive behavior that impact on everyday life. ADHD is estimated to affect anywhere between 3% and 9 % of the population depending on the diagnostic criteria applied (NICE 2008) ADHD and ASD are not mental health disorders but both can lead to increased risk of individuals developing mental health conditions, substance misuse and difficulties accessing education and employment, so it is important to offer the right support. Risk of mental health difficulties and behavioural difficulties is even higher for individuals with a dual diagnosis and autism and ADHD as opposed to Autism or ADHD. Diagnosis of Autism and ADHD can often be missed or misinterpreted and not picked up until individuals access support for mental health difficulties. Comorbidity and complex presentations require expertise to diagnose and support colleagues in other parts of the health and care system. In recent years there has been a significant increase in the numbers of children who have been diagnosed with Autism and/or ADHD with number of autism diagnoses rising from 1 in 10,000 children in the 1960's to a current diagnosis rate of 1.1 in every 100 children. More recent estimates in America are 1 in 88 children and it is likely these figures will reflect numbers in the UK. The CCG have also noted an increase in specialist placements for both adults and children who have ASD or ADHD due to their challenging behavior. These placements are often out of the borough. Waiting lists have increased and there is increase political pressure to support people living with ASD and ADHD more. NICE Guidelines The Autism Act 2009 Fulfilling and rewarding lives DOH 2010

	Transforming Care Partnerships Every Child Matters SEND Transition between children and adults services Locally we have ASD Strategies. The local CCG's have been able to participate in the development of these strategies. **Current Health Service Provision** Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder (ADHD) services have traditionally sat within mental health services for clinical care which in Berkshire consists of: The Adult ADHD Diagnostic and Treatment Service; o Initial psychological assessment and diagnosis o Medical Assessment, medication initiation, titration and monitoring, which requires shared care working with GP's o Post diagnostic psycho-educational group and referral to an ongoing support group o Training and supervision of other psychological therapists involved with clients with ADHD o Very limited individual psychological therapy o Yearly follow up medication reviews and liaising with GP's o Regular liaison with and advice for other services o Professional education o Prioritise CAMHS graduates o Prioritisation of high risk cases The Adult ASD Service; o Initial psychological assessment and diagnosis o Post-diagnostic 'Being Me' psycho-educational group and referral to an ongoing support group o Training, supervision of other psychological therapists involved with clients with ADHD o Very limited psychological therapy o Liaison with and advice for other services o Professional education o A weekly priority clinic for more rapid diagnosis of high concern cases Children ASD Diagnosis, signposting and follow up support via CAMHS BHFT online support service. Specialist CAMHS support for CYP with comorbid mental health difficulties. Children ADHD Diagnosis, Signposting and follow up support via CAMHS BHFT service These services receive their funding via the block contract with East Berkshire CCG and BHFT. Another part of the block contract with BHFT is the Paediatrics services such as Occupational Therapy, Speech and Language; however these are not specialist to ASD or ADHD. There are waiting lists for all the services due to the demand. This has a significant impact on other parts of the system such as education and primary care, but also uncertainty and delay for people and their families.

As part of the CAMHS transformation monies there has been some investment to voluntary sector organizations which will be reviewed to ascertain their success at the end of this year:

Autism Berkshire support children and young people and their families before and after a diagnosis of autism (ASD), by developing their understanding of the condition, introducing coping strategies and letting them know what help is available to them.
The Autism Group support parents through Special interest social groups, Parent support and Autism training to parents/carers.
Parenting Special Children support parents and carers before and after a diagnosis of Autism and/or ADHD. They offer parenting support, targeted workshops including a parents group specifically for Autistic Girls, and a sleep course.

Current Social Care Provision
Bracknell – Adults Autism Team - 18.5 hrs Team Lead, 3 x FT Social Care Practitioners sit alongside CTPLD. They provide support, signposting and commission on-going practical support through care providers for any adult with Autism with no LD if they are assessed as having 2 or more eligible social care needs. 2 x evening social groups, which are run on a weekly basis by Choice and partially funded by BFC.

RBWM – 2x Autism Social workers within CMHT for adults who have Asperger's with no LD. Also a commissioning Lead who manages Autism Strategy and Autism Board
Slough – Autism Practice Lead – Commissioning / Strategy / Awareness / Training / Consultancy on ASD cases across Slough ASC

Local Authorities across East Berkshire commission a few services specifically for people with ASD or ADHD, but otherwise many of the universal services can also be accessed. These specific services are Autism Berkshire, Breakthrough employment, Choice, Ways into work and Social Eyes.

Whilst we have some provision for both conditions locally, it is clear from the waiting lists and the disjointed funding and provision across the CCG's and Local Authorities that we need to better understand the local populations need and review the current model of provision and explore opportunities to further invest and develop our services to ensure we are delivering the best possible care and treatment for people living with ADHD and ASD. We are beginning to see a small group of adults who are requiring care 24- hours a day in high cost placements due to their behavior and difficulties in managing everyday life. It is believed that if an expert was to offer support and intervention at an earlier point in their lives this may have been avoided.

Aim

We have a vision to build a new service model that would work with all stakeholders in Berkshire (this could also include the wider STP) to assess and diagnosis children and people with ADHD and ASD and offer ongoing psychological, social and medical treatment for these people. We would like this to be coproduced and designed with support from people who already have experience of living with ASD or ADHD. We would like this service to deliver gold standard support to our MH teams, schools and GP's to ensure people who have ADHD and ASD receive the best possible support once they receive their diagnosis.

	This service could be an 'alliance' of health, social care, voluntary and community organisations as well as people and their carers. It will offer a range of support functions: holistic assessment, diagnosis, medical and psychological treatment, support with education and employment to ensure people with a diagnosis of ASD and ADHD live to their full potential. This service could attract funding from research and NHS England as a pioneering holistic service for people living with ADHD and ASD. Through the Transforming Care Partnership we have developed an Autism Work stream which is a multiagency steering group to explore the opportunities the TCP can bring to improving the lives of people with Autism. This group consists of: local authorities across Berkshire, clinical specialists, commissioners, expert by experiences and parents. All those are supportive of this business case to invest in a project team to: Analysis and understand local intelligence from health, education and social care to ensure we have accurate data regarding the number of local people diagnosed with ASD and ADHD compare to the national figures Model predicted numbers of people who will be diagnosed and require support over the next 10-20 years Explore the increasing trends of children being diagnosed and what support they will need in the future Support commissioners to understand the 'do nothing' position in terms of the current population and demonstrate the cost to the system by doing nothing, the potential impact of the service in making savings across a wider system – education, criminal justice and health and social care Explore current spending locally for ASD and ADHD across the stakeholders and what this is buying in terms of quality and resource for people in Berkshire Identify potential funding streams for a new service model Understand the service users experiences and how these can be improved Engage with all stakeholders to develop and co design a service model and produce a business case to fund a new service model Provide clinicians time to participate in this project team Identify the key outcomes of the service and how these can be achieved and monitored so that commissioners and local people can see the value of any changes in the future The project team could be used to work across different footprints depending on future discussions. It was initially hoped that this would be a Berkshire Wide Service, with East Berkshire CCG leading on the initial project team, but with some financial and commissioning support from West Berkshire CCG and the 6 local authorities. The current clinical provider BHFT works across Berkshire and are keen that this is a service that remains Berkshire wide. The preferred way forward would be a Berkshire Wide Service in this initial scoping exercise and therefore funding shared across a wider range of stakeholders. It is also recognized that both adult and children ASD and ADHD services are not meeting the demands of referrals at this time and considerable work needs to be done in the interim to support BHFT to deliver a reduction in waiting times, including the possibility of further financial investment.
Investment required	Project team costs to be shared between local authorities and CCG's for an initial 6 months: Project team consisting of a project lead, project, data and admin support and

	clinical expertise and on costs Total: £167 364 This cost would be further divided between 8 with a contribution of £21 000 being made by East Berkshire CCG, West Berkshire CCG and the 6 local authorities. Therefore the request for each organization in reading this business case if for £21 000 for 6 months
Expected savings	This is a scoping exercise initially and there are not expected to be any financial savings in this part of the project.
Quality benefits	To understand the current demand on services and how this will change over the next 5-10 years To understand the current commissioning arrangements of services for ASD and ADHD and how we can further ensure quality and equality of service across Berkshire To offer people using the services a say in how the services are run in the future To develop a new service model which will be reduce the waiting times longer term, provide assessment and support for people holistically ensuring better outcomes for people To procure providers who are able to work collaboratively to deliver this new service model – giving a wider range of support and interventions to people, and more choice

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Appendices:

- Appendix A – IT Procurement Process
- Appendix B – Project Plan
- Appendix C – Financial Template – to follow
- Appendix D – Communications Plan
- Appendix E – Quality Impact Assessment
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- Appendix H – Risk Register
- Appendix I – Issue Log
- Appendix J – Logic Model
- Appendix K – NVoC Principles?

1. Purpose of the document

The purpose of this document is to:

- Define the project
- Form the basis for its management
- Support the assessment of overall success for sign-off by Business Planning and Clinical Committee

2. Aim and background of the project, including the clinical case for change

Summarise the overall aim and background to the project, including the clinical case for change (referencing any evidence base such as national evidence, NICE guidelines, user feedback, etc.)

Background

We currently have various provision for people living with ASD and ADHD across Berkshire, however, there is feedback that what we are currently commissioning is not 'enough' to meet current demand, it is patchy across the county and there are waiting lists for assessment and diagnosis. We also have limited resources to provide ongoing support for people once they received their diagnosis.

We are aware that there are high numbers of children who have been diagnosed in recent years, who will require transitioning into an already overwhelmed adult service.

We commission the necessary services to support people; however, we would like to improve this to ensure that people living with ASD and ADHD can live the best lives possible.

Aim

The aim of this project is to commission a small project team that will scope the possibilities of a new service model. This will be presented in a report at the end of the scoping period (6 months). This team will look at current data and usage of services, which will require multiagency co-operation, waiting times, diagnosis, support offered, support that should be offered as well as costs.

Evidence

We have different ASD and ADHD strategies across the county indicating a disjointed approach to commissioning

Different service offers in different localities indicating a postcode lottery of support

Waiting lists for assessment and diagnosis for both children and adults

Limited clinical and voluntary sector support after diagnosis

High cost placements for people who have challenging behaviour due to ASD and/or ADHD

This indicates a need to understand what is happening in our local population, what is needed and look to develop a new model of service provision that is collaborative with all the stakeholders. We need to

understand the costs to the system, in doing nothing and developing a new service model. There are potential funding opportunities for a new pioneering service.

3. Strategic fit

3.1 Alignment with STP Priorities

Improve wellbeing and increase prevention, self-care and early detection	*This project team would look at how the service could reduce the waiting times for assessment and diagnosis, offer self-help techniques and peer support rather than clinical interventions. One of the outcomes would need to improve wellbeing of people who have ASD and ADHD. Evidence also suggests that early diagnosis and support can lead to prevention of other service use over the course of someone's lifetime*
Improve treatment planning for patients with long-term conditions, including greater self-management and proactive management across all providers.	*ASD and ADHD are both lifelong conditions, this project team would be developing a service model that would offer a holistic treatment package with a range of providers. Although this project would not directly deliver on treatment planning as it is a scoping exercise*
Provide proactive management for people who have multiple, complex and long-term physical and mental health conditions, to reduce crises and prolonged hospital stays.	*As above. It would be hoped that in developing a service model this would be a fundamental part of the service – to support people with complex and comorbid conditions (comorbid mental health and substance misuse issues are very high with ASD and ADHD) to prevent crisis and hospital admissions or placements*

Redesign urgent and emergency care, including integrated working and primary care models providing out of hospital responses to reduce hospital stays.	*As above. The development would look at engaging with GP's and offering support to them. There is also consideration that this service could sit within primary care but this would need to be further explored*
Reduce variation and health inequalities to improve outcomes and maximise value for citizens across the population, supported by evidence.	*There is current variation of service provision across Berkshire, and people with ASD and ADHD are more likely to experience inequalities in their lifetime especially regarding health (EVIDENCE)*

3.2 Alignment with the CCGs' strategic objectives

We will commission services that improve the outcomes and experience of all our residents by consistently delivering the NHS Constitutional standards	*This project team would look at the services currently commissioned and the outcomes of these and develop new ways of improving this for people with ASD and ADHD. It is hoped that a new service would improve access, deliver clinical excellence, and put the client at the heart of what the service does. An important part of the initial scoping project would be to engage with people to ensure we fully understand their experiences and needs in the future so that we can design a service together*
We will play a proactive role in the development and delivery of an innovative and united Sustainability and Transformation Plan	*ASD and ADHD are an integral part of the STP in both footprints. However, they are not identified specifically. However, part of this project teams remit will be to scope the impact on other work streams such as primary and urgent care or mental health and whether investment in a specific specialist service can impact other parts of the system in a positive way, as well as improving people's lives.*
We will ensure that clinical leadership and patient engagement is at the heart of everything we do, and develop a culture that brings to life "thinking locally, working together"	*The project team specifically requires input from the clinical team to understand the demands and the specialist nature of these conditions. They have worked locally for many years and are keen to ensure we deliver clinical excellence moving forward. The team will also spend time exploring patient and families views.*

3.3 Alignment with New Vision of Care (NVoC) principles

Respect	*Summarise how the project aligns with this NVoC principle*
Person-centred care	*Summarise how the project aligns with this NVoC principle*

Navigation	*Summarise how the project aligns with this NVoC principle*
Joined-up care	*Summarise how the project aligns with this NVoC principle*
Quality of care	*Summarise how the project aligns with this NVoC principle*
Story once	*Summarise how the project aligns with this NVoC principle*
Public pound	*Summarise how the project aligns with this NVoC principle*
Safeguarding	*Summarise how the project aligns with this NVoC principle*
Coordinated care	*Summarise how the project aligns with this NVoC principle*

Further details about the NVoC principles are included at Appendix K.

4. Key objectives and deliverables

Summarise the key objectives and main deliverables of the project, including specific quality benefits. The deliverables need to be tangible.

The project team will produce a collaborative appraisal within 6 months to outline the do nothing position and the opportunity for a new service model this report would include:

The current data and needs of the local population
The projected needs of the local population
Service Usage
Gap Analysis of services commissioned and recommendations
Themes from the Autism Strategies and recommendations of how we can work more collaboratively to bring these together
Current spending and resources for ASD and ADHD in the county
Successful Service models and costs in other areas of the country/world
Outline and brief description of a proposed service model in Berkshire and approximate costs

If the organisations feel developing a service model based on this appraisal the project team would continue for an additional 6 months to work to:

Co designed a service model for an ageless Autism and ADHD service with all stakeholders including clients and their families
Demonstrate this evidence of engagement with the stakeholders
Present costs and funding opportunities through grants, bids and research
Complete Service Specifications and outcomes of any new service model
Demonstrate how any service could be commissioned and delivered – this will include costs, benefits and ensure that it is a collaborative service with multiple partners to ensure holistic care and support and reduce fragmentation
Make recommendations to commissioners to the next steps

5. Scope

List the areas you will cover within your project under ‘in scope’, and those that fall outside it under ‘out of scope’.

In Scope	Out of Scope
Berkshire residents	
Diagnosis of ASD and ADHD (comorbidity to be considered within service model)	**Mental Health Diagnosis (to consider comorbidity)**
Primary Care/GP interface – could this be a primary care service?	

6. Non-financial benefits and contractual implications

6.1 Non-financial benefits

Describe the key non-financial benefits

Working collaboratively across Berkshire will bring services together, which will result in less confusion for people using the services

Understanding the current demand on services and the needs of the population will give us greater understanding of how we commission services in the future and what specialist clinical and voluntary sector services are required

The long term aim of this project is to commission and operationalise an ageless service for people with Autism and ADHD which will focus on holistic support across the entire pathway of support for this population and therefore improve outcomes for individuals to lead a full and meaningful life.

6.2 Contractual implications and requirements

Summarise the key contractual implications

There would need to be a memorandum of understanding between the local authorities and CCG's if there is agreement of funding costs for the project team. One organisation would recruit the posts and the other organisations would then pay a contribution towards the salaries for the 6 months. The MoU would also encourage joint working, access to data and other sensitive financial information regarding services for ASD and ADHD including activity and outcomes of contracts.

7. Assumptions and constraints

Outline any assumptions made in relation to the key success factors of the project. Outline any constraints you foresee and how these will be dealt with.

Recruitment of project team would need to be completed in a timely fashion to enable to report to be written in 6 months

Recruitment of additional clinicians to backfill specialist clinicians to participate in the project team and ensure waiting lists do not grow even more

Agreement of all the organisations within the Autism Work Stream to develop a new service model is

continued and the project team would feedback to the Autism Work Stream who would be represented by all organisations involved

8. Project plan

Below is a summary of the project deliverables and milestones. A detailed project plan is attached at **Appendix B**

Month	Deliverable or milestone to be achieved
December and January 2017/18	*Business Case completed to take to the CCG's and LA committees for discussion and agreement*
January 2018	*Recruitment of clinical staff to support current BHFT services to reduce waiting times and participate in project team*
February 2018	*Autism Work Stream ToR and invitees agreed to ensure participation with all stakeholders and develop a work plan for the project team*
February/March 2018	*Recruitment of project team*
April 2018	Project team starts
October 2018	*Report and business case delivered to CCG's and LA for consideration of new service model*
Monthly	*BHFT to produce report of waiting lists and times*
	Needs to be tangible (… delivered; … published; … commenced; … completed; etc.)

9. Measurement and key performance indicators (KPIs)

KPI	Target	Current Performance	Frequency of Measurement	Data source
Report and Business Case outlining the objectives and deliverables			6 months	Report

10. Finance

10.1 How will the savings be realised?

Describe exactly how the project will achieve savings? For example: reduced appointments, reduced costs of prescribing, etc. Which organisation will the savings come from?

Not applicable at this time and will form part of the scope of the project team

10.2 Project costs, investments and savings

Below is a summary of the costs associated with delivery of the project and the savings to be realised. A detailed financial template is attached at **Appendix C (template for this to be provided).**

Costs / investments

Description	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	2021/22 £'000
Project Team	21 000				
Total	***Total A***	***Total B***	***Total C***	***Total D***	***Total E***

Savings

Description	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	2021/22 £'000
Total	***Total F***	***Total G***	***Total H***	***Total I***	***Total J***

Summary of financial impact

Description	2017/18 £'000	2018/19 £'000	2019/20 £'000	2020/21 £'000	2021/22 £'000
Total costs / investments	*Total A*	*Total B*	*Total C*	*Total D*	*Total E*
Total savings	*Total F*	*Total G*	*Total H*	*Total I*	*Total J*
Total net cost / (saving)	***A minus F***	***B minus G***	***C minus H***	***D minus I***	***E minus J***

11. Stakeholder engagement

Below is a summary of the project's key stakeholders and the approach to communications. A detailed communications plan is attached at **Appendix D**

The Autism Work stream will lead the engagement of the necessary stakeholders as part of the project team, they will advise the project team on the approach to communications with support from the communications team of each organisation

12. Patient engagement

Summarise how the project will involve patients in the design and implementation of the changes

As above

13. Interdependencies

Identify other projects or programmes which may be impacted or may have an impact on this project.

Project	Project lead	Brief description of impact

14. Quality Impact Assessment (QIA)

A full Quality Impact Assessment is attached at **Appendix E.** This has been approved and signed off by the Quality team.

15. Equality Impact Assessment (EIA)

A full Equality Impact Assessment is attached at **Appendix F.** This has been approved and signed off by Quality team.

16. Sustainability Impact Assessment (SIA)

A full Sustainability Impact Assessment is attached at **Appendix G.**

17. Risk register

See **Appendix H** for a full description of key risks and mitigating actions.

18. Issue Log

See **Appendix I** for a full description of key issues and planned actions for resolution.

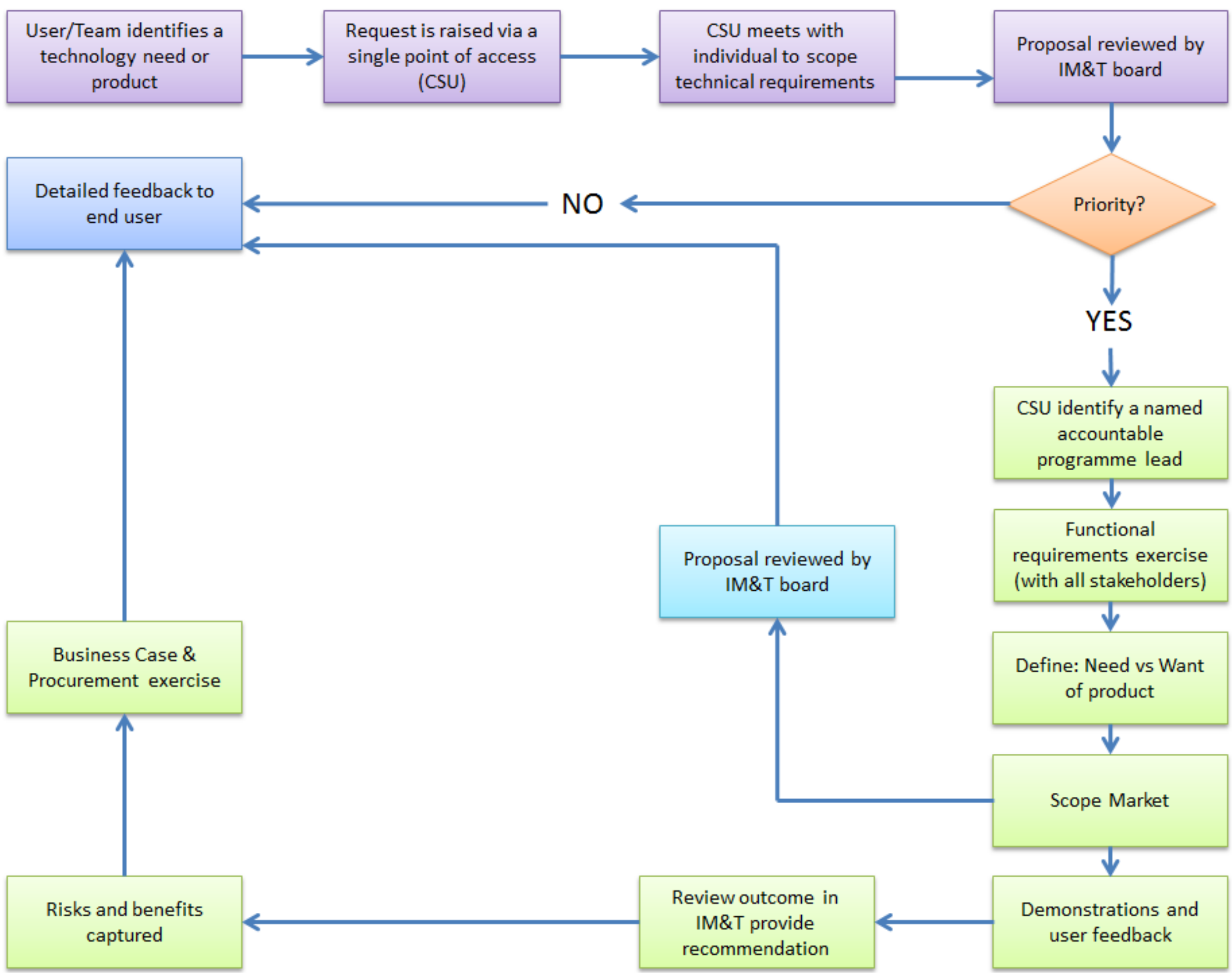
19. Logic Model

See **Appendix J** to evaluate the effectiveness of the project and develop measures to support outcomes.

20. NVoc Principles

See **Appendix K** for ensuring the project aligns with the New Vision of Care principles.

Appendix A – IT Procurement Process


User/Team identifies a technology need or product
Request is raised via a single point of access (CSU)
CSU meets with individual to scope technical requirements
Proposal reviewed by IM&T board
Priority?
NO
Detailed feedback to end user
YES
CSU identify a named accountable programme lead
Functional requirements exercise (with all stakeholders)
Define: Need vs Want of product
Scope Market
Proposal reviewed by IM&T board
Demonstrations and user feedback
Review outcome in IM&T provide recommendation
Risks and benefits captured
Business Case & Procurement exercise

Appendix B – Detailed project plan

Deliverable, milestone or key task	Activity	Lead	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Current Status	RAG rating
Deliver	*Recruitment of Project Team*	*CCG*												*x*	*Not required at FBC Stage*	
Milestone 1.1	*Report to CCG*	*Project Team*						x								
Key task 1.1.1																
Key task 1.1.2																
Milestone 1.2																
Key task 1.2.1																
Key task 1.2.2																
Deliverable 2																
Milestone 2.1																
Key task 2.1.1																
Key task 2.1.2																
Milestone 2.2																
Key task 2.2.1																
Key task 2.2.2																

RAG criteria	
	Deadline for deliverable or milestone to be achieved
	Work in progress towards milestone
	Action completed or on track with no issues
	Some risk – but potential to resolve or mitigation already in place
	Significant risk (timescale, delivery, budget, etc.)

Appendix C - Financial template

To be supplied by Finance team – KG template may be an option for QIPP schemes

Appendix D – Communications plan

Target audience	Mechanism for communication	Message	Target date (week commencing)	Lead(s)	Completed?
e.g. Clinical Chairs	*Face-to-face meeting*	*Project launch*		*Name(s)*	*Tick*
Stakeholders (which includes some servicer users and carers and experts by experience)	**Autism Work stream and East and West 'Working together for Autism' Group**	**Discussion of project idea and working up information to develop project team business case**			
Local Authorities	**To be agreed**	**To ensure understanding of the project, investment both financially and with resource and access to data and information required**			

Appendix E – Quality Impact Assessment

Project Title	
Project Lead	
Project Start Date	
Date of QIA Completion	
Person Completing QIA	
Project Summary	
Key Issue Raised in QIA	

Summary of Quality Impact Assessment	**Outcome**	**Positive**	**Neutral**	**Negative**	**Not Applicable**

Summary of Clinical Assessment (risk matrix as below)	**Impact**	**Likelihood**	**Risk Score**

5X5 Clinical Risk Assessment Matrix					
Assessment of Impact of Risk					
Impact	**1 - None**	**2 - Minor**	**3 – Moderate**	**4 - Major**	**5 - Catastrophic**
Clinical Safety	No impact on service user	Minimal impact of service user which could directly affect their experience but will have no foreseeable impact on health and wellbeing	Moderate impact on Service user which will directly affect their experience and will require amendment to their current care delivery model. This **may** affect health and wellbeing	Major impact on service User which will directly affect their experience and will require major changes to their current care delivery model. This **is likely to** affect the health and wellbeing of the individual and support network.	Significant impact on Service user which will radically change their experience with a potential for significant adverse effect on their health and wellbeing. This **will affect** a number of service users, partner agencies and support systems.

Assessment of Likelihood of Risk		
1	Rare	May occur in exceptional circumstances (1 in 1000 or less)
2	Unlikely	Could occur at some time (1 in 100 to 1 in 1000)
3	Possible	Might occur at some time (1 in 10 to 1 in 100)
4	Likely	Will probably occur in most circumstances (1 to 10 to evens)
5	Almost Certain	Is expected to occur in most circumstances (evens to certain)

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Certain
1 – Minimal	1	2	3	4	5
2 – Minor	2	4	6	8	10
3 – Moderate	3	6	9	12	15
4 – Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25

Quick Reference Guide			
Patient Safety	Clinical Effectiveness	Patient Experience and Involvement	Well Lead
- What are the current patient safety concerns? - How do you know that the service developments will be safe? - What measurement/metrics will you use to demonstrate safety? **Any Questions?** Jo Greengrass – joanne.greengrass@nhs.net	- What clinical evidence demonstrates best practice? - How is the clinical evidence being used? - What more needs to happen to make sure best practice is achieved and patient outcomes improved? **Any Questions?** Appropriate professional lead	- What do patients and carers say about the current service? - How will patients be involved in the decision-making process? - How will the patient experience be monitored? - Will patient choice be affected? - Anticipated level of public support? **Any Questions?** Jo Greengrass – joanne.greengrass@nhs.net Fiona Harcombe – Fiona.harcombe@nhs.net	- What do staff think of the current service? - How will they be involved in the changes? - Are there any workforce issues identified? - What governance arrangements are in place to ensure a safe and effective service? **Any Questions?** Jo Greengrass – joanne.greengrass@nhs.net

Quality Assessment Tool	
In healthcare, quality includes patient safety, patient experience and patient effectiveness. These domains include Dignity and Respect and the effects of planned changes on workforce.	
What is a Quality Impact Assessment (QIA)?	This is a tool to help develop service change. It should be used at the *beginning* of a process to inform its development, ensuring that the core pillars of quality are covered and that the service is developed in a comprehensive way, based on rounded data and intelligence. The tool begins with some overarching questions in the quick reference guide. If there are any aspects of those questions which cannot be satisfactorily answered, there are prompts in the following workbook which will help provide assurance that the service is developing robustly. It is not a requirement that each section needs to be methodically worked through, but intended as a tool to help where there are gaps in knowledge or experience.
Why undertake a QIA?	When a change to a service/care pathway is proposed, commissioners must ensure that the proposal has only **positive effects** on patient safety and patient experience, and are evidence based, and demonstrate best practice. Only then can we be assured of high quality care. Commissioners also need to demonstrate that issues of workforce planning and skills transfer, together with education and training have been appropriately considered. This tool will enable commissioners to be assured that all essential factors are being considered and addressed through the development of service design.
Who undertakes a QIA?	The team responsible for service design should begin the QIA at an early stage, to ensure compliance with statutory requirements. The Quality team is available to discuss any areas that need clarification or guidance.
Ratings	Use the form to make notes from which the self-assessment rating can be determined. The QIA threshold result is designed to provide an assessment of the perceived impact that the service development will have on the quality of care delivered. Whatever the outcome of the threshold result, there may be individual indicators rated as having a negative impact on quality. In that case, due consideration should be given to all of these to establish how the scheme/plan could be changed to improve the quality impact or to ensure that on balance, the scheme is worth pursuing. In these cases, the reason for the decision to go ahead should be clearly documented.

The QIA Threshold Key	
Outcome	**Suggestion – the assessment suggests that the plan/scheme:**
Negative	This development will have a negative impact
Neutral	There is no anticipated change in the impact of this development
Positive	This development will have a positive impact
Not Applicable	This question is not relevant at this time
Please take care when completing this assessment. A carefully completed assessment should safeguard against challenge at a later date	

Patient Safety			
What is the potential impact of the service development on patient safety?	**Use these prompts to help you comprehensively evaluate the plans**	**Information to inform the self-assessment**	**Self-assessment**
What are the known patient safety issues within the current service? (as identified by national/local audits, SIRIs, incident trend analysis, complaints, CQC and other external inspections, staff observations/feedback)	**Has the current safety of the service been evaluated and known patient safety risks identified?** Prompts to consider - Specific safety issues within this pathway or service. - Analysis of available data/information to identify themes and trends. - The way on which the planned changes will address the identified patient safety issues. - Impact on preventable harm.	Increase in awareness Political agenda Local feedback Service information	Waiting times are long Positive feedback from Adult service once person assessed Little non clinical follow up and support
How will the planned changes to service provision provide evidence of improved or continued safe care?	**What are the current assurances in place for reviewing this service – if it is a new service what mechanisms will be used?** Prompts to consider Existing patient safety measure metrics to provide assurance that the changes made to the pathway/service are improving patient safety or reducing the risk of harm. - Processes to review patient safety measure to provide assurance - Has there been a quality assurance visit? - Levels of turnover, staff training and education, appraisal and personal development planning and staff feedback		Project team to specify new measures and outcomes for service through engagement with project team
Do the plans include changes to treatment involving medications (including prescribing, administration or security)?	**Have you discussed with the medicine optimization team?** Prompts to consider - Patient safety. - Competency in medicine administration. - Systems in place to ensure appropriate monitoring of patient outcomes/safety.		This will need discussion by the project team at the appropriate time, to enable prescribing for ADHD medication as part of the service specification for the new model of care
Will the plans impact positively or negatively on the organisation's duty to protect children, young people and adults?	**Protocols to consider include:** - The NHS Constitution - Partnership working - Safeguarding children and adults - DOLS and MCA		Positively identify vulnerable children and adults. As part of the service specification will consider safeguarding protocols.
Do the planned changes require ratification through a governance process?	**In the event of a legal challenge, how thorough is the ratification process?** Prompts to consider - Current statuses/professional standards e.g. Mental Capacity Act, Mental Health Act, Dangerous Drugs Act, Children's Act, GMC, NMC etc. - Involvement of the appropriate specialist - Responsible committees within each organisation and across the pathway *(Please note these may be outlined within the NICE Guidance).*		

Clinical Effectiveness			
Please look through the evidence required below and respond to those that relate to you service development	**Use these prompts to help you comprehensively evaluate the plans** **The CCG supports the use of NICE guidance where available and the use of NICE Quality Standards.**	**Information to inform self-assessment**	**Self-assessment**
Are the NICE Guidance and/or Quality Standards associated with this business case/service change/redesign	- Which NICE Quality Standards are identified? - If there is no relevant Quality Standard, has other accredited evidence been sourced? If yes, please state which/ - If there is no relevant accredited evidence, will good practice be defined by carrying out research? - Are there protocols or guidelines written which specifies good practice?		NICE Guidelines for ADHD recommend provision of a diagnostic and treatment service for adults and children and liaison between the two to improve transition. Treatment for adults demonstrates a cost effective approach. The Autism Act 2010 instructed NHS to provide appropriate services for people with ASD and ADHD
Are the planned changes or service redesign in line with the most-up-to-date guidance ensuring the business case is evidence based?	- Has a baseline assessment against the recommendations/indicators been undertaken? - Does the plan reflect the Quality Standard Indicators? - Are there gaps? If there are gaps, how will these be addressed? NICE baseline assessment tool can be accessed from: www.nice.org.uk		Both guidelines above as well as the most up to date research and clinical guidelines will be considered in the development of the new service model
What plans are in place for clinical audit or evaluation once changes have been imbedded into practice?	Audit against standards outlined in NICE guidance or professional standards. USE the NICE clinical audit tool where available www.nice@org.uk		
Health Outcomes	What are the expected health outcomes for patients? - How will the success against your expected health outcomes be measured? - How do these compare with other available treatment or care?		Project team to develop outcomes based on evidence and stakeholders

Patient Experience			
What is the potential impact of the service development	**Use these prompts to help you**	**Information to inform self-assessment**	**Self-assessment**
What do patients and carers say about the service?	Use positive and negative feedback from them: - PALS and complaints - Patient Opinion - Surveys - Real time feedback - Focus groups - Healthwatch - FFT - Patient panel		SEND inspectors – wait times for CAMHS too long Adult services 96% of people would recommend service to friends and family 80% of adult reported a positive effect on the quality of life following the outcome of assessment
How will the patient experience of the new service be monitored?	How will feedback be collected? Who will be analysing is and when?		To be developed
Will patient choice be affected?	Will choice be reduced, increased or stay the same? - Do the plans support the compassionate and personalised care		As part of the stakeholder engagement - people using the current services will be co designing the

	agenda?		service. There will be an enhanced offered of support for both groups of people
What level of public support for this service development is anticipated?	Do you expect people to: - Be supportive - Be a little concerned or - Contact their MP or the press as a result of their objections?		Supportive
Has the patient/public been consulted on the changes?	Consultation Patient Panel		

Need a tool to help you?
http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_perspectives.html

Well Lead			
What is the potential impact of the service development	**Use these prompts to help you**	**Information to inform self-assessment**	**Self-assessment**
Have staffing, skill mix and workload issues been considered within the plans?	**What assurances have the service providers given with regard to assessing their workforce requirements to deliver this service/pathway safely?** Prompts to consider: - Skill mix, recruitment activity, vacancy		
Does the leadership management and governance of the organisations assure the delivery of high-quality person-centred care?	- Response to complaints and incidents - Is quality a priority for the new service		
Does the organisation support learning and innovation, and promote an open and fair culture?			
Are staff aware of the whistleblowing policy?	Whistleblowing policy		
Would staff recommend the service to family and friends?	FFT Results		

Appendix F – Equality Impact Assessment – this will be completed as part of the project team roles

CCG Equality Impact Analysis – The EIA Form		
1. **What is it about?** Refer to equality duties	- What is the proposal? - What outcomes/benefits are you hoping to achieve? - Who is it for? - How will this proposal meet the equality duties? - What are the barriers to meeting this potential?	*Comments here…*
2. **Who is using it?** Refer to equality duties	- What data evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/ local trends)?	*Comments here…*
3. **Impact** Refer to dimensions of equality & equality groups	- Show considerations of age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view, gypsies & travellers, sex workers, people who misuse drugs & alcohol Using parts 1 & 2 does the proposal: a.) Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified? What can be done to change this impact? b.) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups? Does further consultation need to be done? How will assumptions made in the analysis be tested?	*Comments here…*
4. **So what?** Link to the business planning process	- What changes have you made in the course of this EIA? - What will you do now and what will be included in future planning? - When will this be reviewed? - How will success be measured?	*Comments here…*

Appendix H – Sustainability Impact Assessment

Sustainability Impact Assessment	
Please consider the following implications in relation to your proposed business case:	
Will your proposal reduce or minimise the use of energy, especially from fossil fuels?	*Comments here…..*
Will your proposal reduce or minimise carbon dioxide equivalent emissions from NHS activity?	*Comments here…..*
Will your proposal reduce business miles and encourage walking, cycling, and the use of public transport?	*Comments here…..*
Will your proposal reduce or minimise the production of waste, and increase the re-use and recycling of materials?	*Comments here…..*
Will your proposal encourage the careful use of natural resources, such as water?	*Comments here…..*
Will your proposal encourage improved health by protecting and promoting the use of green space?	*Comments here…..*
Will your proposal improve local conditions, especially in disadvantaged areas e.g. encourage social inclusion, develop business and social enterprise or develop the workforce and labour market?	*Comments here…..*
Will your proposal reduce social and health inequalities?	*Comments here…..*

Appendix I – Risk register

Please include the key risks to the successful delivery of your project in-line with the strategic objectives along with mitigating actions in the table below:

***Please Note:** A project risk is an **uncertain** event or condition that, **if** it occurs can have a negative effect on a project's objectives.*

Probability of Risk			Impact of Risk				
1	Rare	May occur in exceptional circumstances (1 in 1000 or less)	1 – Minimal	2 – Minor	3 – Moderate	4 – Major	5 – Catastrophic
2	Unlikely	Could occur in at some time (1 in 100 or 1 in 1000)	A risk that, if it occurs, will have little or no impact on achieving outcome objectives.	A risk that, if it occurs, will have a minor impact on achieving desired results, to the extent that one or more stated outcome objectives will fall below goals but well above minimum acceptable levels.	A risk that, if it occurs, will have a moderate impact on achieving desired results, to the extent that one or more objectives will fall below goals but above minimum acceptable levels	A risk that, if it occurs, will have a significant impact on achieving desired results, to the extent that or more stated outcome objectives wall below acceptable levels.	A risk that, if it occurs, will have a severe impact on achieving desired results, to the extent that one or more of its critical outcome objectives will not be achieved.
3	Possible	Might occur at some time (1 in 10 or 1 in 100)					
4	Likely	Will probably occur in most circumstances (1 to 10 to evens)					
5	Almost Certain	Is expected to occur in most circumstances (evens or certain)					

Risk Rating Matrix	1 – Rare	2 – Unlikely	3 – Possible	4 – Likely	5 – Certain
1 – Minimal	1	2	3	4	5
2 – Minor	2	4	6	8	10
3 – Moderate	3	6	9	12	15
4 – Major	4	8	12	16	20
5 – Catastrophic	5	10	15	20	25

Risk ID	Risk Description	Risk Owner	Overall Rating	Risk Mitigation

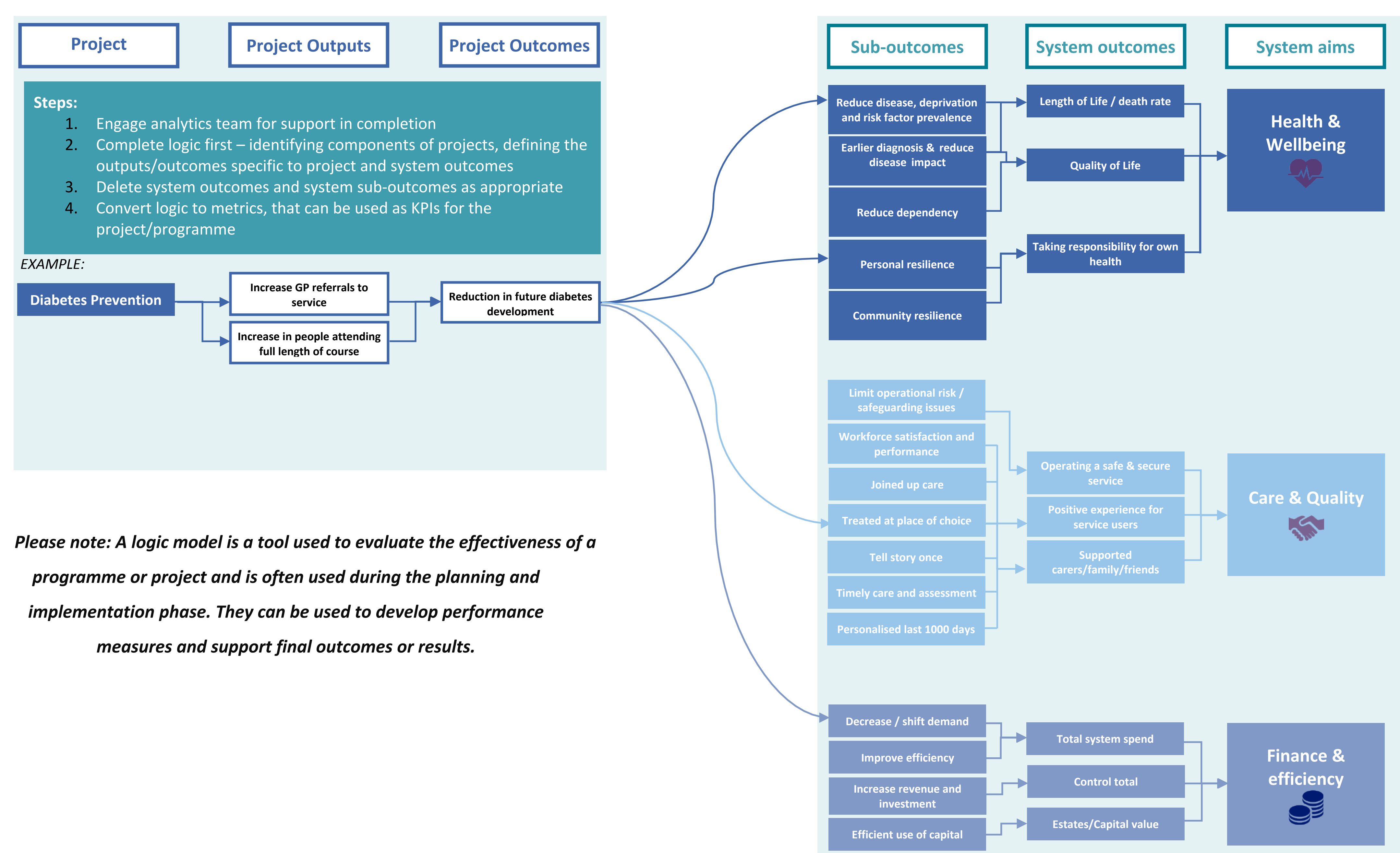
Appendix J – Issues Log

Please include any current issues you are aware of that may impact the delivery of this proposed project in the table below:

Please Note: *A project risk and issue are different, where a risk is an uncertain event; an issue is a* ***current*** *event that needs a* ***response*** *through action and resolution.*

Issue ID	Issue Description	Issue Owner	Priority	Action/Resolution	Due Date	Status Update

Appendix K – Logic Model



Appendix K – NVoC Principles

Principle	Diagram	Description
1. **Respect**		Health, wellbeing and quality of life is promoted, and choices and capabilities respected, so that people stay independent for as long as possible.
2. **Person centred care**		Goals and ambitions of residents, their carers and families will drive the way we provide care and support.
3. **Navigation**		The system will be easy to navigate for all parties so that residents, their carers and families will get the right care at any time of day or night - the right thing to do will be the easy thing to do.
4. **Joined up care**		The care experienced by residents, their carers and family will be integrated and make good use of all the strengths in the local system, including the voluntary sector.
5. **Quality of care**		People will receive high quality and holistic support and care.
6. **Story once**		Residents, their carers and family will tell their story once and all necessary information will be securely shared and accessible to all those who need to know to deliver support and care at the right time.
7. **Public pound**		Care provided will be adaptive and flexible, sustainable and affordable.
8. **Safeguarding**		Safeguarding and high quality of care is assured through effective and efficient system wide governance.
9. **Coordinated care**		Residents, their carers and family as well as staff that are providing care, are able to influence changes within the health and care system.