



Lancashire and South Cumbria
Children and Young People's
Emotional Wellbeing and Mental Health
Transformation Programme

Report:

Summary of THRIVE Design Workshop1
Access to all Quadrants

Summary of THRIVE Design Workshop 1 – Access to all Quadrants

The first workshop for the CAMHS THRIVE redesign for Lancashire and South Cumbria took place on the 1st to 5th April 2019.

In building upon the high level design work in Phase 1 of the THRIVE programme, the remit for the workshop was:

To define how the Single Point of Access system for the Care Partnership will operate. To discuss who will do what, when, how, with what skill sets, and what the final result will be. In doing so, the participants observed the principles agreed in Phase 1, ensuring that the six things that children and young people asked us to fix were incorporated throughout discussions.

Key principles agreed during Workshop 1 - Access to all Quadrants

- No wrong ‘front door’ - we will accept referrals from a range of sources including the young person themselves and their family, and through a range of methods including online and telephone, urgently when needed
- Provide easy and informal access to information, help and advice for young people and their families, so they can ask for help themselves, share information and be respected in that
- Offer a self, parent/carer- and professional-referral and advice service, with informal discussions available to ensure referrals are made to the right place first time across the Care Partnership and beyond, with a collective ownership approach
- Gather and share information appropriately to help the young person and their family, removing the need to repeat information

The co-production and participation process

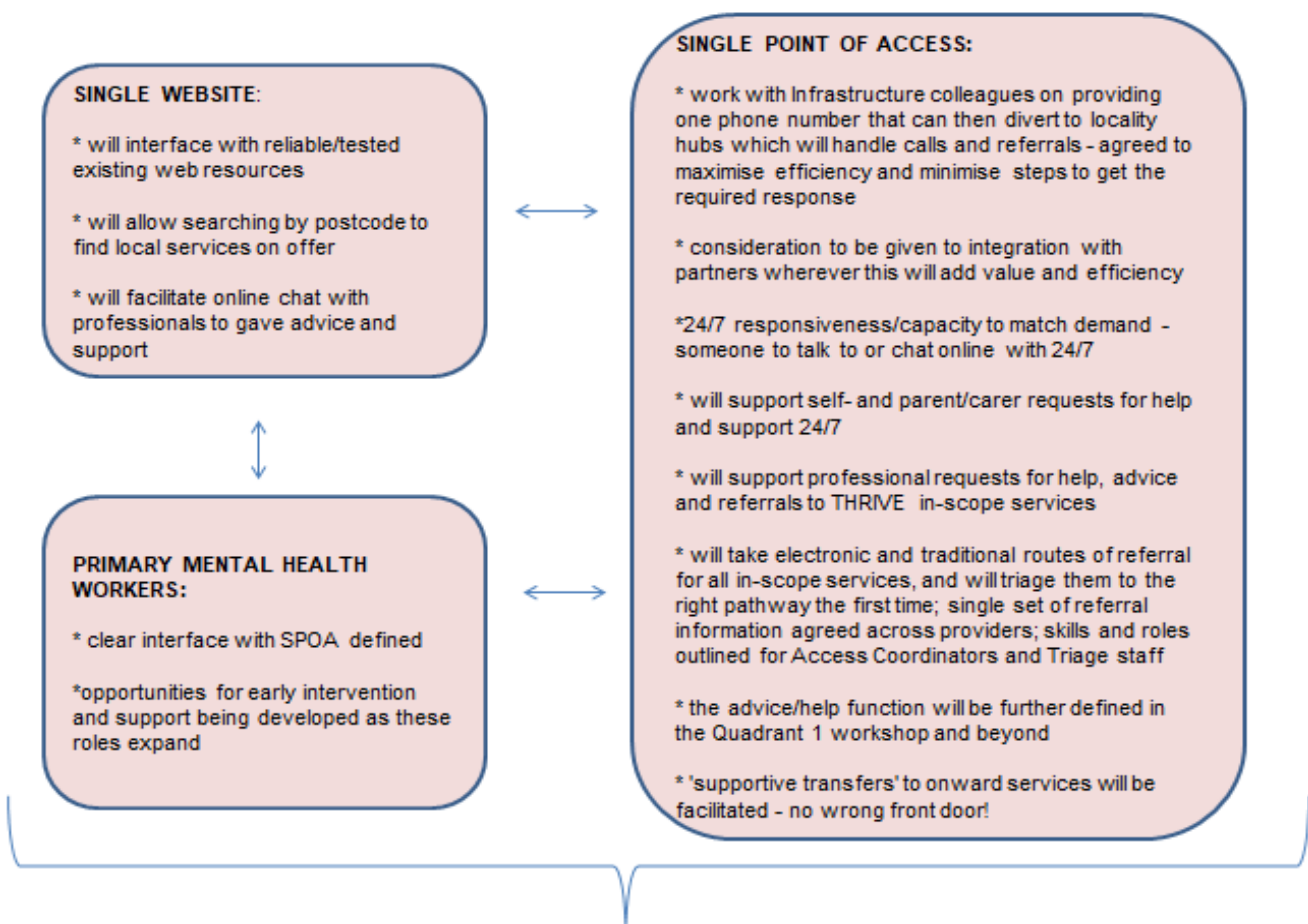
The workshop group ‘in the room’ consisted of staff from across Health, Social Care, Education and 3rd Sector providers, joined by a parent representative. Children and young people were engaged with face to face and via closed Facebook formats, with questions posed each day from the group ‘in the room’ out to the children and young peoples’ group. The children and young peoples’ group then fed back their thoughts and opinions each morning. This feedback loop was repeated each day in order to establish an iterative participation process.



The summary drawing (see figure below) outlines the Access Routes in more depth and the key elements that underpin these, including the following:

- Telephone and online advice, information, support and referral handling – a single telephone number for THRIVE Care Partnership services, and a single website - opportunities for widening the services in scope in the future have been considered and are not limited by the design proposed
- Face to Face access points, and what the best options would look like in what scenarios
- The interface between the Access system and the Primary Mental Health Worker roles, which form a key access point in themselves (to be further defined in the Quadrant 1 workshop and beyond)
- The guiding principles that this will be a system which facilitates self-, parent/carer- and professional referrals across the system, ensuring the person in need gets the right service the first time, from options across the Care Partnership and beyond

ACCESS ROUTES:



FACE TO FACE ACCESS TO SERVICES:

- * community-based options to be created in each locality, with flexibility across the week
- * hospital-based access points/assessment environment designs considered
- * S136 environments considered
- * a 'place to stay' - review of existing options across Social Care and VCS, proposed and options for providing the best alternatives to admission where a place to stay would be of benefit for short periods

THRIVE IN-SCOPE SERVICES

QUADRANT 1 - ADVICE AND INFORMATION

QUADRANT 2 - GETTING HELP

QUADRANT 3 - GETTING MORE HELP

QUADRANT 4 - GETTING RISK SUPPORT

It is expected that all 4 Health providers and 13 VCS commissioned services will provide parts of all quadrants to varying degrees. How these services will be delivered will be defined in the upcoming workshops, along with their transitions and interfaces



Partner services in each locality and beyond - 'supportive transfer' model

Detailed Design Element Agreed

- That the Access system will operate 24/7 with a telephone and/or online offer (staffing structured to meet demand) that allows young people and their families/carers to ask for help at any time of the day or night, and to receive a skilled response without delay – these requests may directly result in referrals to services if required
- That infrastructure and processes will be investigated to facilitate a single telephone number for Lancashire and South Cumbria THRIVE that allows calls to be passed to locality hubs that will provide advice, support and triage of requests for help. If infrastructure solutions do not allow this technical diversion with accuracy, the programme will revisit discussions in this workshop around a centralised Access point/team for all ICPs and how that centralisation is balanced to ensure local knowledge is maintained – efficiency and quality of service to be paramount throughout
- That a single website will be created for the THRIVE services, which will allow searching by postcode for services in your area, and will only link to reliable and tested sources of information. This website will facilitate online chat with skilled professionals 24/7 and may form the key option for out of hours lower level support to individuals and their families. This would run in parallel to a more focussed crisis and liaison support for those with greater needs out of hours, this will be defined in later workshops
- That the Access system will be staffed by ‘Access Coordinators’ – a newly designed role for non-clinical staff with a defined skill set and approach, working within a defined set of processes. Access Coordinators will take calls and forward those with clinical need to Triage Clinicians
- Triage Clinicians will have the right skills (defined), experience and autonomy to make decisions on various requests for help, but with immediate support from colleagues within the Access Team and ultimately a wider MDT for more complex cases
- Triage clinicians will also handle referrals by other methods (electronic, post, etc.) on behalf of the THRIVE services. Their judgement on the pathway needed for any referral will be based on sound information gathering and will be trusted by the onward services (not re-triaged)
- A comprehensive offer of options for places to access support Face to Face should be available across the localities, primarily in community settings, with hospital and detention settings redesigned and improved for purpose and focussed closely on those who require that level of care. Workshop 1 has opened design conversations, there will be more discussion to follow in each quadrant workshop
- That options for a ‘place to stay’ should be reviewed in each locality, taking into consideration what is provided by Local Authority and 3rd Sector – that these environments play a key role in new pathways which should be built upon as the workshops go forward
- The future care model is fully accessible to all, including groups with low engagement and those with particular needs
- That staff wellbeing in this system is paramount - ways of supporting this were scoped out by the workshop group.

Next Steps

Outputs from Workshop 1, including detailed design work, will be taken into the upcoming workshops. The design detail will be further refined and added to as the modelling process progresses with the aim of creating a comprehensive and holistic model by the end of Workshop 7. Below is a summarised list of principles defined as well as elements to be further explored.

- agreed common principles for SPOA and locality hub delivery models
- processes for operation of SPOA defined, along with staff skills required, and triage process defined
- accessibility for all considered - more to do as workshops progress
- designs for environments scoped in outline - more to do as workshops progress
- designs for online content scoped in outline - more to do as workshops progress
- it and estate requirements scoped in outline - more to do as workshops progress
- advice and information, and how it will be provided, will be further developed as workshops progress
- staff wellbeing for those working in the access system was identified as key, with suggestions made as to how this would be best supported

For further information or to feedback on any points raised, please contact healthierlsc.communications@nhs.net

