



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

Report:

Summary of THRIVE Design Workshop 2
Quadrant 1 – Advice & Information

Summary of THRIVE Design Workshop 2 – Quadrant 1 – Advice and Information

The second workshop for the CAMHS THRIVE redesign for Lancashire and South Cumbria took place from the 15th to 18th 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 advice and information will be given across the Care Partnership. 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 2 - Advice and Information

- 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 young person on the final day. 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 members of the Workshop agreed the design which came from the Access Workshop which included 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

Detailed Design Elements Agreed

- Access to advice - points include: Single Website, which is searchable per locality, Single Phone Number and Hubs in the ICP localities – including 24/7 access via these methods and web chat
- As well as these access points that will enable advice and information to be provided, there will also be support and advice offered in Community settings such as schools and neighbourhoods by Primary Mental Health workers, this may include a range of settings, e.g. café style drop-ins
- The group identified that there are different levels of advice and information, including:
 - Formal/professional (may require 1-3 sessions of ‘meaningful’ intervention which may be self-contained or require further follow up in other care quadrants. Likely to be provided by the PMHW or SPOA)
 - Informal (one off answers to questions sign posting receipt of advice from other sources, likely to be provided by the generic entry routes such as website, webchat, or via SPOA or PMHW)
- These requests for advice and information may be:
 - Actively sought
 - Spontaneous
 - From professionals
 - Personal Requests
 - Specific
 - Educational
 - Supportive
 - Directive
 - Reassurance/containment
- This information and advice could be given in the following ways:
 - Verbal (e.g. PMHW,SPOA, Drop-in, outreach)
 - Digital interactive (e.g webcat, KOOTH, social media, text, or other online digital interactive information interface)
 - Websites, non interactive webpages and links
 - Written (e.g. email, fax, website enquiry, post, web based information)

N.B. The group acknowledged that the information and resources should have the broadest range of accessibility available and that only trusted accredited information sources will be used.

The following functional areas of advice and information were identified as being skills required by the “Call Handler/Access Coordinator” and were identified as:

- Information giving - administrative and process
 - Waiting times – changing appointments, etc.
 - Clarification of services
 - Signposting
 - Medication and prescription

- Advice Provision
 - Crisis Calls – emergency
 - Specific Mental Health issues
 - Planned Referrals
 - Support and reassurance
 - Signposting

- Advice and support for professionals
 - Sound boarding
 - Peer advice

Additional Key observations for online/digital offerings from the group have included:

- KOOTH was identified by those in the room as the best digital offer for a texting and webchat platform as it is already up and running in some areas and is working well. This would have to be commissioned in all areas for everyone to use with links to this site from the main website
- It was identified that it is a full time role required per ICP Locality to develop and maintain the service directory
- The website is searchable for information by locality
- Young Minds is a well established website which is maintained and kept up to date. It was agreed that this website would be used for information and pages from the Young Minds website will be accessible via the main website

Additional Key observations for data and information management from the group have included:

- The recording of information and advice was discussed and it was identified that not all information needs to be recorded, such as venue information or switchboard type functions. It was however identified and agreed that every call would need to be recorded in terms of data collection.
- A Wrap-Up Telephony Option was agreed whereby following every call, the call handlers are allowed time to ‘wrap up’/complete their call. Their phone will not accept any further calls until they have recorded the content of the call (if appropriate) and then recorded the type of call from a drop down

list which will then reactivate the telephone for the worker. This will enable the data to be collected for future planning of services and what is required and at what times, etc.

- Staff wellbeing and supervision was identified as very important in this front end of the service

Next Steps

Outputs from Workshop 2, 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.

Demand data, to help us to understand how many staff of what kinds are needed to support this kind of access and advice service, will be gathered and analysed over the coming months.

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
- agree the role of PMH Workers in line with the provision of 1-3 sessions of meaningful advice
- agree referral co-ordinator role and responsibilities and the provision of 'information only' and/or advice provision
- agree the support system or support worker to escalate cases depending on severity of caller issue. e.g referral to emergency services or a call back within the hour from a Band 7
- 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
- IM&T 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

