



# Report:

Summary of THRIVE

Design Workshops 3 & 4

Getting Help & Getting More Help  
(Quadrants 2 & 3)

## **Summary of THRIVE Design Workshops 3 & 4 –Getting Help and Getting More Help**

The third workshop for the CAMHS THRIVE redesign for Lancashire and South Cumbria took place from the 29<sup>th</sup> April to 3<sup>rd</sup> May 2019. The Thrive Quadrant covered in this workshop was Quadrant 2 - Getting Help. It quickly became apparent at the beginning of the workshop that Quadrant 2 had a lot of overlap with Quadrant 3 – Getting More Help. It was discussed and agreed with the participants within the workshop, the Programme Manager and the Commissioners that Workshop 3 and Workshop 4 (13<sup>th</sup> to 17<sup>th</sup> May), would be combined in order to cover the vast amount work relating to these two quadrants. Combined, these quadrants focussed on ‘Getting Help’ and ‘Getting More Help’. The themes of ‘crisis’, ‘access in’, ‘urgent situation’ and also the ‘Urgent Care offer’ were revisited and/or focussed upon throughout the workshops.

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

*To define how getting help and getting more help will be received 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 Workshops 3 & 4 – Getting Help & Getting More Help**

- Treatment Options - we will offer a choice of treatment options, with information of each available to the young person through various channels including a comprehensive web based format. All treatments will comply with NICE guidelines for best practice
- Co-Production - we will work in tandem with all relevant partners and providers to ensure the young person receives not only the most effective treatment, but that it is delivered by the right person/team, at the right place and in good time
- Transparency - we will share information with all providers within the partnership and work towards integrating systems so that the young person does not have to repeat their story at every appointment
- Transitions - we will ensure that any transitions between services or discharge from services, or from CAMHS to Adult Mental Health are planned and discussed with the young person, and that expectations are discussed to prevent anxieties and fears of changing services or being discharged. This will require other services outside of the scope of this design to work with us.



- Crisis – We decided that ‘crisis’ was not a suitable term, due to various negative connotations. After discussion it was decided that ‘urgent response’ could be used as an alternative. ‘Urgent response’ can be in a hospital setting or wherever the child is. An urgent response should be provided between 1 to 4 hours by triage and assessment teams via a Single Point of Access (SPOA). We would also provide home-based treatment, such as ‘urgent support’. If a child is already on a pathway and requires additional support this will be provided via an ‘urgent response team’.

### **The co-production and participation process**

The workshop group ‘in the room’ consisted of staff from across health, social care, education and voluntary, community and social enterprise providers, joined by four young people at various points throughout the two weeks. Children and young people were engaged with face to face meetings and via closed Facebook group 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. One of the young people also facilitated their own piece of work utilising the questions from the ‘in the room’ workshops and received 750 replies from children and young people and presented this back to the participants of the fourth workshop.

### **Principles for Access- Revisited and Clarified at Week 4**

In order to develop Quadrants 2 & 3 comprehensively it was necessary to reference back to the Access and Quadrant 1 outputs to ensure continuity and fitness for purpose across the whole continuum of the care. The members of the Workshop agreed the following parameters from the Access Workshop:

- 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

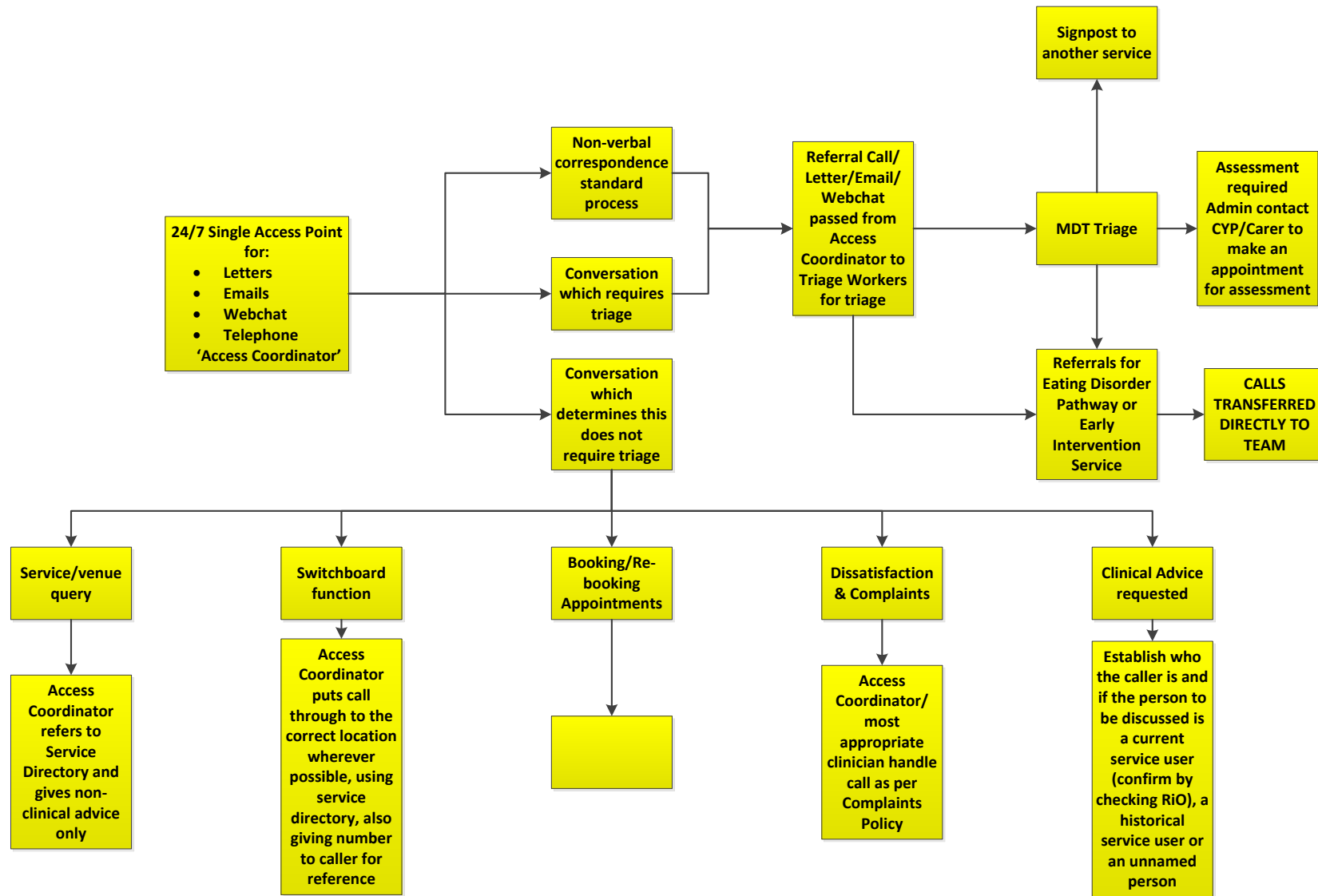
The summary drawing (see figures on next page) outlines the process from Access, Getting Advice, Getting Help and Getting More Help. Each of the steps within the process map have a detailed account of what will be offered to the Children and Young People, their families and carers.



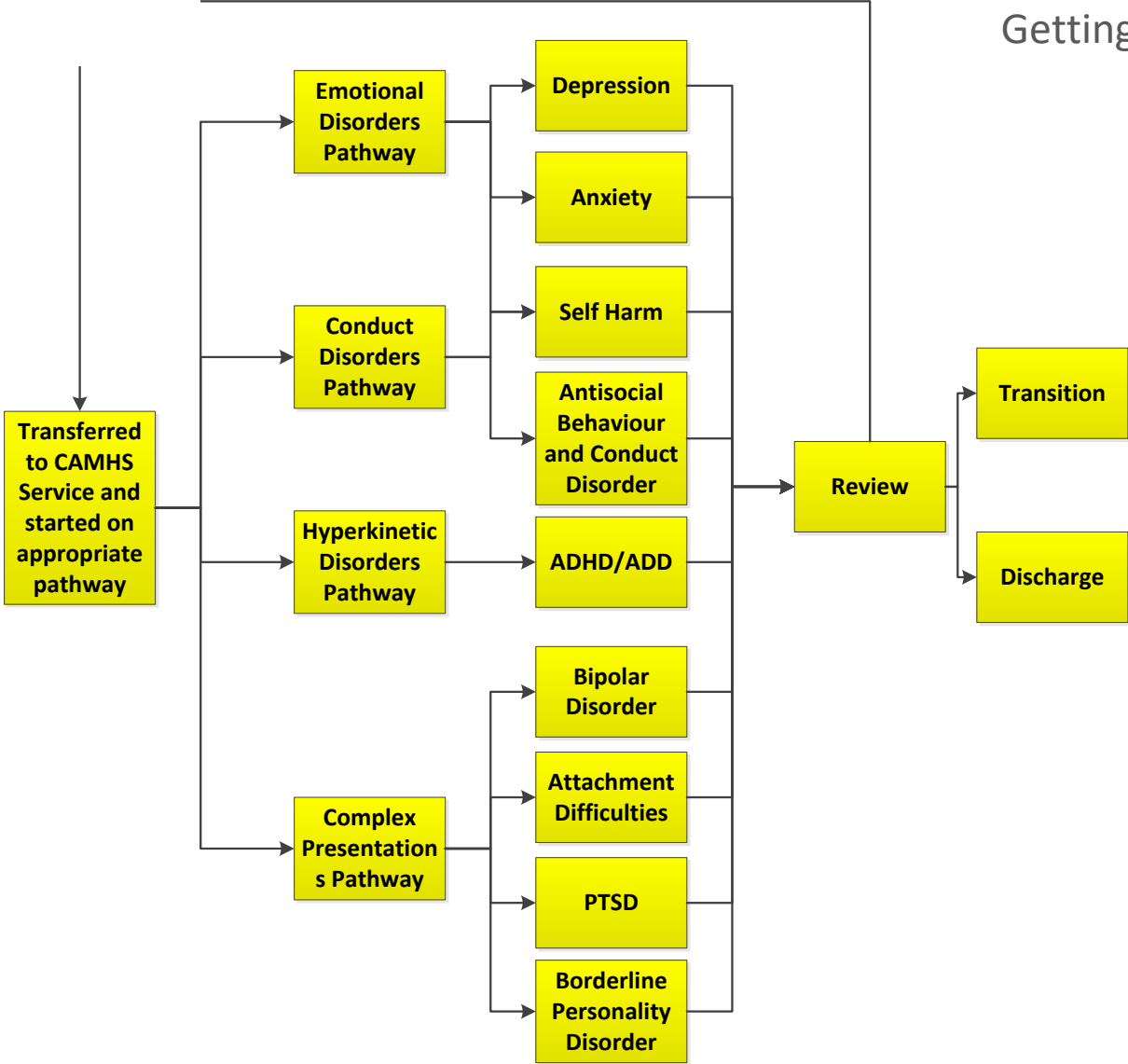


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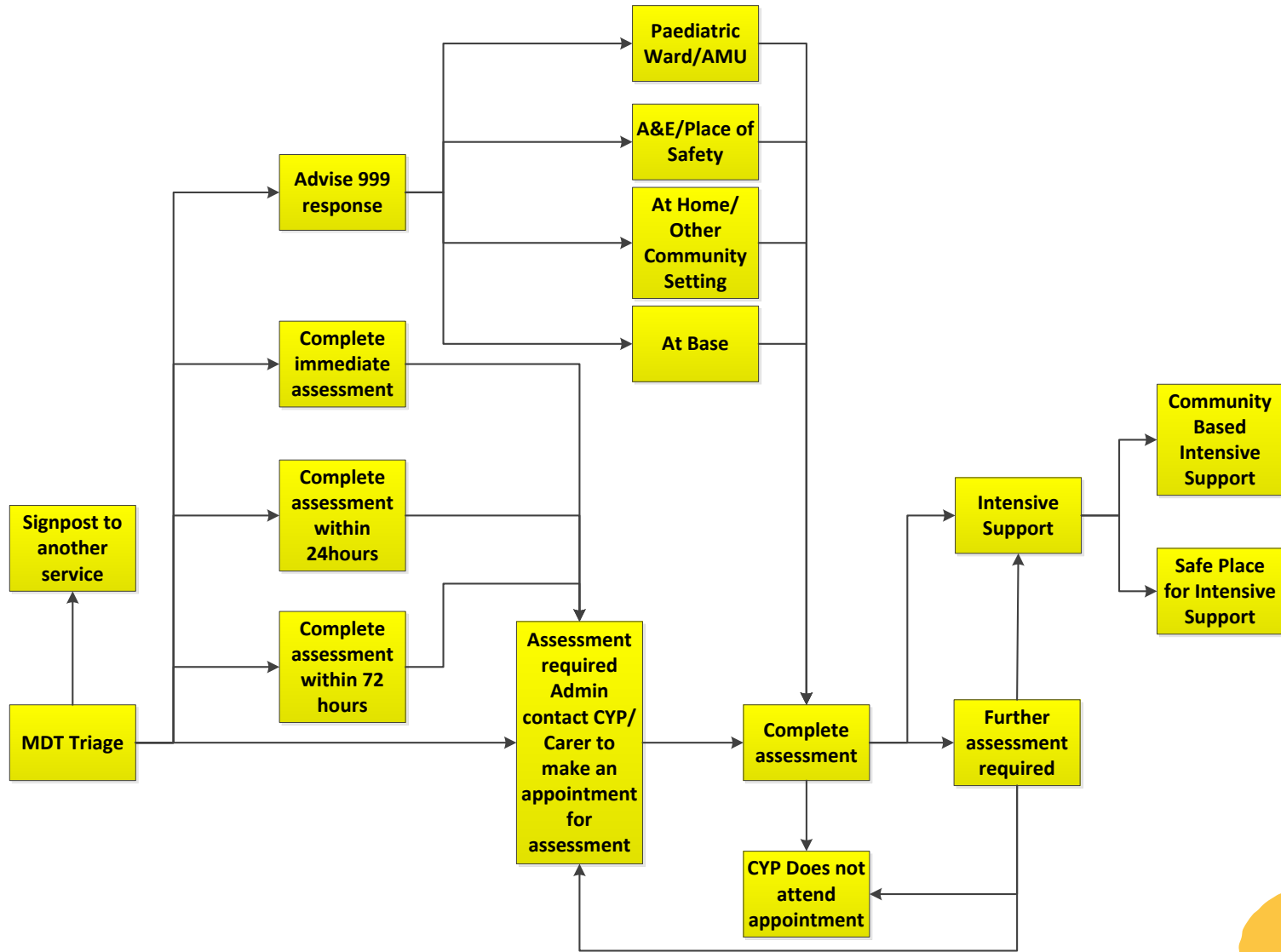
# Access & Advice



# Getting Help



# Getting More Help



## **Detailed Design Elements Agreed**

### **THRIVE Quadrants 3 and 4**

- From previous work that had been completed in Phase 1, the workshops agreed to 5 pathway 'type' groupings – each with a subset of pathways:
  - Emotional Disorders – Depression, anxiety and self-harm.
  - Conduct Disorders – antisocial behaviour, conduct disorder, self-harm
  - Hyperkinetic Disorders – ADHD/ADD
  - Complex Presentations – Bipolar disorder, attachment difficulties, PTSD, borderline personality disorder, psychosis
  - Crisis Pathway
- We looked in detail at the support and treatments that will be offered within the pathways,
- The treatments and support to be offered across each of the pathways was identified, with reference to NICE Guidelines where applicable. The detail of the pathway offer within each Quadrant: Getting Advice, Getting Help and the Getting More Help was identified.

### **Urgent Response and Urgent Care**

- The feedback from children and young people was that we should not refer to 'Crisis Assessment' or 'Crisis Support' as this makes them feel like they have to be 'worse' than they actually are in order to receive urgent support, as what they define as a 'crisis' may not fit the existing service criteria of a crisis. Urgent Assessment, Urgent Response Team and Intensive Support/Treatment were alternative terms used throughout the workshops.
- The Triage staff will complete all assessments, including routine, priority (within 24 – 72 hours) and urgent (within 1-4hours)
- For those urgent assessments which require urgent treatment, it was agreed that an urgent Response Team within the Single Point of Access will provide Intensive Support/Treatment where required.
- The workshops also spoke of a 'halfway house' (e.g. 'crisis' beds or day care) to be used in Urgent Situations which has been passed on to the Quadrant 4 Workshop to explore further

### **Access including Urgent Access**

- A universal Assessment Document was agreed within the workshops, which will be based on the 5Ps Model (Presenting Problem(s), Predisposing Factors, Precipitating Factors, Perpetuating Factors and Protective Factors) – This will enable the same document to move with the children and young people and prevent the repetition of their story





## Transitions

- Children and young people who attended the workshops and those who feedback through Healthwatch expressed a belief that transition to Adult services and other services within their pathway should be transparent, involving of the young person, contain options and choices and begin well in advance of the transition date
- As a middle ground between CAMHS and Adult Mental Health services, it was suggested by the children and young people that a specialist 18-25 team should be in place as is available in Blackpool albeit with limited remit and resource

## Next Steps

Outputs from Workshops 3 & 4, 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 are required 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
- 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](mailto:healthierlsc.communications@nhs.net)

