GMCA GREATER MANCHESTER COMBINED AUTHORITY

Greater Manchester Health and Social Care Partnership

NHS in Greater Manchester

TAKING CHARGE

‘Designing & Developing CYP Crisis Therapeutic and Least Restrictive Alternative Pathways to Admission’

8th May 2021

‘I invent nothing …. I discover by listening’ (*Auguste Rodin*)

Introduction and Objectives

- **Greater Manchester has been working for 5 years on implementing comprehensive CYP Crisis Care Improvement Pathways** as part of original Transforming Care, Five Year Forward View Mental Health, SEND/MHSTs and Youth Justice Collaborative Commissioning Networks – and now transitioning in line with NHS LTP ambitions aimed at reducing inappropriate hospital admissions and placement breakdowns

- The key elements of this work (including enhanced intensive community support, team and non-hospital based models such as the Lyndene service development) will be described **in line with NHSE/I operational planning priorities** together with reference to similar developments in other parts of the country

- Lessons will be highlighted in terms of the **critical elements recognised to support success and how these relate to the national priorities** to establish effective local dynamic support registers, keyworkers, joint working escalation protocols, MHLDA community intensive therapeutic/assertive support and short break services (planned and crisis) as well as joint training programmes – And links to £ opportunities

Unwarranted Variation

Under 18 Inpatient Rates (Long Term Plan) and Percentage (%) change from March 2016

Under 18 Inpatient Rates (Long Term Plan) and % change from March 2017

Rates are the number of under 18 inpatients as at 31 January 2021, per million under 18 resident population (ONS Mid-year estimates 2017)

% change in under 18 inpatients from March 2017 to January 2021

The latest inpatient count will be understated due to the live nature of the AT data collection, and late reporting of admissions and discharges. These figures are therefore likely to change

Target rate 31 Mar 2024	15 under 18 inpatients per million
between 12 and 15	12 under 18 inpatients per million

ENGLAND		17	-19%
North East And Yorkshire		12 or under	< -50%
North West		13 to 15	-25% to 0%
London		13 to 15	-25% to 0%
Midlands		16 to 25	-25% to 0%
South East		16 to 25	>0% to +25%
East Of England		16 to 25	>0% to +25%
South West		16 to 25	>0% to +25%

Region	Transforming Care Partnership (TCP) Name	Rate / million	% change
SOUTH WEST	Cornwall	12 or under	< -50%
NORTH EAST AND YORKSHIRE	North Yorkshire & York	12 or under	< -50%
SOUTH WEST	Somerset	12 or under	< -50%
NORTH EAST AND YORKSHIRE	South Yorkshire	12 or under	< -50%
MIDLANDS	Lincolnshire	12 or under	< -50%
SOUTH EAST	Hampshire & Isle of Wight	12 or under	-50% to -25%
SOUTH WEST	Gloucestershire	12 or under	-25% to 0%
NORTH EAST AND YORKSHIRE	West Yorkshire	12 or under	+25% to +100%
NORTH WEST	Lancashire & South Cumbria	12 or under	-50% to -25%
NORTH WEST	Greater Manchester	12 or under	-25% to 0%
MIDLANDS	Shropshire	12 or under	< -50%
NORTH EAST AND YORKSHIRE	North Cumbria and North East	12 or under	< -50%
SOUTH WEST	Bristol, North Somerset, South Gloucestershire	12 or under	-50% to -25%
EAST OF ENGLAND	Norfolk	12 or under	-25% to 0%
NORTH EAST AND YORKSHIRE	Humber	12 or under	-25% to 0%
LONDON	London South West	12 or under	< -50%
SOUTH EAST	Sussex	12 or under	+25% to +100%
EAST OF ENGLAND	Bedford, Luton and Milton Keynes	13 to 15	-25% to 0%
MIDLANDS	Staffordshire	13 to 15	+25% to +100%
SOUTH WEST	Dorset	13 to 15	> +100%
SOUTH EAST	Kent and Medway	13 to 15	< -50%
EAST OF ENGLAND	Suffolk	13 to 15	-25% to 0%

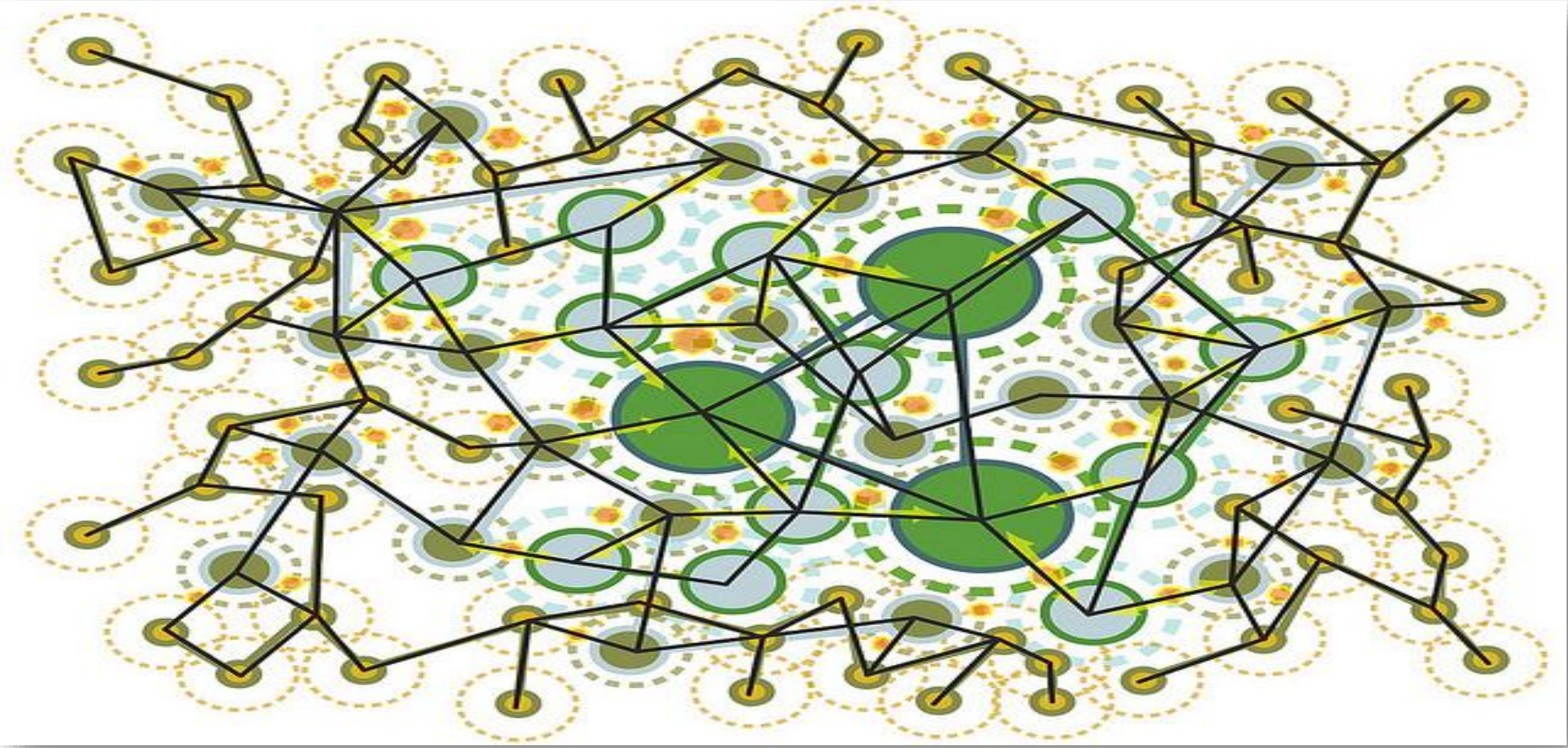
Region	Transforming Care Partnership (TCP) Name	Rate / million	% change
EAST OF ENGLAND	Cambridge and Peterborough	16 to 25	-50% to -25%
LONDON	North East London	16 to 25	> +100%
MIDLANDS	Leicestershire	16 to 25	-50% to -25%
EAST OF ENGLAND	Essex	16 to 25	-25% to 0%
SOUTH WEST	Devon	16 to 25	-25% to 0%
MIDLANDS	Black Country	16 to 25	< -50%
LONDON	London South East	16 to 25	-25% to 0%
MIDLANDS	Nottinghamshire	16 to 25	> +100%
LONDON	London North West	16 to 25	+25% to +100%
NORTH WEST	Cheshire & Merseyside	16 to 25	-25% to 0%
SOUTH EAST	Surrey	16 to 25	+25% to +100%
MIDLANDS	Birmingham	16 to 25	-50% to -25%
LONDON	North, Central London	16 to 25	-25% to 0%
EAST OF ENGLAND	Hertfordshire	over 25	> +100%
MIDLANDS	Northamptonshire	over 25	-25% to 0%
SOUTH EAST	Berkshire	over 25	> +100%
MIDLANDS	Derbyshire	over 25	+25% to +100%
SOUTH EAST	Oxfordshire	over 25	> +100%
SOUTH WEST	Bath, Swindon and Wiltshire	over 25	> +100%
MIDLANDS	Arden	over 25	-50% to -25%
MIDLANDS	Herefordshire & Worcestershire	over 25	>0% to +25%
SOUTH EAST	Buckinghamshire	over 25	> +100%

Despite This Still Too Common Examples of Failure - Valid in GM/Nationally

Themes and issues that have been identified through this audit are complex and broad ranging.

- The **ratio of females to males** is stark (approx. 7:3)
- It was anticipated that the most prevalent number of cases would be CYPs falling in to **transition** (16–18yrs). This accounts for 34% of cases.
- Many cases **do not fit neatly into a 'mental health diagnosis'** –the most prevalent presentations being 'emotional' and 'behavioural' with associated self harm and suicidality. Often, these types of presentation do not meet criteria for Tier 4 services however they do require an intensive level of psychotherapeutic and behavioural support which is often not available in the community.
- Many cases demonstrate children and young people with **very complex needs** (comorbid neurodevelopmental disorders as well as mental health disorders).
- **Often, cases have experienced trauma, abuse and neglect from an early age**
- **Access to appropriate inpatient facilities** can be a challenge, whether it be for Tier 4 general acute, specialist eating disorder or specialist learning disability.
- The number of '**looked after' children** is striking and unstable placements and complexities of providing and coordinating care for LACs who are out of area can increase vulnerability and exacerbate their difficulties
- Several cases demonstrate **ineffective multiagency working** and **siloed mentality** within commissioning, local authorities and health and social care and this inhibits cohesive, flexible and more fluid care provision.

Fragmentation at a local level



North West CAMHS Review: Findings

Services:

- **Significant information & communication issues**;
- inconsistent, clinical variance, difficulty accessing services with inappropriate admissions;
- "Out of area" placements are often far from home & family;
- **Lack of alternatives to hospital admission**;
- A&E is used inappropriate, mainly because of lack of alternatives including out of hours & lack of joint working with paediatric services;

Service delivery approaches:

- **Poor provision of early intervention schemes**;
- Variation in understanding & implementation of THRIVE model;

Specialist groups:

- **Inadequate provision (knowledge & skills) of learning disability, autism & neurodevelopmental disorders services who also have mental health needs;**
- Unclear model and/or limited beds (learning disability & eating disorder services)
- **Focused support is required for "looked after" children**

Processes:

- Limited consistent referral and access criteria exist;
- Services are not familiar with what others can offer and pathway not aligned;
- A 0-25 service is aspirational but not yet implemented;
- How to access to individual care packages of funding is often unclear including PHBs;
- Significant health inequalities that remain unaddressed;

The wider whole system:

- Memoranda of Understanding (MoU) or equivalent are required to address boundary disputes quickly & effectively;
- **Improved support for paediatric services is required;**
- **Support for schools is promising but needs to be comprehensive & consistent;**
- **Social care offer significantly impacted by reduced budgets;**
- **Crisis, home treatment & intensive community support is patchy at best;**
- **Concerns about the safety, quality and variability of alternatives to hospital and residential placements;**

The Covid-19 pandemic:

- Contingency planning is required to meet increase in demand;

Workforce:

- **Committed workforce, but in danger of being overwhelmed**;
- Workforce capacity and capability is not fit for purpose to meet demand;
- **Supporting non-CAMHS services to develop skills needs to be a CAMHS role going forwards;**
- Early interventions workforce needs to be strengthened & supported;

Structures and architecture:

- **Funding arrangements are often disconnected from the required service provision, their management arrangements & lines of responsibility and accountability**.
- Transition to ICS and LPC working is broadly welcomed but requires strategic support to ensure effectiveness & consistency.

What We All Know Is True?

- All individuals with disabilities can and should live in the least restrictive local community settings – The key is the availability of adequate and appropriate skilled and timely support (including knowing people well, anticipating surprises through early proactive detection, PBS as the framework and managing crisis with contingency plans providing more help to *'survive with dignity'*, not removal)

- Too often insufficient flexible and planned support provided to families (including £, social, professional clinical and practical support especially 'respite breaks' in and out of home). Families that report a balance between stressors and resources want to and do keep together well

- When individuals with disabilities or their families are provided with individualised support (and involved in the design, development, implementation, monitoring and evaluation of services) there are greater chances of success and satisfaction. Better if continued family centred input (parent training/short breaks/siblings support) rather than requirement for referral/re-referral (with input intensity varying over time)

- People with disabilities do better when there is sufficient attention paid to their individual characteristics through person-centred planning and positive behaviour support + systematic regular health/sensory screening matched with high levels of technical and emotional support for staff and carers

Moving away from the well-trodden path

Lack of local, evidence-based, support and services to meet families' needs (McGill, Tennyson & Cooper 2006)

Family stress and emotional difficulties (Hastings 2002) , high risk of children experiencing adverse life events including exposure to poverty, abuse, bullying and exclusion (Emerson 2004 &2012)

High cost services, often far from home, leading to restricted adult lives (McGill, 2008)

Towards the route to improved outcomes

Local person-centred support to meet child and family needs in early childhood. Children able to experience the same opportunities as their peers and to participate in their community

Specialist support available to train and support family, carers and school staff in evidence-based approaches such as Positive Behaviour Support, alongside other interventions and support relevant to the individual child

A smooth transition to a full, well-supported adult life in the community, maintaining family relationships

CYP LDA '*Building the Right Support*' Ideas - A Journey Not New!

- Donnellan & LaVigna – '***A Time-Limited Intensive Intervention Program Model to Support Community Placement for Persons with Severe Behavior Problems***' (1985)
- TASH Resolutions /Centre for Human Policy/MORC – '***A Child's Birthright: To Live in a Family***' (1987)
- Kings Fund '***Facing the Challenge: An Ordinary Life for People with Learning Difficulties and Challenging Behaviour***' (1987)
- DH '***Mansell Report***' (1993)
- Mental Health Foundation '***Don't Forget Us***' (1997)
- DH - '***Valuing People***' (2001) + CYP Project Demonstrations (eg Leicester Home Intervention)
- DH – '***NSF for Children, Young People and Maternity Services***' -*'LD CAMHS'* (2004)
- DH – '***Aiming High***' (2007)
- DH - '***Refreshed Mansell Report***' (2007) + NDTi *Guides* (2010)
- CB Foundation/CDC – '***Early Intervention for children with LD whose behaviours challenge***' (2014) + '***Paving the Way***' (2015)

Despite this Transforming Care launched at end of 2015 as a 3–5 year programme only began a focus with specific investment on CYP LDA agenda following **'*These are Our Children'*** report (2017) in line with **'*NHS Long Term Plan*'** – supported by a clear evidence base on what works (all helpfully summarised by ***Bringing Us Together*** **– *'A Family Survival Guide'*!**

NHS LTP LDA Service Development Funding to develop community support and services for children, young people and adults with autism – Priority focus in 2021/22 = CYP aged 14 to 25 years

1. Increased investment in intensive, crisis and forensic community support will also enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services. Every local health system will be expected to use some of this growing community health services investment to have a seven-day specialist multidisciplinary service and crisis care. We will continue to work with partners to develop specialist community teams for children and young people, such as the Ealing Model, which has evidenced that an intensive support approach prevents children being admitted into institutional care

2. Local systems should continue to develop their substantive offer for autistic children, young people and adults as well as, children, young people and adults with learning disability in line with the long-term plan and Building the Right Support. This should include a strong commitment to joint commissioning, early intervention and innovative person centred, flexible approaches in all areas including education and housing - rather than simply replicating or expanding existing services

3. We expect to see evidence and evaluation that the investment into service delivery for 2021/22 is clearly targeted on achieving a reduction in preventable admissions to inpatient services for autistic children and young people in this age group

3. We are asking local areas to improve their offer for children and young people aged 14-25 with autism, identified on their local area dynamic support registers:
   - As at immediate risk of admission to hospital (Red-Rag rated)
   - Or those at risk of admission to hospital without imminent intervention (Amber-Rag rated)

4. Local systems should consider how services can be planned or further developed to offer enhanced support, a crisis support and/or crisis prevention model (dependant on local needs) - which can include residential short breaks/crash pads/housing/residential care

5. Planning should include improved, or new commissioning of community Intensive/Enhanced support, crisis support and/or forensic community support services, including housing/residential options, targeted at people with autism

6. Develop an enhanced service offer for crisis prevention and crisis de-escalation which delivers a multi-agency approach to preventing hospital admission by working with the young person, family and wider support network around the person. The offer includes individual behavioural/therapeutic support, family support and a short-breaks offer

7. A short-stay intervention service/approach – providing short-term residential specialist support as an alternative to hospital admission. This could be developed independently or alongside other interventions such as crisis cafes and other safe spaces

8. LTP funding can work with other established improvements work streams to deliver enhanced/intensive support, the prevention of crisis through early identification and crisis care support, including (but not limited to*):
   - Building the right support
   - The National Service Model – Supporting people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition
   - Local action plans under the Mental Health Crisis Concordat
   - Dynamic Support Registers and Processes
   - Care Education and Treatment work streams
   - Personalisation, including Personal Health Budgets
   - Key Working work streams
   - National investment into community respite
   - Early identification of escalating needs through waiting list triage
   - Strategic Local Housing Plans

9. Systems are expected to work closely with local authorities in developing their plans and proposals

10. Systems are expected, as outlined in planning guidance, to ensure this work considers and aligns with planning for Mental Health, SEND, Health & Justice and where appropriate strategic local housing plans

Transforming Care Plan for Whole Life Pathways - Initial Focus on Adults – then CYP / Autism (non-LD)

Inpatient CCG and Specialised Commissioner Secure beds for small numbers people with LD and/or Autism needing Hospital Support

Specialist Support Team for people with LD and/or Autism who present with severe challenging behaviour, MH, offending and other needs

7 day/24 hr service for targeted individuals

Preventing hospital admissions - providing gatekeeping role

Support accelerated hospital discharges

Enhanced intensive behavioural and forensic support – including crisis management responses

Providing advice, training and consultation to professionals, carers, families and services

Community Service for people with LD and/or Autism + Complex Support Needs

7 day: 8am – 8pm cover with Core Hours Mon-Fri, 9am – 5pm

Health and Social Care working together in co-located, multi-disciplinary services – CLDTs/SATs/CMHTs

Individual, person-centred approach from referral, through assessment to care and support planning and delivery CPA approach where applicable

Lead practitioner as care co-ordinator/navigator: supporting EHCP, LAC, CETR, CTR, HAP, Hospital Passports

Positive behaviour support plans and STOMP

For those where crisis can be anticipated: multi-disciplinary contingency plans

Responsible Clinician: Specialised LD and MH Community Approved Clinician

Training and support for families and carers

Universal Services for people with LD and/or Autism

Improved Access to Universal Services (Reasonable Adjustments)

Personalisation , Advocacy and *Small Sparks*

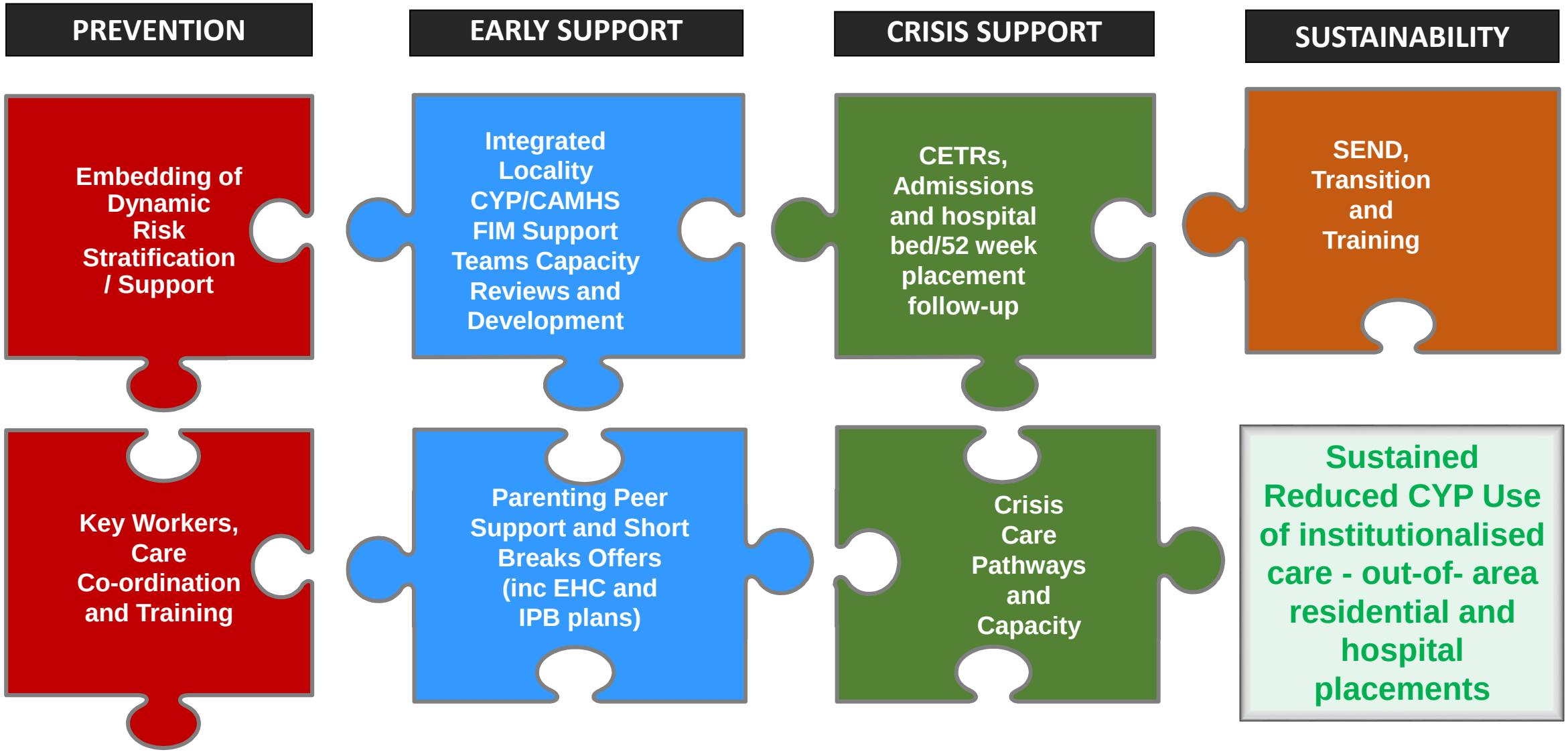
Liaison workers to help individuals and families get access and advice

Increased Range of Housing/Day Provision and Options (e.g. Shared Living)

GP Annual Health Checks

Workforce development and Training

GM CYP LDA Transforming Care Programme
– Initial Focus of Locality Delivery Plans – But Increasing Need to Think ICS



GM CYP Learning Disability & Autism Programme

Key Working organised at GM level with VCSE/Parent Carer Forums But embedded and developed as part of the wider offer in each locality + linking with other care navigator plans (eg LACs + YOTs/Resettlement Consortium Complex Needs

GM LDA Programme Board

GM CYP MH Delivery Board

CYP LDA Delivery Board

GM CYP LDA Operational Group

GM CYP LDA Clinical Reference Group

CYP MH VRU LA Programmes

- CYP Crisis Care 2 / CAMHS LPC
- Autism / LAC Hubs
- Trauma-responsive GM
- Violence Reduction
- Complex Safeguarding

GM Core CYP LDA Capacity Reviews + 'Ealing ITSBS' Models Roll-Out + CYP LD Teams Review	GM VCSE-led Key Workers – 40 by 2023/24 – 400 CYP	Dynamic Support Registers	CETRS	GM Autism Diagnostic + Post-diagnostic Support Standards	GM-wide + Locality Training Support
In all 10 GM localities in 20/21 – with shared Therapeutic CB support + Crisis Respite services **(25+ CAMHS LD ITSBS staff + Lyndene/Graces Place/+ STARLAC Parachute Team)**	Initiated in 2 out of 10 localities in 20/21 + introducing up to **20 GM wide by end 2021/22**	Audit complete +plan ready for next steps for a **consistent GM DSR offer end 21/22**	Thematic Review and GM **embedding of best practice**	Work with NAS/NW ODN + GM **Autism Hub** – linking with **National Waiting List Reduction Strategy Standards**	**Training Matrix** to be developed: RTR, PACT, PBS, Parent/ CYP-led seminars, +

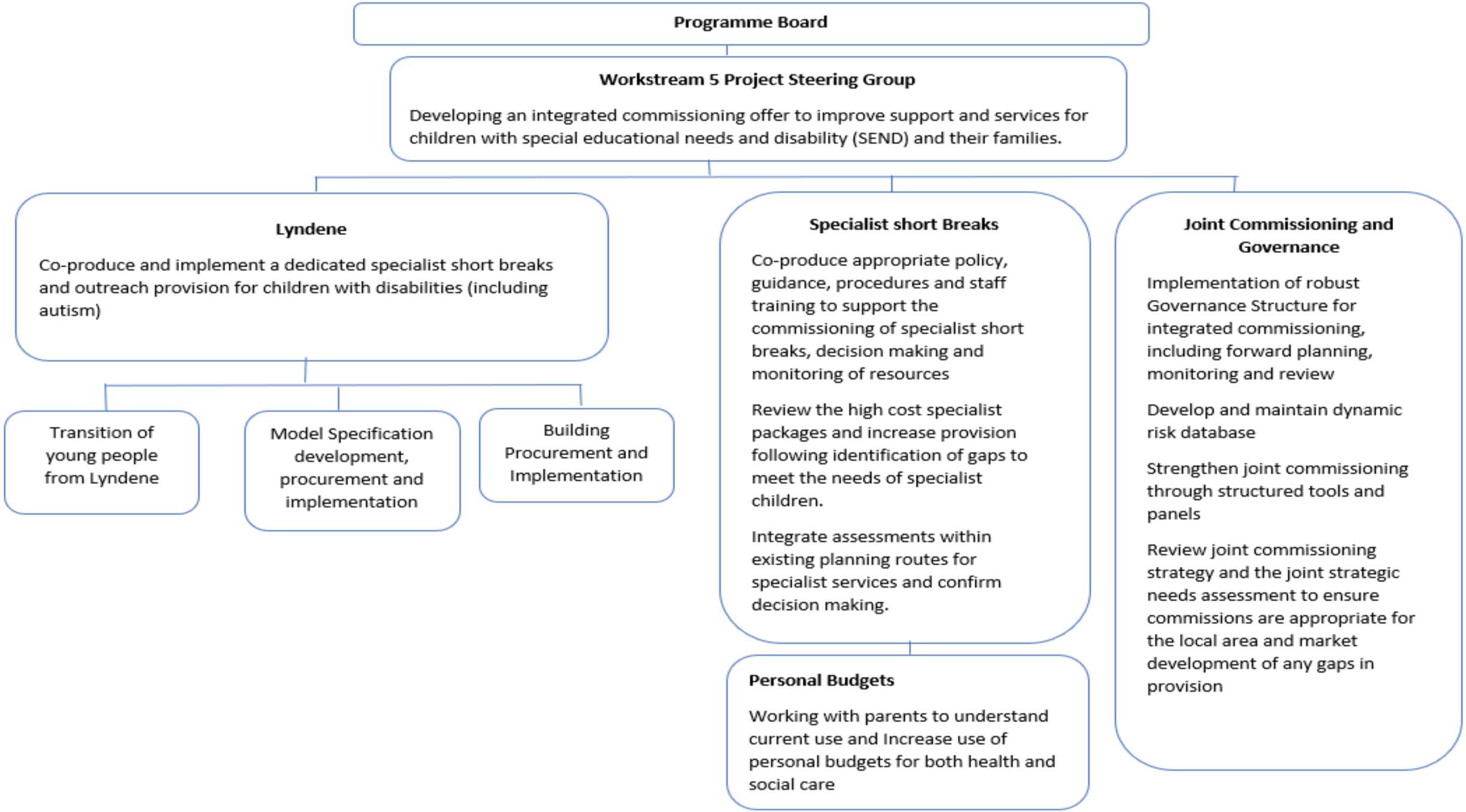
Links to Physical Health Checks, Mental Health, SEND, LAC, Youth Justice

GM MH & Education System Engagement, Evaluation and links to National Programmes and Reporting

Learning Disability and Autism Intensive Support Service - Lyndene

- Manchester Health and Care Commissioning (MHCC) – a partnership of Manchester City Council and Manchester Clinical Commissioning Group identified the need for an intensive support service which can better meet the needs and aspirations of children with a learning disability (LD) and or autism and their families.

- Ambition is a desire for children with a learning disability (LD) and or autism to be able to live in the family home and/or family-based care within their local community, where:
  - Families/carers are equipped and supported for when a child or young person's behaviours become challenging;
  - Children and their families have choice in terms of care settings closer to home which can meet their needs
  - Children who are currently in residential care or inpatient settings are able to be supported back into family-based care, consistent with the No Wrong Door approach.
  - Foster placements are provided with strategies and support to create and maintain placements for children with LD and/or autism


Programme Board
Workstream 5 Project Steering Group
Developing an integrated commissioning offer to improve support and services for children with special educational needs and disability (SEND) and their families.
Lyndene
Co-produce and implement a dedicated specialist short breaks and outreach provision for children with disabilities (including autism)
Transition of young people from Lyndene
Model Specification development, procurement and implementation
Building Procurement and Implementation
Specialist short Breaks
Co-produce appropriate policy, guidance, procedures and staff training to support the commissioning of specialist short breaks, decision making and monitoring of resources
Review the high cost specialist packages and increase provision following identification of gaps to meet the needs of specialist children.
Integrate assessments within existing planning routes for specialist services and confirm decision making.
Personal Budgets
Working with parents to understand current use and Increase use of personal budgets for both health and social care
Joint Commissioning and Governance
Implementation of robust Governance Structure for integrated commissioning, including forward planning, monitoring and review
Develop and maintain dynamic risk database
Strengthen joint commissioning through structured tools and panels
Review joint commissioning strategy and the joint strategic needs assessment to ensure commissions are appropriate for the local area and market development of any gaps in provision

Learning Disability and Autism Intensive Support Service - Lyndene

- The provision will model and implement strategies with the child and their family in their own home, and when required, provide short breaks care whilst intensive behaviour support strategies can be implemented to support both the child and wider family network. This local facility will ensure children and young people experience ‘permanence’ through a stable home and or family based care with consistency of support networks which offers the opportunity to reduce the reliance on restrictive practices and ‘out of area’ placements (a key priority within the GM area). The Intensive Support Service (ISS) will be based in a former children’s residential home in Wythenshawe that we are currently transforming into a purpose-built centre

- The ISS will work in partnership with CAHMS and other practitioners to implement behaviour and support strategies which have been developed to meet the family needs

- The ISS will work with 80 families within the first 12 months

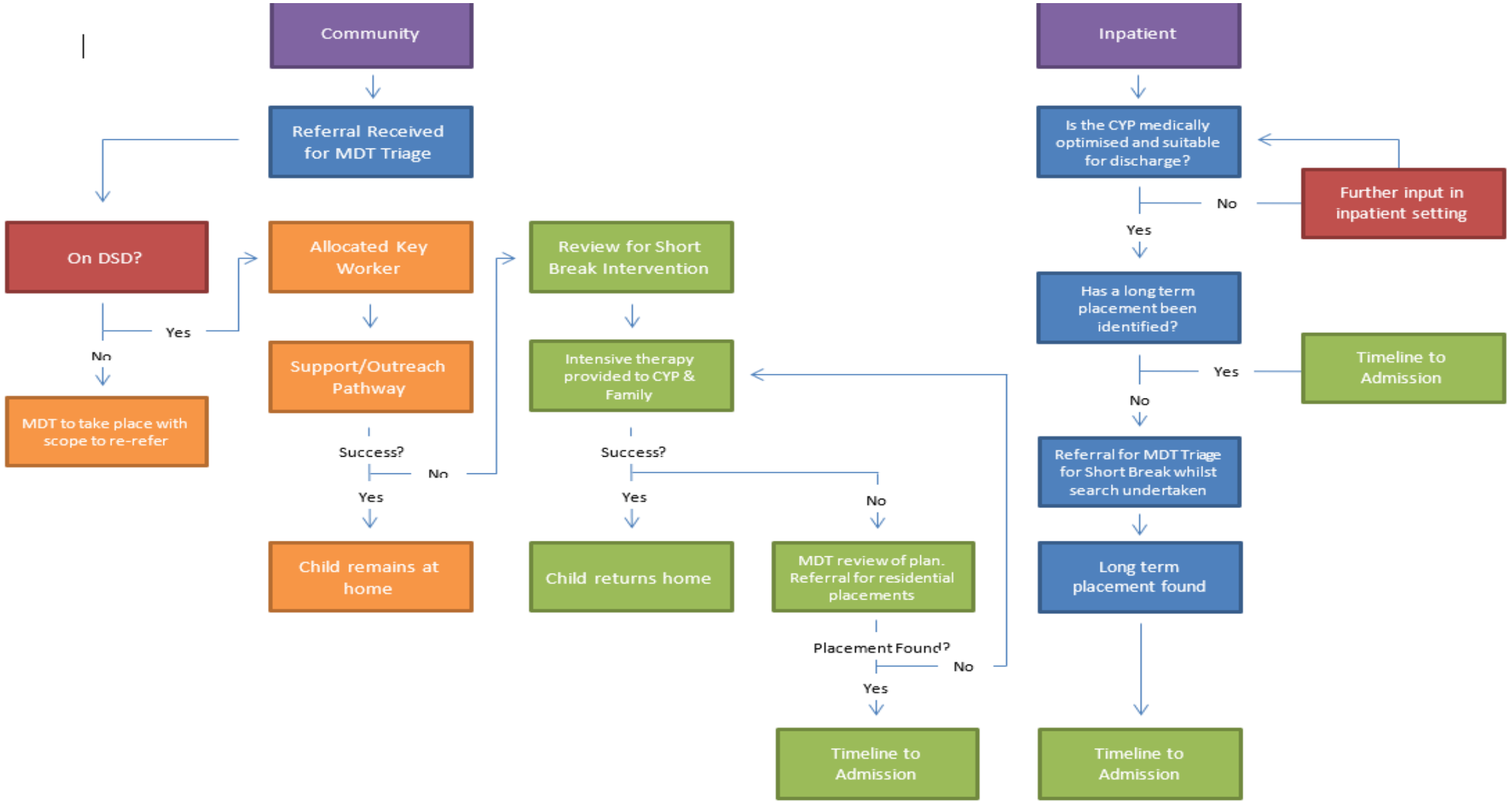
Learning Disability and Autism Intensive Support Service - Lyndene

- The purpose of the ISS is to improve outcomes for Children and Young people with Autism and learning disabilities and behaviours that challenge – reducing the number of children referred for residential care, increase fostering and shared care provision and support the transition to the community from intensive Tier 4 settings

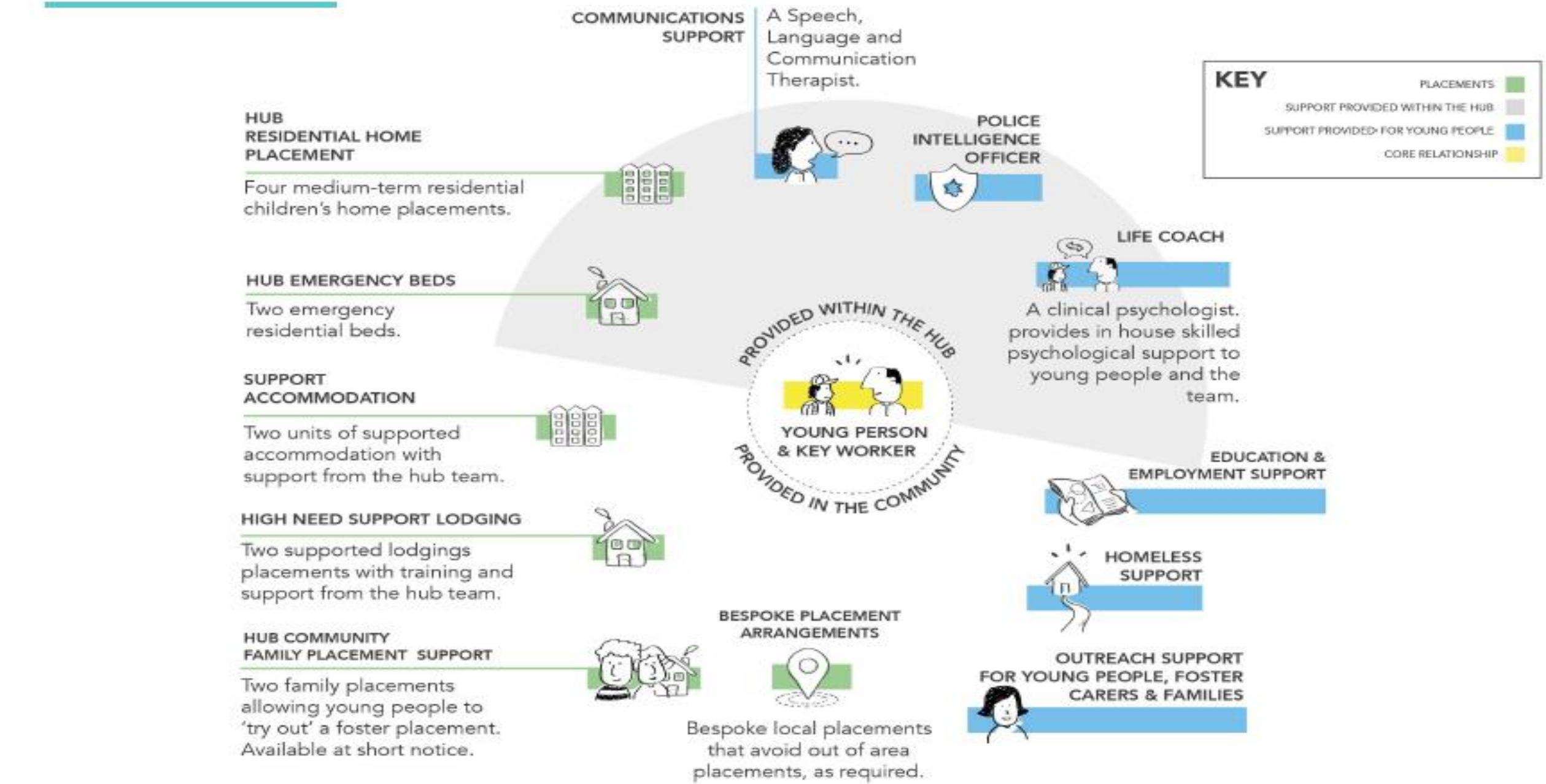
- Key functions
  - **Ongoing family support** for the young person and family members, if needed. Skilled outreach staff will play a key role in modelling and implementing interventions via functional behavioural analysis and positive behavioural support (in addition to wider social support) to ensure families build resilience in managing challenging behaviour and escalating need.
  - **Short break respite provision** which will provide a break for the family and the opportunity to develop and implement more intensive behaviours strategies with a view to a return to the family environment. Outreach workers provide close wider family support during this time and a short-term break from the home environment and from families/carers during crisis or alternatively provide an interim short-term residential provision for children and young people who are ready for discharge from an in inpatient setting and awaiting long term placement provision. The unit is not a long-term residential solution and maximum length of stay is to be determined within the statement of purpose.
  - **Tailored training, modelling and support** for parents and the team around the family with the aim at supporting the development of problem-solving strategies.
  - **Liaison and consultation** with the team around the family, including within statutory meetings
  - **Ongoing monitoring of the intervention** plan and modifications as necessary

Learning Disability and Autism Intensive Support Service - Lyndene

- The team at the service will be made up of a registered Manager (as per OFSTED), Responsible Individual and Assistant Manager along with a number of specialist, highly skilled staff who can provide a range of interventions and the ability to implement and model appropriate plans and strategies as devised by CAMHS, occupational therapy, nursing, psychology, speech and language therapy, social care, early help and other local services when necessary.
- Staff members will have knowledge, skills and experience, at practitioner and at expert level, of effective working with children and young people with a learning disability and/or autism and the ability to operate within a Positive Behavioural Support Framework, as well as the skills and expertise that enable them to effectively support families in community settings and peoples' own homes
- Focus is on attachment, trauma recovery, resilience and achievement of long-term outcomes underpinned by high quality safeguarding + psychologically informed practice (understanding behaviour in context, and involving the children and young people, and the team around the child)


Community
Referral Received for MDT Triage
On DSD?
Yes
No
MDT to take place with scope to re-refer
Allocated Key Worker
Support/Outreach Pathway
Success?
No
Yes
Child remains at home
Review for Short Break Intervention
Intensive therapy provided to CYP & Family
Success?
Yes
Child returns home
No
MDT review of plan. Referral for residential placements
Placement Found?
No
Yes
Timeline to Admission
Inpatient
Is the CYP medically optimised and suitable for discharge?
No
Further input in inpatient setting
Yes
Has a long term placement been identified?
Yes
Timeline to Admission
No
Referral for MDT Triage for Short Break whilst search undertaken
Long term placement found
Timeline to Admission

A No Wrong Door Hub



CRISIS CARE PATHWAY

Children and young people

2018-2021

Including Better Support for CYP with LD/Autism

- Aligned with wider GM Children's Health & Wellbeing/Innovation Framework and Autism, LD, MH and Health & Justice Strategies/ Programmes (£20m+)

NEXT STEPS 2021-2024

- CAMHS Home Intensive Treatment Teams
- Ongoing Safe Zone model
- Residential Assessment Service (admission avoidance)
- GM Looked After Children hub (via GM Resilience Hub)
- GM Autism Hub
- Enhanced community CAMHS offer over weekend
- Parachute Team Role

+++

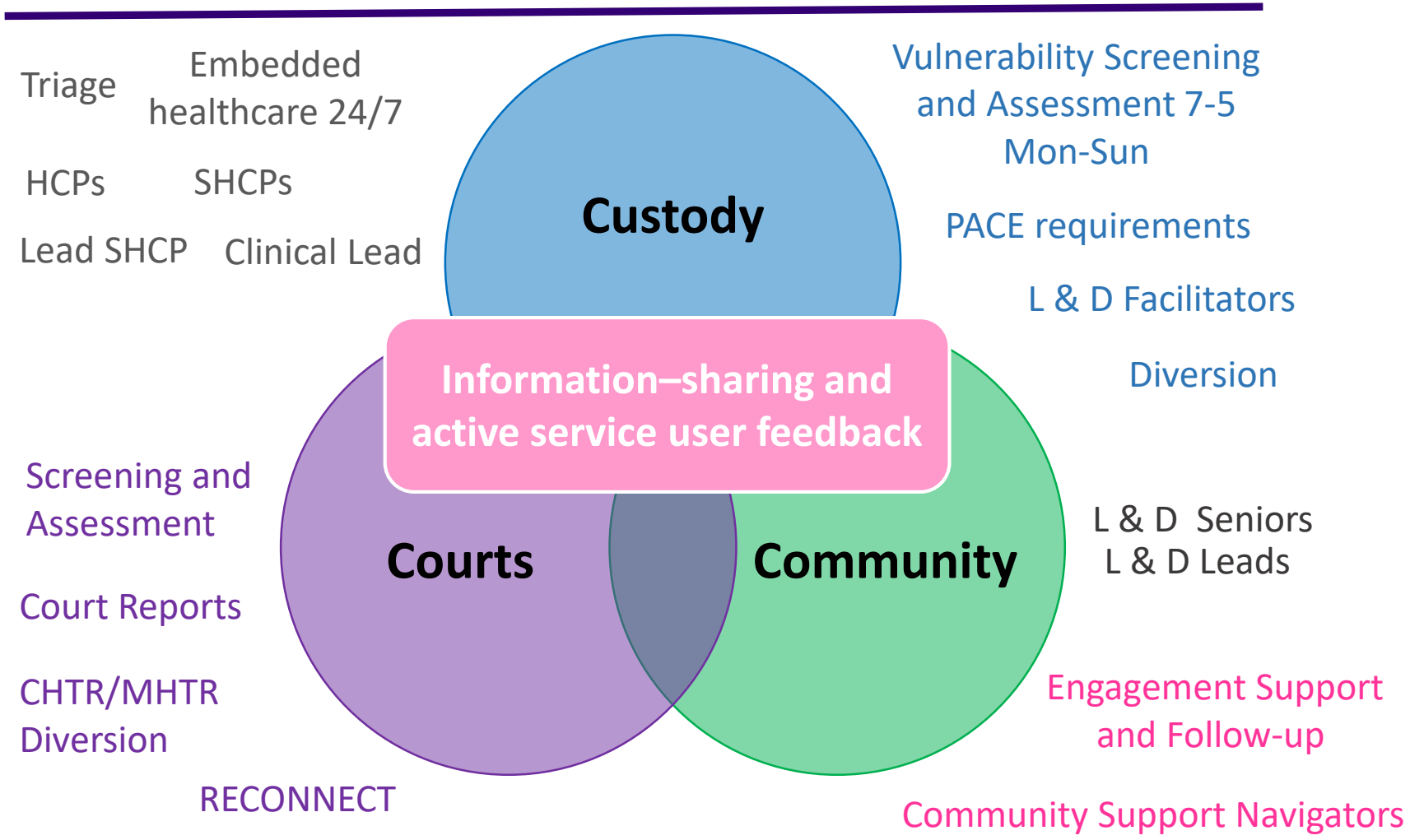
www.penninecare.nhs.uk/gmccp

care+custody

Cheshire & Greater Manchester Community Rehabilitation Company
An Interserve-led company

NHS North West Boroughs Healthcare NHS Foundation Trust

GM All-Age Integrated Custody/Liaison & Diversion Model



Aligned with Key Wider GM CYP Complex Needs Support Programmes

Trusted Relationship Complex Safeguarding Teams – Psychological Formulations+

GM YOUTH Health & Justice Collaborative Commissioning Network Programmes – Pathway Reviews (inc Secure Welfare Placements, SARC, +) Youth Justice L&D Team, YOT SALTs, +)

FCAMHS / Secure STAIRS

LACs ACT+ Innovation / Resettlement Consortium

TRAUMA – Responsive GM Programmes

GM MODEL FOR RESPONDING TO CRISIS

Locality Actions	Bolton	Salford	Manchester	Trafford	Wigan	Bury	Oldham	HMR	Tameside & Glossop	Stockport
24/7 Open Access Crisis Lines										
CRHTTs resourced to core fidelity										
A&E / Liaison MH in Acute Hospitals meeting 'core' 24 standard for adults										
All-age A&E / Liaison in Acute Hospitals										
MH Urgent Care Centres adjacent to Acute Hospital A&Es			North Central South	N/A			N/A	N/A	N/A	
Non-medical alternatives to A&E – Overnight Crisis Cafes / Listening Lounges *(off-hospital sites)*										
Non-medical alternatives to A&E – Safe Havens *(on-hospital sites)*	N/A	N/A	N/A	N/A				N/A		
Overnight Crisis – alternatives to admission – Crisis Beds accessible 24/7										
Alternatives to Admission – Open access day services / recovery colleges / Life Rooms										

The Nest, Kent

- Provides short-term residential specialist support as an alternative to hospital admission.
- This type of intervention is often referred to as a ‘crash pad’ and could be developed independently or alongside other interventions such as crisis cafes and safe spaces.
  - Partnership between NHS, Local Authority and Voluntary Sector partners
  - Three-bedroom property with en-suite facilities, a sensory room, staff office and sleepover room with facilities for multi-functional activities.
  - Support is managed and provided by Kent County Council (KCC) who offer a short stay intervention service for children and young people from ages 13 to 18 years. • The maximum period of stay is up to 10 weeks.
  - KCC staff are highly trained in using positive behavioural support to help these young people achieve a greater quality of life.

https://www.choicesupport.org.uk/stories/transformingcare-the-nest

The Beehive, York

- The service was co-produced from the start with families, professionals, partners, and people with lived experience.
- The service strongly links in with the objectives of the Long-Term Plan focused on reducing hospital admissions.
- A key aim of the service is to prevent children and young people with a learning disability and or autism, having to move out of area when there is a risk of family breakdown, or crisis.
- The centre provides:
  - A flexible residential short break provision to meet the needs of children and young people with autism, learning disabilities and/or complex health needs.
  - A base for Community Short Break Workers and the City of York Council's Health & Disability Team.
  - Family Intervention and Rapid Support Team (FIRST) and therapeutic short breaks.
- The Beehive is jointly commissioned by the local CCG and Local authority, NHSE capital funding contributed towards the cost of developing the service. NHSE housing capital can be used to fund short term/crisis accommodation for children and young people, and these capital plans should therefore be aligned with any revenue funding plans.
  https://www.york.gov.uk/CentreOfExcellence

Extended Hope

- Extended Hope :: Surrey and Borders Partnership NHS Foundation Trust (sabp.nhs.uk)
- Extended Hope - Surrey & Borders Partnership NHS Foundation Trust & Surrey County Council. (ARCHIVED) - Mental Health Service Directory (positivepracticemhdirectory.org)
- Hope Service :: Surrey and Borders Partnership NHS Foundation Trust (sabp.nhs.uk)
- Crisis Intervention Service :: Surrey and Borders Partnership NHS Foundation Trust (sabp.nhs.uk)

The Ealing model

- Adopts a multi-agency approach to provide holistic, personalised and responsive care and support to those at greatest risk of admission.
- The approach includes additional support from health, education and social care.
- The Ealing model is referenced in the Long-Term plan and elsewhere as a best-practice example of enhanced support (admission avoidance)
  - The approach is evidence based with demonstrable results
  - Combines individual therapeutic and social care/community support with a therapeutic and short break offer to provide the person and their family with holistic, person-centred care
  - The key professionals remain involved with the individual and their family: the team gets to know children identified as having complex needs and their family/wider support network to build strong relationships to deliver intensive support in a familiar environment which helps to prevent crisis and inappropriate admission to hospital Further information:

https://www.longtermplan.nhs.uk/casestudies/youngsters-in-ealing-benefitting-from-an-intensive-therapeutic-andshort-break-service/

What Good Looks Like ?

- The staff are caring and compassionate
- The staff spend time listening
- The staff are appropriately skilled professionals
- There is sufficient time to meet needs
- There is consistency and continuity of support
- There are specialist workers for all the areas of need and there is more than one worker for each area of specialism
- The service provides a “whole person” response to need rather than a silo response based on diagnosis
- The service operates 24/7 with clear “core” and “crisis response” times
- The service is flexible and quick to adapt to the person’s needs
- Service understands the needs of the children and young people, families and carers
- There is no need to keep repeating “the story”
- Service know what other services can offer
- The service is sensitive to the needs of the children and young people, family and carers irrespective of their needs (e.g., autism, learning disabilities, eating disorders and mental health)
- There is a crisis response to when it is needed, and this is appropriate
- The service offers practical help and advice
- Clear pathway through the service
- The service works effectively with other services and agencies so that the service system owns the issue(s)
- Children and young people are involved in own care
- Their families and carers are appropriately involved in the care
- The service supports the whole family
- Transitions are planned in advance and work well
- Using the service is a positive experience
- Children and young people, families and carers feel listened to and understood
- Children, young people, families and carers are engaged in ways they want to be engaged
- There are “warm handovers” rather than “cold handoffs”
- Treatment is provided in a place most appropriate to need and for no longer than needed
- There are no inequalities (because of who the person was or where they lived)

SUSTAINABLE Delivery Means ….

- **Accepting the necessary Cultural Change takes time – Put First Things First, Be Pragmatic, + Keep Going**
- **Balance Transformation with Reliable Delivery Today – Track the Wildly Important things/P&D Dashboards**
- **Link with the Wider Enablers of Reform and Sharing Success**
- **Integrated with Wider Plans and Strategies – Structures/Boards (CYP, MH, Health & Justice, LPC, +++)**
- **Identify, Support & Grow Leaders with Credibility/ Capability/Competence/Capacity/Tenacity to deliver – supported by Workforce + other Resources**
- **Ensure Ongoing Communication and Engagement - Relationships are the Key to Opportunities/£!**

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