

# **Crisis workstream – workstream narrative and PID**

**Problem to be solved:**

1. Lack of timely, equitable (all age CYPs) and consistent response to crisis
2. Access to beds is complicated and not timely – resulting in crisis escalation and CYP placed too far from home
3. Disconnect between inpatient and community services impacts recovery and length of stay
4. Too many children staying more than 24 hours under section 136
5. Need to prevent repeat oscillation in and out of crisis

**Key milestones and Timeframes**

Activity	Ma	Jn	Jl	Aug	Sep	Sep-Dec	Jan-Mar
Mapping As is service and characteristics and trends of admissions	X						
Define service offer and design integrated pathway inc. interfaces in.c under 11, out of hours and transitions		X	X				
Implement multi-agency/disciplinary approach			X	X			
Develop Tier 4 strategy				X			
Develop business cases as required							
Implement full range of services						X	X

**Assumptions:**

National New Care Models and Regional Specialist Commissioning Teams will support the proposal to devolve accountability and budget for Tier 4 specialist commissioning to Surrey Heartlands.

**Dependencies with Children’s Community Services:**

Children with chronic and acute physical health needs

**Deliverables**

1. Map as is service
2. Review of best practice models
3. Tier 4 strategy
4. Business case for service development – inc in-county beds if appropriate
5. Integrated care pathway designed and implemented
6. Governance structures/arrangements for shared planning and decision-making
7. Joint workforce plan

**Outcomes**

1. Experience of crisis response improved
2. Faster crisis response
3. LT in-patient stays avoided
4. LOS and re-admissions reduced
5. Whole pathway commissioning tested
6. Pathway cost-effectiveness improved

**In Scope:**

CAMHS Tier 4, HOPE, Havens, Acute Paediatric Liaison, respite, social care emergency placements

**Out of Scope:**

**Requirements of Enabler Work streams:**

- Analysis of financial impact of model
- Contractual models aligned to whole system pathway
- Engagement with CYPF e.g. via reference groups

**Risks/Constraints:**

- Dependency on outcomes from National Tier 4 review and NHSE plans
- Interdependency with Heartlands ICS structures and strategy
- Dependency on other workstreams to ensure connected risk management and de-escalation approach and build family resilience to crisis.

**Measurements & Evidence to Support Evaluation:**

- CYP and family feedback
- Length of stay, re-admissions, whole pathway cost
- Need to baseline response times, placement/service availability
- Professional feedback

# Background narrative

# Fulfilling our charter

*“I need to be able to access support as quickly as possible when I feel like I am in crisis and I want to be able to access that support locally, within my community”*

# The case for change

- Need for speedy and appropriate multi-agency response to crisis
- No single strategy for services across Tier 1-4 to prevent crisis and offer a range of services across local and specialised services for those approaching crisis.
- No tier 4 services in Surrey – CYP are too far from home and in-patient care is disconnected.
- Challenge with lack of emergency social care placements.
- Need to join-up risk management and placement planning across health and social care
- The HOPE model works well – it needs a long term plan to resource, embed and extend it
- Interface with different paediatric liaison models across the county can be improved.
- Opportunity to strengthen and extend Havens to under 11s

## Evidence for change:

- The crisis intervention supports the person to come out of crisis, but does not return the person to the desired level of emotional wellbeing so the person oscillates in and out of crisis. <sup>1</sup>
- Through Family Voices, families of CYP with multiple and complex presentations say they need a blue light therapy service and struggle with access to respite care and day support
- HOPE received an outstanding Ofsted report and Extended Hope was rated good.

1. [http://www.guildfordandwaverleyccg.nhs.uk/website/X09413/files/190221-EWMH\\_Surrey\\_Engagement\\_Report\\_Final\\_DSDL\\_Compressed.pdf](http://www.guildfordandwaverleyccg.nhs.uk/website/X09413/files/190221-EWMH_Surrey_Engagement_Report_Final_DSDL_Compressed.pdf)

# Our ambitions

Children and young people who are approaching or recovering from crisis and their families will be supported through:

- **A full range of services** across all relevant agencies for all children and young people to support them, including a pathway for trauma and emotional regulation
- **A robust multi-agency approach with joint accountability** for outcomes, with integrated pathways, improved communication and information sharing and close working with education and criminal justice.
- Innovative models of care that build on **best practice to avoid unnecessary admission and support discharge**. This will include extending and developing the HOPE offer and children's eating disorder services with robust wraparound community arrangements.
- **Shared responsibility for planning, decision-making and the financial approach** across the whole pathway Tier 1-4, enabling resources to be used where they can have most impact

## Actions Underway:

- Business case for Tier 4 specialist commissioning model in Surrey refreshed
- Discussion with New Models of Care team (NCM) and Regional Specialist Commissioning Team about a local Tier 4 offer and a potential business case for bed provision in Surrey
- Engagement with Thames Valley NCM and South London Partnership NCM about joint working