



National i-THRIVE Programme Community of Practice event: *Supporting Shared Decision Making and Personalised Care through Integrated Front Doors*

Rachel James, Clinical Lead and Director, National i-THRIVE Programme
Rose McCarthy, Organisational Consultant, National i-THRIVE Programme

*“If we keep on doing what we have been doing, we are going to
keep on getting what we have been getting”*

Thursday 3rd November 2022



Welcome and house keeping



- **Please note: this event will be recorded to enable us to capture key learning points for further dissemination.**
- Please keep your camera on to support connection with the group.
- If you have a question or reflection on the content of the presentations please submit this using the chat function.
- You will be sent the slides following the event.
- If you have any questions or reflections you would like to share following the event please feel free to send them to the National i-THRIVE Programme team at ithriveinfo@taviport.nhs.uk

Agenda

| Time | Item | Presenter |
|-------|--|---|
| 10:00 | Registration & Networking | All |
| 10:30 | Welcome and introductions | Rachel James, National i-THRIVE Programme |
| 10:40 | Family Hubs and integrated Front Doors | Steve Bywater, Westminster |
| 11:00 | Context of Integrated Front Doors in Health and Care | Rose McCarthy, National i-THRIVE Programme |
| 11:15 | Islington's Integrated Front Door | Stephanie Campos, Islington |
| 12:15 | Lunch and Networking | All |
| 13:15 | Greater Manchester's Integrated Front Door | Angela Daniel and Paul Wallis, Greater Manchester |
| 14:15 | Q&A Panel with Presenters | All |
| 14:45 | Tea and Coffee | All |
| 15:00 | Appreciative inquiry exercise | Rose McCarthy, National i-THRIVE Programme |
| 15:45 | Evaluation and Pledges Closing Reflections | Rachel James, National i-THRIVE Programme |

What is an Integrated Front Door?



THRIVE Framework Key Principles



Common Language: Based around the 5 needs-based groupings, promoting shared language and understanding across system



Integrated whole system approach: With clearly defined roles and responsibilities & shared accountability across agencies to delivering improved outcomes for CYP's MH. Needs-based care across the system is organised and delivered via the 5 needs-based groups



CYP-centred: Based on CYP's needs, choices and preferences. Underpinned by shared decision-making and strengths-based approach. Consideration is given to the family and wider support network



Proactive prevention & promotion: Active promotion of digital & community-focused support to address wider determinants of health, to identify and support those with vulnerabilities, and support whilst awaiting treatment



No wrong door: Timely, accessible and local advice, assistance, treatment and risk support, whereby community providers understand and actively signpost and refer to services and support



Outcome-focused: Outcomes framework underpinning routine use of outcomes data and the integration of QI approaches to improve CYP outcomes. Practice based around evidence-based approaches and measurement of progress towards goals.



Equalities and diversity. System-wide approach to identifying and addressing key inequalities in access, experience and outcomes of CYP, including for those in vulnerable groups and with complex needs.



Co-production and community engagement: Enabling the whole community, and building on strengths, ensuring involvement of CYP and their families from across the population in the development and shaping of services at strategic and operational levels. CYP views and experiences are used to support decision-making.

The Family Hub

as an integrated “front door”?



What are family hubs (in Westminster)?

- **A more integrated workforce:**
 - A 'virtual' network of providers working with children 0 – 19 years
 - A shared *single approach to working with families* across a locality
- **A physical building:**
 - Repurposing of existing locations provides the opportunity to bring families into a physical building, a focal point in the community where they can access help and information.
 - Provision of a space to co-ordinate a range of services which can be delivered at venues across the locality.

Key ingredients of the model



3 Family Hubs, with different leadership arrangements but the same operating framework.

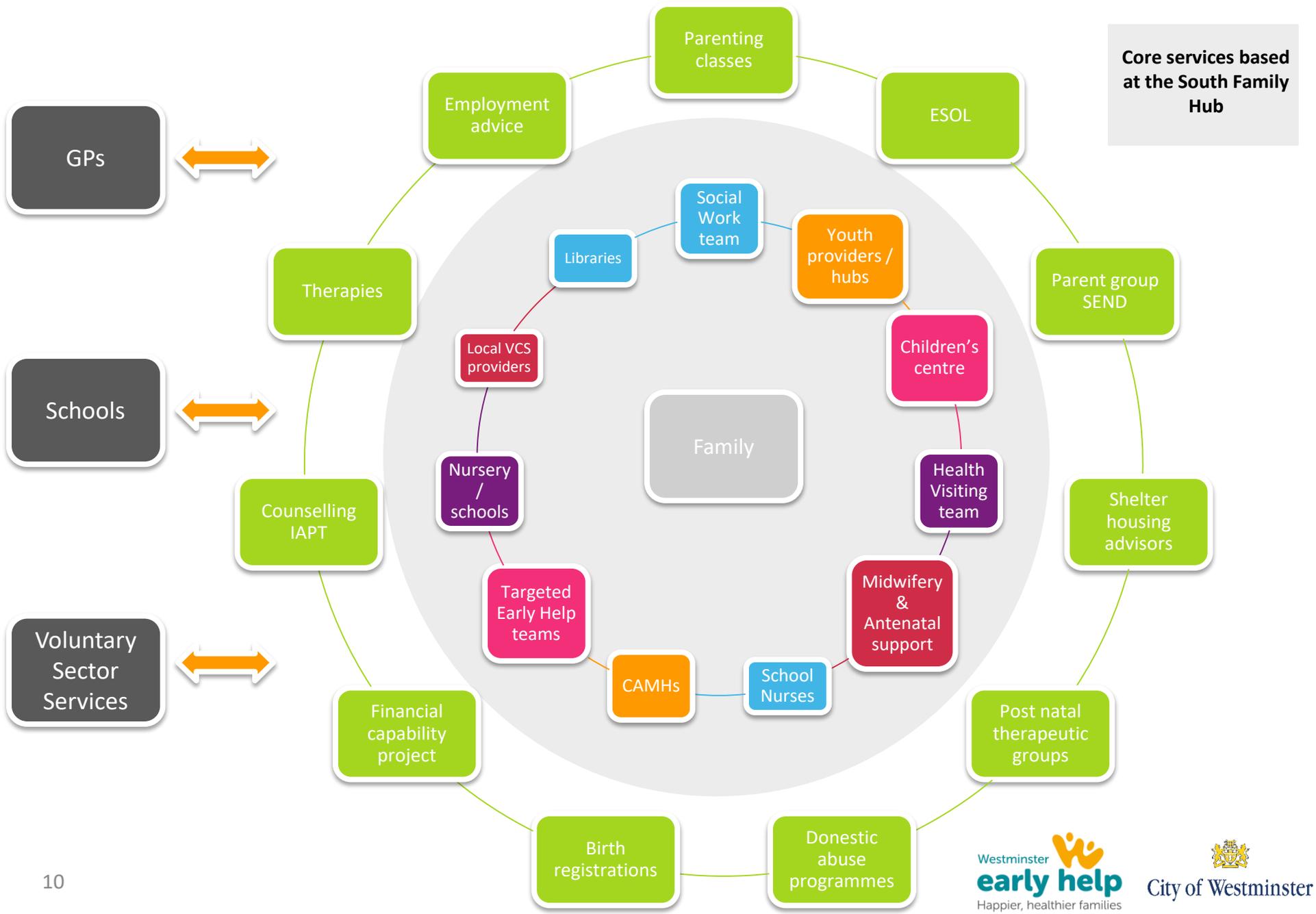
The model:

- Provides coverage for the whole borough;
- Is locality based and targeted by need;
- Aims to be *relational* with staff connected by systemic and trauma informed practice;
- Is based on collaboration and co-production with elements of commissioned services. VCS partners have an equal role in our model;
- Has reducing parental conflict integral to all our work;
- Uses data to inform annual plans for each locality;
- Is more about reshaping existing services than adding new ones.

What underpins our model?



- Integrated Leadership Team(s)
- The Family Navigator role (plus children's centre outreach)
- Wiring in complimentary developments:
 - Pre-birth to Five Transformation
 - Integration of a new youth provision model
- Digital developments



Family Hubs as integrated front door?



- Open doors: Family Hubs are accessible and have open access to local families who can come in and ask for a wide range of advice or support
- Opening other doors: Visiting the Hub to use universal services such as access to health visitors, GPs and stay and plays provides opportunity to communicate with parents about and link them into wider services
- Knocking on doors: Role of facilitators and outreach: Family Navigators and Family Lives engage with families, including through outreach, and take a holistic view of family needs.
- One door closes and another opens: At Children's Services Front Door, social workers include Family Hubs and Family Navigators as part of menu of responses to new referrals and contacts.
- Panels as gateways: multi-agency thinking about complex cases
 - Provide additional advice and strategies for practitioners already engaged with family
 - Can identify most appropriate lead practitioner where required.

Family Hubs as integrated front door?



- Development of shared tools (eFamilyHub) for any agency to register with and seek support from Family Hub and then plan for families in a consistent way, regardless of first point of or reason for contact
- Development of new roles e.g. targeted health visitors to increase range of responses for particular needs or cohorts who come through the door
- Registration and access to services through other linked sites e.g. voluntary and community service partner buildings
- Potential front door for Children and Adolescent and/or Adult Mental Health services?



Context of Integrated Front Doors in Health and Care

Rose McCarthy

Organisational Consultant, National i-THRIVE Programme

“If we keep on doing what we have been doing, we are going to keep on getting what we have been getting”



NHS Long Term Plan & ICS Design Framework



- NHS Long Term Plan set out a vision for Integrated Front Doors
- The ICS design framework (NHS, 2021) states that Integrated Front Doors are key to enabling partners achieve their shared goals of:
 - improving outcomes and tackling inequalities
 - enhancing productivity and ensuring best use of resources
 - strengthening local communities.

Current Legislative Framework



- [Section 10 of the Children Act 2004](#): Local authorities have a responsibility to promote inter-agency co-operation to improve the welfare of all children
- [The Children Act 2004, as amended by the Children and Social Work Act 2017](#): Police, clinical commissioning groups and the local authority are under a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area
- [Working Together to Safeguard Children \(2018\)](#): Early help assessments should be multi-agency with GPs, family support workers, school nurses, teachers, health visitors and/or special educational needs co-ordinators taking the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family. Must be mindful of ‘special category data’ (Data Protection Act 2018) and GDPR.

Essential ingredients



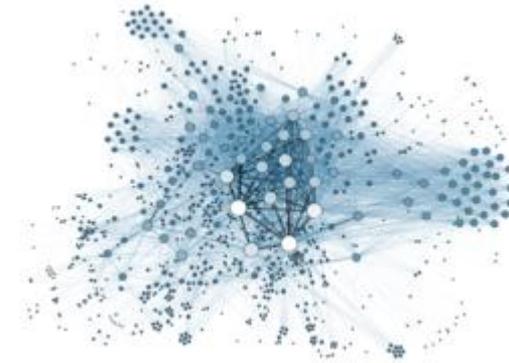
Essential ingredients



Gather and analyse information



Essential ingredients

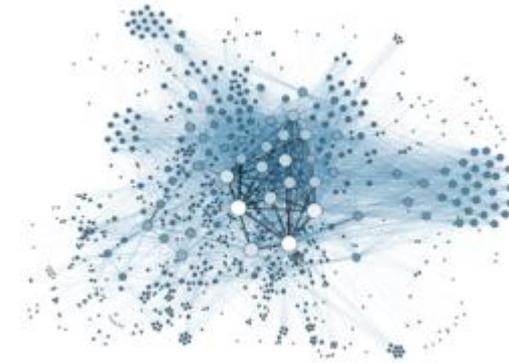


Gather and analyse information



Share information

Essential ingredients



Gather and analyse information



Share information

Essential ingredients



Gather and analyse information



Share information



Responsive, out of hours service

Islington's Integrated Front Door

Stephanie Campos
Social, Emotional, Mental Health Team Manager

Developing, Embedding and Operating a Central Point of Access

- Development & Aim of the Central Point of Access
- Structure of the Central Point of Access and SEMH
- Journey of the CYP & Family – referral process
- CYP & Family involvement & Co-Production
- Impact of Central Point of Access - including feedback from CYP & Families and other services
- Challenges & How Overcome
- Next Steps - Aims to further develop the Central Point of Access

Integrated Front Door – Central Point of Access (CPA)

Central Point of Access – not Single Point of Access

One referral form
Referrals sent to one
location/email
address

No wrong referral

Right Service,
First Time

Screened initially by Children's Social Care as receiving agency – Safeguarding Risk
Stipulated on referral form service requested – consent required
Children's Services Contact Team (CSCT) will also assess type of service required

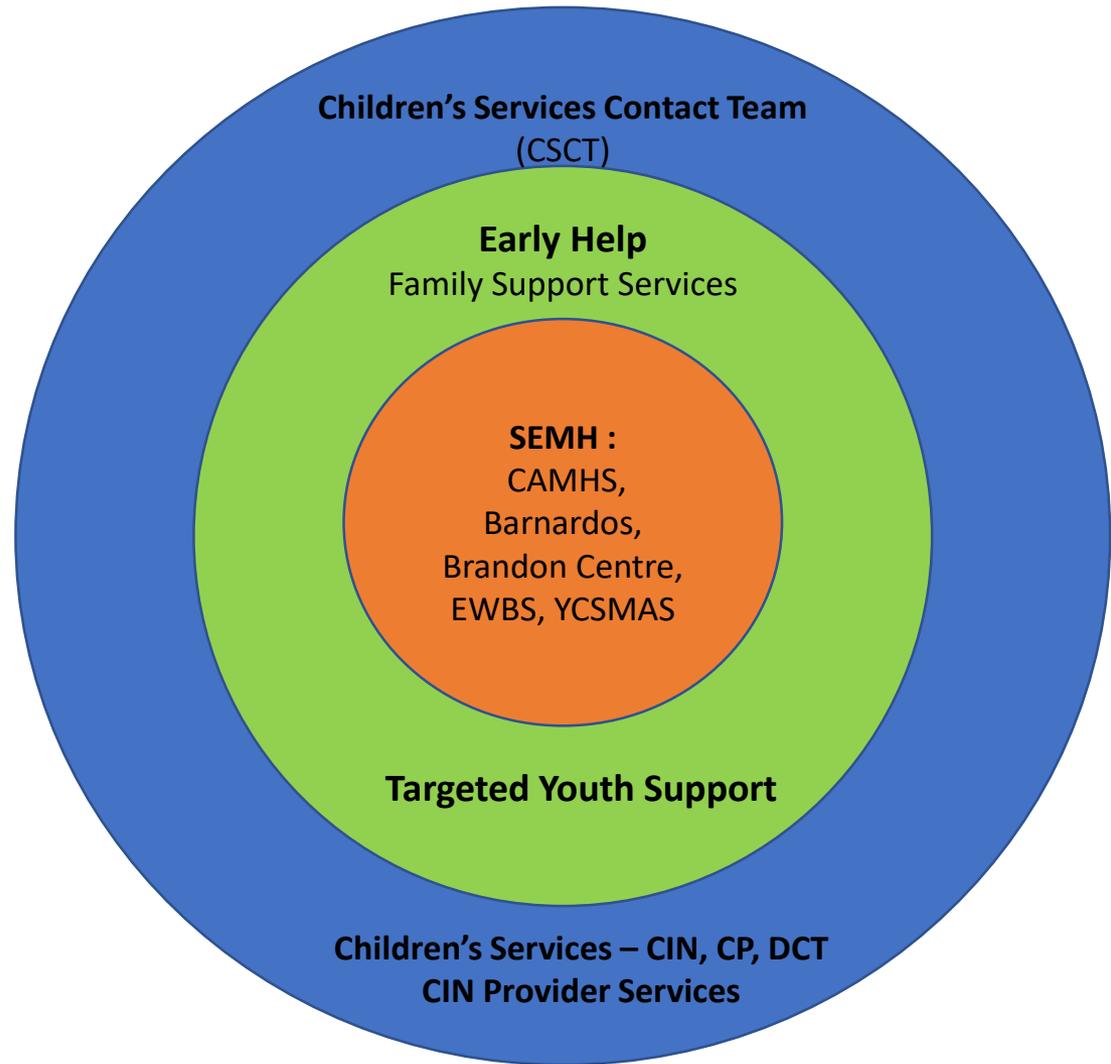
Across agency liaison in wider CPA –
joined up working to determine who's
appropriate to contact the family,
consideration of available services for
family to access

Referral passed to appropriate service
– CSC, DCT, Early Help – Family Support,
Targeted Youth Support, Social
Emotional Mental Health (SEMH) team



Common Language
Needs-Led
Partnership Working
Accessibility
Proactive Prevention
and Promotion
Reducing Stigma
Shared Decision
Making
Outcome-Informed

Central Point of Access



isledon
— ARTS CIC —

Believe in
children
Barnardo's

Islington Community
CAMHS
For children, young people, parents, carers and families

Brandon
Centre

NHS

North Central London
Clinical Commissioning Group

ISLINGTON

SOCIAL, EMOTIONAL, MENTAL HEALTH (SEMH)

Collective of 5 organisations that provide social, emotional, mental health support to children and families from across clinical and community sector

This is a central point of access for mental health support for children and young people under 18. Young people have a range of options in a 'one stop shop'.

Extends beyond traditional CAMHS settings to improve access into a wide range of health, social and digital community-based services for local CYP (no wrong referral)

Plus School services, Early Years services. (Direct referrals into these agencies)

DEVELOPMENT OF THE CENTRAL POINT OF ACCESS

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Central Point of Access

5 year project – 2018 - 2023

| | |
|-----------------------------|---|
| 2018 – 2019 | Initial meetings between proposed agencies Involvement of stakeholders |
| June 2019 | Soft Launch - Existing referral system. Opened new one - enabled trialling system with small number of referrals |
| Oct 2019 | Launch of Central Point of Access |
| Dec 2020 | Initial Review completed by Children's Joint Health Commissioning Manager (SEMH/CAMHS) (Jane-Amanda Stephenson-Glynn) |
| Late 2021/early 2022 | SEMH Internal review of processes |
| Nov 2022 | 3rd year review currently being conducted by Children's Joint Health Commissioning Manager (SEMH/CAMHS) (Lochlainn Mahon) |

Challenges of Previous System:

- Islington CSCT and CAMHS - separate sites - referrals between the two made externally. Delays for CYP and families receiving a whole support package
- CAMHS perceived as the default destination for all SEMH difficulties, regardless of complexity/severity and often did not meet CAMHS threshold.
- Inequity of service depending on which service was approached. Young People referred to community based services receiving help earlier than those sent to CAMHS.
- Experience of being rejected by services. Limited understanding of each others thresholds.
- Duplication of assessments by MH services and across agencies (CSC, EH) - repeated story telling

**25% referrals into CAMHS were previously not accepted and 27% referrals were seen in CAMHS for one appointment only and then discharged or disengaged.

This aligns with the data in THRIVE elaborated from the pilot payment by results work.

KEY AREAS FOR CHANGE:

A strong focus on increasing access, equity and capacity, with an aim to ensure all CYP reach the right service at the right time.

Broadening of the wider offer of early intervention for CYP with mild to moderate needs utilising a whole system approach, modelled on THRIVE. Approaching community organisations to forge close working relationship to meet the need of every child and young person with a strong focus on preventing mental health issues from escalating.

Involved a new assessment and intervention pathway and a staff restructure in CAMHS. These changes provided more consistency in clinical allocation, reducing the need for clients to have to tell their story more than once.

150K was redirected from the CAMHS Grant to fund the extension to SEMH services, including increasing capacity within Children's Service Contact Team (ICSC front door)



**MORE FOCUS
NEEDED IN
FOLLOWING AREAS:**

Common Language

Accessibility

Partnership Working

**Shared Decision
Making**

Needs-Led

Central Point of Access - Key Objectives

- An increase in access to SEMH pathways
- A reduction in wait times
- Ability to help CYP get to right level of service to match their need
- Improved outcomes for CYP in their emotional and/or mental health and wellbeing
- Improved CYP experience
- Improved MDT working and shared processes
- Improved experience of referrers and stakeholders



Common Language
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Outcome-Informed

What was Involved:

Children's Services Contact Team (CSCT) – funding and creation of a specific Senior Social Work post within CSCT alongside their counterpart in CAMHS – senior administrator (project leads)

Social Emotional Mental Health (SEMH) – Restructure of CAMHS create an Intake Team.

Development of Screening Pathway of SEMH referrals, with Barnardos joining the Duty Screening system to screen low to moderate risk and complexity cases

Co-creation of forms/database/telephone number – referral form (co-production of form). Access to Children's Social Care systems, development of emails, Referrals Inbox, etc

Development of referral processes and interaction – consultation systems

Extensive communications strategy to inform stakeholders about change in system – at multiple level across agencies – GP forum, Local Authority partners, Head Teacher and SENCo forums.

SEMH RESPONSE

At Point of Initial Contact being able to identify the appropriate level of support needed
Signposting and providing resources

Across-Agency Collaboration and Shared Decision Making

Risk Support
Integrated working across the network to support CYP who don't engage with SEMH.



Across-Agency Collaboration and Shared Decision Making

Identification of Service Required:
Screening and assessment of needs, offering assessment appointments as required.
Service identified to offer the level of support required

Across-Agency Collaboration and Shared Decision Making

Identification of Service Required:

- Liaison & exploration re: previous services, level of complexity.
- Immediate response to risk incident. Liaison with crisis services and teams already involved.
- To determine current level of support required.

USER INVOLVEMENT & CO-PRODUCTION

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User Participation and Coproduction

Review of CAMHS Transformation Plan involved extensive service user participation to determine what CYP & families and stakeholders needed from mental health services. A CAMHS CYP Redesign Group was established. This group demonstrated that CYP & families wanted:

- **To be referred to the right service first time, with no 'wrong' referrals**
- **To only have to tell their story once, and to not be 'rejected' by a service**
- **Presentation of the proposed CPA to CAMHS Transformation Board for feedback**

'We had to wait an extensive period before my child's SEMH referral was processed. We had no contact from the team throughout this process which was frustrating as we didn't have any indication on when we may get the support we needed.'
(parent/carer)

Reducing Stigma

Accessibility

Needs-Led

Proactive Prevention and Promotion



'The space where the therapy took place (non-clinical setting) was important to me.' (YP)

User Participation and Coproduction

SERVICE DELIVERY

- Young people and families are contacted about their referral – by a SEMH clinician or appropriate team
- All children over the age 13 years are specifically spoken to about their care
- User feedback on service experience – development of a Experience of Service form

Shared Decision Making

Reducing Stigma

Needs-Led



I wasn't expecting to hear from someone so soon (parent)

Thank you for the advice and resources. I can wait if I have these (YP)

CYP & families continue to be involved through:

- **Inclusion and involvement in the First Year and Third Year SEMH Reviews** – focus groups, feedback questionnaires, groups with community settings
- **Links with wider User Involvement initiatives across CAMHS, CSC and SEMH partners:**
Youth Board, shared initiatives with User Participation leads in each of the services
- **SEMH Logo Competition**



“ Thank you very much for an amazing opportunity in taking part in creating a logo for yourselves! I think it's a lovely thing to of allowed a young person within the care system take part. And was really fun to feel like a part in taking part in something so special”

STRUCTURE OF SEMH

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SEMH

Social Emotional Mental Health team

YCSMAS
(Youth
Counselling &
Substance
Misuse &
Alcohol Service -
formally TYS
Counselling)

Counsellors &
Psychotherapists:
Specialise in
engaging YP where
there is
engagement or
resistance
difficulties and
present with
moderate to
complex needs

TYS Counselling:
YP 12-21 (25 if LAC
or SEND)

SEMH Counselling:
YP 10 – 18

6-12 sessions

At Pulse, Lift and
Platform Youth
Hubs

isledon
— ARTS CIC —

Emotional Well-
being Practitioners
x3

YP 8 – 18 years

Encourage
engagement to
service and support
1st session. Must be
awaiting another
service- social offer

Youth Workers

**Believe in
children**
Barnardo's

Talking and
creative therapists

YP 8-18 (25yo
SEND)

LBI Address, GP or
School.

Short term
counselling and
therapy.

7 sessions

Islington Community
CAMHS
For children, young people, parents, carers and families

Intake Team – Senior practitioner duty response and SEMH work
Children's Well-being Practitioners, low intensity

Early Years Team
Parent and baby service, Incredible years & Growing Together
H/V support and direct work with parent's co work with adult MH,
Bright Start Children Centres

Schools and Early Help Team
CAMHS clinicians and EMHPs in every school, Up to 18 yo. 1-1 & Family
work. Consultations with schools . includes PRU and IFIT

**Child and Family
Therapies Team**

0-18yo

Complex needs
require MDT therapy
approaches

**Family therapy, CBT,
IPT & Psychotherapy**

**Neuro-Developmental
Pathway**

Assessment and
diagnostic service
Post diagnostic support
and group work –
Cygnet
(ADHD, ASD, Autism,
with co-existing MH
difficulties).

**Adolescent
Assessment &
Outreach Team**

YP 12-18

Severe, chronic and
complex difficulties.
Rapid and
community based.
Including YOS, crisis
management and co-
working with tier4

CAMHS Social Care and Welfare team
Children looked after, AMASS & Enhanced (Safeguarding and Family Support)

**Brandon
Centre**

YP 16-25

Long term high
intensive

Up to 16
sessions of
Psychotherapy

Range of
difficulties:
anxiety,
depression,
trauma,
relationship
difficulties, and
where there
are multiple
adverse
childhood
experiences.

kooth

Online
counselling
service
and
SEMHS
resources

SEMH STRUCTURE

Duty Team

SEMH Admin
Band 6 and Band 4
- 1.0 wte

8b SEMH Manager
0.2 wte on Duty
(0.8 wte management)

8a Senior Clinician
0.8 wte

Barnardos Clinician

5 x clinicians – 1 per day - 1.0 wte

Intake Team

Band 8a Senior Clinician
– 1.0 wte

Band 7 Clinician
– 0.4 wte

Band 6 Clinician
– 0.2 wte

SEMH Admin
Band 6 and Band 4
- 0.4 wte

Assistant Psychology
Band 4 - 0.8 wte

Duty Support
Band 5 CWP
– 0.3 wte

REFERRAL JOURNEY

EXPERIENCE OF THE CHILD, YOUNG PERSON & FAMILY

Referral into children's services Contact Team

CHILDREN'S SOCIAL CARE

- CHILD PROTECTION/CHILD IN NEED
- CHILDREN LOOKED AFTER (CLA)
- INDEPENDENT FUTURES (IF)
- DISABLED CHILDREN'S TEAM (DCT)

TARGETED SUPPORT

- BRIGHT FUTURES 0-19
- EARLY HELP FAMILY SUPPORT
- TARGETED YOUTH SUPPORT
- YOUNG CARERS

SOCIAL, EMOTIONAL AND MENTAL HEALTH (SEMH)

- - CAMHS
- - BRANDON CENTRE
- - BARNARDO'S
- - YCSMAS
- - EMOTIONAL WELLBEING SERVICE

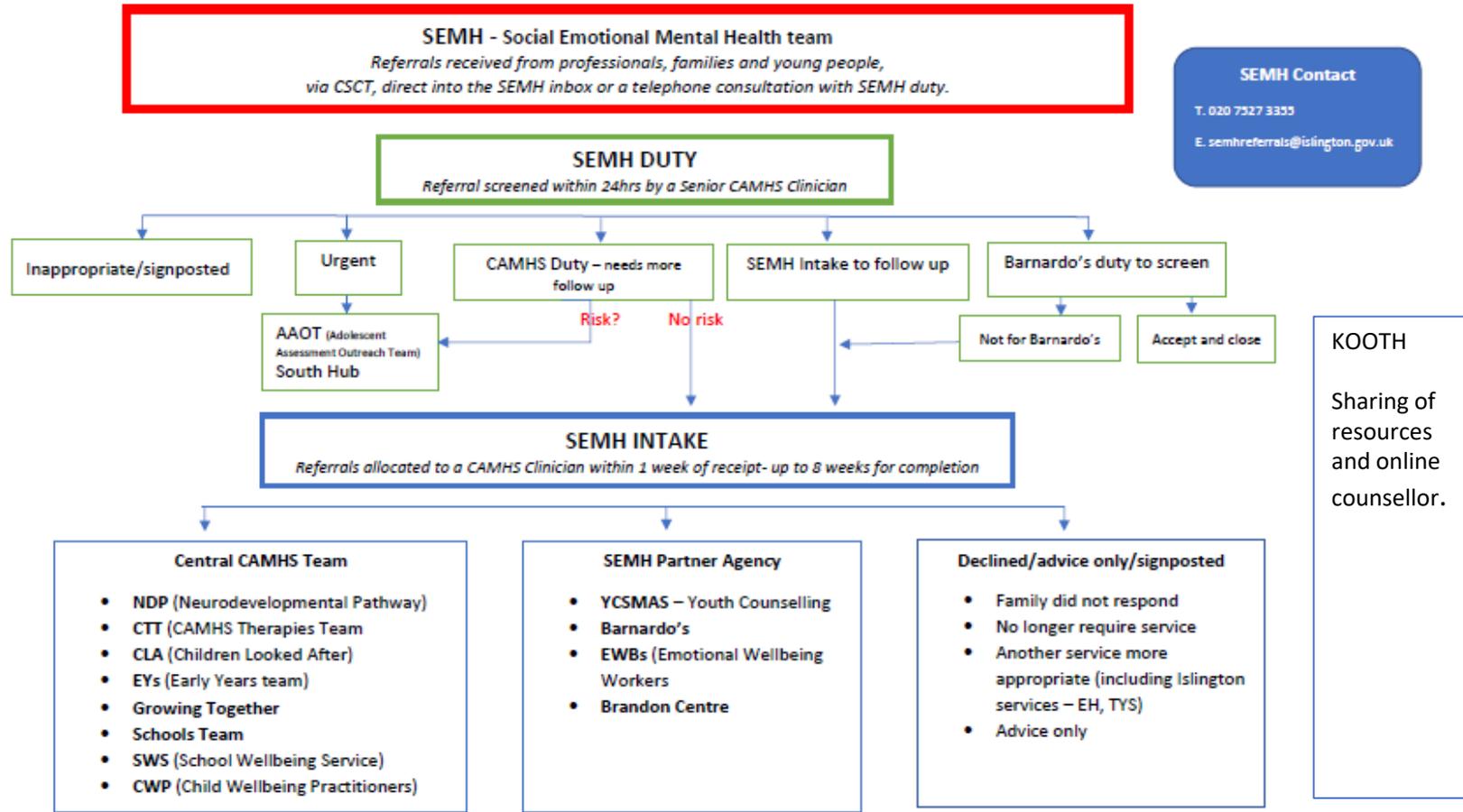
THE SERVICES WORK ALONGSIDE EACH OTHER AND THERE MAY BE JOINT WORKING E.G. A YOUNG PERSON RECEIVES COUNSELLING FROM BARNARDO'S ALONGSIDE FAMILY WORK FROM THE EARLY HELP TEAM.



SEMH FRONT DOOR ALSO LINKS TO CAMHS IN SCHOOLS, THE SCHOOL WELLBEING SERVICE AND KOOH, AND MAKE REFERRALS TO SPECIALIST SERVICES E.G. LIGHTHOUSE



REFERRAL JOURNEY



KOOTH
Sharing of resources and online counsellor.

Note: a referral can be allocated to two pathways (ie, NDP – awaiting an ASC assessment, and Barnardo's – short term counselling)

SEMH Partners Meeting

- Senior Clinicians from each of the SEMH partners meet **weekly** to discuss potential referrals for their service
- The Early Help Referral Coordinator joins this meeting
- Discuss remit and threshold. Cases accepted or reviewed further by practitioner processing referral



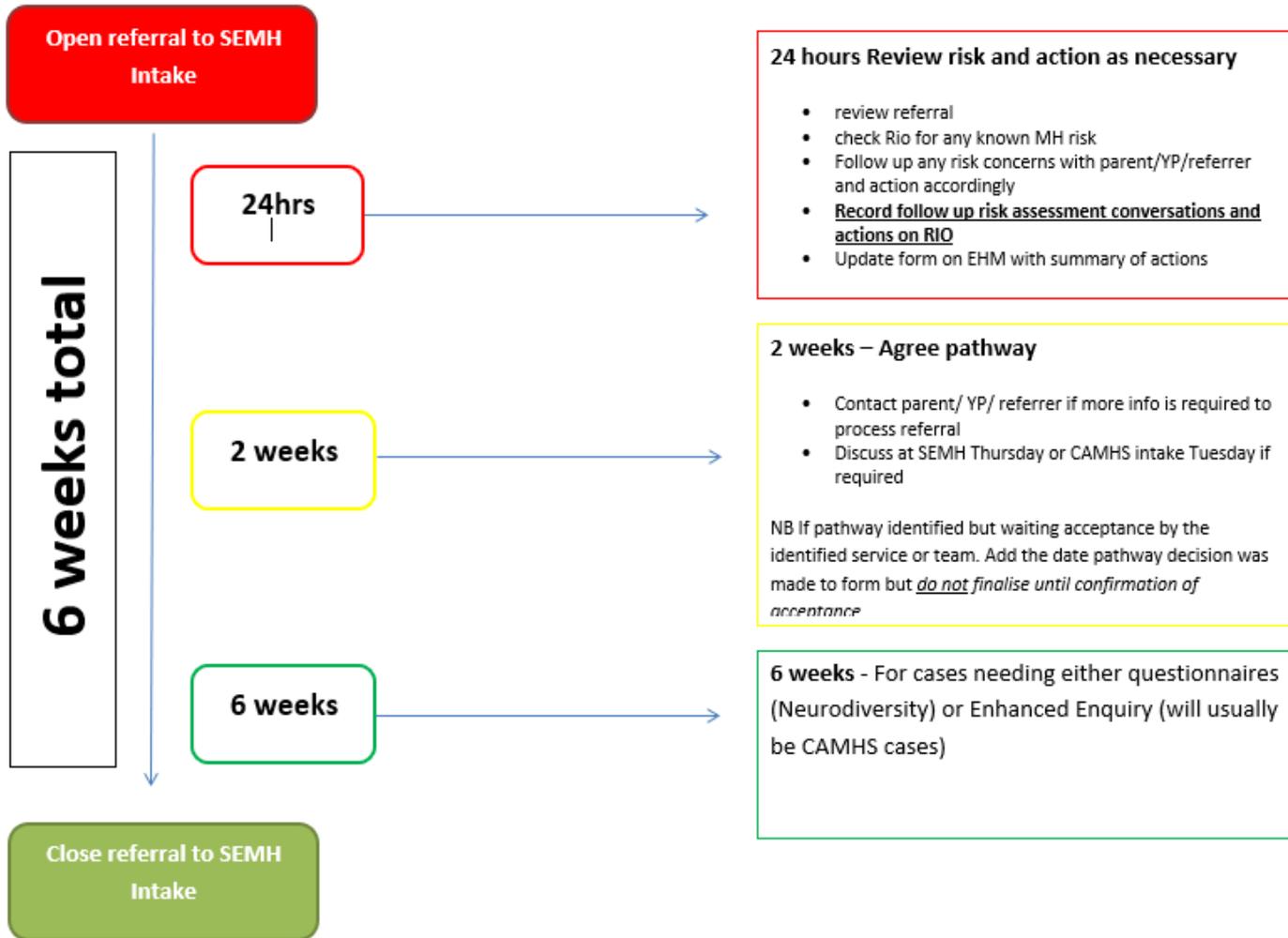
Partnership Working

Needs-Led

Shared Decision Making

Proactive Prevention and Promotion

Common Language



Referral Processing Support Structures

Multi-Agency Huddles daily at 9am and 1pm (10 mins) for duty and intake clinicians and admin

Duty Support – CWPs and Assistant Psychologist involvement in referral processing

Team meeting fortnightly – case discussion slots.
Other Services attend and present
Allocation of enhanced enquiries

Supervision

Enhanced Enquiries - Most screening and triage done by phone, Enhanced Enquiries for most complex where right service/s can't be identified



Common Language

Needs-Led

Partnership Working

Proactive Prevention and Promotion

Shared Decision Making

Outcome-Informed

Sustainable Collaborative Working and Service Development

Joint meetings between CSCT, Early Help, SEMH (Barnardos and CAMHS) – initially weekly. Reduced over time to every other month

SEMH leads meetings – strategic and operational level – initially separate, not joined as mechanisms embedded

SEMH Managers attend operational management meetings involving all CAMHS teams

Regular meetings with CAMHS teams to review processes and review case examples

SEMH managers with specific responsibilities – 1 x CAMHS link and 1 x CSCT, EH, SEMH partners link



Partnership Working

Shared Decision Making

Common Language

Accessibility

HOW THE SERVICE HAS DEVELOPED OVER THE LAST 3 YEARS

Covid-19 Pandemic Impact and Response

In spite of the challenges of the COVID-19 pandemic all the SEMH services continued to deliver quality interventions for CYP and families virtually and face to face for those cases identified as a priority.

Well placed to provide a joined up service across agencies



Review of Internal Processes in January 2022

Implementation of Duty & Intake System

Allocation of work based on capacity of clinician (caseload and number of contracted sessions)

ACHIEVEMENTS

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Working Well

Common Language

- Shared Protocols and Procedures using same language
- Using same forms and recording systems
- No wrong referrals
- Understanding of each other's thresholds, pressures, waiting lists etc

Partnership Working

- Jointly lead by CAMHS and Barnardo's
- Cross-agency planning and support - routinely conducted
 - Improved cross-agency communication, joint working across ICSC and EH

i-THRIVE

Shared Decision Making

- Redesigned model – faster processing of referrals to service allocation, increased staff satisfaction
- Risk Support based on needs - joined up working with CAMHS crisis teams
- Cross-agency referral decision making (Partners Meeting)
- Cross – Agency Steering Group

Accessibility

- Responsive service
 - CYP can be seen in a range of community settings, including youth hubs and leisure centres, offering more choice and flexibility.
- All SEMH services providing services to Islington CYP across Thrive groupings
- Access to the Islington universal offer including play and youth

Working Well

Proactive Prevention and Promotion

- Services that offer Early Intervention and Prevention part of SEMH offer
- Co-locating in Community Services and Provisions
- Wider SEMH starting to address EDI issues and inequalities in access to services.
- Reduced duplication and efficiencies for all services.

Reducing Stigma

- Strong links with community organisations – LGBTQ+ support services, LD services, Bereavement Services, Eating Disorder Services
- Presence of SEMH in community settings and schools

Needs-Led

- Breadth of services on offer
- Improved cross-agency communication on the suitable service, across agencies
- Established forums for discussion on referrals and where needs best met

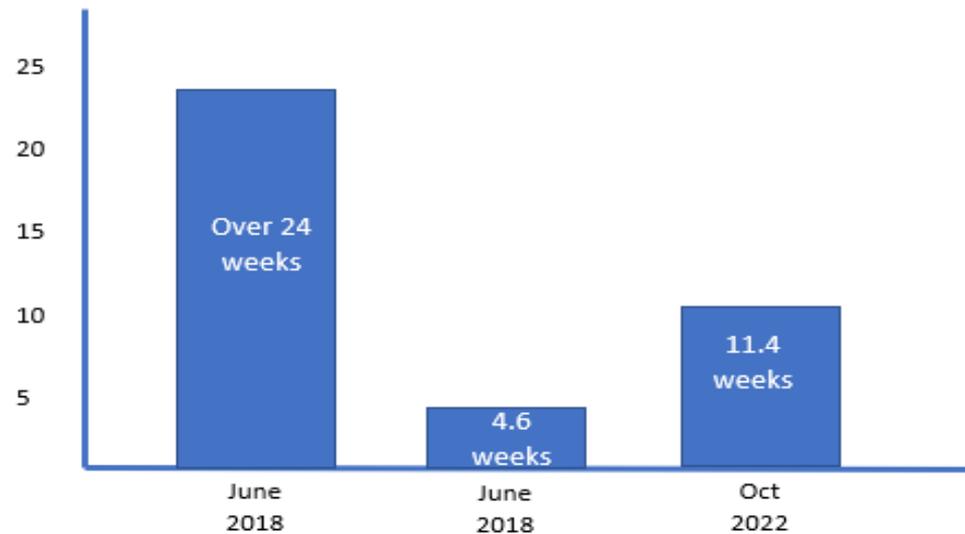
Outcome-Led

- Discussion at point of referral with CYP & family re: current need and desired outcome
- Discussion at referral about suitable service to meet these
- Identification of right service, first time
- Differentiation between risk management, resources while waiting and intervention needed.



Outcomes

Average waiting times for the Whittington Health Islington CAMHS



- **Waiting times range from 2 to 6 weeks for wider SEMH community.**
- **Emergency cases are still seen by Whittington Health CAMHS within 24 hours. Urgent cases within 5 working days.**
- **Alongside other initiatives such across the NCEL Collaboration:
Reduction in inpatient admissions: 14 in Jan 2020 - 6 at the end of Sept 2020**

FEEDBACK

I look forward to my session all week; it's the best part of my week."
(YP accessing Barnardos)

'I felt listened and believed which was a relief'. (YP)

Quotes from YP about their experience of SEMH and Central Point of Access

'I found the long wait difficult especially as I had psyched myself to go when I felt ready and then lost momentum'. (YP)

'Having an integrated front door has helped to ensure we are identifying best service provisions and address perceived risk from the point of referral.' (professional)

"The move to a central SEMH pathway has been transformative from a GP perspective. I think it's been a fantastic service development/redesign. It's simplified the referral pathway, whilst maintaining access to the option to speak to someone for specialist advice if needed. (GP)

Quotes from Professionals, Staff & Stakeholders

The team feel very supported knowing there is a wider team who can help support the work they are doing with CYPs. Staff feel that decisions are made relatively quickly and if they are worried about a CYP, there is the opportunity to explore other services if needed. Staff who sit within the CPA have also reported a greater level of confidence with safety planning and the eligibility criteria of other services," (Senior Barnardo's clinician)

"Single best development for CYP services in her 30 year experience of working as a GP in Islington"

KEY CHALLENGES

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Large increase in referrals for SEMH since launch in October 2019 across all Thrive groupings; pressure across all services - hard to measure impact and increase in processing and waiting times

Data recording and use of systems – what to capture
Data Sharing Agreement was put in place to pass details of these referral on to the relevant SEMH services.

Increasing Complexity - range of complex psychosocial difficulties

Use of two recording systems

Reality of resourcing

Mental Health Needs nationally - increased complexity and acuity.

Overcoming challenges, eg allocating cases to intake team based on their capacity.

Key Challenges

Areas for Transformation

SEMH review in progress

Increased focus on EDI

Sexuality – not routinely recorded

- LGBTQ+ young people identified as being more likely to experience mental health problems.
- LGBTQ+ young people underutilise mental health services and often have reduced engagement.

Disability

- Underrepresented groups are included, and targeted where indicated.

'Bridging the Gap'

Identified gap in emotional support for young people (18-25 year olds)

Development of SEMH Dashboard

'We need to focus more on groups who are underrepresented to ensure that the equality and inclusion of our service is paramount.'
(Professional)

Request for Service Form

Islington Children's Services, Disabled Children's Service and Young People's Social, Emotional and Mental Health.

- Submit non-urgent referrals using this form. Leave blank any parts not known.
- Submit urgent child protection referrals by calling 020 7527 7400 first and then submit this form.
- If you don't know if you should make a referral or if it is urgent, call 020 7527 7400 for a "no names" consultation with a duty social worker.

Part A

1. About the child/young person you are requesting service for

| | Name: | Date of birth: | Gender: | Ethnicity: | School: |
|---------------------|-------|----------------|---------|------------|---------|
| Child/Young person: | | | | | |
| Known Siblings: | | | | | |

| | |
|-------------------------------|------------------------------|
| Address: | |
| Is this address confidential? | <input type="checkbox"/> Yes |
| Other addresses: | |
| Is this address confidential? | <input type="checkbox"/> Yes |

2. About the parents or carers of the child/young person

| Parent/Carer name: | Date of birth: | Contact telephone number: | Email address: |
|--------------------|----------------|---------------------------|----------------|
| | | | |

3. Contacting the parents or carers

| | |
|---|--|
| Is there anything we need to know before contacting parents/carers? <i>e.g.</i> needs interpreter, suspected domestic abuse or violence: | |
|---|--|

4. About the child's GP: Mandatory for SEMH referrals

| | |
|------------------------|--|
| GP Name: | |
| GP Practice address: | |
| Contact number: | |
| NHS Number (if known): | |

5. Other information

| | |
|--|--|
| Is there a 'Lead Professional' working with the child/family? | |
| If yes, please provide a name, contact telephone number and email address: | |
| Does the child have an Education and Health Care Plan (EHCP)? | |
| Does the child have a diagnosis of a disability? If yes, please provide details: | |

6. About you

| | |
|---------------------------|--|
| Name: | |
| Agency: | |
| Role: | |
| Contact telephone number: | |
| Email address: | |

Part B

7. Which service are you requesting?

Refer to www.islington.gov.uk/fig for information about services.

| Name of service | Mark 'X' |
|---|----------|
| Children's Social Care | |
| Disabled Children's Team | |
| Social, Emotional and Mental Health (SEMH) or CAMHS | |
| Bright Start (0-5, Bright Futures (5-19), Family Support and Outreach | |
| Targeted Youth Support | |
| Other, please state: | |
| Do not know | |

8. Informing the family about your referral

- You do not need consent to share information with us. Consent is not the legal basis to share information if your request is about safeguarding or the welfare of a child.
- You should inform the family that you have made a referral and that we may contact them.
- You should not inform the family if it could endanger the child or prejudice a criminal investigation
- You should understand the views of the family [in regards to](#) the request for service, unless this could endanger the child or prejudice a criminal investigation.

| | |
|---|--|
| Have you informed the child/young person, parent or carer that you have made a referral to us? | <input type="checkbox"/> Yes, I have informed the child/young person <input type="checkbox"/> Yes, I have informed the parent/carer |
| What are the family's views on this request for support? Include if family members agree or disagree with this request and the reasons why. | |
| If any family member has not agreed to the referral being made what is their reason: | |
| If you have not discussed this referral with the parent/carer (or child/young person) state why: | |

8. Background

| | |
|---|--|
| What is the reason for your referral? Please include presenting needs and context: | |
| Describe any current or previous support Include details of anything already planned or implemented and their outcomes: | |

| | |
|--|--|
| What support and outcomes are you seeking for this family? | |
|--|--|

9. Privacy Statement – how we will handle the information you share

You are making a referral to a multi-agency front door and we may share information in this form with our partners including the Police to ensure we provide the right service to the child, young person or family. We do this in accordance with our statutory duties under the Children's Act 2004. We will handle the information you have provided in line with the provisions and requirements of the General Data Protection Regulation and the Data Protection Act 2018. We hold all personal information in confidence with only the necessary people able to see or use it. Full details on how Islington processes information is available at www.islington.gov.uk/privacy.

10. Signed declaration

I declare that the information I have provided is accurate to the best of my knowledge and I understand my obligations around consent and how Islington Council will handle the information I have provided.

| | |
|------------|--|
| Signed | |
| Print name | |
| Date | |

How to submit

- If you are making a request to the Disabled Children's Team please send your form by secure email to DisabledChildren.Team@islington.gov.uk.
- For any other requests, please send your form by secure email to csctreferrals@islington.gov.uk

Questions



Thank You

Contact: stephaniecampos@nhs.net
020 7527 3355

Lunch break 12:15-13:15





Greater Manchester i-THRIVE Single Point of Access (SPoA)



Dr Paul Wallis
Angela Daniel

gm.thrive@mft.nhs.uk

 [@GMiTHRIVE](https://twitter.com/GMiTHRIVE)

[#gmithrive](https://twitter.com/GMiTHRIVE)



Single point of access



gm.thrive@mft.nhs.uk

 [@GMiTHRIVE](https://twitter.com/GMiTHRIVE)

#gmithrive



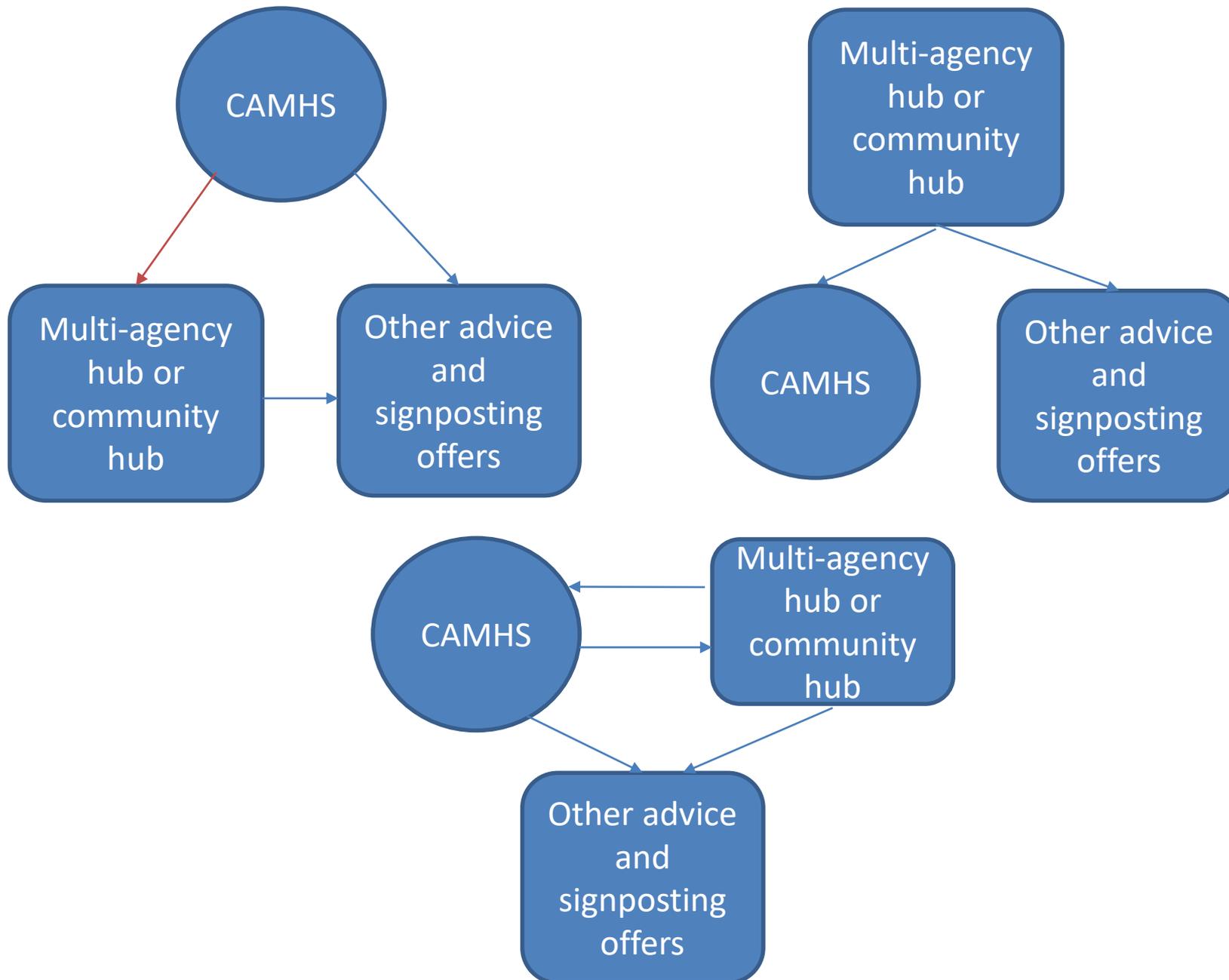
Single Point of Access/Navigation/Contact in GM

- Different locations:
 - Colocation in one building with CAMHS, VCSE, Early Help, MASH
 - In CAMHS
 - In MASH (consultation)
 - Community Hub & CAMHS

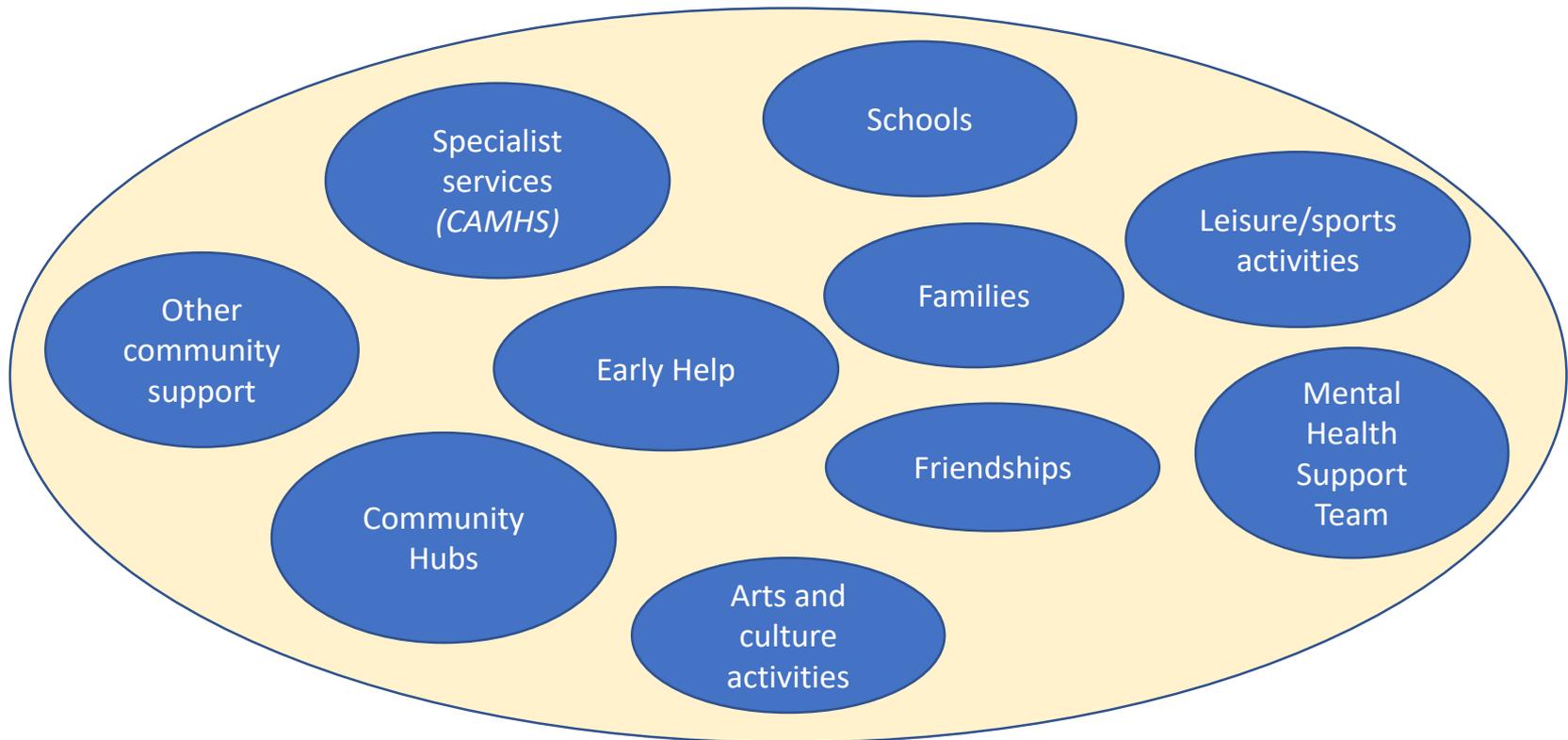


Different names:

- SPoA
- MTHRIVE Hubs
- CAMHS
- i-THRIVE referral Hub
- SPoC



Developing a shared understanding:
Who is likely to be helpful now and in the future?





What is working well?

- Co-location, VCSE inclusion in meetings (Tameside)
- Referral process clear for referrers (Wigan)
- Can get a quick response and good advice over the phone – a way of contacting CAMHS that some schools find useful (Stockport)
- Point of access, triage/assessments and allocations – working together approach (Manchester)



What isn't working so well?

- Can be delays if too many referral points
- VCSE offer can have high demand
- There can be a gap in offer between VCSE and CAMHS (i.e. not eligible for CAMHS but too high a need for VCSE?)
- Need better integration across wider partners so that young people get the right service first time
- Capacity to keep digital information for advice and signposting up to date
- Not integrated with Social care
- Other routes being used to get into CAMHS i.e. A&E
- Culture change of other services to understand that the referral is about mental health and not a referral just to CAMHS
- Communication back to referrer – can be delays



Scaffolding

- <https://www.youtube.com/watch?v=CrJV2SRcLxl&t=4s>



Workshop

- Review your own SPoA/SPoC/SPoN - what works well/what doesn't work well – think one system
- What can be done at that first landing point – think scaffolding?
- Mentalize about how it is for CYP, Families, other professionals
- How do we change the culture to use the language of navigation rather than referral

Panel Discussion



Comfort break 14:45-15:00





Appreciative Inquiry Activity

Rose McCarthy

Organisational Consultant, national i-THRIVE Programme

“If we keep on doing what we have been doing, we are going to keep on getting what we have been getting”



What is Appreciative Inquiry



Appreciate Inquiry is a strengths-based approach of organisational thinking, that focusses on what is working well, understanding why it is working well and collaboratively building a future.

“The tangible result of an appreciative inquiry process is a series of statements that describe where and individual or an organisation wants to be, based on the high moments of where they have been. Because the statements are grounded in real experience and history, people know how to repeat their success” (Hammond, 1998).

Discovering and Building on the Root Causes of Success



Use your example of what was ‘working well’ in relation to your initial points of contacts in the previous workshop led by Greater Manchester.

In groups of 2 or 3, please share these successful elements and discuss what made them possible.

What were the enablers?

Feedback





The 4Ds of Appreciate Inquiry

Discovery

- best of what is and what has been

Dream

- what might be

Design

- what should be

Destiny

- what will be

(Cooperrider, Whitney, Stavros: 2008)



Stage 1: DISCOVERY

The best of **what is** in relation to initial points of contact in your area.

What are the essential features you have experienced in the existing best practice?

Share existing examples of these in your area.



Stage 2: DREAM



Collaboratively articulating what **might be**.

Developing a shared vision of the *most* desirable practice for the future.



Stage 3: DESIGN



Working together to develop what **might be**

Working together to develop, design and create this practice, with changes occurring from the very first question asked.

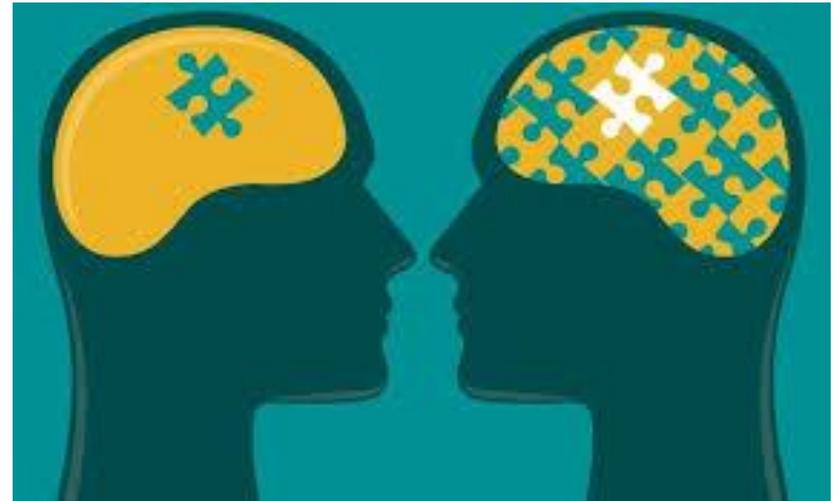


Stage 4: DESTINY



What will be

How to empower, improvise,
practice and learn.



Discovering and Building on the Root Causes of Success



Keeping your success stories in mind, consider:

- **Discovery:** When we have been at our best, what were we doing?
- **Dream:** When we achieve our ideal state of success, what will it look like?
- **Design:** How might we make our vision a reality?
- **Destiny:** How do we continue to leverage our strengths to deliver on the promise dreams and ensure our system flourishes in the future?

Pledges and Next Steps



- We would like to encourage you to become an agent of change and identify a pledge you will make to take your learning from today's event forward.
- Please fill out the pledge form with an individual and team pledge



https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_cAQJ5Z7r6C6u7e6

Feedback



https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_aaeGEN7Nd0g8UjY

For more information: i-THRIVE



www.implementingthrive.org

iTHRIVEinfo@tavi-port.nhs.uk

Sign up to the National i-THRIVE Community of Practice and receive monthly updates.

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