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Crisis Prevention Pathway

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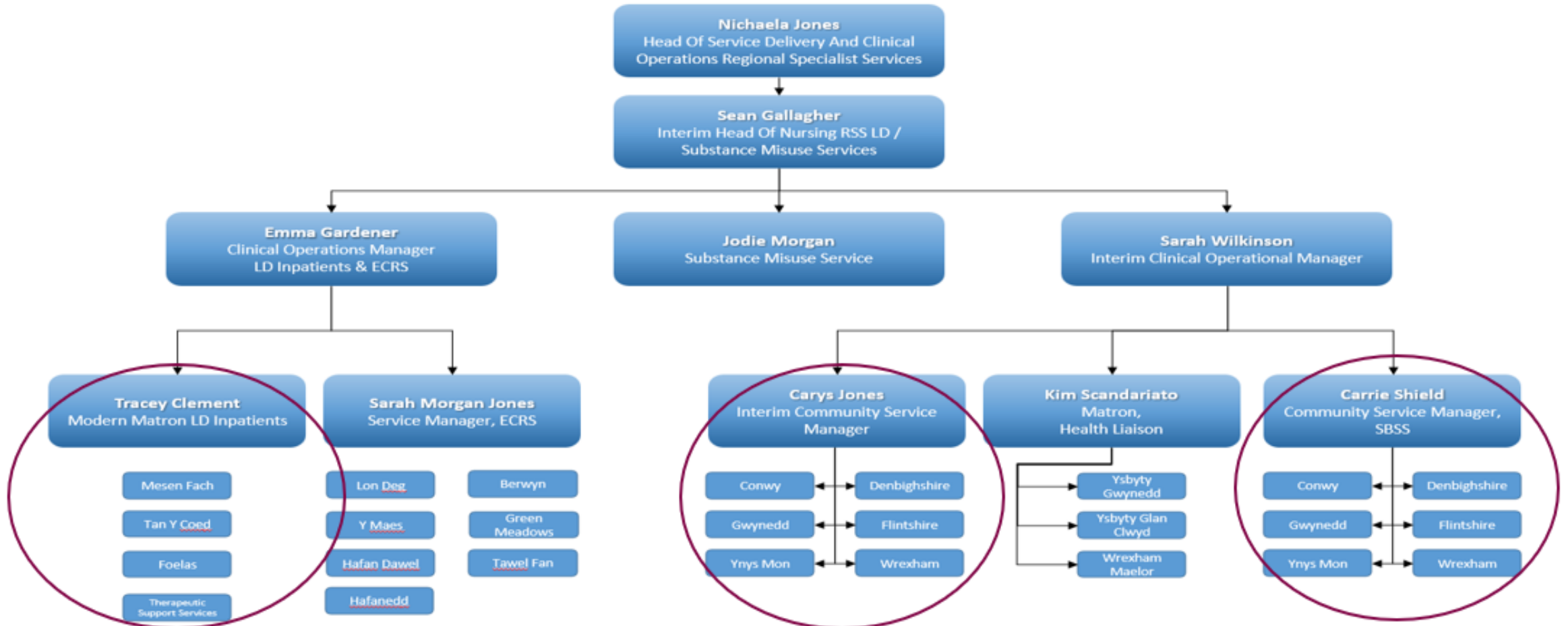
MENTAL HEALTH & LEARNING DISABILITY DIVISION

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Crisis Prevention Pathway - Introduction

- ▶ The development and review of the pathway has been well established for almost 15 years.
- ▶ The focus of the Crisis Prevention Pathway (CPP) has always been to introduce a process that is structured and consistent and can be accommodated across the 6 CLDT and LA areas across North Wales.
- ▶ The process of the pathway is to identify people at risk by monitoring change, to intervene early as an MDT, and respond to presenting issues and planning for contingencies prior to a placement break down, preventing out of area placements and or hospital admissions
- ▶ The Learning Disability Strategic Action Plan 2022-2026 (Welsh Government, 2022) specifies a desired outcome for a reduction in hospital admissions through community based crisis prevention, and individuals either remaining at home or returning home as soon as possible.

Brief overview of Learning Disability Services in North Wales



Crisis Prevention Pathway - Recovering after COVID

- ▶ The CPP had lost its impact, it's value
- ▶ Inconsistency in its implementation
- ▶ Lost understanding of the process
- ▶ Interpretating information and situations differently
- ▶ Behavioural presentations and profiles different
- ▶ Staffing / Family circumstances different
- ▶ Staffing crisis – Both skills, training and recruitment / retention

Crisis Prevention Pathway

- Identifying emerging crisis

- ▶ Emerging crisis and deterioration of an individual's support package can occur for a number of reasons.
- ▶ This could be the result of, but not limited to the following themes:
 - Changes in an individual's physical and / or mental health resulting in a deterioration in their overall wellbeing
 - Significant changes at home, such as parental illness, bereavement, divorce or separation, issues relating to siblings
 - Significant changes to the existing support arrangements, such as staffing changes, staff sickness, staff recruitment / retention difficulties, staff abilities / skills deficit
 - Breakdown of important established patterns and routines that are important to the overall health and wellbeing of the individual

Crisis Prevention Pathway

- ▶ The impact of the above themes may, in turn lead to:
 - deterioration in the persons physical health and or mental wellbeing.
 - an increase in the frequency, duration or intensity of behaviours of concern
 - an overall deterioration in quality of life.
 - reduced opportunity to take part in preferred activities, access to activities outside of the home
 - an increase in the use of restrictive practices.

Crisis Prevention Pathway

- ▶ Indicators of emerging crisis may be identified by the individual, family or carers, support staff or any member of an MDT. Identified concerns may be escalated through, but not limited to:
 - Family or support providers / staff reporting that they are struggling to meet the individual's needs
 - Support provider reporting they are struggling to retain current staff and / or recruit appropriate staff
 - Concerns raised to CLDT by other LD colleagues e.g., following a Psychiatry, Social Care review, following SBSS input for co-tenant
 - A decline or significant change to the individual's usual presentation e.g., not engaging in usual activity, increase in concerning behaviour/s, mental state
 - Increase in incident / Datix reporting
 - Submission of Safeguarding referrals or raising of Safeguarding concerns

Crisis Prevention Pathway

-Responding to emerging crisis

- ▶ When concerns are raised that suggests there is an emerging crisis; a Pre CPP meeting will be arranged, to be held as soon as possible - within 2 working days.
- ▶ All professionals to whom the individual is open to will be invited to the Pre CPP meeting by either the Care co-ordinator / Community LD Nurse or CLDT Team Manager and administration support.
- ▶ The county Senior Specialist Behavioural Nurse from the Specialist Behavioural Support Service (SBSS) will be invited to attend all Pre CPP meetings as a standard support response; the individual will not need to be on SBSS active case-list.
- ▶ The pre CPP meeting will be warranted high priority by all identified members of the MDT.

Crisis Prevention Pathway

- The importance of the MDT

- ▶ It is essential that all identified members of the MDT are present at the Pre CPP meeting and any consequent CPP review meetings.
- ▶ In circumstances where a member of the MDT is unavoidably unable to attend, it will be expected that they arrange for a representative from their service to attend or provide written feedback / update to the CPP Chair prior to the meeting.

Crisis Prevention Pathway - pre pathway meeting

- ▶ The Pre CPP meeting will be chaired by the CLDT Team Manager who will follow the agreed CPP agenda.
- ▶ The aims of the Pre CPP meeting is to determine whether to place the person on the CPP, this decision will be based upon the presented information / evidence and agreements made regarding any immediate actions required to support and stabilise the situation in the safest and least restrictive way.

Crisis Prevention Pathway

- Determining whether the individual is placed on the CPP or managed via MDT

- ▶ The MDTs role is to determine whether the presented evidence suggests the individual's health / social needs or their overall wellbeing is under threat; and whether additional support or intervention is required that is significantly over and above what would usually be required for that person. If so, then it may be appropriate to place the individual on the CPP.
- ▶ When an individual is placed on the CPP, it is imperative that the level of response and intervention from all appropriate services is agreed by the MDT and that clear actions are established and aligned to appropriate persons.

Crisis Prevention Pathway

- CPP reviews

- ▶ Once an individual is placed on the CPP; all consequent CPP review meetings will be warranted high priority and will initially be held weekly from the onset of the crisis (or more frequently as required) to its resolution.
- ▶ CPP reviews will be held fortnightly as a required minimum. It is expected that all identified members of the MDT will prioritise CPP review meetings, that the CLDT Team Managers (or delegated Nurse) lead the CPP review process and that administration support is provided to ensure timely and accurate recording and circulation of meeting minutes and updated action lists.
- ▶ All MDT members are to ensure that actions aligned to them are completed and fed back to each CPP review

Crisis Prevention Pathway - current levels - version 2018

▶ Level 1

Advice and support, such as the development of Positive Behaviour Support plan and implementation of Active Support by CNS

▶ Level 2

Additional hands on support from CNS to prevent further deterioration

▶ Level 3

Access to respite care or alternative community living project or residential care

▶ Level 4

Admission to in-patient services for assessment and treatment at Bryn y Neuadd, Heddfan, Ablett or Hergest depending on need, linking into in-patient pathway and role of case coordinator

▶ Level 5

Admission sought for out of area assessment and treatment unit if not available locally

▶ Level 6

Admission to secure services when level of challenge presented is extreme and other options would not be sufficient to ensure the safety of the focus person and others

Crisis Prevention Pathway - Level of Crisis Response

The following are proposals only and are awaiting further discussion and agreement.

- ▶ **Level 1 - Additional support is required to prevent further deterioration.**
- ▶ **Level 2 - Alternative options in the community are urgently required**
- ▶ **Level 3 - Support in the community can longer be provided safely / effectively**
- ▶ **Level 4 – Inpatient assessment and intervention admission required – Local provision**
- ▶ **Level 5 - Inpatient assessment and intervention admission required – Out of Area**

Crisis Prevention Pathway - what's next

- ▶ To finalise the review
 - ▶ Agree name of pathway - this came to light just last week !
 - ▶ Agree levels of crisis response
- ▶ Agree 'reverse' pathway
- ▶ Proposal for formal SBSS link into Inpatients
- ▶ Liaise with all Health and Local authorities
- ▶ Relaunch
- ▶ Support effective implementation



Thank you

ANY QUESTIONS ?

Contact

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