

A photograph of two women sitting on a couch and laughing. The woman on the left has red curly hair and is wearing a green shirt. The woman on the right has blonde hair, wears glasses and a blue zip-up hoodie. They are in a room with a window in the background showing greenery.

INTENSIVE COMMUNITY SUPPORT SERVICE

Right Support • Right Setting • Right Time



We are Alcedo Care

Alcedo Care is a multi-award-winning specialised care group delivering a range of nurse led care services across the North of England and Wales to people in their own homes or community-based settings. With our extensive branch network and over 1,000 fully employed qualified care professionals, we are fully resourced and able to deliver on our mission to enrich the lives and support the independence of people of all ages.

Specialist care and support for mental health conditions including crisis management and relapse prevention

MENTAL HEALTH
SUPPORT



Crisis support and ongoing care for children and adults

CARE FOR PEOPLE
OF ALL AGES



Tailored care for people with learning disabilities and associated conditions

LEARNING
DISABILITIES



Bespoke care and support for people with neuro-divergent conditions such as autism and ADHD

NEURODIVERSITY



Dedicated support for children and young people in crisis or with additional needs

CHILDREN & YOUNG
PEOPLE'S SERVICES





The challenges for complex community care

Since the Winterborne View scandal (2011) and the creation of the Transforming Care Programme (2015), the commitment by the Department of Health and Social Care and UK Government has been to:

- Reduce inpatient beds for people with LD/autism
- Prevent admissions through early, community-based support
- Move people back to ordinary housing with personalised care

Over a decade later, deadlines to achieve these aims have been missed; there are still over 2,000 people remaining in inpatient settings, over half have been there for two years or more. Autistic people are now more likely to be admitted and stay longer.

The NHS advises people remain in hospital because:

- Community provision is too late, too generic, or not commissioned
- Providers cannot manage risk, trauma, behaviour distress or crisis
- Workforce confidence in PBS / autism-affirming care is inconsistent
- Housing, health and social care fail to align at pace

	NHS Long Term Plan Commitments	The Reality	
	Care closer to home	Long stays out of borough	
	Least restrictive practices	High costs of care	
	Avoid out-of-area placements	Increased trauma & worsening behaviours	
	Reduce health inequalities for autistic people	Broken family links	
	Policy promises	Harsh reality	

'Alcedo Care provides commissioners with a proven solution - delivering safe, outcome-focused community support through our highly skilled Intensive Community Support Service.'



Intensive Community Support

Alcedo Care ICSS exists because we believe for too long people with complex support needs have not been provided the care and support they need in the communities in which they live. We want to make a positive difference to quality of life, and this cannot be achieved as an inpatient.

The ICSS is a direct response to meet the commitments of the Transforming Care Programme and the NHS Long Term Plan.

A true and sustainable alternative to hospital inpatient care and the 'revolving door' of community placements and crisis episodes.

Service overview:

- Multi- skilled, multi- disciplinary team, PBS and Nurse led, Complex Needs Support Workers including PBS Practitioners
- Comprehensive in-depth planning – we work with inpatient teams to develop complex actively managed wraparound step down and support plans
- Flex and adapt around needs - dynamic 24/7 risk management, relapse prevention, stabilisation, quality of life focus
- Multi- cohort readiness - children and adults, supporting behaviours of concern, complex mental health conditions (BPD, EUPD, Bipolar Disorder, Schizophrenia, Major Depressive Disorder), learning disabilities, neurodivergent conditions, including autism
- Supporting highly vulnerable individuals who may be forensic in presentation - developing Integrated Risk Management Plans (IRMP) and subject to Multi Agency Public Protection Arrangements, (MAPPA).

Our active service model and delivery will focus on adapting around the presenting needs of an individual.

A key aim of the service is to move towards stabilisation in community settings, with a reduction in instances of crisis, and move towards empowerment and active engagement in productive activities to build resilience and quality of life.

CRISIS

Emergency MDT support, avoidance plan, relapse prevention, short term 'keep safe' activities. Intensive active support, weekly MDT and as needed oversight and coordination.

INTENSIVE

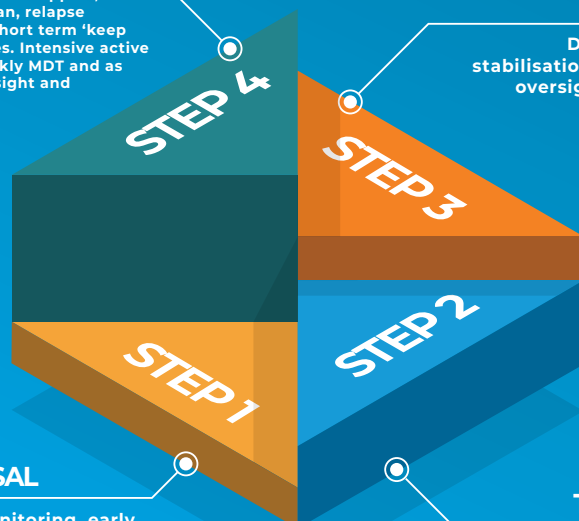
Daily outreach, stabilisation, (PBS/ RMN) oversight and active support

UNIVERSAL

Advice, monitoring, early help

TARGETED

PBS input, active engagement with meaningful activities







Commissioning challenges, when to use ICSS?

Scenario 1 — Escalating Risk, Admission Being Considered

Situation

A young adult with autism and learning disabilities living in supported accommodation is showing increasing aggression, property damage, and emotional dysregulation. Community teams are involved, but incidents are becoming more frequent, and staff confidence is deteriorating. Tier 4 admission is being discussed as a contingency.

Why ICSS?

The individual is not in immediate crisis but is clearly on an escalation trajectory.

How ICSS Helps

ICSS provides intensive outreach, PBS-led risk reduction and MDT oversight to stabilise behaviour, reduce incidents, and avoid hospital admission while strengthening the existing placement.

Scenario 2 — Step-Down from Tier 4 Inpatient Care

Situation

An individual is clinically ready for discharge from a mental health inpatient unit, but commissioners are concerned about relapse risk, and risks to self and others that this person poses; they are subject to Multi-Agency Public Protection Arrangement (MAPPA) and require an Individual Risk Management Plan (IRMP). There is insufficient community capacity to manage early transition safely and ongoing intensive support.

Why ICSS?

Standard community provision alone is unlikely to manage the post-discharge risk window and the complex and fluctuating risks and needs this individual poses.

How ICSS Helps

ICSS delivers intensive, wrap around community support with MDT oversight, enabling safe discharge, reducing length of stay, and lowering readmission risk.

**Click for
information**





Commissioning challenges, when to use ICSS?

Scenario 3 — Repeated Crisis Presentations (Pre-Emergency) and history of failed community placements

Situation

A person with learning disabilities is repeatedly presenting in crisis to A&E and emergency services. Each episode resolves temporarily, but no structured stabilisation plan is in place. A history of failed community placements highlights that previous placements were too rigid to meet highly fluctuating volatile needs.

Why ICSS?

This pattern shows system churn, not a single emergency event, with an individual needing specialist coordinated complex support.

How ICSS Helps

ICSS intervenes proactively to stabilise risk, implement structured PBS and crisis prevention planning, reduces risk of repeat emergency contacts.

Scenario 4 — Complex Needs Exceed Core Community Capacity

Situation

Community LD or mental health teams are involved but report that the individual's complexity and risk exceed what they can safely manage within existing caseloads and visit frequency.

Why ICSS?

There is a capacity and intensity gap, not a lack of services.

How ICSS Helps

ICSS temporarily supplements core services with intensive MDT-led intervention, allowing stabilisation without escalation to hospital or emergency provision. Multidisciplinary complex care and support planning and assessment is undertaken (PBS/ daily support/ crisis prevention/ quality of life) and co-produced by ICSS, the individual, family and community teams.

Delayed Discharge

**Planned step-down
with intensive
oversight to reduce
readmission.**

Fragile Placements

**Increased skilled
input, staff
upskilling and
structured risk
plans.**

Preventing Tier 4 Admission

**Intensive
community
stabilisation and
PBS-led risk
reduction.**



Impact & Value

- **Reduction in the 'revolving door' of community placement breakdowns for individuals**
- **Reduction in Tier 4, inpatient admissions**
- **More individuals sustainably step down into community support from inpatient**
- **Reduced need for restrictive practices**
- **Improved Quality of Life Outcomes**
- **Community teams feel more resilient and able to cope with additional intensive support as needed for their most complex of individuals**



Contact ICSS

If you are a commissioner who requires support or to find out more about how we can sustainably and safely support a highly complex individual to remain or return to the community setting, please get in touch.



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Call 0300 373 5871