

Agenda Item:

# Dorset Health Scrutiny Committee

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**Dorset County Council**


Date of Meeting	10 September 2014
Officer	Director for Adult and Community Services
Subject of Report	<b>Dorset HealthCare University NHS Foundation Trust: Review of Crisis and Home Treatment Services across Dorset</b>
Executive Summary	<p>The Dorset HealthCare University NHS Foundation Trust commissioned its own review of Crisis and Home Treatment Services across the county in early 2014, to inform its own ongoing service developments and improvements.</p> <p>This report looks at both the team in the West and the team in the East. The review was to provide the Trust with an opinion as to the models of care, staffing levels, quality of care provided and the outcomes that should be monitored.</p> <p>This report provides an update to the Committee on the recommendations made and progress so far.</p> <p>This review is entirely separate from the independent evaluation being commissioned by Dorset Clinical Commissioning Group (CCG) in relation to the Mental Health Urgent Care Service (MHUCS) in the West of Dorset.</p>
Impact Assessment:	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p> <p>Use of Evidence:</p> <p>Report provided by Dorset HealthCare University Foundation Trust.</p>
<i>Please refer to the <a href="#">protocol</a> for writing reports.</i>	

	<p>Budget:</p> <p>Not applicable.</p>
	<p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:                  Current Risk: LOW                  Residual Risk LOW</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	The Committee is asked to note and comment on the contents of the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect and enrich the health and wellbeing of Dorset's most vulnerable adults and children.
Appendices	None.
Background Papers	None.
Report Originator and Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk

**Dorset HealthCare University NHS Foundation Trust  
PAPER FOR DORSET HEALTH SCRUTINY COMMITTEE**

**PURPOSE OF THE PAPER**

The Trust commissioned its own review of Crisis and Home Treatment Services across the county in early 2014, to inform its own ongoing service developments and improvements.

This report looks at both the team in the West and the team in the East. The Committee have asked to be informed of the outcome of this review.

This report provides an update to the Committee on the recommendations made and progress on implementing these.

This review is entirely separate from the independent evaluation being commissioned by Dorset Clinical Commissioning Group (CCG) in relation to the Mental Health Urgent Care Service (MHUCS) West of Dorset

**RECOMMENDATIONS**

To note the content of the report

**AUTHORS AND CONTACT DETAILS**

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## 1. INTRODUCTION

- 1.1 Dorset HealthCare University NHS Foundation Trust has two models of Crisis and Home Treatment Services operating. There is a longstanding model in the East of the county with a separate Crisis and Home Treatment Service including a day hospital component. In the West there is a more recent service with Crisis and Home Treatment being linked to an Acute Admission Ward.
- 1.2 The Trust commissioned its own review of Crisis and Home treatment services across the county in early 2014, to inform its own ongoing service developments and improvements. The review was to provide the Trust with an opinion as to the models of care, staffing levels, quality of care provided and the outcomes that we should be monitoring.
- 1.3 This report looked at both the team in the West and the team in the East. This report provides an update to the Committee on the recommendations made and progress on implementing these.
- 1.4 The review was undertaken by Peter Hasler – Independent Mental Health Consultant and Dr Guy Undrill – Consultant Psychiatrist and included semi-structured interviews, and an analysis of relevant Trust policies and reports. Day long visits were undertaken at both team bases and the majority of the staff on duty were interviewed individually covering a number of themes. In addition, the hand-over between shifts was observed with a focus on the quality of data and the use of the risk assessment, zoning (identifying the level of risk and complexity) and the care plan. In addition, a number of family members and carers relating to both teams were interviewed about their experiences of the service in respect of responsiveness and effectiveness. At Hahnemann House, the Day Hospital, which forms part of the Crisis Service in the East was also visited, along with the Crisis House in Weymouth which provided by Rethink Mental Illness.
- 1.4 It is important to note that this review is entirely separate from the independent evaluation being commissioned by Dorset CCG in relation to the Mental Health Urgent Care Service (MHUCS) for the West of Dorset.

## 2. Recommendations

- 2.1 The following sets out the recommendation from the review and progress being made to implement them:

### **Recommendation 1:**

**The Trust should appoint a dedicated manager working across both crisis teams with the purpose of strategic development and service improvement**

With effect from April Sam Roberts, Clinical Lead / Manager has been seconded to be the dedicated manager of both Crisis Teams. Sam has a

strong background in service development and improvement and is providing a dedicated focus to bring together the teams as part of one overarching crisis service for the county and in taking forward and implementing the recommendation within the report.

The locality structure being taken forward by the Trust includes a permanent dedicated manager for Crisis Services. This model will be implemented by October 2014.

**Recommendation 2:**

**Nursing and professional leadership within the east crisis team should be developed to enable improvements in clinical supervision and professional standards**

At the time of the review the East team did not have a manager. The management leadership is now being provided by Sam Roberts as outlined above.

There are four band 7 posts within the East establishment, of which three are filled (two substantive appointments, one acting). In addition there are currently two band 7's in the West team. The future skill mix requirement in relation to band 7's is being reviewed in the context of recommendation 4. Any financial savings in changes to skill mix will be reinvested in the service to increase capacity

There were two vacant band 6 posts within the nursing leadership team in the East, these have been recruited to, with one post now filled and the other post holder taking up his role in September.

Clinical supervision is now taking place. Currently management and clinical supervision is taking place separately, often with a different clinical supervisor. From October management and clinical supervision will be combined to ensure that this can be robustly delivered via a cascade model within each locality hub. This will also ensure that supervision includes clinical aspects, professional standards and performance management and will also increase team capacity by avoiding the need for separate supervision arrangements.

**Recommendation 3:**

**A Trust wide Crisis and Home treatment clinical and strategic steering group should be developed to work towards the Royal College Home Treatment Accreditation Standards (HTAS) to improve service delivery and adoption of patient group directives.**

An operational strategic steering group has been established and has met on two occasions to date. The group consists of :

Jane Elson – Director of Mental Health

Hector Bayayi - Associate Director Inpatients and Crisis Services

Sam Roberts - Interim Clinical Lead/ Manager

Geoff Searle - Consultant Psychiatrist

Paul Walters – Consultant psychiatrist.

To inform the work plan of the group, the requirements and standards for Crisis / Home Treatment Teams contained in both the HTAS requirements and the National Policy Implementation Guide for Crisis Team Services have been pulled together into one assessment framework. This framework has been used to undertake an assessment of the current services and to develop a work plan to improve service delivery going forward. The strategic steering group has oversight of the delivery of this work.

**Recommendation 4:**

**The Trust may wish to consider the Crisis Team in the East being reconfigured into two teams to enable focus on the core requirements of the service, ensuring patient safety and meeting the guidance of the Care Services Improvement Partnership (CSIP)/ Policy Implementation Guide (PIG).**

It is proposed that the current East team will be reconfigured into two smaller locality teams from the 1st October 2014. Crisis Services across Dorset will then function as one county wide service, via a hub and spoke model with three locality hubs, Bournemouth and Christchurch, Poole and Eastern Dorset/Purbeck and West Dorset.

It is proposed that each locality hub will have a band 7 and band 6 to ensure clinical leadership and management within the locality team. The resourcing of each locality team will be informed by current activity levels, but will be closely monitored and formally reviewed in six months to ensure the appropriate distribution of staff.

**Recommendation 5:**

**The use of the day hospital as part of the service delivery should be examined for part of the strategic development of crisis and home treatment services. Consideration should be given to separating the operational management of day hospital from Crisis teams to allow practice development in both parts of the service.**

Consideration is being given as to where the day hospital best sits. Discussions are currently taking place to explore the transfer of the operational management within the Trust.

In the West of the county there is a separately commissioned 7 bedded Recovery House provided by Rethink Mental Illness. Owing to commissioning arrangements this has previously only been accessible to the West, however it has been underutilised. Discussions are taking place with commissioners about broadening out access to this service and this may provide an alternative for some individuals who currently use the day hospital where clinically appropriate.

**Recommendation 6:**

**There should be a thorough and urgent review of the Trust risk assessment policy, its implementation and clinical training**

The Trust Medical Director has carried out a review of the Mental Health Clinical Risk Policy in line with the recommendation. The revised policy will be considered at the Trust Patient Safety meeting during the month of August.

**Recommendation 7:**

**Risk assessment training should be developed and adopted across the Trust and all clinicians should receive this at least every three years and should be competency assessed as part of appraisal and revalidation on an annual basis**

Dedicated Advanced Risk training sessions have been set up for the Crisis Teams on the 8th, 25th and 30th of Sept 30<sup>th</sup> and the 21st Oct. A further mop up session will be provided in late Oct/early Nov for any staff who have been unable to attend.

The session will focus on risk assessment, formulation, crisis plans and care planning.

A competency assessment framework has also been developed and is being implemented within the Crisis service. This framework includes an assessment of competency and knowledge in relation to risk assessment and will be linked to individual's annual appraisal and supervision arrangements.

**Recommendation 8:**

**A Training Needs Analysis (TNA) needs to occur to map all significant gaps in training, This is likely to include induction, risk, psychosocial interventions and working with families. In developing the TNA we suggest training programmes should refer to HTAS**

The introduction of a competency assessment framework linked with the annual appraisal process will inform a rolling training needs analysis.

In addition to the provision of risk management training this year, the other priority area is the provision of Solution Focussed Therapy in line with this recommendation. Given the relatively short time individuals are under the care of the Crisis Team it is recognised that this is a more appropriate model of psychosocial interventions for the team. A whole days train the trainers will take place in September for a group of 12-16 Crisis staff, who will then cascade this training within the team on an ongoing basis. Support workers within the team will also be trained in the broad approaches to Solution Focussed Therapy to ensure that they are also able to support the delivery of this approach by the team.

**Recommendation 9:**

**The Trust needs to revisit its carers strategy in collaboration with relevant groups and produce a carers strategy**

The review highlighted that current practice is that Carers assessments are undertaken by the CMHTs. It is recognised that this is not best practice and that Carers assessment should be undertaken by the Crisis Team when

individuals are under the care of the team. This is also in line with HTAS standards.

Following the reconfiguration of the teams into a hub and spoke model, further training on carer assessments, carers resources and carers plans will be provided with a view to the team undertaking Carers assessment from January 2015.

**Recommendation 10:**

**Consideration should be given to the consultant and medical practice in the East team aligning with the practice in the West with medical staff having responsibility across the inpatient and Crisis team.**

Discussions are taking place regarding moving to the same medical model as the West in the East. Subject to the outcome of these discussions it would be recommended that any changes coincide with the implementation of the locality teams from the 1st October.

### **3. ONGOING ASSURANCE**

- 3.1** The Trust will continue to monitor progress on implementing these recommendations.

### **4. RECOMMENDATIONS**

- 4.1** The Committee is asked to note the content of the report.

Jane Elson  
Director of Mental Health  
September 2014