

# The CORE (CRT Optimisation and RElapse Prevention): improving care provided by crisis resolution home treatment teams

University College London (UCL) received funding from the National Institute for Health Research for a five-year plan (2011 – 2016) of research and implementation of practice under the title of CORE (CRT Optimisation and RElapse Prevention) headed by Professor Sonia Johnson (Chief Investigator, UCL).

## Aims:

- Develop evidence about how to optimise CRTs
- Test a service improvement programme for CRTs

In 2013 six teams in Sussex Partnership became involved in this national research by agreeing to be assessed by the CORE study fidelity scale. Each team received valuable feedback on their setup and functioning. The fidelity scale captures four main areas of work and structure.

### 1 Referrals and access, for example, measuring how

- The CRT responds quickly to new referrals
- The CRT has a fully implemented "gatekeeping" role, assessing all patients before admission to acute psychiatric wards and deciding whether they are suitable for home treatment.
- The CRT provides explanation and direction to other services for service users, carers and referrers regarding referrals which are not accepted

### 2. Content and delivery of care, for example, measuring how

- The CRT provides clear information to service users and families about treatment plans and visits
- The CRT assesses carers' needs and offers carers emotional and practical support
- The CRT promotes service users' and carers' understanding of illness and medication and addresses concerns or problems with medication
- The CRT provides individualised care which includes access to psychological interventions and assesses and addresses physical health needs and also helps with social and practical problems
- CRT staff visits are long enough to discuss service users' and families' concerns
- The CRT helps plan after care and service users' and service responses to future crises

### 3. Staffing and team procedures, for example, measuring how

- The CRT has a psychiatrist or psychiatrists in the CRT team, with adequate staffing levels
- The CRT provides a thorough induction programme for new staff and ongoing training and supervision in core competencies for CRT staff
- The CRT has effective record keeping and communication procedures to promote teamwork and information sharing between CRT staff
- The CRT works effectively with other community services

### 4. Location and timing of help, for example measuring how

- The CRT can access a range of crisis services to help provide an alternative to hospital admission for service users experiencing mental health crisis
- The CRT provides frequent visits to service users
- The CRT mostly conducts assessments and supports service users in their home

For Sussex Partnership the study has involved comparing three crisis teams (Worthing, Hastings and Chichester) who had access to a web-based resource pack and a facilitator with two comparison teams who do not have access to this support (i.e. neither the pack or facilitator).

The key outcome measures of the study are service user feedback and improved experience.

The study hypothesises that teams with access to the resource pack and facilitator will increase their fidelity scores. An increase in fidelity scores will correlate with:

- Increased service user satisfaction
- Increased patient perception of continuity of care
- Decrease in hospital admissions and compulsory admissions and inpatient length of stay
- Decreased readmission to acute care after six months
- Increase in staff satisfaction and morale

The study also sought to facilitate why practitioners engaged in service change:

Initial local and national results of the CORE study on crisis teams were available in spring 2016 and we held an event to share these results and learning from our involvement in this study. We will continue to use the CORE resource pack and model within the Trust and work to keep the model going.

The results are still being written up but in the meantime University College London has a website full of resources and a set of processes and structures to help teams make service improvements. See resource pack online: [www.ucl.ac.uk/core-resource-pack](http://www.ucl.ac.uk/core-resource-pack)

The UCL CORE team are working with the NHS advisory committee and will contribute to NHS England five-year crisis care quality improvement initiative.

In Sussex, intervention teams all increased their fidelity scores significantly. There was a drop in the fidelity scores for both the control teams. This mirrored results from other Trusts. Bree Macdonald's hard work in implementing the model within the teams was acknowledged.

## Sussex CRTs: baseline and follow up fidelity review scores

| Team       | Allocation   | Baseline | Follow-up | Change |
|------------|--------------|----------|-----------|--------|
| Chichester | Resource kit | 107      | 131       | +24    |
| Hastings   | Resource kit | 130      | 149       | +19    |
| Worthing   | Resource kit | 134      | 153       | +19    |
| Crawley    | Control      | 139      | 129       | -10    |
| Eastbourne | Control      | 134      | 118       | -16    |



*"It was so helpful to have a structured model to work towards and it gave the teams involved a common sense of purpose. Collaboration is key; this has been a collaborative effort which is why we have had great results. It's an interesting model of how teams develop working together with service users to come up with the solutions. We are used to working in homes with families so maybe that helped us."*

*"The Sussex teams have concentrated on working on areas such as redesigning goal-based care plans, increasing links with carers and completing collaborative relapse prevention plans for everyone they work with. We hope that this will help people to feel more engaged, more informed and more part of their care. This recovery model of care will prevent relapse into acute care and build links with wider networks around each patient which will increase a general sense of support and safety around them. This is in line with the recovery model of care in the Trust." Dr Bree Macdonald*

## What were the challenges?

- Keeping going when team is busy and motivation is low
- Difficult conversations amongst team members, 'we do that anyway'

## What worked well?

- Service users were keeping the work plans and taking them away to refer to
- Staff felt good about the work and feel patients are benefiting (and that's why we come to work)
- The CORE model was largely embedded.

## What next?

- The study has increased communication between the six teams, sharing best practice.
- There has been increased partnership working with local services
- Team leaders continue to embed the work that was introduced.



## Feedback from Chichester Crisis team

### Cons

- Time pressures for team members – particularly during times of limited resources and staffing issues
- Conflicting pressures – Gate Keeping/Face to Face Assessments vs. Home Treatment

### Pros

- Empowering process putting the service user at the centre of their own care and decision-making
- Offers an opportunity to increase engagement between the worker and service user
- Offers an opportunity to discuss and consider the 'here and now' hence Crisis Intervention
- The process offers the opportunity for the worker to gain further understanding of the issues facing the service user
- Information gathered and discussed provides the team with valuable insight into a service user's current difficulties. This contributes to team discussions and complex case reviews and improves carer involvement and teamwork

## Feedback from Coastal West Sussex (Worthing) Crisis team

### Impact on the team and service users

### Cons

- Increased workload
- Took a while to become embedded into routine work

### Pros

- Earlier identification of social & practical needs
- Holistic approach to care
- Helped service users to feel that all of their needs are being considered
- Identified needs that service users were not aware of

## Coastal West Sussex gave the following reasons for their increase in score:

- Ensured the team were evidencing work already being completed
- Were able to trial different approaches
- Had a greater focus on service development
- Had the opportunity to look at how other CRT work and to learn from each other
- Improved communication within the team through CORE sessions, reflective practice and individual group work
- Have a shared team goal
- Were provided with positive feedback regarding what we do well

## Hastings Crisis Team

### gave the following reasons for their score

### Carer involvement

We built carer involvement in a practical way to make a difference:

1. We asked a speaker from the Ice Project, Hastings to give background information. ([iceproject.co.uk](http://iceproject.co.uk))
2. Developed a friend and family care plan which is now embedded in operations. Without them more people would be admitted to hospital. There are variations in who is a carer – can be a friend who is a significant other.
3. Whiteboard to identify who carer is, always need a carer on there so at every handover it sparks the conversation.

### Teamwork

- Marshalling the troops and making sure people felt involved
- Making sure we put clear information on the Trust patient system (carenotes)
- Little things made big changes
- Relapse prevention
- Keeping momentum going after the study
- We would wholeheartedly recommend CORE to others, as it improved attitude and lots of things on different levels.