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.

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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.

**What were the challenges?**
- Keeping going when there is a lot of work 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 a way to refer to
- Staff felt good about the work and feel patients are benefiting
- Have a shared team goal

**What happened 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.

**What’s next?**
- The study hypothesises that teams with access to the resource pack (i.e. both the pack and facilitator) will increase their fidelity scores. An increase in fidelity scores is significant. It is an interesting model of how teams develop working together with service users to come up with solutions. We used to work in homes with families so maybe that helped us.

**Pros**
- Earlier identification of social/le 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

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

**Coastal West Sussex gave the following reasons for the increase in score:**
- Ensured the teams were working efficiently and further arcs of psychological interventions and assesses and addresses physical health needs and also helps with social and practical problems
- The Sussex CORE team are working with the NHS advisory committee and will contribute to NHS England five-year crisis care quality improvement initiative.

**What worked well?**
- The SUSSEX CRRTs worked as a whole and in partnership with local services
- Staff felt good about the work and feel patients are benefiting
- Have a shared team goal

**What happened next?**
- The Sussex CORE team are working with the NHS advisory committee and will contribute to NHS England five-year crisis care quality improvement initiative.

**What’s 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.