

CORE STUDY – UCL and Sussex Partnership.

Dr Bree Macdonald Clinical Psychologist crisis
teams West Sussex. Clinical Lead for Acute Care
Coastal West Sussex.

Core Study: Lead Investigator. Facilitator.

Agenda:

Bree Macdonald – Background to the study.
Reflections on the results and the methodology.

Julia Kesteven, Rob Barnes and Martin McAngus
– results of the three teams, examples of the
work completed at team level.

Bryn Lloyd-Evans and Kate Fullerton (UCL) – the
local and national results. The national context.
What next for crisis and acute care.

CORE STUDY – UCL AND SUSSEX PARTNERSHIP.

- UCL study led by Professor Sonia Johnson and Professor Bryn Lloyd-Evans
- Five year study (2011-2016) to investigate crisis resolution team working nationally.
- To provide a model to work to, and a methodology by which to work more closely to this model.

Involvement – Exciting.

- Many things are being investigated:
 - ❖ A model of crisis team working.
 - ❖ If crisis team functioning increases, what else is also impacted on?
 - ❖ Why teams change – what methodology supports change.

The Model and the Method

- **1. What is the model?** *The fidelity tool. The evidence.*
- **2. What is the way in which you can align a team to this?** *The resource pack, the facilitator and the EBP approach.*

Year 5 of the study.

Randomised controlled Trial (RCT) study to compare 15 teams with 10 teams over an intervention period of one year.

All 25 team to be measured against the model at the start and the finish of the year.

15 teams to have use of the resource pack and a facilitator with protected time to develop practice.

Hypothesis:

- **CORE** hypothesise that if a team has high fidelity then:
 - 1) *Service users satisfaction will rise.*
 - 2) *Service users perceived continuity of care will be greater.*
 - 3) *Hospital admissions, compulsory admissions and inpatient bed days will be fewer.*
 - 4) *Re-admissions to acute care and compulsory admissions at 6 month follow up will be fewer.*
 - 5) *Staff morale and satisfaction will be greater.*
 - 6) *Fidelity scores will be associated with better outcomes on other service measures.*

Sussex Partnership.

- 6 teams, previously involved in the study.
- Asked to be involved in RCT.
- Funding from Research and Development department.
- 5 trusts nationally.
- 5 teams from SPT.
- Worthing, Chichester and Hastings – resource.
- Eastbourne and Crawley comparison teams.

How we worked.

- I. Team creates a vision and a set of priorities or goals.
- II. These are captured in a Service Development Plan (mirrors the fidelity scale).
- III. The resource pack is the materials. **The facilitator** uses different ways of using this and other materials in the team for learning and developing.
- IV. Members of **the team** identify areas of work and set long term goals and short term goals as to how to achieve the change they would like.
- V. The team builds in structures and strategies to embed and reinforce the work (**team leader role**).
- VI. **We all** continually reflect on the process in order to keep learning how it relates to change.

What worked well in the teams

- The scoping days were a positive start for all teams (engaged staff, motivated staff, interested staff, put them in control). **Positive solution focussed approach. What do we do well already, what are our challenges.**
- Facilitator role enabled the change to happen more quickly.
- The structure of the process enabled change.
- The regularity and encouragement of the facilitator kept momentum.
- When staff saw each others work they were motivated themselves.
- It was a vehicle for reflection for the teams.

What were the challenges?

- To keep going when the team is busy or motivation is low.
- Difficult conversations: “It’s hard work” “we do that anyway”
- When something new was introduced it was clunky, took time to get used to.
- The interventions were not all the same for everyone – but did we have time to allow for the flexibility – i.e. capture in case notes if cannot do care plan.

What worked well/positive outcomes?

- Service users are keeping the work.
- Staff fed back they feel good about the work.
- Staff feel service users are benefitting (why we come to work).
- The work was service user centred. Mirrored the CORE ethos.
- Work was largely embedded (good time scale)

What Next In Sussex?

- Increased communication between teams and with the wider adult service (sharing the model).
- Myth busting re CRHT's.
- **Coastal West Sussex.**
- Moving towards the development of a Single Point of Access for local crisis care (informed by scores in CORE on access).
- More joint local working (front door/WCHP). Increased working with internal teams – liaison, street triage, wards. And external partners – police, ambulance, council, housing, voluntary sector.

