Solent NHS Trust
Report to HOSP Portsmouth City Council
Portsmouth Crisis Resolution and Home Treatment Team

Introduction

The Portsmouth Crisis Resolution and Home Treatment Team (CRHTT) Solent NHS Trust is a 24 hours crisis assessment and treatment team.

The team work with patients aged 16-65 who have a registered Portsmouth GP. By definition the catchment area includes the Portsmouth Peninsula, GP surgeries in the Cosham/Drayton area terminating at the Crookhorn Surgery, Waterlooville.

The CRHT are tasked to provide the following service interventions:

- Alternatives to inpatient admission.
- Psychiatric Crisis Assessment 24/7.
- Intensive treatment at home.
- Early discharge from inpatient beds.
- 3 day follow up assessments following inpatient discharge.
- Reception phone hub for 1983 Mental Health Act assessment Requests.

Currently the Single Point of Access (SPA) for all referrals into mental healthcare services sits with the CRHTT who triage routine faxed referrals from GPs predominately routing to A2i. Crisis referrals are accepted by telephone alone.

The CRHTT came into its current format in 2006 combining a dual function of psychiatric crisis assessment with the provision of home treatment based care as an alternative to hospital admission. Key policy drivers at the time included *The Mental Health Policy Implementation guide* (2003) Department of Health and *Crisis Resolution Home treatment: Guidance Statement on Fidelity and Good Practice* (2006) Department of Health.

Despite subsequent changes in government and a move away from structures focussed service models to outcomes based principles, CRHTTs remain a central component of healthcare policy as they are effective alternatives to hospital admission. Adequate resourcing to deliver on this role is identified in very recent guidance *Old Problems, New Solutions: Improving acute psychiatric care for adults in England* (2016) Royal College of Psychiatrists, Independent Commission on Acute Psychiatric Care for Adults in England.

The threshold for crisis referrals is those patients presenting with psychiatric crisis of a severity and risk that requires intensive home treatment to avoid admission and/or significant risk of a serious and untoward event within 24-48 hours. The CRHTT aim to engage with patients within 2-4 hours of receiving a referral, this can mean completion of assessment or arrangement of the same later that day. The team have the ability to assess round the clock and this can include the patient's home at night time. The service is always staffed and has never deployed an on call cover at night.

The CRHT are the sole clinical decision making agency responsible for determining the most appropriate environment to treat patients in crisis, balancing the wishes of patients and carers with assessed risk and clinical need. The decision to admit to hospital or treat at home is therefore driven by both a shared understanding of the person's risk and the best available evidence for effective mental health care.

A central ethos is the provision of care that seeks to reduce risk and aid recovery but is located in the patient's own home representing a least restrictive environment approach. Positive risk taking is utilised to achieve this and is a key component in the patient's recovery journey.

Service Hours 24/7		**Staffing**
Early Shift	08.00-17.45	3 Qualified RMNs (B6) and 2 HCSW (B3)
Late Shift	12.15-22.00	2 Qualified RMNs (B6) and 2 HCSW (B3)
Night Shift	21.45-08.00	1 Qualified RMN (B6) and 1 HCSW (B3)

NB Weekends run at 2 Qualified and 2 HCSWs on E/L shifts

Staff work 9.22 hour shifts and have three off days per week based on 37.5 hours F/T. This supports a good work life balance and allows the CRHTT to benefit from a considerable crossover period when both early and late shift staff are on duty. On average the team receive between approximately 6 referrals a day including 1983 MHA Ax requests.

Skills Mix and Banding

The service employs:

Mental Health Practitioners (Band 6)
These are experienced RMNs with several years' experience prior to their move to CRHTT. Core duties include shift co-ordination, resource management, provision of comprehensive biopsychosocial mental health assessments, risk assessment and medicines management.

Discharge Liaison Nurse (Band 6)
The service has a dedicated Band 6 discharge liaison practitioner whose role is to drive and ensure all planned discharges are safe, well planned and appropriate. This role is one key marker of a high quality crisis service as identified by the Royal College of Psychiatrists (2015).

Support Time Recovery Workers/ Health Care Support Workers (Band 3)
The CRHTT benefits from particularly skilled and experienced band 3 staff who conduct psycho social interventions, goal setting and distress tolerance work among many other interventions. Band 3 staff play a key role in staffing the crisis phone line and conducting phone calls.

The CRHTT has **1 Clinical Psychologist** and **1 Cognitive Behavioural Therapist** embedded within the team as part of the acute care pathway and patients have access to crisis psychological assessment/formulation and therapeutic interventions.

Referrals Routes/Rights

GPs

The CRHTT receive referrals by phone from Portsmouth GPs primarily in hours but also out of hours via the OOHs GP service. The GP is no longer required to have seen the patient that day but some contact with the patient needs to have occurred that week. The patient must consent to referral and have capacity to do so. This can be a point of friction where concerns are held by others but not the patient.

Community Mental Health Services

Recovery Teams North and South, the A2i Team and Early Interventions in Psychosis (EIP) can all refer to the CRHTT by phone. This occurs in hours.

Community Midwives and Health Visitors

Qualified midwives and health visitors can refer to the CRHTT by phone.

Recovery Hub Services

Professionally registered practitioners either nurses or social workers within drug and alcohol services can refer to CRHTT.

Hampshire Liaison and Diversion Scheme

Qualified RMNs and social workers within this specialist police custody and court diversion scheme can refer direct into the CRHTT.

Hampshire Constabulary

Police doctors (FME) can refer to the CRHTT either for 1983 MHA requests or for crisis assessments, the latter less so since the advent of HLDS.

Mental Health Liaison Team (QA Hospital Southern Health Foundation NHS Trust)

The MHLT service based at QA hospital can refer patients seen at QA with a Portsmouth GP who require either admission to hospital or home treatment from CRHTT. The CRHTT itself covers this function at QA between the hours of midnight and 08.00 hrs.

Known secondary care mental health patients

24/7 direct self-referral is available for patients suffering with severe and enduring mental illness and **currently** open to secondary care mental health services at St Mary's mental health campus. Referral is made by phone and constitutes a significant part of OOHs contact during night shifts and weekends. The CRHTT have sought to improve referral access by also accepting referrals from concerned family members and friends although the patient is still required to consent to referral.

Exclusion criteria

Portsmouth CRHTT currently do not accept direct self referrals by members of the public who are not currently open to secondary care mental health services. Advice given in these scenarios is to seek urgent GP appointment.

Portsmouth CRHTT are not currently commission or resourced to offer emergency crisis assessments for patients self presenting at the St James Hospital site.

Core Functions:

- Rapid psychiatric crisis assessments within 2-4 hour time frame.
- 24/7 clinical decision making to route to inpatient informal admission or home treatment.
- Home based home treatment interventions to reduce distress, reduce risk, enhance coping and promote recovery – psycho social interventions, distress tolerance work, goal setting, problem solving work, motivational enhancement work.
- Rapid access to medical and non-medical prescribing (nurse) in order to ensure swift access to medicines and effective treatment. Order, supply and administration of medications as required and directed by prescribers.
- Early discharges from inpatient wards back to home address under home treatment or via 3 day follow up. Construction and feasibility testing of discharge plans for patients by dedicated CRHTT Discharge Liaison Nurse.
- Phone hub and receiving agency for 1983 Mental Health Act assessment requests from all stake holders and partner agencies e.g. police, GPs, mental health community services, QA Hospital.
- Out Of Hours crisis cover for the following services: CAMHS, Older Personal Mental Health, Learning Disabilities, Mental Health Liaison Team and Hampshire Liaison and Diversion service.

Key Stake Holders/Partner Agencies:

- Hampshire Constabulary
- South Central Ambulance Service
- Portsmouth Probation Services
- Portsmouth Social Services (Adult and Children)
- Portsmouth Hospitals NHS Trust
- Housing Providers – Richmond Fellowship
- 3rd Sector and Voluntary Sector – Solent Mind
- Drug and Alcohol Recovery Services

Crisis Concordat Adherence

Following the national announcement of *The Mental Health Crisis Concordat – Improving outcomes for people experiencing mental health crisis* (2014) HM Government and the learning identified in the CQC report *Right Here Right Now* (2015) the Portsmouth CRHTT transitioned to taking direct crisis referrals from emergency services offering rapid psychiatric crisis assessments for all Portsmouth patients (whether they are open to secondary care mental health services or not) - if they have the capacity to consent and the referral has come from our partner agencies in the police and ambulance service.

The protocol is resource dependent and competing community assessments or home treatment visit can impinge on the CRHTT's ability to respond but many Portsmouth patients have received rapid assessments within this arrangement when emergency services have encountered them in psychiatric crisis.

Brief Overview of CRHT Activity

May 2017

Referrals	197
CRHT Face 2 Face Assessments	141
Home Treatment Episodes	52
3 Day Follow Up – Early Discharge Work	18
CRHT Admissions to Inpatient Unit	37 (73%)
Total Admissions to Orchards	51

2016-2016 Monthly Average

Referrals	180
CRHT Face 2 Face Assessments	117
Home Treatment Episodes	44
3 Day Follow Up – Early Discharge Work	12
CRHT Admissions to Inpatient Unit	20
Total Admissions to Orchards	33

Key Challenges, Threats to functionality and Development Needs

All Age Service

Solent NHS Trust is working with commissioners to undertake a transformation project which will deliver an integrated crisis service for people over the age of 18. This is connected to a national agenda to achieve this although the number of trusts who have successfully transitioned is small.

From a CRHT perspective this will mean building a new team which incorporates the functions of the current Intermediate Care Team (ICT) Older Persons Mental Health Team. This will be a complex and demanding challenge but one which we think will eventually provide a tangible, higher quality service for our patients.
We are aware that one of the key areas of this transformation programme is around the skills, competencies and capacity within the current teams which is going to require levels of training and support to equip staff with the skills to provide care for a wider patient group.

CQC Inspection

During last year's Solent NHS acute crisis care inspection the CQC overall considered the standard of care with the CRHTT was good but they highlighted two areas of concern that needed further development to ensure high quality patient centred care. The service has responded to these points and has been improving over the last 12 months.

1. Care Plans. The CRHTT were not consistently using agreed care plans with service users capturing their wishes and needs within crisis resolution. This has been addressed through the introduction of a protocol to ensure all patient have a My Crisis Plan (Crisis and Contingency Plan) which clearly identifies what wellness looks like, how to spot when the person is going in to crisis and what steps need to be implemented to reduce risk and promote recovery from crisis. Building resilience to crisis is a requirement of both the Crisis Concordat and the CQC report Right Here Right Now and the CRHTT will need to demonstrate continued adherence to this in our care planning.

The service now conducts regular 2 weekly audits of all case notes to ensure we are actively talking to patients and constructing client centred crisis plans that build resilience and reduce risk.

2. Inspectors noted that not all staff were in date with various statutory and mandatory training courses. The team were aware of this and there were reasons that this had occurred – including IT issues relating to the system. Significant improvement on training compliance has now occurred through work rounds and alternate training methods but this will need to be maintained.

National shortage of Consultant Psychiatrists

Due to national shortage of consultant psychiatrists, the CRHTT receive consultant oversight from the inpatient consultants as part of their role covering the acute care pathway. These arrangements are satisfactory, however if personnel were available, the service would be enhanced further through more dedicated psychiatrist time. The directorate are well aware of this issue and actively looking to address it.

The provision of Advanced Nurse Practitioner (ANP) posts on the inpatient wards is a helpful step towards meeting the prescribing needs of patients but no such Band 7 post exists within the CRHTT although line management are considering the feasibility of this within the context of known resources/fiscal restraints.

Sustainability and Transformation Plans (STP)

The Portsmouth CRHT has been relatively successful in providing an alternative to hospital admission since its inception and locally inpatient bed availability is unusually good when judged against the national picture. This is a function of staff competencies and systems that support positive risk taking and recovery orientated approaches. Whether the team retains its structure and operational clarity is less certain in the forthcoming STP.

Values

Although the Portsmouth CRHTT has been successful in its gate keeping role it has received occasional criticism in the past for a lack of warmth and empathy when working with patients, families and carers. There are many excellent and caring staff within the CRHTT but hearing this concern is important. Since coming into post as its clinical manager I have focused on ensuring staff make manifest the core conditions patients experiencing crisis have stated they value. These include to be treated with respect, listened to, treated with warmth and compassion, not judged, offered the right care and in a timely manner. All these needs were identified in the CQC Report Right Here Right Now (2015)

References

Care Quality Commission (2014) *Right Here Right Now: peoples' experiences of help, care and support during a mental health crisis.* Newcastle: Care Quality Commission.

Crisp, N., Smith, G. and Nicholson, K. (Eds.) (2016) *Old Problems, New Solutions – Improving Acute Psychiatric Care for Adults in England.* London: The Commission on Acute Adult Psychiatric Care.

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