

# **Durham & Darlington Adult Mental Health Crisis & Home Treatment Team Update**

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# Background

- 2019 decision to merge the Durham & Darlington Teams following re-design work
- Merger commenced in Nov 2019 with teams relocating to base in Bishop Auckland Jan 2020
- Covid & a subsequent service review has impacted on full implementation
- Full implementation of revised model with ongoing quality improvement work commenced in July 2021

## Purpose of merger

- To create a single team & optimise available resource across the whole County
- Equitable service offer
- Better responsiveness, continuity of care/ support for service users & staff
- Improved culture/staff wellbeing
- Simplify access
- Improve quality – standardise governance processes

# Purpose of CRHT

- To support an individual through a mental health crisis to aid their personal recovery
- To provide individuals with safe, effective, compassionate, high quality care throughout the duration of their input
- To provide timely, responsive triage at point of contact, assessment of needs, intensive home based treatment and alternatives to admission, to service users and their carers/families
- To support admission if required
- Our ultimate aim is to minimise harm to self, from others and potential unintentional harms, for example unnecessary admissions, building on strengths, focusing on recovery and based on collaboration and equal partnership

# Revised Model

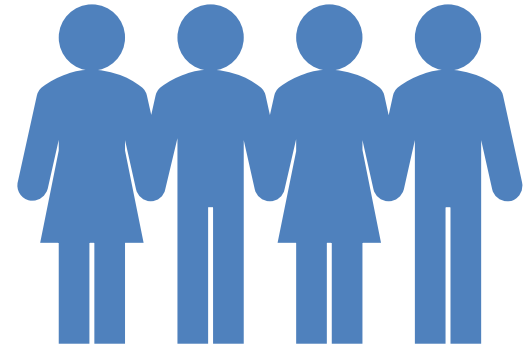
- Single team 'Hub & spoke' model – hub with 2 locality cells
- Hub is central access point with central telephone line and staffed 24/7 – based at Auckland Park Hospital
- Durham cell – based at Lanchester Road Hospital
- Darlington cell – based at West Park Hospital
- Each cell comprises Crisis clinicians, Mental health support staff and intensive home treatment staff
- Work in partnership with the Street Triage Team

## Current position

- Single team (hub and spoke) has been implemented
- Work in progress with continuous service evaluation using PDSA model
- Peer review workers have been employed with lived experience of services to support ongoing service development and service users
- Recruitment/retention/sickness absence challenges
- Clinical Journey – what should this look like for patients in crisis?

# Challenges/ Opportunities

- Increased referrals post Covid
- High staff turnover & sickness currently
- Imminent restructure in the Trust bringing together all Crisis services across D&D and Tees Valley
- All challenges bring opportunities to further review the model and utilise the expertise of peer review workers to further develop & refine the service.



# Patient/Carer/Referrer/Staff Experience

- We need to continue to gather feedback from all of the above to ensure we get the model right
- We need to learn from any incidents which occur and ensure that is shared with all team staff and lead to changes in practice if required
- We need to work more closely with other VCS organisations in our communities to share information and provide a range of options for people who may be in crisis
- We need to diversify our workforce to reflect the needs of the patients



Thank You  
Any questions?