DARLINGTON HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

DEVELOPMENT OF A SINGLE CRISIS SERVICE ACROSS DURHAM AND DARLINGTON AND CLOSURE OF THE CRISIS AND RECOVERY HOUSE

1. INTRODUCTION & PURPOSE

The purpose of this paper is to outline the next stage of crisis services improvement plans. Specifically, we propose to reconfigure and streamline our adult crisis services across County Durham and Darlington (from 2 teams to 1) to improve patient experience and allow more efficient and effective use of flexible resource, and close the Crisis and Recovery House. All the work described in this paper is fully aligned to the themes identified in the recent Commissioner review of crisis services, and fully aligned with the priorities the concordat and commissioners have identified.

2. Current Crisis Service Provision

There are currently two separate crisis teams covering the North Durham and South Durham and Darlington areas. Both teams work on a 24/7 basis providing comprehensive triage and assessment of individuals who are experiencing a mental health crisis, with the aim of preventing their admission to hospital. Where the individual is admitted to inpatient services, the crisis team works with them to support leave and recovery-based discharge, and enable productive bed flow. The crisis service is also responsible for providing intensive home treatment and facilitating S136 assessments outside of street triage working hours. However, there are significant variances across the teams in terms of staffing levels and ways of working to deliver the service.

The Street Triage Team (STT) works in partnership with Durham Constabulary to provide mental health advice and guidance to assist the Police in joint decision making to best manage risk associated with mental health issues. The team provides support around mental health legislation as well as offering telephone triage and face-to-face contact for those who come into contact with Police where there is concern for their mental health. Core working hours for STT are between 14.00 and midnight, 7 days a week.

In addition to our 2 existing crisis teams, and the Street Triage Service, we also still have a 9 bedded Crisis & Recovery House in Shildon. It has been well regarded by users and received a positive CQC inspection report. However, its utilisation is consistently lower than 50% due to the limitations of use (e.g. ability to self-medicate, restrictions on level of risk that can be accommodated due to CQC registration criteria).

In 2017 there were only **88 admissions** to the crisis house (with an average length of stay of 11 days) and, on average, **less than half the beds were being used** at any one time. During the same period over **1300 people** receive intensive home based treatment in their own home (over **7700 visits**). Between December 17 and

May 18 there were no admissions to the crisis and recovery house and staff worked elsewhere within the crisis service, including providing intensive home based treatment. Since May 2018, the average occupancy has been 8.45%, with a monthly breakdown as follows:

Month	% Occupancy (all admissions)	% bed days used by Darlington residents
June 2018	0%	0%
July 2018	6.45%	38.8% (7 bed days)
August 2018	43.01%	28.3% (34 bed days)
September 2018	36.67%	26.2% (26 bed days)
October 2018	14.7%	17% (7 bed days)
November 2018	14.4%	56.4% (22 bed days)
December 2018	1.79%	0%
January 2019	0.72%	0%
February 2019	0%	0%
March 2019	0%	0%
April 2019	0%	0%
May 2019	0%	0%
June 2019	0%	0%
July 2019	0%	0%

On average, a bed in the crisis and recovery house costs the Trust **£478** per day to run. In comparison, it costs us on average **£380** per day for an inpatient bed in one of our assessment treatment wards and **£324** for one of the beds in our rehabilitation units.

Due to very low demand for the provision over a long period, operationally the house has been temporarily closed (as a result of having zero occupancy) but operationally ready for use for long periods of the past year. This in no way suggested that the work ongoing in the house was of concern, or that the small number of patients that had accessed it derived benefit from the care they receive there. Rather, it reflected a pragmatic, operational consideration to make best and most flexible use of a finite resource for as many of the population as possible whilst better options were being worked through.

3. Summary of Engagement and Consultation Undertaken

Pre Engagement

Given the low use of the House, and concerns about sustainability, the Trust wanted to undertake extensive public/stakeholder engagement about future options to ensure that proposals will meet the needs of service users whilst also delivering value for money. Alongside this, discussions have been continuing with the Crisis Concordat and Commissioners (linked to the concurrent Commissioner review of the wider Crisis pathway) about wider service developments that need to be taken forward with the wider health economy and community. Critical to this is a broad and flexible safe haven model, which it is agreed that TEWV are not necessarily best placed to provide and third sector partners should be considered.

Through the summer of 2018, pre engagement work was undertaken with service users, their families, the public and stakeholders to inform the future direction of our crisis services. The engagement events included representatives from CCGs, NECS, TEWV governor and staff and critically service users and their families. Five engagement events were held, 1 in Darlington and 4 in County Durham, along with a dedicated session with the crisis house staff. A briefing detailing the engagement events was sent to stakeholders which included all service user groups, the voluntary sector, local authorities (including overview and scrutiny committees), MPs, all TEWV members and governors. Further information was fed in from social media engagement. There were 32 attendees at the 5 events including TEWV crisis service staff, governors, Darlington LA Adult social care, N Durham CCG, service users, Darlington Health Watch, Durham LA staff, Rethink, Darlington Samaritans and Durham Police.

Attendees identified that patient choice with a range of options for intensive support should be available. This should include consideration of mobile, community based and virtual options. They emphasised they wanted to feel safe, and that easy, consistent access to support out of normal working hours is particularly important. Support for carers was also highlighted as being important, along with peer support/ability to speak to an expert by experience. Unsurprisingly, ease of access, a quick response and early support to avoid the situation escalating into a crisis was identified as a priority along with better informal access as opposed to a formal "assessment" process. Consistency was identified as another common theme, in addition to service users wanting to feel listened to.

A number of attendees talked about the need for a Safe haven, safe space, somewhere that isn't home which may not provide IHT but offers time out, staff support (social care), peer support and knowledge of local resources for signposting. Those attending talked about a one stop shop and seamless provision between different agencies as individuals rarely had only 1 issue and often their social situation was exacerbating their mental health condition.

The CCGs have recently confirmed that access to national Long Term Plan funding has been secured for the development of Safe Havens within County Durham and Darlington. This work will be coordinated through the crisis care concordat and it is proposed that this service is commissioned through the third sector, based on the provision of similar services across the country. This will be an exciting development to complement a revised crisis model.

Feedback identified that staff with a range of personal and professional skills is important, particularly that staff should be skilled in mental health and have a good knowledge of other local services/resources for signposting, and at a human level that staff should demonstrate empathy, listening, caring, compassion, patience and effective communication skills.. Social care support was also highly valued and mentioned frequently. Attendees confirmed that a clear, structured and purposeful care plan which was developed in conjunction with them was important, and that this plan was followed consistently by staff. The Transforming care agenda and need for effective community support for people with a learning disability was also reflected.

Feedback suggested a broader criteria should be adopted to be able to support a range of people, offering a drop in facility and potentially using Shildon as a base for crisis teams. However, many people acknowledged that Shildon as a location is not easily accessible for many parts of County Durham.

In addition to the comments received at the engagement events we also received comments from Darlington Mind who put forward a proposal for closer working via their supported housing facility and MH tenancies, and since this time have successfully developed a small crisis house provision within Darlington, supported through the Crisis Concordat and new national monies.

4. New Service Model

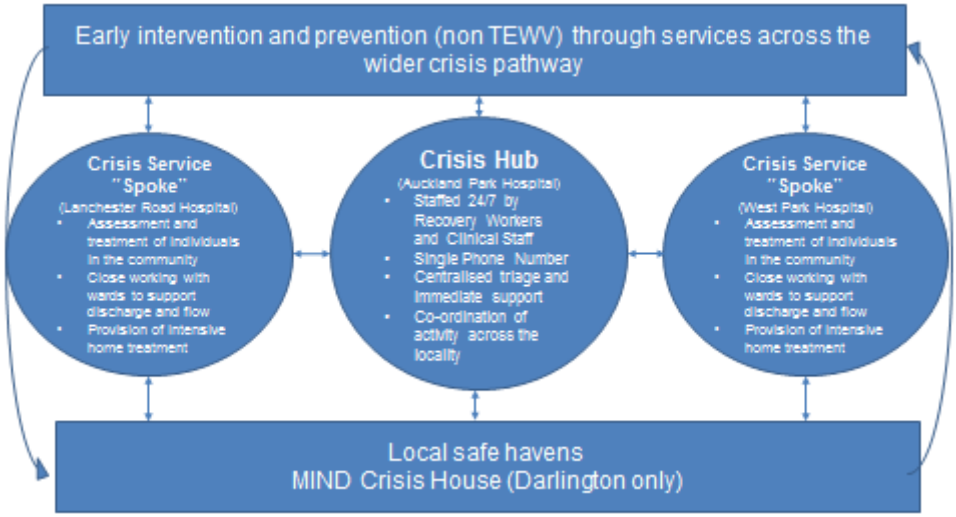
Building on information received through the pre engagement work outlined above, a three-day Improvement Event was held in September 2018 to consider ways to improve our crisis services and what our future service provision should look like. This event was clearly informed by the outputs of the pre-engagement work, and the event itself had strong service user, carer and governor representation to ensure that we could be confident the outputs were robustly co-produced. The outputs from this event and consequent detailed proposals that have been developed to support our transformation of crisis services are summarised below.

Staff, patients and stakeholders, through the workshop in September, proposed that the current crisis service is reconfigured to create a single team which could provide a more standardised approach. This proposal was strongly supported the local Crisis Concordat (of which Darlington Borough Council are members), Mental Health and Learning Disability Partnership, Commissioners and TEWV Trust. As a result, a hub and spoke model will be implemented before the end of 2019, once appropriate accommodation for the central hub is available.

From all the analysis undertaken, it is clear that the current model of a Crisis and Recovery House does not meet the needs of the population as a whole, and intensive home treatment needs to be better linked to community team processes and crisis services to have maximum impact. The current House, with the regulation framework around it, is not able to provide a clearly defined and visible alternative intensive home treatment model in the way we would wish to do or in the way service users want. The pre-engagement exercise identified that provision of intensive home treatment is not contingent on a bed base being available. There was, however, a need for access to ‘respite’ and ‘safe haven’ for those experiencing significant mental health crisis, and to prevent needs escalating, including support for carers. As a result of the consultation, consideration of alternative community based safe haven models and continued minimal occupancy of the Crisis and Recovery House, decommissioning this service (as proposed in August 2018) is felt to still be the only viable option, bringing the opportunity to reinvest the resource released from the closure of the Crisis & Recovery House into the integrated Crisis Service and an increase in Intensive Home Treatment, in addition to a contribution to CRES. The reinvested resource would enable us to provide a 24/7, centralised contact point for the service along with increased capacity for Intensive Home Treatment, and in so-doing maximise crisis team clinician capacity for crisis assessments. Importantly, funding has also now been secured to develop local safe havens, in line with the

model proposed through our engagement and consultation work. Work has now started to operationalise this.

The new service model is shown diagrammatically below:



Triage workers in the Hub will predominantly be support worker/health care assistants with appropriate training to safely provide initial support to individuals presenting in crisis. In addition, there will be qualified crisis clinicians with responsibility for making clinical decisions and/or providing further advice. The clinical staff will also be responsible for co-ordinating all crisis activity across the shift. This core team will be based at the hub for the whole shift whilst the other staff on duty will report to 'spoke bases' at Lanchester Road Hospital and West Park Hospital. This will reduce waiting time for patients, support a levelled work flow for the shift, and ensure that key relationships and roles within the spoke sites (Lanchester Road and West Park Hospitals) are maintained.

There will be a single contact number for D&D crisis services that will enable all calls to reach this central hub. Particularly for times of peak demand, there will be a queue system employed on all calls which would let the caller know their position in the queue of calls to give them some idea of how long they will be waiting before their call is answered. A recorded message will provide advice and guidance e.g. Samaritans telephone number, advice to call care coordinator if known to services and their call is during office hours, etc. during times when individuals are waiting for calls to be answered. There will be no answerphone option available on this phone line as there have previously been, learning from lessons from service user feedback and serious incidents. Based on evidence from the commissioner crisis review, it is very likely that a percentage of callers coming through to the hub will require signposting to other, more appropriate services outside of the crisis teams, i.e. across the wider crisis pathway; for example, third sector providers, wellbeing services, social welfare provision e.g. housing services/resources, financial advice, employment advice, local food bank/fuel services as well as signposting to other local resources including the community and voluntary sector. To support this, work is ongoing through the crisis concordat to develop a centralised directory of services for the crisis pathway as a whole that can be used to support all agencies and ensure individuals access the right care for their needs. Options to extend this

provision in the future to provide a 111 equivalent for mental health are currently being explored through the Crisis Concordat.

Savings made from the closure of the Crisis & Recovery House would be re-invested into the Crisis Service and enhancing the offer of Intensive Home Treat that the team is currently able to provide.

5. Financial/Value for Money:

Any future service model will be predicated on the principle of providing value for money for people who need support in a mental health crisis across County Durham and Darlington. The business plan and financial plan identifies a potential contribution to CRES which would need to be considered within any proposed future service model. In summary the proposed direct revenue budgets in AMH Durham and Darlington for the current and proposed service would be as follows:

It is anticipated that the resource released will be invested into the integrated Crisis Service and an increase in Intensive Home Treatment and will also provide a cash releasing efficiency saving (CRES) of £265k (recurring) in line with national efficiency saving targets.

Proposed annual cost £k	Current annual cost £k	Annual saving (CRES) £k
2,917	3,182	-265

The financial information includes the AMH crisis team and the crisis and recovery house direct budgets. The assumptions are that the single crisis team would have a hub at a current Trust base and there would be no additional revenue costs from utilising that site as a hub.

There may be some temporary additional costs for excess travel (3 years) and redeployment in the first instance for any organisational change implications linked to the change of services. This would reduce the indicative annual savings in the initial

years however these changes are anticipated to be minimised based on the service change proposed and the use of a hub and spoke model.

An Equality Impact Assessment has also been completed.

6. CONCLUSION

Detailed consolation and engagement work over the past 12 months has supported the development of a single crisis service for Durham and Darlington, with an increased capacity for intensive home treatment through a non bed based approach. Implementation of this will necessitate the closure of the Crisis and Recovery House at Shildon, which currently cannot be efficiently used and does not represent value for money for the majority of service users. In parallel, TEWV will work with partners to develop a more bespoke, community based safe haven approach which better meets the needs of the user group. It is expected that having a single specialist team dedicated to crisis, with one set of standard work, will lead to zero variance in ways of working across the locality. It is anticipated that the skill-sets of team members will also need to be evaluated, to ensure equity of bands and roles across all staff groups.

7. RECOMMENDATIONS

Overview and Scrutiny Committee are asked to:

- Note the outcome of the work undertaken and the proposed integration of crisis services across Durham and Darlington

- Support the single service approach and the implementation of the revised model

- Support decommissioning of the Crisis and Recovery House to enable resource to be more effectively reinvested in an enhanced crisis and home treatment service. Due to the collaborative approach and consolation with stakeholders in developing the model it is not anticipated that public consultation is needed although OSC are asked to confirm this approach.

- Note the planned development of a safe haven approach to supplement the specialist crisis service provision.

Levi Buckley
Director of Operations
Durham and Darlington

Background Papers:

Appendix 1: Crisis House briefing note and engagement information

role and future of the crisis and recover

Crisis and recovery house in D&D.pdf

Appendix 2: NECS/North Durham CCG Crisis Review Papers


EiC Cover Sheet MH Crisis Review.pdf


MH Crisis Review Report Final 29.08.18


NECS MH Crisis Review Engagement


attendees.docx

Appendix 3: Summary of proposed Safe Haven Approach


Appendix 4 - Safe Haven Design summa