Redbridge Crisis Resolution
Home Treatment Team in context

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Redbridge

Population **288,300** (2013)

Very diverse in ethnicity and socio-economics
Background.

- NELFT’s HTTs were established relatively early and have grown in size and throughput as a central plank of the acute care pathway.

- NELFT’s philosophy is to facilitate treatment at home where possible as this promotes patient involvement in care and promotes social inclusion, reduces exposure to ward environments, promotes strengths and promotes self-management.
Current Position

- We operate the lowest bed base in London - 100 beds for the North East London Area reduced from 170 over past 4 years

- We have not externally purchased an acute bed for seven years

![Graph showing reduction in mental health working age acute bed occupancy from 2008-2009 to 2012-2013.](image)
A developing model of acute service - what we do....

- HTT work closely with inpatient wards as bed managers
- HTTs are co-located with the inpatient bed base
- Single in-patient and HTT consultancy
- Dedicated psychology and social work in all acute teams aims to promote systems-family working
What we do...

- HTT work with the ward 24/7

- Each ward holds an 0900 MDT with HTT – reviews/actions any outstanding practical issues for all patients

- All decisions are reviewed daily based on an individual assessment of risk

- Emphasis on care pathway working with strong links to CMHTs/Access – reciprocal attendance at meetings by nominated lead staff
What we do....

- Discharge plans in place at the point of admission
- HTT lead on discharge from wards – backgatekeeping!
- Resource teams to PIG levels – 14 staff per 25 caseload
- Working towards integrating HTT and in-patient staff groups
Mental Health Services

Plan of Update

Worker to highlight in the absence of named worker - restricted & team decided.

WHERE ARE WE NOW?
FIDELITY REVIEW RESULT

- Better attendance at groups
- More groups (including evening)
- More open attitudes
- To promote more independence & less dependence on DHST

How?
- Identify suitable clients for therapy
- Do groups continually offer
- Plan with services to continue

WHAT DO WE WANT TO BE?
HOW MUCH OF THIS TO IMPLEMENT?

- The CFT allocates a named worker or equivalent for all service users, who is responsible for ensuring any requests from service users are completed.
- 1/2 service users and clients are made aware that their named worker is at least 30% of service users.
- The CFT has a formal system to track the number of staff can be identified over time or against CFT aims.
- There is a clear agreement that CFT staff agree with an agreed information about the current step and changes to the plan in a written statement of support for ongoing equality.

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