HOPE(S)
Clinical model of care to reduce long term segregation

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Welcome to Mersey Care

1 OF 3 providers of high secure services

NEARLY 8K STAFF... growth from 5,000 in 2016

ONE OF ONLY FIVE NHS INPATIENT ADDICTIONS SERVICES IN THE COUNTRY

3,500+ social prescriptions since January 2017

11 MILLION in North West England and beyond

780 BEDS across nine hospital sites

Largest provider of learning disability forensic secure care

BIGGEST IAPT SERVICE IN THE NHS

£370M TURNOVER up from £250m pre LCH acquisition
Aims of the Session

• Impact of Long-Term Segregation
• Service user story
• Short Exercise
• Progress Interfering Domains and BCC
• Progress Enhancing Strategies
• HOPE(S) Clinical Model of Care
• Short Exercise - Case Study
Long term segregation


Long-term segregation refers to a situation where, in order to reduce a sustained risk of harm posed by the patient to others, which is a constant feature of their presentation, a multi-disciplinary review and a representative from the responsible commissioning authority determines that a patient should not be allowed to mix freely with other patients on the ward or unit on a long-term basis.

In such cases, it should have been determined that the risk of harm to others would not be ameliorated by a short period of seclusion combined with any other form of treatment.

The clinical judgement is that, if the patient were allowed to mix freely in the general ward environment, other patients or staff would continue to be exposed to a high likelihood of serious injury or harm over a prolonged period of time.
Segregation can be damaging and traumatic (Frueh et al., 2005)

Leads to further social exclusion and symptomology (Shalev 2008)

Results in people receiving less specialised treatment (Bowers et al., 2013)

Inconsistent with the recovery based approach (Huckshorn, K.A 2012)
Service user & staff experience

https://wetransfer.com/downloads/55b9f89ddfa9250cb29588fde942538a20190401081011/2a5584dc73fb2baa3ed0e04ec62ebca120190401081011/f104fd
Exercise 1

As a group discuss what factors contribute to service users remaining in long term segregation in your service?
Progress interfering domains

Barriers to Change Checklist (BCC)

Several factors have been identified

- Four domains contributing to segregation:
  - Risk
  - Environment
  - System
  - Individual factors.

- BCC provides a framework to target resources and therapeutic intervention.
Progress Interfering Domains

- Ward Area and Environment
- Autonomy and Connection
- Intra-Psychic Effects
- Iatrogenic Factors
- Cultural Factors
- Dialectics
- Avoidance and Anxiety
- Primary
- Secondary
- Severe Levels of Violence
- Risk Management Strategies

Assessment by BCC
Progress enhancing strategies

- Physical and environmental management
- System management
- Training
- Leadership and culture
- Relationships and connections
- Individualised treatment strategies
- Clear goals and plans
- Gradual exposure and activity
H.O.P.E(S) Model

- Harness the system and engage the person
- Preventative and protective factors
- Opportunity for positive structured activity in an enabling environment
- Enhance both the coping skills of the individuals and members of staff
Exercise 2

Case study A
Questions?
Further information:

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