

Dorset Healthcare University NHS Foundation Trust and NHS Dorset Clinical Commissioning Group

PAPER FOR DORSET HEALTH SCRUTINY COMMITTEE

Adult Mental Health Urgent Care Services

Report to provide update on Dorset HealthCare response to the Committee's resolution at the last meeting communicated to Paul Sly by letter on 15 July and to update on revised model for day treatment.

PURPOSE OF THE PAPER

This paper will provide an update on changes made to Mental Health Urgent Care (MHUC) Services in the West of Dorset

RECOMMENDATIONS

The Committee is requested to note the progress made and on-going actions

AUTHORS

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1.0 INTRODUCTION

- 1.1 Dorset HealthCare and the NHS Dorset Clinical Commissioning Group (CCG), previously NHS Dorset, have been working together for the past three years to redesign the service offered to people in the west of Dorset who become acutely mentally unwell.
- 1.2 In line with national policy (No Health without Mental Health, DH, 2011), the two organisations have been developing services which enhance the delivery of recovery focused services aimed to support people in the least restrictive environment and provide greater choice

regarding their care and treatment when they experience acute mental health crisis

- 1.3 These proposals for change were publicly consulted upon and the changes were implemented in April 2013.
- 1.4 Changes to the service have created a range of different care options for people who are in acute mental health crisis including 24 hour support and treatment in their own home, which had not previously been available to them. It was anticipated that increased community support would reduce demands on in-patient beds and it was therefore agreed that in-patient beds would be closed at the Hughes Unit in Bridport and Stewart Lodge in Sherborne in order to fund increased community support.
- 1.5 People are now assessed and signposted to the most appropriate care for them which may be any of the following
 - In-patient admission for acute care
 - Home Treatment (24hr support)
 - Individualised Day Treatment
 - Admission to the Recovery House
 - Community Mental Health Teams (CMHT)
 - Primary Care/GP with advice

2.0 CRISIS RESPONSE AND HOME TREATMENT

- 2.1 In preparation for the launch of 24 hour home treatment team, the hours of the existing team were extended to provide evening treatments, up to 10pm.
- 2.2 The crisis response and home treatment team (CRHT) extended the 24 hour crisis support to include assessment in clients' own homes from 23 April 2013.
- 2.3 The service provides improved response times for clients in acute mental health crisis, with most being assessed and signposted for care on the same day. The service has increased the number of people treated in the less restrictive environs of home and the recovery house.
- 2.4 Following assessment, home treatment is provided on a reducing scale according to need. This intensive support allows patients to remain in their home environment and is usually provided for two to three weeks, depending on the individual needs of the client. The team also provide intensive support to enable people to be discharged from inpatient care earlier than would otherwise have been possible. The presentation being made at committee on 13 September will outline the most up to date figures.

3.0 THE RECOVERY HOUSE

- 3.1 The Recovery House is a seven bedded house run by ReThink Mental Illness and provides safe, supportive interventions and environment for people who are in acute mental health crisis.
- 3.2 Guests in the Recovery House are able to remain there for a maximum of two weeks and they are supported by the CRHT team and receive “home” visits in the same way as clients in their own home. Visits are daily, on a gradually reducing basis over the two week period. The team will continue to support clients when they return home.
- 3.3 Every client who is on the caseload of the CRHT is made aware of the Recovery House and this option is discussed with them when deciding what support would best meet their needs. The only clients who are not offered the choice are those who need to come into hospital, or those who do not require support from the CRHT.
- 3.4 For clients not known to the service, it can be difficult to assess risk and suitability for the Recovery House, so these clients are offered a short assessment period in hospital and may transfer to the Recovery House within 48 hours.
- 3.5 Similarly, clients known to the service, and whose needs are unclear, may require a short assessment period in hospital they may come into hospital and then use the Recovery House, whilst supported by the CRHT.
- 3.6 At present, people who are admitted to hospital for assessment are only able to use the Recovery House if they have been in hospital for up to 48 hours; anyone who has been in hospital for a longer period of time is not eligible to use the Recovery House directly from hospital. The Trust and the CCG are in discussions regarding changing the criteria for accessing this service to improve its utilisation rate and enable more clients in crisis to use this valuable resource.

4.0 IN-PATIENT UNITS

- 4.1 Acute inpatient units provide care with intensive support to service users in periods of mental health crisis, who are too distressed, or whose risk factors, including suicide, are too adverse for them to be cared for at home, in a Recovery House/Accommodation and/or Day Treatment services.
- 4.2 Following closure of Minterne Ward in summer 2012, staff were seconded to other acute areas whilst refurbishment works were completed and the new unit, Waterston was opened. An organisational re-structure in line with planned service changes was agreed with the Royal College of Nursing (RCN) and a full staff

consultation took place. "At risk" staff were given priority in applications for new posts on Waterston and the CRHT.

- 4.3 When the re-structure was completed, it became clear that full implementation of the service changes could not be achieved without the closure of Stewart Lodge; staff were transferring from Stewart Lodge to the CRHT team and Waterston. The Trust considered seconding staff to the service but, due to recruitment issues within the wider Trust, this was not possible. Use of agency staff was considered but it was felt this would not provide continuity of service for our clients. The Trust was prevented from employing new staff due to the consultation process and employment law. Therefore the most practical solution was to close Stewart Lodge seven days early to enable mobilisation of improved services and opening of Waterston Acute Assessment Unit.
- 4.4 Closure of in-patient beds naturally caused concerns within the local communities and anecdotal evidence is that it is the carers who feel the most vulnerable when beds are closed. Locality teams are reviewing how we can provide more robust support for carers.
- 4.5 Acute assessment and treatment wards continue to be available in Dorchester and Weymouth in the west and these are supported by facilities at St Ann's in Poole.
- 4.6 It should be stressed that the Hughes Unit and Stewart Lodge have not closed and remain as operational bases for mental health services and will be utilised for the educational workshops we provide along with being a base for the CRHT to support people from should that be appropriate.
- 4.7 The average length of stay for patients has increased following the launch of the CRHT. This is due to the fact that many patients who were admitted for shorter stays are now being managed in the home environment. Clients now admitted for treatment are more acutely unwell and in need of longer stays. The Trust has increased staffing levels on Waterston to reflect the increasing acuity of clients admitted.

5.0 DAY TREATMENT

- 5.1 In line with recommendations in "No Health without Mental Health", the Trust has developed a range of day services to help better support clients in regaining skills which allow them to re-connect with the main parts of their own lives, as well as develop skills to keep themselves safe.
- 5.2 The Trust Recovery College (REC) provides education and training focusing on self-management, self-determination and responsibility and was launched in Autumn 2012. Over the past year it has expanded from running six different courses across 13 venues to 24 courses

running on over 40 occasions. The College is open to clients, relatives, carers and healthcare staff working with clients with mental illness.

- 5.3 In addition to the REC, more individualised crisis services are offered to patients being seen by the CRHT which includes psychological interventions. Individualised services are currently offered on a 1:1 basis but this will be expanded to include small group work and group activities from 1 September 2013. These services are more flexible and reactive to the needs of clients and carers and take the individual and geographical needs of clients into consideration.
- 5.4 In order to meet clients' needs appropriately, services will be provided from a variety of locations covering both west and north Dorset including the Hughes Unit (Bridport) and Stewart Lodge (Sherborne), Dorchester and Weymouth.
- 5.5 Courses will be delivered seven days a week, (daytime and evenings) with specific timings and locations agreed with the clients. CRHT and Occupational Therapy staff will work with individual clients to identify their learning needs and suitable day courses. This means there will not be a rolling static programme; the Trust will only facilitate educational workshops that people would like to attend and would be useful to them.
- 5.6 All workshops are co-delivered by a peer specialist with lived experience of mental illness and a member of DHC staff. We will also be facilitating the same menu of workshops in our inpatient services so people can access the co-produced, recovery focused, education regardless of where they are in their pathway. A list of courses is included at Appendix A. It should be noted that this list is subject to change in line with identified client needs.

6.0 PROJECT REVIEW

- 6.1 There have been significant changes to the delivery of Mental Health Urgent Care in Dorset. In order to evaluate the success of these changes, an Independent Review will be commissioned of the first six months of service and this will consider all aspects of the service including the impact of changes on service users. The review will be paid for by Dorset HealthCare as part of the initial agreement formed when the service changes were agreed, however the review will be led by the Commissioner (NHS Dorset CCG).

7.0 RECOMMENDATION

- 7.1 The Dorset Health Scrutiny Committee is asked to note this report.

APPENDIX A – Day Courses

- Workshop/Introduction to Recovery
- Wellness
- Values Lite
- Strengths Lite
- Emotion Management
- Unusual Experiences
- Spirituality
- Understanding Depression & Anxiety
- Mindful nature walks
- Community Planning Meeting
- Creative Arts Workshops with *GoFish*
- 'Getting Going' – Small Steps
- Peer Support
- Carers Peer Support
- Dealing with Challenging Situations (Carers)
- 'Hanging in there' course
- Using medication
- Employment Support

