

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

PAPER FOR DORSET HEALTHCARE 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 that the Committee remained concerned that:

- i) the Trust did not provide a sufficient amount of therapeutic day-time activities;
- ii) there had been a perception by service users that 24 hour cover was not in place, and there had been reports of a lack of response to night-time incidents;
- iii) the Trust had not provided more support for carers and carers' groups;
- iv) the Trust should continue to work to address transport problems; and
- v) there were continued differences of opinion regarding service changes between the Trust and local groups. This was to be regretted, and urgent steps should be taken to rectify the situation.

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 any further specific work to be undertaken.

AUTHORS

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1.0 Therapeutic Daytime Activities

- 1.1 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.
- 1.2 Co- produced and Co- delivered ‘Recovery Skills workshops’ were introduced into the acute services in the West of the county on 30th August. They are short, co- produced & co-delivered skills focused workshops, aimed at people accessing acute services in West & North Dorset with the emphasis on viewing ‘**Crisis as a learning opportunity**’. Courses are available for delivery 7 days a week, (daytime and evenings) with specific timings and locations agreed with the clients. Due to the reactive nature of the service, it is not appropriate to have a rolling static programme as it is imperative that we facilitate educational workshops that people would like to attend and would be useful to them.
- There have been 8 ‘Emotion management’ co- delivered workshops so far (up to 15th October).
 - There have been 5 Co- delivered workshops at the Recovery House (R/H) in Weymouth.
 - There have been 3 Co-delivered workshops on Waterston.

How many people have accessed them?

- 1.3 In the R/H, 20 people accessing services on the CRHT Acute pathway have attended workshops. This has been made up of :
- 12 have been staying at the R/H at the time of the workshop.
 - 3 have recently left the R/H but have still been on CRHT caseload.
 - 2 have been inpatient on Linden unit in Weymouth.
 - 1 has attended 4 times (3 times since leaving the R/H).
 - 1 has attended 3 times (twice since leaving the R/H).
 - 1 has attended twice (once since leaving the R/H).

- 1.4 All R/H workshops have been co-produced & delivered.

Observations:

- 1.5 All workshops have been well attended and response has been largely positive. The Kinaesthetic activity around ‘team emotion’ has been a popular way of learning and breaking up the sessions.
- 1.6 The R/H , where people are slightly further on in their recovery appears to be a perfect place to Co- deliver the workshops in that they have created a ‘fun learning environment’ for groups. Reasons give include
- 1.7 People are able to concentrate for longer.
- People are responsive and able to engage in the different learning styles used.

- People attending multiple sessions appear to have benefited from this in terms of consolidating their skills learning.
- There have been a limited number of people accessing CRHT pathway from Bridport & North Dorset. Some have been resident in Recovery House (which is why we have used recovery house to engage people from all areas in North & west Dorset).
- We will continue to work closely with the CRHT on meeting these peoples recovery skills need in a Co-produced , Co – delivered way.

The way forward:

- Set day/ time on Waterston (Friday 2-3pm) for Recovery Skills workshops to be integrated into the unit weekly activity programme, with a handover before from Waterston staff.
- More NHS staff in CRHT & Waterston teams to be trained over the next few weeks to increase frequency of skills workshops.
- More peers will be trained to Co-deliver from the DMHF to increase frequency of skills workshops.
- Staff training around Recovery & working with peers for CRHT & Linden staff in West of County.
- Development of new Co- produced skills workshops for Co-delivery.
- Continuous review of Waterston, R/H & Branksome Skills Workshops/ groups.
- To continue with at least 1 x Co- Delivered Skills workshop at R/H a week.
- To Co- Deliver skills workshops in either North Dorset or Bridport locations, when there are people on CRHT caseload in these areas requiring or wanting these workshops.
- To also look to increase Co – delivered Skills workshops in the above locations when staff numbers trained in Co- delivery has increased.

2.0 24 Hour Response

there had been a perception by service users that 24 hour cover was not in place, and there had been reports of a lack of response to night-time incidents;

- 2.1 The 24 hour crisis response team has one Senior Qualified Nurse and Support Worker on duty over night. A further Night Practitioner is available to take calls and respond if there are exceptional demands at these times.
- 2.2 The number of calls taken at night can vary from as few as two to as many as 16 with varying reasons for calling including:-
- Reassurance
 - Sleeplessness
 - Cancelling appointments
 - Crisis
- 2.3 The two nurses on night duty respond to assessments within A&E and provide telephone support to anyone who rings in. There are occasional delays to returning calls if the qualified staff is dealing with an assessment (which can take up to 2 hours), however the Support Worker is trained to triage calls and provide support to service users and can

provide a timescale for call back if required, if a more urgent need is identified the call would be passed to the night practitioner (to date this has not been required). Service users are always encouraged to call again if their condition deteriorates before the call back. Arrangements are made for service users to be seen in their own locality for assessment; locations include the Service users own home, Dorset County Hospital in A&E and the Hughes Unit at Bridport depending on the need of the client and safety factors.

- 2.4 The Crisis Response Home Team (CRHT) are working with Community Mental Health Teams (CMHTs) to develop crisis plans with clients allowing them to better support clients in crisis and remind them of agreed coping/management strategies.
- 2.5 Calls go to one of 5 phones and the team tries to ensure that service users do not get an engaged tone. All calls are answered personally (not voicemail). The team are reviewing how to filter and manage calls and a further verbal update will be given on 19th November.
- 2.6 The team is staffed by experienced crisis nurses who believe that current staffing levels for the service are correct. They are keen to point out that a night practitioner is available to provide additional support at busy periods, but to date this has not been required.

3.0 Carers and Carers Groups

“the Trust had not provided more support for carers and carers’ groups”

- 3.1 The Trust tries to actively support carers however accepts that the care of patients in acute phases of illness is very much focussed on the needs of the patients and carers can feel isolated. We are working to address this and all carers now have access to the 24 hr CRHT team for advice and support. Support is offered on an individual basis to help them care for the client in the home. The Community Mental Health Teams carry out Carers Assessment as the nature of crisis support is very short term and so longer term support is better provided via Community MH Teams.
- 3.2 In response to concerns, the Trust has reviewed provision and is able to offer carers access to recovery courses, to give them a better understanding service user needs and skills to manage.
- 3.3 Carers can also access services provided by Re-think.

4.0 Transport

the Trust should continue to work to address transport problems;

- 4.1 The Trust is happy to work with transport providers however the Trust has limited influence with transport providers and would welcome the support of the Council who are better placed to influence these matters.
- 4.2 The CRHT have not identified any issues with transport to date but are able to provide some assistance to service users should they be made aware of the needs. Courses for acute care are delivered in locations convenient to the service user.

5.0 Service Design

there were continued differences of opinion regarding service changes between the Trust and local groups. This was to be regretted, and urgent steps should be taken to rectify the situation.

- 5.1 Dorset Healthcare is commissioned to deliver Mental Health Services Tier 1 – 3.
- 5.2 The redesign of the service to include 24 hour crisis response and assessment was based on the principles of the Cross Government mental health outcomes strategy for people of all ages “No Health without Mental Health” (Feb 2011) of which the second principle states:-

More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

- 5.3 The Framework describes key aspects of recovery. In particular, it recognises that:
- earlier diagnosis and intervention mean that people are less dependent on intensive services; and
 - when people become ill, recovery takes place in the most appropriate setting and enables people to regain their wellbeing and independence
- 5.4 Dorset Healthcare believe that the service model currently being delivered follows these principles, providing service users with clearly defined pathways of care, which are flexible to meet their individual needs. We are developing some leaflets and posters to better communicate the services we offer and how our service users and carers may access them. These will be available in November.

6.0 **Recommendations**

- 6.1 The Joint Scrutiny Committee is asked to note this report.

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