Appendix 2

NHS
Dorset
Clinical Commissioning Group

Mental Health Rehabilitation Service Review View Seeking Report



Supporting people in Dorset to lead healthier lives

DOCUMENT TRAIL AND VERSION CONTROL SHEET	
Heading	Review and Design of the Mental Health Rehabilitation Pathway **Mental Health Rehabilitation Service View Seeking Report**
Project Sponsor	Colin Hicks
Purpose of document	Present an outline of the view seeking information gathered to inform the MH rehabilitation review case for change.
Date of document	21st August 2018
Review Date	
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To be Approved by	Rehabilitation services project board
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Mental Health Rehabilitation Report

View Seeking Report

1 Introduction

1.2 NHS Dorset Clinical Comissioning Group (CCG), Dorset HealthCare (DHC) and Dorset Mental Health Forum are undertaking a review of adult mental health rehabilitation services for people with a serious/severe mental illness (SMI) in Dorset. This is titled the rehabilitation review.

2. Co-production

2.1 This review is underpinned through co-production with key stakeholders, including people who use services and their families/carers. The aim has been to ensure that patients, carers, public, communities of interest and geography are engaged fully within the different stages alongside the process. As part of the review we felt it was imperative that service users within the mental health rehabilitation hospitals were offered 1:1 support from a peer specialist to ensure that their voices are heard.

3. Services in scope

3.1 There are six services within the rehabilitation review and consist of:

1. Three Inpatient Rehabilitation Units – Nightingale House and Nightingale Court located in Westbourne and the Glendenning Unit located in Weymouth
2. Out of area locked rehabilitation
3. The Assertive Outreach Teams located in Weymouth and Portland
4. The Assertive Outreach Teams located in Bournemouth and Poole
5. The Homeless Health Service

4. Methodology

4.1 There were individual 144 responses to the different view seeking methods. There were 71 attendees at the community events. Sixteen people attended the outreach events and meetings.

4.2 Views were gathered from 37 service users, 24 carers, 69 staff and 26 other agencies that worked with the services included in the review.

4.3 Please not that some individuals identified as belonging to 2 user groups which accounts for the difference in totals.

Type of Response		Number
Online survey		60
Postcards		79
Emails		5

4.4 **Online survey -** The online survey was designed and the web link promoted by NHS Dorset CCG, Dorset HealthCare and Dorset Mental Health Forum.

4.5 **Postcards -** The postcards were designed and distributed to all services involved in the review and a number of agencies who work alongside the services involved in the review. The postcards were freepost to NHS Dorset CCG.

4.6 **Community events -** NHS Dorset CCG, Dorset HealthCare and Dorset Mental Health Forum held 7 community drop in events across the whole of Dorset and during the daytime to give as many participants as possible the opportunity to attend. These meetings lasted for 2-4 hours and gave information about the purpose of the review and approach. Participants were given the opportunity to discuss issues and were then invited to write their views down with assistance offered if necessary.

4.7 **Outreach events -** Five outreach events were held across the county for service users and carers. The information about the purpose of the approach was given alongside the opportunity to discuss issues. Individuals were invited to write their views down by facilitators and note takers from Dorset CCG, Dorset Healthcare and Dorset Mental Health Forum. Alternatively, if individuals preferred they could write their own views.

4.8 All three approaches to engagement followed the same process and asking participants a set of 3 broad questions around rehabilitation services and for the purposes of the report the responses are colour coded. The questions are:

From your knowledge/experience of mental health rehabilitation services what currently works well?

From your knowledge/experience of mental health rehabilitation services what doesn't work well?

How can mental health rehabilitation services be improved?

Themes and from people who use services

5. Helpful and dedicated staff

5.1 The quotes in 5.3 are from people who use services who responded to the view seeking questions. The quotes are based on common themes emerging from the view seeking sessions. The themes were; helpful dedicated staff, food, workshops, activities, peer support.

5.2 Throughout the view seeking staff were generally praised for their commitment to helping the service users in their recovery and for being friendly and easy to talk to. They also said that staff encourage them to focus on their recovery and the future and being able to build positive relationships with staff members. People also said

how well staff worked as part of a team and liaised with other services/family members to ensure the best care was provided.

5.2 Across all groups (staff members, service users and family members) one of the most common themes was that staff members are dedicated, skilled and caring. Multiple service users emphasised that staff offer a lot of support and encouragement and that staff have been helpful in their recovery.

5.3 The following are quotes from people who use services.

- *"I would be a 'wreck' without AOT. Happy staff with a smile."*
- *"Staff are a good team. Genuinely caring and supportive."*
- *"Some of the staff have been really helpful. They listen to me and help me let off steam"*
- *"Staff help me all the time - they are very supportive." "Staff are very easy to chat to. Staff pop in and see me and encourage me when I'm not feeling great. It's very caring and supportive."*
- *"AOT – quick to help me with housing, always on time for my visits and always turn up. Wouldn't ever had CBT if not under the team. Being in the service makes access to other help i.e. drug and alcohol services easier"*
- *"The food is good"*
- *"Food quite nice - A choice of food menu. "*
- *"I like going to the groups, particularly the ones that get me outside."*
- *"Roots is really good group - gets people out and about. Doing activities helps build relationships."*
- *"Lots of different activities on offer."*
- *"OT is good"*
- *"The music group is very helpful"*

- *Not enough variation in weekend activities"*
- *"Sometimes I get bored because there is not enough going on."*
- *"Having to spend so much time on the ward is hard."*

6. Workshops and activities

6.1 Service users spoke about how workshops were helpful, giving them a sense of purpose and having something positive to focus on to aid their recovery.

6.2 Many service users said that they would like more activities and resources to attend activities because it gives them something to do to manage boredom levels.

6.3 Some services have links with RSPCA, Gyms etc. which helps with community integration. Some people said that cooking Groups and moving forward groups are helpful. But they also mentioned that that there is a lack of OT in AOT.

6.4 The following comments address how rehabilitation services can be improved.

- *"More Workshop like groups where I can talk about what's happening with others"*
- *"More cooking/eating meals together"*

7. Peer Support

7.1 People said that they valued peer support and that they find peer support beneficial in their recovery.

- *"The only people who really understand me is other patients/Peers."*

8. Time devoted is invaluable

8.1 People said that dedicated time really helps. They said that a real positive of the rehabilitation services is that, there is time devoted to caring for them and that this was really important in helping them to recover and for making them feel worthy.

8.2 People suggested spending time getting to know the service user is more beneficial in helping the individual to recover in the long-term. Devoted time shows that staff truly care about the service users' individual needs. The following are comments about what works well:

- *"AOT helped me get out. They spend longer with you than other services. See them more frequently. Feel much more supported that way."*
- *"It's a specialist service - they understand the service-users; they take time to get to know you. I can talk to the team about anything."*
- *"Staff talk respectfully to individuals and really take time to get to know people."*
- *"Staff know individuals very well and are committed to providing support and managing wellbeing"*
- *"Having time spent on an individual to boost their confidence/self-esteem is invaluable. Rushing people into so called mental wellbeing doesn't work."*

9. Safe Environments

9.1 People felt that it was important to have a safe environment. People said that they felt safe using the services, where they get support from peers and staff whenever they need it.

9.2 People said that the places of residence are free from judgement and there is a real sense of staff wanting to help promote positivity and recovery.

9.3 People suggested that kindness and compassion helps them to feel safe and supported.

9.4 The following are comments from people about what is working well and what is working less well along with suggestions of improvement:

- *"Place of safety and containment"*
- *"It has been a protective bubble"*

- *"Mental health issues don't stop at the weekend"*
- *"Having weekend AOT so I can see somebody."*

- *"Service users would like a 7-day AOT service"*

10. Listening and understanding

10.1 There were other thoughts and views about how important listening and understanding are and some people said that they had experienced negative attitudes.

10.2 Service users spoke about how important it is for their needs and feelings to be listened to by staff members and their peers. Being able to share their problems is fundamental to building relationships and aids their recovery. This is especially important for those who need longer-term treatment. People want to be listened to and generally need more time to recover.

10.3 Even though many service users felt the staff are friendly, a couple of service users felt that staff can be too negative and harsh. They also said that communication can sometimes be poor especially in relation to leave arrangements and medication. The following comments say how things are not working so well.

- *"Doctors don't listen to me. No one talks to me about leaving here."*
- *"doctors are over cautious, leave can be hard to get as staff don't trust me"*
- *"A staff member was rude to me. … Some staff are really harsh."*
- *"Always telling me what to do. Staff can sometimes be negative and restrictive*
- *Psychology made me pressured and judged."*

10.4 People suggested that things could be improved and the following are examples about how things could work differently.

- *"Staff to listen to me more about where I want to move to."*
- *"More talking therapies - counselling services. Stronger advertising campaigns to reach people about MH education."*

11. Individualised Care

11.1 People had views about individualised care. Service users emphasised how they would like more contact with services on a 1:1 basis. They said how positive AOT

had been in many cases and they felt that they would like more of this service and specifically to support them on an individual basis.

11.2 There were comments about links to the community when people leave the units. People had concerns about the lack of psychology and the over use of medication. Some people also noted that there was a lack of physical healthcare if a person is homeless.

11.3 People said that these things were not working well

- *"Given phone numbers when left unit but felt too afraid to call"*
- *"Don't normally mix with people, I get told off for not mixing with people here"*
- *"More support when I left"*
- *"Treat humans individually."*
- *"Rushed into leaving the service/recovery"*

11.4 And suggested these for improving services:

- *"Learning life skills, one to one and group support and social exposure work"*
- *"more personal centred care and 1-1 time."*
- *"1 to 1 support work when at home."*

12. Recovery and Future Focussed

12.1 Service users said that recovery should be at the forefront of their whole experience in the service, and that focus on moving forward. They said that rehab should concentrate on the future and leaving inpatient rehab, rather than focus on staying in rehab. People said that this would give individuals a sense of hope that they will get better.

12.2 Multiple service users felt the staff members give them support and encouragement to gain independence, learn skills and to go out in to the community. And that confidence has been built.

12.3 Feedback was given that some people who are ready and able to leave the unit are held back due to lack of suitable housing and they would like more support once leaving units. The following are quotes about what works and what does not and how things can be improved.

- *"Staff are helping me to move on - talking to me about staying motivated."*
- *"It has helped me look in depth at what will help me, and given me time to look at myself"*
- *"Lots of interest in recovery skills and managing stress and anxiety"*
- *"They (AOT) encourage me to go out – wouldn't go out if it wasn't for them."*

- *"Staff encouragement. Supported with future. Like art and craft groups. The groups that get me out in the community"*

- *"Being in hospital for a long time doesn't help"*
- *"Doesn't work in rehabilitating people back to living meaningful lives"*
- *"Feel like I'm just here waiting when I am ready to leave"*

- *"To come from a much more recovery focused stand point"*
- *"Focus on discharge from day 1"*
- *"More community team work when out"*

Themes from NHS Staff

13. Community reintegration

13.1 Staff members spoke about how essential it is to provide service users with the tools needed to be able to get back to living independently in the community once leaving ng inpatient rehab care. Building relationships with community services is an integral part of the recovery process and being able to get back to 'normal' living including more access to volunteering/working when reintegrating into the community. Comments include:

- *"Recovery hubs/houses, integration in community, less focus on containment and more focus on independent living"*
- *"Funding into supported living with more focus of living a life in the community"*
- *"Involve in community programmes that helps towards confidence progress."*
- *"Better community support for service users as many declined cares to history (aggression/drugs) so can't get housing."*

14. Independence

14.1 People said that they wanted to move away from an 'institutionalised' way of living to being independent and this is something that needs to be addressed seriously. Whilst it is good to help service users with daily activities e.g. shopping, going for coffee, more focus needs to be on ways to help individuals gain these skills individually, giving them the confidence and abilities to pursue this more. Some of the views about this are expressed below.

- *"encouraged to be more independent to adjust to life outside i.e. cook for themselves"*
- *"Staff encourage and assist patients to engage in activities they may continue after moving on"*

- *"To come from a much more recovery focused stand point - to teach people much more everyday living skills."*
- *"getting support with carrying out healthy lifestyle, improve physical wellbeing, learn to budget, improve social interaction, optimise medication with regular reviews."*

15. Care for the most vulnerable/ill patients

15.1 Staff said that the services for those who are most in need and most unwell are essential in helping and providing the best care possible.

15.2 The staff were praised for being helpful to individuals who are the most unwell and suggested that more focus should be directed at keeping these facilities running because individuals depend on these services to live.

- *"Having a service that deals with some of Dorset's most vulnerable and poorly patients with no judgement just with kindness and compassion - with the aim of giving them a decent life."*
- *"Improve access to services for people with long term/severe and enduring mental illness."*
- *"Ensure that rehab services and the assertive outreach teams continue to provide services for some of Dorset's very poorly patients."*
- *"Service manged challenging group balancing risk and recovery."*

16 Close links/relationships

16.1 Staff spoke about how different services have close and well-established links with family members/carers and other community resources. They said that the whole extended team of people involved in the individual's care works well together.

16.2 People said that more work needs to be done to continue this teamwork and strengthen these links especially for more vulnerable groups that need more support.

16.3 Staff said that in absence of an AOT in an area the CMHT will cover.

16.4 They also highlighted the need for closer relationships with inpatient and addiction services. Comments related to this are seen below.

- *"Good links homeless team – come to team meeting. CMHT cover AOT clients - mixed into caseload and manage AOT approach in absence of a team."*
- *"There has been good links with assertive outreach teams to help with the transition from inpatient rehab service to independent living in the community."*

- *"A multi-disciplinary team of dedicated staff to support increases insight, learn and develop life skills."*

17. Staffing issues such as resources and better use of services

17.1 Staff expressed concerns about not having enough staff or staff being under-resourced to be able to cope with the demand of the service users and help people in the most effective possible way. For example, some services e.g. AOT have too many long-term cases which limits their capacity to be able to take on new clients.

17.2 There needs to be better communication and integration with other services to work better as a whole term, to take the pressure off some areas, and to help other areas where the patient's needs may not be met as well as they could be.

17.3 More family therapy and more psychological therapy needs to be available.

- *"No structure. No feedback re input to SU. Too many cross over services."*

- *"Have clear timescales if AOT approach is not working should not keep on caseloads for years - what's the point"*
- *"AOT may wish to look at their caseload and see those long-standing clients that could be transferred back to CMHT"*
- *"The service is much needed but has to be available to new referrals - perhaps having a time period of 2 years to see if this method of working increases engagement in treatment plans and quality of living for those clients."*
- *"Referrals take too long to be accepted - they have very limited capacity despite having small caseloads. Keep people for too long - should have clear exit strategy to free up capacity"*
- *"Accessing services difficult as so under-staffed."*
- *"More admin for AOT"*
- *"More medics"*
- *"Skill mix is not correct - No medic, psychologist or AMHP. These key professions have a role with this client group who often then fail to be able to access medication, trauma focused therapy and co-coordinating MHA assessments in the current climate if difficult and often need to be called multiple times before someone who is homeless is hospitalised. Also, these key professionals help support the team in formulation, reflection and risk management. The team are often dealing with high risk unknown clients and there is no oversight by a medic"*
- *"Specialised worker with skills working with Brain Injury. Estimated 45-55% of homeless have a BI yet there is no service. "*
- *"Creation of an Assertive Contact Team that works with homeless, migrants, gypsy/travellers and underserved communities"*

18. Long term rehabilitation

18.1 Staff expressed concerns that some individuals require much longer care than others to facilitate proper recovery to prevent relapse.

18.2 There should be more facilities and better-care plans in place to support those that need longer periods of rehab especially for more complex and ongoing issues that cannot be resolved quickly – it takes time for people to recover fully.

18.3 It was also noted that staff are sometimes too quick to remove privileges from service users.

- *"Too quick to remove privileges e.g. leave when patients make mistakes."*
- *"The rehabilitation process can be lengthy and does not always focus on promoting the skills of patients for independent living."*
- *"Many AOT clients have remained under the team for years with little or no movement. This may have contributed to a loss of independence and autonomy rather than promoted it. The same could be said of inpatient rehab where some patients have been in rehab for many years with no real movement onwards."*
- *"It can be restrictive and there is always the potential for people to become institutionalised, however for a few people this service is a necessity and has proved invaluable."*
- *"the waiting times for rehab beds particularly for men is too long"*
- *"Institutionalised care, not recovery focused, poor environment to enable sufficient recovery and care"*

- *"Provide community rehab service to provide long term support. Increase availability of supported housing and care packages."*
- *"Environment of some inpatient units not conducive to rehab - restricted rehab opportunities. More supported accommodation. More long-term treatment ward."*

19. Peer Support

19.1 Staff felt that peer support in rehabilitation is important in recovery.

- *""Get peer specialists to work on the wards to help with drug and alcohol"*
- *"Having a place for people with complex needs to receive treatment without threat of pre-emptive discharge. Peer support."*

20. Homeless Service

20.1 It was noted that there is a lack of psychiatric help and intervention for homeless people and that mental health act assessments for people sleeping rough are difficult to coordinate.

- *"Mental health act assessments for rough sleepers are not an effective process."*

- *"homeless practitioner dedicated to support rough sleepers & another MH practitioner to support hostels and housing team. Staff to support their clients as homeless to the council"*
- *"Increase hours of mental health nursing time for Homelessness. Dedicated consultant psychiatric time for Homelessness."*

20.2 **Homeless Health Service data**

20.3 The attendance at the view seeking events by homeless clients was inconsistent but there was other recent view seeking done asking the same question with this population of clients and the comments have been included below:

What worked well?

My key workers give me good advice and support
The mental health team is good
Floating support helps, manage appointments with advocacy.
Overall, things are good
1:1 therapy works best
drop in centres and aftercare groups
Every health worker I saw
Having BH1 project to fall back on for every need, support to get back on my feet and get a job
Having daily activities to do during the day
having people who understand your needs who offer correct support
I don't get any support
I receive adequate support for all my health needs
Medication helps me
NHS 111 is helpful. Dorset Mind news leaflet
People that respect me get the most out of me
Practical/emotional help Talking therapy
Rough sleepers team
Unsure
Total

What could be improved:

A centre where all health professionals are based
Accommodation provided for people who are homeless
Better communication between GP and Hospital. Recording of records
Better intervention service
Health service staff to come onto the streets to see more people
I need a dentist
I need talking therapy
I was misdiagnosed with schizophrenia when I didn't agree with.
Inconvenience of where Drs are for people, people should be able to register wherever they are
More health services and staff available
More support in B&B, more health professionals visiting.
More workshops at my hostel to tackle depression and anxiety
People shouldn't be discharged to the street from hospital, it is not nice coming back out after being indoors, warm and had food
Timely access to health services
Waiting times for appointments
Nurses to check peoples physical health & check wounds & talk about medication
Alcohol and Mental Health services should merge into one
Total

Other comments

Happy with support from housing provider. They helped with anything I need help with and been very supportive and they guided me into the right direction I've needed help with
I have had incidents where medical records have been lost or even not recorded for attempted suicide (very serious).
I think there should be more health support for homeless people. It would be helpful to have a set place where you can go for health workers
I would like to have my own home
more normal places to see people, café type set up and more time so staff can take the time to listen to silly stuff
More outreach from housing services, food banks and rough sleepers team to outreach day and night
Should be more mental health services and a better transition into accommodation
System is crap, resources are wasted on people who I believe do not always need help. More help earlier on in life and if people don't want help then services move on.
The need to feel safe not vulnerable when homeless
Transportation provided to access food and for work
Transportation to get to and from appointments

21. Individualised Care

21.1 Staff were praised for individualised care. Staff said that service users get choices and that the care is person centred.

- *"Collaborative care provided by staff positive risk taking"*
- *"Glendinning has been a creative environment which has improved the quality of life of a patient whom I was allocated cco.It is an upbeat forward-thinking environment which benefits the service users. Their recent experience of two clients being moved to rehab due to bed pressures which has resulted in a much quicker effective route into rehab"*

- *"A separate expert system for those who have severe psychotic conditions and are show to recover is extremely valuable as they need prolonged specialist interest"*
- *"Having a smaller building and team like Nightingale Court, that offers more personal centred care and 1:1 time"*
- *"Regular support tailored to the needs of the individual"*
- *"Help with language needs"*

22. Encouragement and motivation to change

22.1 Staff felt that although it was important to provide the right care and support for the patient's overall recovery, it was also vital to provide patients with the tools needed to help themselves to get better.

22.2 Staff said patients need to have self-motivation and encouragement from their peers to perform daily activities for example, to make the changes necessary to leave the service and get back into independent living and in the community.

- *"Helping patients to help themselves. Exercise, discussion, monitoring, observation, info, action and encouragement."*
- *"Staff struggle to motivate residents at times and this can lead to frustration. More talk about recovery skills is missing."*
- *"More recovery-based conversations and skills groups to engage individuals in thinking about self-management and moving on"*
- *"Focus on people's lives, their futures and their capacity for change"*

23. Better discharge planning

23.1 Multiple staff members wrote that there is a need for clearer plans at discharge as well as more information about the number and type of services that are available to individuals once they leave a unit.

- *"Care plans that include discharge goals."*

- *"Continued support for people who have been inpatients when they leave hospital – this will include more support for getting involved with community activities, paying bills and budgeting, planning GP, OPA etc., house hold tasks and volunteer/employment assistance"*

24. Communication between services

24.1 Many staff members mentioned the lack of communication between different services. This relates to communication between different in-patient services as well as communication between in-patient services and community services.

- *"The communication links between the Assertive Outreach Team and CMHTs should be strengthened and there should be greater rate of transfer between the services."*

25. Activities

25.1 Some staff mentioned activities as an aspect of support that works well. They mentioned activities that centre on learning skills (cooking, shopping) alongside activities such as art, pottery and music. Multiple service users also mentioned activities such as arts and crafts as a positive thing.

25.2 Staff highlighted the importance of physical activity for this client group.

- *"Activities are provided for inpatients"*
- *"Rehab services at Nightingale House are working well. Patients engage in cookery, planning and shopping, art and pottery, gym work, music, relaxation and mindfulness, walks and community trips. It may take a short while to encourage patients to engage with the groups but once a programme is established with individuals it proves to be a success in most cases. Staff encourage and assist patients to engage in activities that they may continue after moving on."*

- *"Lack of activities - meaningful activities for people who are unable to 'move on' and require long term support."*

- *"Physical activities which are essential. To keep fit in the wards."*

26. Safe environments

26.1 Staff highlighted that Rehab hospitals can be a restrictive environment and that people can be there too long.

26.2 Physical space at both Nightingale house and court are not suitable. Staff feel there should be single rooms.

26.3 People with history of Personality Disorder and or self-harm aren't accepted in the unit.

26.4 Location of hospitals were noted as positive as they have nice surroundings and are generally close to amenities also people felt that they need to be in units close to where the live.

26.5 Staff noted that there is no safe environment for homeless clients. A central base for Bournemouth, Poole Weymouth for multiple agencies to provide adequate services for Homeless would be beneficial.

26.7 Finally in this section, the addition of low secure beds in Dorset would be viewed positively.

- *"Residents feel safe here." "The location of mental rehab hospital is in a building with pleasant peaceful grounds."*

- *"Sharing bedrooms does not promote dignity and can hamper that person's recovery"*
- *"People who cannot go to St Anne's and there are no beds come to us and it is not a suitable environment"*
- *"Keep people for too long"*
- *"Building not fit for purpose"*
- *"Not conducive to a recovery-based environment"*

- *"Single rooms would aid recovery"*
- *"Sex segregation would help"*
- *"Patients with a history of PD or self-harm are not accepted in the unit, but would benefit from a short stay in rehab"*
- *"A safe place for people that cannot get accommodation"*
- *"Safe environment with 24-hour care, able to promote and actively increase community exposure"*
- *"low stress environments for complex individuals who have had multiple placements."*
- *"they should be a low risk light and airy unlocked facility"*
- *"Provision of inpatient rehabilitation across East and West Dorset. It is important that people are admitted to hospital close to where they will be discharged facilitating social inclusion. Provision of inpatient rehabilitation across East and West Dorset. It is important that people are admitted to hospital close to where they will be discharged facilitating social inclusion"*

Themes from 3rd Sector staff or other agencies

27. Communication

27.1 Third sector staff highlighted that communication can be good but there is room for improvement e.g. link meetings between agencies.

- *"Committed Staff, and communication between rehab services and 3rd sector."*

- *"Not sharing information between agencies and NHS staff"*

- *"Communication could improve between agencies to stop people losing their accommodation"*
- *"A link person to help a person through recovery from unit to community is lacking"*

28 Activities

28.1 Third sector staff view they have different activities on offer at the hospitals but there could be more offered i.e. cooking

- *"Food could be improved - more cooking could be done on site. "*
- *"Engaging with patients in useful occupations e.g. cooking a meal, shopping for meals. Supporting them to placements in the community that are suitable for their wellbeing. "*

29. Staff

29.1 Third sector staff noted that staff can spend too much time in the office and could spend more time with individuals. There should be more "live in staff" in hostels

- *"Staff spend too much time in the office"*

- *"More staff and a mental health worker working in hostels"*

30. Rehabilitation, recovery and discharge

30.1 A more recovery-based approach would be beneficial.

30.2 It was noted by 3rd sector staff that length of stay and discharge times are inconsistent and it seems that some service users are either discharged too soon or stay to long in the unit.

- *"Staff should have more focus on personal recovery strengths and use less negative language"*
- *Putting too much pressure on people too soon."*
- *"It appears some patients are in there for a long time"*

- *"More recovery focused work"*
- *"Focus on people's lives, their futures and their capacity for change"*
- *"Recognition that it not always possible to 'fast track' rehabilitation and recognise that some individuals will reach maximum potential in a 24-hour service."*

31. Accessibility

31.1 Accessibility to rehab staff could be Improved

- *Accessibility - Its ok having talented/committed and resourced staff but you need to be able to access them."*

32. Care pathways

- *"There are unclear rehabilitation pathways associated with the majority of patients I have encountered"*

33. Training and Framework Knowledge

33.1 Rehab staff can be lacking in knowledge of frameworks such as S117. Training that is offered by 3rd sector to staff is not always prioritised or taken up,

- *"Staff have limited to no knowledge around important functions such as S117 framework."*
- *"Nursing staff must be made aware of the eligibility framework of S117 funding arrangements, and the practicalities associated with this. Far too often I have experienced staff promising packages of care to patients, prior to discharge, where there is no evidence of eligibility"*
- *"Training when offered is not taken up by NHS staff"*

Themes from family members and carers

34. Care and compassion

34.1 Family and carers described how beneficial it was for the staff that staff are compassionate and caring towards the patients. They said this really makes a difference to helping and supporting them, by showing that they truly care about what they do. It also shows that facilitating patient's recovery was the focus of everything they do. Carers said the support is invaluable, not only to service users

but also towards the families and carers and this helps to build trust and strong relationships.

- *"Form good relationship with AOT as a Carer. They are very caring for my son. They are supportive."*
- *"The relationship with son's support worker really close and supportive - understand my needs as a carer and my son."*
- *"Support Worker accepted son and took time to get to know him."*
- *"The compassionate care that is given to my son in Nightingale by members of staff and the doctors."*
- *"Staff make family feel welcome"*
- *"Staff can't be faulted, caring, encouraging, support to son seems to be making progress"*

35. Focus on independent living

35.1 Family and carers said that it is important for staff to be able to put care plans in place, motivate and assist patients to perform daily tasks independently. Helping patients with these skills with the end view of being discharged into the community is integral part of care that gives patients the hope, skills and confidence they will need to manage independently once they leave the services.

35.2 It was noted that there is a lack of privacy for people who are inpatients.

35.3 Many service users and family members felt the staff are very helpful in supporting service users in practical matters e.g. finding a place to live or buying a bus pass.

35.4 Some family members wrote that there is a need for more activity as patients do not have enough to do to fill their time and are allowed to sleep all day. Carers and families suggested that there should be more activities especially at the weekends with more encouragement to go out. Some people suggested that the activities need to be personalised activities.

- *"Rehabilitation was supported to help my son become more independent. To help with his diet, cooking and shopping and taking him out on regular trips. This doesn't happen very often due to few staff."*
- *"Proactive with helping my son get a bus pass"*
- *"AOT very good support for my son. Helped him get his own flat and transition worker really helped."*

- *"Activities offered for my son were not tailored to his interests. Staff lacked time to go out with people and my son wasn't encouraged to go out and was like a zombie."*
- *"The lack of structure in getting patients up in a morning and having no routine. Allowing patients to stay in bed all day not doing any programs. Rehab should be the next step to moving on in life and it should not be treated like a hotel."*

- *"Motivating and giving more encouragement to maintain activities. My son gives up too easily – can 'reward' be considered?"*
- *"Time to look for job and get creativity which lost in their acute mental health disorder. Involve in community programmes that helps to confidence progress."*

36. Safe environment

36.1 Some families and carers highlighted that the rehab units are not close enough to family

- *"It is an old cold building and very little happening at the weekends. It is based near Bournemouth with no connection to local/home community in Bridport to facilitate integration within the community. A promise of a more local move has not materialised, and he has been hospitalised / Rehab service for almost 18 months."*

37. Communication

37.1 It was emphasised that communication should be at the core of everything so that the right decisions are made about care practices and medication etc.

37.2 Some families/carers as well as patients said that more needs to be done to ensure that all parties fully understand and are aware of the patient's circumstances e.g. in regard to medication, therapy, daily activities, goals for life after discharge.

37.3 Some families/carers and patients may be uncertain about what is happening, e.g. in regard to accommodation or different referrals so this needs to be made clearer for everyone through better communication.

- *"They communicate with me really well"*

- *"Couple of staff 'not on the ball'. Had to fight a couple of battles regarding communication."*

- *"Families, groups, networks so important and in west need people from this area to have opportunity here."*
- *"Having conversations about getting better."*
- *"My son to get more care when he comes home."*

38. Listening

38.1 Whilst family/carers generally praise staff for listening to their concerns and input to determine the most optimal care for patients, some people said that they sometimes feel a bit neglected. They would like to be made to feel like they are an important part of the team that is made up to support the individual and not seen as a separate support network.

38.2 People said that it is important to listen to views from family/carers as they are likely to know the patients more than the staff so may have valuable input that could strongly help towards their recovery and discharge.

- *"The relationship with son's support worker really close and supportive - understand my needs as a carer and my son"*

- *"Listened to a bit more as a carer. Give family more support."*
- *"Carers/supporters need to be seen as core part of the team, to understand family support and relationships are a core part of recovery."*

39. Service takes the pressure off the family

39.1 Family members felt the service takes the pressure off the family.

- *"Having son in rehab inpatient has given me a rest."*

Themes that were consistent across all the groups

40. Long referral times

41. An area for improvement that was mentioned multiple times in all groups (staff members, service users and family members) was about long referral times. Staff felt the referral process is long and sometimes it is difficult to get a referral accepted. Service users and family members felt that it took too long to get appropriate care.

- *"It took a long time for my son to get into rehab. 6 years of failed attempts in the community." – A family member*
- *"CMHT not interested, suicidal and had to wait a year. No community support offered." – A service user*
- "Referral process appears long and protracted." *– A staff member*

41. More support in the community

41.1 All groups felt there is need for more support in the community. Staff members especially mentioned the need for more support after service users have been discharged.

- *"More services based in the community to enable people to be supported in their own homes." – A carer*

42. Caring and skilled staff

42.1 Across all groups (staff members, service users and family members) one of the most common comments was that staff members are dedicated, skilled and caring.

- *"Staff are a good team. Genuinely caring and supportive."-A Service user*

43. Specific services

43.1 During the course of the view seeking sessions some specific services were mentioned. In compiling all the data in to the report it was considered that it is helpful to include these comments about the specific services. Please note that these comments were made by staff members unless otherwise stated.

Elsadene

"Very good service - with both primary and secondary care input. Holds unwell/vulnerable residents in community environment - where other placements have failed"

"Often facilitates earlier discharge of patients from secondary care settings. Good patient/staff rapport. Homely environment"

"Elsadene vital unit. Please, please, please do not close it and throw out highly vulnerable patients to isolation and anonymity."

Nightingale House

"The Nightingale House team recognise that the building is not fit for purpose and that high dependency/locked rehabilitation cannot realistically be provided there. The unit is also relatively isolated and so the staff lack back up when dealing with violent situations"

"Staff encourage and assist patients to engage in activities that they may continue after moving on."

"Patients move on to either independent or supported accommodation with the support of the whole team"

"need to be more dynamic and offer more individualised care to promote recovery."

Nightingale Court

"It is helpful having a smaller building and team like at nightingale court. Nightingale Court seems to offer more person centred care and 1-1 time."

Homeless Health Service

"The work I have observed by the homeless health services both directly and in liaison with other agencies is vital for the wellbeing of this vulnerable group."

"I have no doubt that without their essential work the population they serve would suffer and other agencies trying to compensate would do an inferior job, and be costlier and time consuming"

"Homeless Health services are proactive and have excellent skills engaging the client group."

"community based, where the people are. Drop in based so not set appointments making it easier to access for clients, relaxed atmosphere, access to other services based at some of the drop ins."

Assertive Outreach Team

"The Assertive Outreach Team have been dedicated to the rehabilitation services for too long and have been working with clients who do not meet their criteria."

"The Assertive Outreach Team in Bournemouth do an excellent service but are under resourced which creates frustration for CMHT's who wish to refer to AOT."

"AOT team are absolutely superb, the way they connect with clients, non-judgemental approach."

"Some of the most challenging patients are looked after by a dedicated team who can provide out of the box care and treatment as required (AOT)."

"AOT helped me get out. They spent longer with you than other services. See them more frequently. Feel much more supported that way." – a service user

Glendenning

"Glendenning Unit has a great ethos for patient choice and responsibility for their healthcare and responsibility."

"Glendenning – service good. Get to go out. RSPCA Monday, dog walk, charity shops and food shops." – A service user

"The majority of patients who come to Glendenning have been shown to have significant cognitive deficits and have benefited from the highly structured and supported setting there to enable them to function at the optimum potential." – A staff member

44.1 During the view seeking session there were also a range of comments that did not fit in with the other general themes but are included because they provide insight to be considered during the review.

Other interesting comments

"Provision for rehabilitation after discharge from hospital for deaf people recovering from major psychosis is woeful. If you look at the Dorset County Council spend for social work for mental illness in adults or sensory impairment, you will find very low spending compared with other counties. So, if you are a deaf person with mental illness you will receive a very inadequate service in Dorset. In fact, no help. Remember the deaf have no voice. I imagine this is why it is possible to ignore them in the provision of rehabilitation and help from psychiatric social workers." – A staff member and a family member

"It has been a protective bubble. In response to my diagnosis they have behaved appropriately. Has helped me to look in depth at what will help me. It has given me time to look at myself." – A service user

"Staff help me see what direction I'm going. Help me to gain insight." – A service user

"I get easily bored. Feel like I'm locked up all day. Sometimes I feel down because I don't know when I am going to get out of here." – A service user

"Homeless health service. My clients not being able to access MH support due to substance misuse and when in hostels don't fall under homeless health and CMHT do not accept – too chaotic and big overall on services. Staff in hostels desperate for MH advice/support/training the team does not support hostels." – A staff member

45. Conclusions and Summary

45.1 The overarching themes broadly fit in to three categories and for the purposes of summarising the report just the key words or topics from comments in the report have been used.

Staff and people focus	Service and people Focus	Environment and system
Compassion and care	Community reintegration	Safe environment
Team-work	Independence	Expand on current facilities
Better communication	Individualised care	Make better use of services to relieve pressure in system
Devoted quality time	Focus on future	Long waiting times to get into rehab
Support for most vulnerable /ill	Activities	
Listening	Life skills that promote independence and look to the future.	
Psychologist support	Workshops with peers	
	Focus on life outside of the inpatient service	
	More community support	

45.2 Throughout the report and in reference to all the services there are constant references to staff who are perceived to be caring, kind, compassionate and these qualities are really important to people who use services and their families and carers.

45.3 There are references throughout to the need for a focus on moving on from inpatient services, recovery, independence and having life skills that enable people to live as well and as independently as possible. Staff suggested that their focus needs to change from containment to independence.

45.4 In quite a few areas peer support was mentioned as a valuable on wards and in the AOT and people using services said that peers are the people who understand them.

45.5 Throughout the report were comments about life beyond the inpatient settings and the need for staff and patients to work towards as independent a life as possible and in this context there was also a focus on having the right support in the community.

An assertive contact team was mentioned and that raises the question about whether such a team could support the whole range of service users who have a complex range of needs in the community to enable them to live as well and as independently as possible.

46.5 In staff comments there was an acknowledgement that the current estate is not right and that to deliver the service they want to deliver estate is important.

47. Conclusion

47.1 Overall there were positive views about staff and the care and support they provide. There was also an acknowledgement that resources are tight and that this impact on the type and prevalence of work delivered especially in relation to activities and workshops and limits their ability to focus on future for patients.

47.2 The focus on independence and life outside of the units is limited by resources on the units and outside of the units for example a lack of the right type of supported living and so work will need to be done to rebalance that.

47.3 The current estate is crucial to delivering the right type of inpatient provision and this was acknowledged by people and this enables conversations in the review to look at what is needed and how much can be redistributed to enable the community aspects of the service to be developed in the way people hope.