

## Mental Health Acute Care Pathway Equality Impact Assessment

### Strategy or project title: Acute Care Pathways Review Project

#### What are the intended outcomes of this work?

##### Project Objectives

- To identify the needs and demand profile of the local population for acute mental health services to ascertain the levels of service that need to be commissioned for the Dorset population.
- To carry out a system review starting with acute mental health care but including other services that interface and impact on how acute care is delivered. For example if the Community Mental Health Teams (CMHTs) were able to be more proactive would they prevent the need for crisis intervention?
- To review the current services in line with performance requirements, usage patterns, local need, carer and client experience, nationally benchmarked data and services, clinical guidance and usage of the Mental Health Act. The aim of this is to identify best practice, areas for improvement and to identify gaps in service provision.
- To develop a clinically-led pan-Dorset acute care pathway and care model based on recovery principles for people who are or are at risk of becoming acutely mentally unwell.
- To involve clients, supporters, clinicians and other stakeholders on the development of the options should there be substantial change to the service model.
- To consult with the Health Scrutiny Committees as required under section 244 in addition to patients and the public.
- To commission an effective Mental Health Care Pathway to improve physical and mental health outcomes for people who have or who are at risk of becoming seriously mentally unwell.

##### Desired Outcomes

- Increased early identification of people with a Serious Mental Illness (SMI)
- A preventative approach to support for people who have an SMI
- Equitable services across Dorset
- Improved physical and mental health outcomes of the client base
- Reduction in the formal admissions under the Mental Health Act
- Reductions in the number of admission to mental health inpatient units
- Improved client satisfaction with the support they receive when they are in crisis
- Appropriate bed base for the populations needs
- Reduced dependency on mental health services, with increased focus on recovery
- Increased numbers of clients being treated successfully by Crisis Response and Home Treatment (CRHT) teams
- Improved knowledge and experience of managing severe mental health illness in primary care

**Who will be affected?**

- Staff working in any of the services that deliver acute or crisis care including CMHTs
- Patients, carers and families where there is a need for MH acute care because of mental health crisis

**Where have we got to?**

The project commenced in June 2015 and since the beginning of the project the aim has been to engage as many individuals and organisations as possible.

Between June and September, we gathered views from people at events, surveys and outreach as well as 1:1 with Service Users and Carers.

Type of Event	How many events held	Number of attendees
Public Event	22	125
Staff Events	17	131
Outreach Events	17	264
Inpatient Interviews	0	42
Online Survey	0	226
Postcard Survey	0	118
<b>Total</b>	<b>56</b>	<b>906</b>

After each event everyone was invited to leave their contact details if they were keen to be involved in the whole project including modelling of the new pathway.

Total Comments	3,335
What do you think is good about mental health services?	545
What do you think could be better about mental health services?	1,572
How could we make things better?	1,238

We gathered all the views that were given and it was turned into a thematic analysis report and shared this with everyone who wished to be involved.

The final report can be found on the CCG website under the MH Acute Care Pathway link:

## Evidence

**What evidence have you considered?** *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

- Population/ Target Market

The population covered by this project is those people who are, or who have the potential to become, acutely mentally unwell in Dorset and require assessment and treatment.

While all the population is susceptible to mental health problems, those groups that are at most risk are women, people living alone, being separated or divorced, between the ages of 40-54 years, unemployed, or less well educated. The prevalence of psychiatric disorders is also significantly higher among adults with a Learning Disability and 65% of people with Asperger's have a co-morbid psychiatric condition.

The Joint Strategic Needs Assessment (JSNA) outlines that one in four people or 250 per 1000 are at risk of experiencing a mental health problem and of those 130 are subsequently diagnosed as having a mental health problem. Between 20 and 30 are referred to a specialist mental health service, and fewer than 10 are ever admitted to a mental health hospital.

Estimated Prevalence	Number
At risk of experiencing a mental health problem (250 per 1000)	186k
Subsequent diagnosis of having a mental health problem (130 per 1000)	97k
Number of referral to MH services	15-22k
Number admitted	<7k

The needs and data analysis report adds a considerable amount of understanding to Dorset's mental health needs profile, prevalence and demand and this report can also be found on the Dorset CCG website as a final version from September 2016.

This project and the shape of the model will be determined by what people said in the view seeking report and the data analysis and if proposed models do not match they will not be considered as part of the options taken to public consultation.

**Disability** *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

The review and possible redesign of mental health acute care services should not have a negative impact on people who have disability including mental illness and Learning Disability (LD) and other physical disabilities. There is research related to people with LD and mental health i.e. failure of services to work effectively with dual diagnosis e.g. LD and Serious Mental Illness (SMI). The review and redesign will take into account the issues raised.

The aim of the project is to improve access to services, the responsiveness of services and the quality of care that people receive when they are acutely mentally unwell along with improved follow up and community support as required to facilitate recovery and resilience. We are working with the Learning Disability Forums, Community Learning Disability Teams and Advocacy sectors within Dorset to ensure we listen to the views of Service Users within this cohort.

Reaching this cohort of people is difficult as the cohort is very small and due to the nature of their illnesses, interviewing some could be upsetting for them. We are aware of the issues and strive to treat everyone with kindness and ensure that they are able to give their views safely.

**Gender** *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).*

Acute mental health care is available to both men and women and improving services that deal with people in MH crisis should be of benefit to whoever needs it.

It is acknowledged that there is not enough mental health provision for women in Dorset especially in Psychiatric Intensive Care Unit (PICU) and women usually have to be placed out of area especially when they require PICU. A new female PICU provision is currently being built at St Ann's and is due for completion Autumn 2016.

It is noted that there are some inequalities in terms of men being proactive early on when experiencing poor mental health which might affect how well or how quickly they are able to recover from an episode of ill health.

The scope of this project should improve that situation by ensuring that there is good access to quality mental health provision for all individuals at the right time when they require acute mental health care.

**Race** *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.*

Acute MH care is available to anyone experiencing MH crisis. There is evidence that some ethnic minority groups are more likely to be admitted than others, there is also evidence that some groups would choose not to access MH service and that some BME groups are more likely to be diagnosed with schizophrenia or other psychotic illness.

The review aims to capture the views of anyone who has required /might require mental health acute/ crisis care and where the review highlights that some groups receive a different service or where they feel that they have been disadvantaged the review will aim to address this.

There will be a full communications and engagement plan that identifies how views will be sought and incorporated in to the findings report and future service developments and ensure that it is appropriate to the client group.

Dorset CCG are working with the Community Development Workers that work for Dorset Healthcare and who are commissioned to outreach to all BME groups to ensure equality in access and treatment.

Below is from the Dorset CCG Equality and Diversity Report 2015-16

### **Ethnicity**

Between 2001 and 2011 the size of the minority ethnic population as a proportion of the total population increased for all ethnic categories and in all districts of Dorset by 49.9%. The largest percentage growth was for the "Other White" category in Bournemouth, which accounted for 4% more of the total enumerated population in 2011 than in 2001.

**Table 1: Change in percentage of minority ethnic category as percentage of total population**

	Bourne mouth	Poole	Dorset	Christ Church	East Dorset	North Dorset	Purbeck	West Dorset	Weymouth Portland
Other White	4.0*	1.7	0.4	0.4	0.2	1.0	0.2	0.3	0.7
All mixed	1.1	0.6	0.3	0.6	0.2	0.	0.3	0.3	0.2
Indian Sub continent	0.9	0.7	0.2	0.1	0.3	0.1	0.1	0.2	0.2
Chinese/ Other Asian	1.8	0.8	0.3	0.5	0.2	0.4	0.1	0.2	0.4
African Caribbean	0.5	0.2	0.1	0.0	0.1	0.2	0.0	0.0	0.1

\*Category with largest growth in a district is marked

*The largest proportional increases in the minority ethnic population was within the urban conurbation of Bournemouth and Poole, with Bournemouth's numbers rising from around 3% in 1991 to just over 16% in 2011.*

*Gypsies and Travellers are a particular population group that is not well represented by available data due to the transient nature of some of their lifestyles. People within this group tend to suffer from higher mortality rates as well. Within Dorset there are four designated sites for Gypsies and Travellers.*

*The main foreign languages spoken vary across Dorset with some similarities across the board. The most common languages for instance in Poole include: Polish, Cantonese and Mandarin, Malayalam and Portuguese.*

This shows an increase in the minority ethnic population in Dorset and we are committed as a CCG to address any inequalities in health.

## Age

The mental health acute care pathway and associated responsive services should be available for anyone who is in acute mental health crisis requiring an immediate assessment and some type of support or treatment intervention, either as an outpatient or via an admission. However where the individual is assessed as having an organic mental health need such as dementia, the pathway following assessment might be different and this is more likely to happen for elderly patients, although not exclusively.

Transition between children's and young people's services is a challenge. This is true of young people on the way towards contact with adult mental health services. There are concerns that they could be disadvantaged in terms of the differences between the acute mental health care delivered in children's services compared to adult services.

The review will be addressing transition as needed throughout the review e.g. in the context of the psychiatric liaison service or street triage.

In the Initial View Seeking stage, we had elderly Carers asking if there was a process so that they can ensure continuity of care after they pass away or if they fall ill.

**Gender reassignment (including transgender)**

Acute mental health care is available for everyone who is in mental health crisis and this applies to people who have been through gender reassignment and transgender individuals.

The PACE Research, Risk and Resilience Explored for LGBT Mental Health suggests that this client group may be more likely to consider harming themselves or consider suicide and a significant predictor is low self-esteem and family circumstances e.g. bullying and aggression because they were transgendered.

There are some other challenges for example; privacy in inpatient settings or use of facilities could be an issue for transgender individuals.

The review would aim to gather the views and opinions of as wide a client group as possible to determine whether services were able to meet their needs for treatment as well as their psychosocial needs etc. by accessing the LGBT Health Advisory Group as well as other appropriate charities and support groups

**Sexual orientation** *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.*

Acute MH care is available for everyone who is in mental health crisis and this applies to lesbian, gay, bi sexual or transgender individuals.

There are issues for example bullying/hate crime etc. on the grounds of sexuality is an issue for many LGBT individuals the impact of which could be exacerbated or highlighted when someone is in a mental health Crisis.

Stonewall research suggests that sexuality is often clumsily addressed in services and the assumption is from a bias of heterosexuality which means that people feel that they cannot be open about their needs. There is also an assumption that any mental health difficulties are related to sexuality which means that other issues are not addressed as fully as they could be.

The Intercom Trust recently published a report in to mental health and the LGBT community and outlines the experiences of people in the LGBT community and how this impacts upon mental health. The report showed that many people in LGBT community have a poor experience of mental health services and feel that they particular needs are not always accounted for. PACE have also completed research in to LGBT mental health the report is Risk and Resilience Explored (RaRE) and the findings were broadly similar.

The review aims to gather the views and opinions of as wide a client group as possible to determine whether services were able to meet their needs for treatment as well as their psychosocial needs etc.

Dorset CCG helped set up a LGBT Health Advisory Group which includes members of the public as well as health staff from various trusts. The ACP Review will be commencing outreach work with this group in March 2016.

**Religion or belief** *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

The acute MH care services are available to everyone in MH crisis requiring assessment and treatment etc. This is available to all and should be provided in such a way that is sensitive and cognisant of an individual's faith and beliefs.

The review should highlight any areas where this is not thought to be the case.

The aim of the review and possible redesign is to improve the responsiveness and quality and sensitivity of services to patients' needs.

**Pregnancy and maternity** *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.*

The aim of the review and potential redesign of services in the pathway is to improve the responsiveness and quality and sensitivity of services to patients' needs.

In Dorset there is separate mental health provision for women who are pregnant and this service has community and inpatient provision. There is a requirement for the service to be responsive because mental state changes more rapidly in pregnancy.

The perinatal provision is being reviewed separately to the acute care pathway and as part of the maternity pathway.

**Carers** *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.*

The aim of the project is to improve access to services, the responsiveness of services and the quality of care that people receive when they are acutely mentally unwell along with improved follow up and community support as required to facilitate recovery and resilience. This will extend to carers and families of individuals who are mentally unwell.

**Other identified groups** *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*

Homeless clients are often doubly disadvantaged but very likely to require the support of MH services and are likely to require acute care at times.

Individuals who have drug or alcohol and mental health issues but who may not have severe enduring mental health issues may also be disadvantaged because of the way services are configured and this may make access to the right service at the right time difficult.

We also need to take into account the rurality of parts of Dorset and how people access services when needed. We are aware that bus services are being cut and this will affect out patients. In the Initial View Seeking stage we had 124 comments about the travelling to services within Dorset. 12 of these were positive and 58 were negative, with the rest making up suggestions for improvement.

The MH Acute care pathway should be accessible to anyone in Dorset who is experiencing a mental health crisis regardless of where they live or their other issues. The review may highlight particular gaps in provision in which case the CCG would be able to take a view about how to address the needs of these individuals.

## Engagement and involvement

**Have you engaged stakeholders in gathering evidence or testing the evidence available? If not what do you intend to do?**

There is an engagement and communications plan in place to enable as wide a consultation and engagement as possible. The plan will run throughout the project and aims to engage as many people as possible to ensure that we understand the impact of services on them and understand how well services meet their needs.

The view seeking involved several group engagement sessions to gather views and opinions about mental health acute care. The engagement was supported by Dorset Mental Health Forum that is a local organisation run by people who have lived experience of mental illness. There was also a champions group established that developed into the project reference group.

The project has engaged in two periods of this type of work the first to gather views and the second to develop a new model of care for the MH Acute Care pathway.

The next part of the project is public consultation and the approach will be more formal but with the same emphasis on gathering views and opinions about the options for the pathway in a safe, honest and supported way.

***How have you engaged stakeholders in testing the policy or programme proposals? If not what do you intend to do?***

The intention of the project is to work with a patient reference group and coproduction modelling groups as these develop. It is acknowledged that most diverse groups do not belong to mainstream patient groups. Some diverse groups, like the older people, may have their own bespoke groups and so the project engagement plan will also include the voluntary sector that will see the project through with the project team. The aim of the whole project is to co-produce as much of the review and subsequent service design as possible.

We have held formal engagement events in various parts of Dorset to ensure that people across Dorset are able to have their views heard.

We have used social media to encourage people to give their views and opinions about acute mental health care including an online survey.

Dorset Mental Health Forum and Healthwatch and Rethink Mental Illness are active partners in this engagement plan and this will help to ensure that people are supported whilst they contribute to the review process and service design.

In the modelling stage, we offered everyone who said that they were interested in working with the CCG on the modelling. For those unable to attend these workshop session outreach and 1:1 sessions to every cohort of clients were organised to ensure that what is being proposed fits with their needs and is accessible for them. We also offered the opportunity for people who use services either as a patient or as a carer to participate in the coproduction modelling work. This work was constructed around a series of workshops that were facilitated and supported by Dorset MH Forum to ensure that participants were able to share their experience in the model developments.

**If you have engaged groups please list below and include who was involved, how they were involved and the key outputs:**

The engagement stage of the project is commenced June 2015 and there was a full engagement plan in place

to ensure that a wide a range of views are gathered as possible but specifically from individual who use or have used acute mental health services. The engagement plan also seeks the views of carers, families and people who work in mental health services.

**Below shows the engagement stage participation:**

<b>Groups engaged</b>	<b>Date of engagement</b>	<b>Outputs from activity</b>
<b>Patients/ Service Users</b> General Public	From June to Sept 2015	A survey was shared online and in postcard from across the county. Five thousand cards were printed and sent to health, social care and voluntary organisations. Also sent to public Libraries, GP Surgeries, BME Communities and LGBT Communities, Bournemouth University, Dorset Race Equality Council.
MIND Trustee meeting	23 June 2015	4 Attended. Informal discussions and raising awareness of survey and events
CCG AGM	01 July 2015	20 Attended. Raising awareness of survey and events
Health Action Group, Learning Disability Partnership Boards	09 July 2015	24 Attended. A brief description of the ACP Review to raise awareness. Waiting on Easy Read version
Bourne Free LGBT Festival	11 July 2015	Handing out leaflets to those that are interested, alongside CSR (approx. 100 people)
Wareham Community LD Teams	13 July 2015	12 Attended. A brief description of the ACP Review to raise awareness. Waiting on Easy Read version
Dorset Care Home Association	14 July 2015	40 Attended. Informal discussions and raising awareness of survey and events
Mid Dorset Cluster Locality Managers	15 July 2015	8 Attended. Informal discussions and raising awareness of survey and events
Mid Dorset Locality	15 July 2015	8 GPs Attended. Informal discussions and raising awareness of survey and events
Dorset Learning Disability Partnership Board	16 July 2015	18 attended. A brief description of the ACP Review to raise awareness. Waiting on Easy Read version
Communication for all	21 July 2015	12 attended. A brief description of the ACP Review to raise awareness. Hand out leaflets & Surveys if needed. Waiting on Easy Read version
Poole Housing Partnership Ltd	30 July 2015	11 attended. Informal discussion. No presentation due to venue.
Bi Polar Support Group	05 August 2015	14 Attended. Informal discussions and raising awareness of survey and events
Bournemouth Church Housing Association	11 August 2015	20 attended. Presentation followed by discussion.
Mind Group - Mind out	13 August 2015	7 Attended. Informal discussions and raising awareness of survey and events
Dorset Health Advisory Group for LGBT	19th Aug	Handed out leaflets and postcards to 18 representatives from various LGBT communities

Mind Panacea Group	26th Aug	9 Attended. Informal discussions and raising awareness of survey and events
<b>Clinicians and Health Professionals</b>		
Bournemouth Community LD Teams	4th Sept	A brief description of the ACP Review to raise awareness. Hand out leaflets & surveys. 8 attendees
Poole Community LD Teams	15 September 2015	7 attendees shared printed presentation and discussed.
Seaview Ward, St Ann's Hospital Poole	18 August 2015	8 attendees shared printed presentation and discussed.
Crisis Team West, Forston Clinic, Dorchester	18 August 2015	5 attendees shared printed presentation and discussed.
Bournemouth East Adult CMHT	19 August 2015	16 attendees shared printed presentation and discussed.
Poole Community Mental Health Team, Alderney Hospital, Poole	19 August 2015	10 attendees shared printed presentation and discussed.
Kings Park Older People CMHT Bournemouth East	20 August 2015	10 attendees shared printed presentation and discussed.
Ferndown & West Moors Older Peoples Community Mental Health Team, Canford Magna	24 August 2015	7 attendees shared printed presentation and discussed.
Blandford Community Mental Health Team, Blandford	24 August 2015	5 attendees shared printed presentation and discussed.
Shaftsbury Adult Community Mental Health Team, Shaftesbury	25 August 2015	8 attendees shared printed presentation and discussed.
Christchurch Older People Community Mental Health Team, Christchurch	25 August 2015	4 attendees shared printed presentation and discussed.
Wimborne & Purbeck Older Peoples Community Mental Health Team, Canford Magna	26 August 2015	4 attendees shared printed presentation and discussed.
Crisis team East, St Ann's Hospital, Poole	26 August 2015	8 attendees shared printed presentation and discussed.
Bournemouth West Community Mental Health Team, Hannemann House	27 August 2015	7 attendees shared printed presentation and discussed.
Wimborne Community Mental Health Team, Wimborne	01 September 2015	8 attendees shared printed presentation and discussed.
Purbeck Community Mental Health Team, Wareham	01 September 2015	5 attendees shared printed presentation and discussed.
Bournemouth West Community Mental Health Team, Turbury Park	02 September 2015	7 attendees shared printed presentation and discussed.
Southbourne & Christchurch Community Mental Health Team, Christchurch	02 September 2015	7 attendees shared printed presentation and discussed.
St Ann's Staff Events at Forston & St Ann's	03 September 2015	13 attendees shared printed presentation and discussed.
100 GP Practices in Dorset	Postcard surveys and posters were sent to GP Practices in Dorset.	Raising awareness to those attending the GP Surgery as well as asking the GP's themselves to respond.

<p><b>Carers</b>                  Carers, Bournemouth Library                  Carers Group, Rethink, Weymouth                  All 3 Learning Disability Partnership                  Boards in Dorset as well as the                  Health Action Group have                  Parent/Carers attending.</p>	<p>10 June 2015                  28th Aug                  Jun – Sept 2015</p>	<p>30 Attended. Informal discussions and raising awareness of survey and events                  18 Attended. Informal discussions and raising awareness of survey and events                    Between 3-7 attending each meeting</p>
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**Stage 3 Coproduction modelling**

Stage 3 of the project involved a series of facilitated coproduction workshops that included as many organisations and individuals as possible.

Organisations represented are shown in the table below:

<p><b>Coproduction Group (CPG) Attendee (organisations represented)</b></p>
<p>Dorset Clinical Commissioning Group</p>
<p>Service user and carer representatives</p>
<p>Dorset HealthCare</p>
<p>Bournemouth Borough Council</p>
<p>Dorset County Council</p>
<p>Borough of Poole</p>
<p>Dorset Mental Health Forum</p>
<p>Rethink Mental Illness</p>
<p>South West Ambulance Service Foundation Trust</p>
<p>Dorset Police</p>
<ul style="list-style-type: none"> <li>• The CPG is made up of heads of care, service managers and clinicians, commissioning managers and representative service users and carers.</li> <li>• The CPG members have attended most of the modelling workshops and are the recommending group of the modelling workshop process.</li> <li>• Many of attendees have some lived experience of mental health difficulties either personally or as a carer or friend</li> <li>• Approximately 37% of the attendees across all the sessions was by service users and carers.</li> </ul>

The table and document below shows the timetable for the modelling workshops and indicates the level of involvement from people with an interest in mental health acute care.

**Mental Health Acute Care Pathway Modelling Workshop Programme  
Attendee Numbers and Organisations represented**

14 Dec 2015	6&7 Jan 2016	26 Jan 2016	22 & 24 Feb 2016	Break in Modelling Workshops  To enable the costing and modelling work to be done with previous work in mind and ahead of the next few coproduction modelling workshops	29 April 2016	5 May 2016	21 Jul 2016 16 Sept 2016
Scene setting and objective clarification day with CPG	Launch Days Background presentations and reflections Innovation and visioning Initial model and thoughts	CPG /urban and rural groups Refining thoughts taking differences into consideration Initial pathway creation	Service Users CPG &Folio Options for wider co-production community to feed in in CCG local events for SU/ Carers		Urban Modelling Rural Modelling  Refining thoughts from the previous workshops	Crosscheck days	Shortlisting Days Community Services & Inpatient service
1 day CPG Members Folio  30 attendees	2 days CPG Members and Urban and Rural Groups  60 & 53 attendees	1 day Rural Modelling Urban Modelling  65 Attendees	2 days 22 Feb Service User Cross Check 24 Feb CPG: Assimilation and initial model options/ Cross Check 37 & 37 attendees		1 day Wider service stakeholder groups 1 day  61 Attendees	1 day Service user Crosscheck day  34 attendees	2 days 21 July CPG Members Folio  16 September CPG Members  34 & Attendees

**Organisations represented:** Dorset CCG, Dorset HealthCare, Bournemouth Borough Council, Dorset County Council, Borough of Poole, Dorset Mental Health Forum, Rethink Mental Illness, Richmond Fellowships, Bournemouth Churches Housing association, Dorset Mind, People who use services, Carers/Supported of people who have mental health needs, South West Ambulance Service Foundation Trust and Dorset Police.

Days	Groups	<b>Key discussion points</b> <b>Each workshop built on the last workshop in terms of recapping and addition new information at each session and in between the workshop sessions additional work was being done on model and cost the particular options being discussed</b>
14 December 2015 Scene setting and objective clarification day	Co-Production Group (CPG) The CPG is largely made up of managers, service managers, service leads and service users and carers. The organisations represented are: Dorset CCG, Dorset HealthCare, the three Local Authorities, Dorset MH Forum, and Rethink Mental Illness. There are approximately 30 people in the CPG	<ul style="list-style-type: none"> <li>• Coproduction -what coproduction means and why it is so important</li> <li>• Reviewed the ACP work to date including needs and data analysis and feedback from service user and carer engagement</li> <li>• Policy drivers and imperatives</li> <li>• CMHT review and key challenges from Dorset HealthCare perspective including bed use and demands on the community services</li> <li>• Key challenges from the LA perspective</li> <li>• Achieving a shared understanding: coproducing five to ten statements that capture the over-arching challenges to be addressed</li> <li>• The five case model - meeting NHS Assurance requirements</li> <li>• Revisiting the over-arching challenges</li> <li>• Small group working to identify SMART objectives</li> <li>• Feedback and agreement of objectives</li> <li>• Communications</li> <li>• Planning for next meeting (visioning and modelling days)</li> <li>• Identified some of the key challenges                             <ul style="list-style-type: none"> <li>○ increased demand and</li> <li>○ reducing budgets</li> <li>○ need to improve services</li> </ul> </li> <li>• Gained an understanding of the business case model that is to be used for the ACP</li> <li>• Developed the overall objectives of the project</li> <li>• Planned for the launch days</li> </ul>
6 and 7 January 2016 Launch Days, Background information and reflections and Innovation and Visioning	CPG and Urban Rural Groups The CPG is made up of mental health staff, representatives from the local authorities, police, ambulance service,	The groups were introduced the ACP Project and the objectives to all attendees Themes: <ul style="list-style-type: none"> <li>• What options do we want in Dorset when thing start going wrong</li> <li>• How can we personalise crisis support in Dorset?</li> <li>• Increasing the range of support in the community</li> <li>• How can we provide people with clinical and social support they need?</li> <li>• Could personal budgets and peer support have a role in personalising support in Dorset?</li> <li>• How can we improve access to services in Dorset for people new to services and for people returning to services?</li> </ul>

	<p>Dorset HealthCare and organisations from the third sector currently working in Dorset. The groups also had service users and carers attending the workshops. The urban rural groups also had the CPG members in attendance for continuity and collective memory of previous workshop outcomes.</p> <p>Approximately 72 people attended the urban rural group sessions.</p>	<ul style="list-style-type: none"> <li>• Social Networks and Social Prescribing</li> <li>• Addressing questions raised by some case studies</li> <li>• Comments, questions, additions and amendments to the pathways on the wall</li> <li>• Considering ways of improving consistency, communication, continuity and culture of the care pathway.</li> <li>• What could be introduced to ensure that everyone’s experience is improved?</li> </ul> <p>Facilitated discussion on all the themes to be followed through to next workshop are:</p> <p><b>Style and Culture</b></p> <ul style="list-style-type: none"> <li>• Listening, sincerity, integrity, transparency, genuineness</li> <li>• Need to support staff (learning and development, wellness, development, family friendly employment, valuing lived experience) – improve recruitment and retention</li> <li>• Allow staff to specialise so that there is a clearer range of treatment and support options in every locality</li> <li>• Use of IT, social media, Skype, apps</li> <li>• Discharge Planning/transition planning, graduation, use of 117 monies</li> <li>• Whole system transformation – person and their lives in their communities at centre, services need to provide best support for them to live well</li> <li>• Current system stifles creativity and innovation</li> </ul> <p><b>Accessible</b></p> <ul style="list-style-type: none"> <li>• Need to improve existing services AND support new innovations</li> <li>• Remember key interest groups: Carers, families, friends, Homeless people, BME groups</li> <li>• Attention to transitions from CAMHS and into older people’s services</li> <li>• Take circumstances into account – child care, teenage care, family support</li> <li>• Need alternatives to hospital at front and back end of admission</li> </ul> <p><b>Community Facing</b></p> <ul style="list-style-type: none"> <li>• Community businesses, social enterprises, invest in communities</li> <li>• Transport issues, distance, geography and accessibility</li> <li>• Supported Housing as a means of reducing admission and facilitating whole lives</li> </ul> <p><b>Consistent</b></p> <ul style="list-style-type: none"> <li>• Need to shift from reactive to preventive</li> <li>• Need for social support in primary care even once discharged from secondary services</li> <li>• Physical Health care alongside emotional support</li> </ul>
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		These themes were also endorsed in the case study discussions and there are themes that come through that start to form the basis of the model ling objectives.
26 January 2016 Urban Rural Refining thoughts from Innovation days taking differences into consideration Initial pathway creation	Urban Rural Groups	<p>The session opened with a reiteration of the ACP Project to date including needs and data analysis which included community services and inpatient services then moved on to the following:</p> <ul style="list-style-type: none"> <li>• Summary from the Launch Days</li> <li>• Introducing the first model proposal</li> <li>• Asset mapping - What does your organisation bring to the party?</li> <li>• Facilitated table discussions: In Urban and Rural Groups</li> <li>• What do you think about the first model proposal?</li> <li>• Feedback and questions</li> </ul> <p>The Straw man; this is what we called the first draft, of a potential model that shows some of the options that sought to address the key issues that people raised in the launch events. The straw man provided the introduction to:</p> <ul style="list-style-type: none"> <li>• Retreats</li> <li>• Community Front Rooms</li> <li>• Host Families,</li> <li>• The Connection</li> <li>• Recovery House Models</li> </ul> <p>All based on best practice and innovations from other parts of the country and the USA.</p>
22 February 2016 Service User and Carer Crosscheck day	Crosscheck Group The Cross Check days were attended only by people who use services either as a patient or as a Carer. Approximately 30 people attended these sessions.	<p>Introduction and background to the project:</p> <ul style="list-style-type: none"> <li>• What you said and what we have done so far</li> <li>• What outcomes should be delivered</li> <li>• First thoughts from each table</li> <li>• The Dorset Picture – mental health prevalence and need including demand for community services and inpatient services</li> <li>• Facilitated table discussions - what is important to you?</li> <li>• Feedback and discussions</li> <li>• Introduced the Straw Man – for the group to see how it would meet their needs based on the experience of using services.</li> <li>• Introduced the workbook describing innovative practice from the launch days</li> <li>• General consensus that locally developed services will be a good thing for local communities</li> </ul>

		<ul style="list-style-type: none"> <li>• Issues around travel times and the group suggested that travel up to 25 minutes would be manageable as long as there was the service needed when they arrived.</li> </ul>
<p>24 February 2016 CPG &amp; Folio and ImROC Options for wider co-production community to feed in CCG local events for SU/ Carers</p>	<p>CPG</p>	<ul style="list-style-type: none"> <li>• Scene setting for the day</li> <li>• Parameters of the project</li> <li>• Dorset HealthCare CMHT and Inpatient Review where the groups heard about the inpatient services review and information was shared in relation to how the beds could be used in a different way to meet demand and this has possible implications for the Linden Unit as an isolated unit</li> <li>• Demand, prevalence and need across Dorset</li> <li>• Discussion based on all the previous discussions: including demand profile and cost benefit analysis</li> <li>• Objectives were signed off ahead of project board and JCB</li> <li>• Critical Success Factors</li> <li>• Inclusion Criteria</li> </ul> <p>Table discussions to talk through the initial model proposals:</p> <ul style="list-style-type: none"> <li>• Concerns that using hospital base might be too clinical</li> <li>• Use of staff and making sure that staff teams are skilled and use their skills because they have the time to do it</li> <li>• Use of technology for support and to ensure best use of clinical time</li> <li>• Amalgamate crisis and CMHT into one model, thereby reducing barriers; linkages to staff; shared ownership. 1 in Bournemouth, suggest Kings Park and 1 in Poole, suggest Alderney.</li> <li>• What staff would you need to go out and keep the front door open; should be able to triage on to right service.</li> <li>• Triage – relationship building.</li> <li>• Psychosis – personality disorders – people should have a safe place to go.</li> <li>• Peer support workers have a better level of understanding.</li> <li>• What criteria constitute getting referred to CMHT – needs to be consistent.</li> </ul>
<p>29 April 2016 Urban rural day Final proposals for the model for CPG refinement e.g. costing and modelling</p>	<p>Urban Rural Groups</p>	<ul style="list-style-type: none"> <li>• Summary of process so far</li> <li>• Agreed objectives: any options has to meet the objectives: Consistency, Accessibility, Community facing and Style and Culture</li> <li>• New comments and national requirements form the five year forward which includes no out of area beds used from 2017 and hospital care to be provided within 33 miles of home and 24/7 access to MH crisis care</li> <li>• Data analysis and context for the modelling including inpatient provision and community services</li> <li>• Reflection time on the data to start understanding/ discussing impact on future options</li> </ul>

		<ul style="list-style-type: none"> <li>• Initial model: Functions – what you said we needed in Dorset</li> <li>• Benchmarking outcomes</li> <li>• Dorset HealthCare operational considerations for community team delivery</li> <li>• Outcome of DCH’s bed review and considerations for options: This included an introductory discussion about bed use and demand across the County. The group heard about some options, for example moving beds from Linden to Forston and St Ann’s to ensure that the provision is adequate in the area where the demand is at its highest</li> <li>• What we have now and pathway mapping of the new functions</li> <li>• Development of priorities for the pathway taking in to account:             <ul style="list-style-type: none"> <li>○ Cost</li> <li>○ Prevalence</li> <li>○ Consistency</li> <li>○ Distance</li> </ul> </li> <li>• Community assets – what can we use that is already there initial asset mapping completed</li> </ul>
<p>5 May 2016 Final service user crosscheck event</p>	<p>Crosscheck Day</p>	<ul style="list-style-type: none"> <li>• Summary of Process so far and the group were given the same information as the Urban Rural group and were informed about the urban rural groups comments and thoughts on the models of care so far;</li> <li>• Dorset Health Care shared the operational possibilities</li> <li>• The groups were asked what they think about the model and the operational interpretation.</li> <li>• What this looks like as a pathway- weaving it all together</li> <li>• The group had table discussion about the models and operational issues</li> </ul> <p>Feedback was:</p> <p>The feedback provided by people at the Urban and Rural Workshops and Crosscheck days has been themed and compiled in a separate report but below is a summary of the significant areas of interest related to the emerging models of care.</p> <p><b>The use of technology</b> There were numerous comments about the use of technology that will enable people who use services to access Mental Health support in different ways and enable staff to work differently and more efficiently across the county. These views were balanced with the request not to replace people with technology because human contact is important in recovery.</p> <p><b>Keeping people safe</b> Comments suggested that care earlier could help keep people safe and if an individual reaches the point where they require acute care there should be services in place to meet their need. The required services ranged from somewhere safe to be when intoxicated to a formal place of safety in the West to meet the demand.</p>

		<p><b>Staff wellbeing, recruitment and retention</b>                  There was general concern expressed about staff wellbeing and more specific concern about staff retention and recruitment. There were comments about staff having the right skills and the right support and improved supervision to enable them to work safely and effectively including the provision of clinical support e.g. access to psychological support as needed.</p> <p><b>Workforce changes and development related to peer support workers</b>                  There were views about the future workforce and the need to include peers support worker/support time recovery workers or navigators to ensure that Mental Health services focus on the whole person not just on their medical needs. Alongside this view there are concerns about how it can be achieved for example are there enough people who could become peers support workers to meet the anticipated demand and how can this be sustained.</p> <p><b>Transport</b>                  Transport has been an issue throughout the discussions and there were comments ranging from, cuts to services; the need for a transport budget to cross boundary working to ensure that people who live near a boundary could potentially access services in another CCG area for example, Avon and Wiltshire or Hampshire.                  The summary includes topics that were raised with the most frequency. All the other comments (no less important) are all listed below:</p>
<p>21 July 2016                  Shortlisting day                  All options to be discussed and shortlist developed</p>	<p>CPG</p>	<p>Structure of the day, covered the ACP story so far as a recap, as per all the other workshops with any additional information shared.</p> <p>Making it this a reality? Choices the group had to make:</p> <ul style="list-style-type: none"> <li>• Number of retreats and where they should be</li> <li>• Connection operating hours</li> <li>• Recovery beds and Community Front Rooms</li> <li>• Implementation</li> </ul> <p>The long list of options and appraisal of each to ensure that the chosen options met the objectives and the critical success factors:</p> <ul style="list-style-type: none"> <li>• Appraisal of the long listed options</li> <li>• Deciding the shortlist for consultation</li> <li>• Summary and next steps</li> </ul>

Stage 4: Public Consultation

The next stage of the project is public consultation

<ul style="list-style-type: none"> <li>• The consultation is proposed to start on the 5 December 2016 and will finish 27 February 2017</li> <li>• A consultation document will be developed outlining the agreed options as shortlisted by the Coproduction Group.</li> <li>• The consultation document will be accompanied by a set of questions that will be posed to the respondents.</li> <li>• This will be available in easy read and in paper format</li> <li>• Events will take place from January to enable people time to book in to the events</li> </ul>	
Audience	Activity
<p><b>Service Users and carers</b></p>	<p><b>Weekday events</b></p> <ul style="list-style-type: none"> <li>• 10 January 2017: Poole 10:30 -12:00 and 13:30-15:00</li> <li>• 11 January 2017: Blandford 16:00-17:30</li> <li>• 18 January: Swanage 10:30 -12:00 and Wareham 14:00-15:30</li> <li>• 19 January 2017: Weymouth 10:30 -12:00 and Dorchester 14:00-15:30</li> <li>• 26 January 2017: Sherborne 11:00-12:30 and Shaftesbury 14:30-16:00</li> <li>• 3 February 2017: Bridport 14:30-16:00</li> <li>• 15 February 2017: Ferndown 11:00-12:30 and Christchurch 15:00-16:30</li> </ul> <p><b>Saturday events:</b></p> <ul style="list-style-type: none"> <li>• 14 January 2017: Bournemouth and Poole 10:30 -12:00 and 14:30-16:00</li> <li>• 4 February 2017: Weymouth and Dorchester 10:00-11:30 and 14:00-15:30</li> </ul> <p><b>Additional</b></p> <ul style="list-style-type: none"> <li>• Consultation document on website and sent out to all co production partners and stakeholder list and promoted on HealthWatch site</li> <li>• Sent to all GP practices and Community Mental Health Teams</li> <li>• Dorset Mental Health Forum to support inpatients to complete consultations through peer support workers on the inpatient units</li> <li>• Email to all Recovery Education College users with links to consultation document. Consultation</li> </ul>

	<p>documents available to access at course location</p> <ul style="list-style-type: none"> <li>• Personalised email to all 750 people who took part in the view seeking</li> <li>• Send documentations and consultation details to all outreach groups with open offer to attend groups</li> <li>• Attend Learning Disabilities Partnership Boards</li> </ul>
General Public	<ul style="list-style-type: none"> <li>• Website</li> <li>• Documentation in general practices</li> <li>• Add ACP consultation into the CSR focus groups</li> </ul>
General Practice	<p><b>Attend each locality meeting to introduce consultation</b></p> <ul style="list-style-type: none"> <li>• 10 January 2017: East Cluster, 13:00 - 16:30</li> <li>• 11 January 2017: North Dorset, Blandford 13:00-15:00</li> <li>• 31 January 2017: Poole Bay, 13:00-15:00</li> <li>• 3 February 2017: West Dorset, Bridport 13:00-15:00</li> <li>• 8 February 2017: Mid Dorset, 19:00-21:00</li> <li>• 9 February 2017: Poole North, 13:00-15:00</li> <li>• 22 February 2017: Poole Central, 12:45-14:00</li> <li>• Purbeck: TBC</li> <li>• East Dorset: TBC</li> <li>• Weymouth and Portland : TBC</li> </ul>
Acute Care	<ul style="list-style-type: none"> <li>• Clinical reference group</li> <li>• ED team meetings</li> <li>• Senior Team meetings</li> </ul>
People with protected characteristics	Update EQIA and meet Ebi

Dorset HealthCare Staff	 Dorset HealthCare Organisational change
Local Authorities	Local Authority partners will lead on consultation at the local team and staff level and will work with Dorset CCG and partners to ensure consistent approach to the consultation process.
Councillors	Democratic Services to send out consultation documentation and details of consultation dates.
MPs	Information will be shared with MPs as required and in line with other CCG Consultation processes

**Summary of Analysis** *Considering the evidence and engagement activity you listed above please summarise the impact of your proposals. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.*

In general it is anticipated that the review and potential redesign of the acute care pathway should have a positive impact for all protected groups as and when they require the support of acute mental health care services.

The review should ideally highlight any areas where there is negative impact currently and the redesign should enable Dorset CCG and partners to develop the type of services where any negative impact is significantly reduced.

**Equality Act 2012** – *the CCG is bound by the public sector equality duty and is required to evidence how in its decisions it is delivering the following. Please outline how your work and the service will contribute to these.*

### **Eliminate discrimination, harassment and victimisation**

The project aims to improve acute mental health care services which includes; improving the responsiveness, sensitivity and flexibility of service that support and treat people who are experiencing mental health crisis. In improving services the aim would be to ensure that discrimination, harassment and victimisation are no longer part of the experience of patients who require contact with acute MH care services.

This will be achieved by:

- Consultation and engagement in the review stage
- Robust service specifications
- Robust monitoring once services are in place

### **Advance equality of opportunity**

The purpose of the review and potential redesign aims to ensure that across Dorset all individuals who require acute MH care are able to access services and receive equitable, responsive, sensitive and compassionate care that reflects the severity of their mental health crisis and fully acknowledges and responds to their psychosocial needs.

### **Promote good relations between groups**

The aim in the review and redesign of acute MH care services would be to tackle discrimination and promote understanding between people or groups who share protected characteristics and this might mean treating some people differently in order to achieve this: for example someone who has hearing loss and a mental illness may need a different approach to receive and be concordant with treatment for the mental health need.

**What is the overall impact of your proposals or decision?** *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*

The proposals that will be developed as a consequence of the review project will have a positive impact on anyone who happens to need mental health crisis care. The ambition of the project is to improve the equality of MH services across Dorset by creating patient centred responses to needs within the context of service delivery. As this is the case the impact on all groups should be positive.

**Addressing the impact on equalities** *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

This section will be developed once when the project enters the engagement phase. In this phase of the project the aim is to engage with patients and carers and staff so that as wide a range of views and experience can inform the outcomes of the review.

**Action planning for improvement** *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

Please give an outline of your next steps based on the challenges and opportunities you have identified.

**Name of person/s who carried out this assessment: Ebi Sosseh, Elaine Hurlll and ACP Project team**

**Date assessment completed: Updated September 2016**

**CCP lead: Dr Paul French**

**Date assessment was signed:**