

Dorset Mental Health Acute Care Pathway Review

Stage 3 Model Development

Problem statements and objectives

Area	Consistency
Problem	<p>There are significant differences in the level, scope and style of services across the county.</p> <ul style="list-style-type: none"> • Some of these differences may be appropriate, if they reflect the different needs of different localities (for example, urban/rural populations) • Other differences are due to historical factors or have emerged as services have evolved in different ways • The data and needs analysis, demand and capacity suggest that there is a mismatch between need and resources across localities • The increased focus on integrating services is also challenging because of the number of organisations involved and different operational and commissioning approaches • Some of the inconsistency is due to different IT systems and IT management approaches
How do we know this is a problem?	<ul style="list-style-type: none"> • Stage 1. Data analysis from of project • Stage 2. Feedback from view-seeking • Benchmarking by DHC and Dorset CCG • Experience of Local Authorities
Why does it matter?	<p>The impact of inconsistency is that:</p> <ul style="list-style-type: none"> • Resources are not targeted at areas of greatest need • People moving from one area of Dorset to another may find that they can no longer access the same services as before • Quality standards cannot be met in a consistent way • There is an inequity of provision and care across the area.
Objectives	<ul style="list-style-type: none"> • To develop a consistent acute MH care pathway across Dorset where people using services will know what to expect from each service • To define the range of skills that will be available at each level of service • Ensure that this is in place consistently across Dorset • Acknowledging that operating models might differ e.g. rural service may be different to urban • To ensure that consistent service e.g. waiting time or performance targets and patient outcomes are delivered in all geographical areas of Dorset • To ensure that IT and other systems are in place and accessible and allow staff to give time and attention to patients that enables people where possible to tell their story only once in the way they want to tell it.

Area	Accessibility
Problem	<p>Across Dorset, people are finding it hard to access services that can help them. The problems of access include:</p> <ul style="list-style-type: none"> • Lack of information/knowledge about what services are available across Dorset • Inappropriate or delayed referrals from first contact to appropriate support • People unable to access the right level of support at the right time • Difficulties accessing services out-of-hours e.g. end of afternoon shifts • Inability to access inpatient beds when needed and access them in the least restrictive way which leads to over use of the MH Act and formal admissions • High demand on certain services means they become less accessible e.g. CMHT where there are high levels of psychotic illness which possibly excludes people with depressive illness because of the capacity of the team • There are gaps in service provision specifically for people who are diagnosed with a personality disorder and or dual diagnosis
How do we know this is a problem?	<ul style="list-style-type: none"> • Stage 1 Data and needs analysis • Stage 2 Feedback from the view seeking • Problems experienced by social services • Independent review services by Dorset HealthCare • Contract monitoring information e.g. contract reports re the use of mental health act
Why does it matter?	<p>Impact of Accessibility issues are that:</p> <ul style="list-style-type: none"> • People do not always receive the support and care that they feel they need • Delayed access to services can lead to deteriorating mental health • Placements out of county are a bad experience for the individual and cause problems for social services • Use of the MH act is stigmatising and should be used only as a last resort
Objectives	<ul style="list-style-type: none"> • Ensure better access to prevention, self-management, support services that reduce need for in-patient care • Ensure sufficient inpatient provision to meet the need of the population • Ensure access to effective treatment and therapies where appropriate • To ensure that comprehensive and accurate information about services is available to all in an accessible way • To ensure that there is an easy and effective process for referral to all mental health services across Dorset • To develop a broad range of services that are available on a 24:7 basis so that people can access support when needed especially when they are experiencing a crisis • To develop services to address specific gaps in provision

Area	Community Facing
Problem	<p>There is a disengagement of local communities from mental health issues.</p> <ul style="list-style-type: none"> • People with mental health problems are not being supported to help them engage in social / community activities despite widespread acknowledgement of the value of social activity and contact in relation to mental health recovery and wellbeing. • Existing health services are not always proactive in relation to assisting people to access community resources, which may be due to pressures on time and/or having the necessary skills and knowledge. • There is a lack of understanding about mental health issues generally which would be improved if there was a greater community focus for services. • The local community has many assets that people with mental health concerns could access. However there are some issues that make this difficult. Some are related to stigma and lack of understanding about mental health in the community but also we generally lack of awareness about the assets that are available in local areas across Dorset
How do we know this is a problem?	<ul style="list-style-type: none"> • Stage 2 View seeking • Anecdotal information from people who use services / who work in services • Local contract monitoring in relation to employment and settled housing • Evidence from elsewhere demonstrates the value of community engagement in enabling people to recover
Why does it matter?	<p>The impact of lack of access to community resources is that:</p> <ul style="list-style-type: none"> • People with mental health needs can remain socially isolated • Recovery outcomes are likely to be less well met where there is social isolation • Sustained or increased stigma in relation to mental health if people who experience mental health needs feel unable to use local community resources • Increasing understanding and awareness of mental well-being and reducing stigma in general
Objectives	<ul style="list-style-type: none"> • Ensure that people who use services are able to engage in community/social activities as part of their recovery plan • To achieve increased understanding of mental health issues amongst the general population • Develop partnerships with the third sector to ensure access to community resources

Area	Style / Culture
Problem	<p>The style of service provision (in both health and social care) does always not lend itself to person centred recovery-focused approach.</p> <p>In the development of the a person centred recovery focussed MH Acute Care Pathway there are several things that could underpin a recovery model, for example:</p> <ul style="list-style-type: none"> • Take a “person-centred” approach in everything services are set up to do • Move from “task focus” to “outcome focus” • Move from an “interventions” basis to “improving lives” with the use of evidence based intervention when right for the person • Shift from a professional definition of crisis to the individual’s definition • Move away from the emphasis on “eligibility criteria” towards more open access to services for those who feel they need help
How do we know this is a problem?	<ul style="list-style-type: none"> • Stage 2 View seeking • Feedback from members of CPG and others involved in the ACP Project • Comparison with services elsewhere • High admission rates and use of Mental Health Act indicate that support and interventions are not available early enough to prevent mental state deterioration • Complaint issues reported in the contract monitoring about access to crisis teams
Why does it matter?	<p>If the future service is going to support recovery through a set of person centred principles, a shift in style and culture will be needed. The impact of not changing is that:</p> <ul style="list-style-type: none"> • Dorset continues to provide service led provision • Continues to rely on hospital admissions and the mental health act • People continue to rely on services without realising their own potential and capacity to live the life they want to live • People continue to feel frustrated at not having access to the right support at the right time and in the right place to meet their needs • Parity of esteem is not achieved • Dorset CCG fails to achieve the goal of delivering person centred recovery focussed service
Objectives	<ul style="list-style-type: none"> • Ensure that the success of services is measured in terms of • The achievement of personal goals set by the individual service user and recorded in all care plans • The achievement of outcomes reflected in commissioning model (e.g. increased employment of service users, reduced length of inpatient stay; improved satisfaction with services, increased staff satisfaction). • To ensure appropriate referral to Mental Health act assessments