

# Mental Health Acute Care Pathway Service Review

Governing Body  
19 October 2016

We have a system that is under significant pressure which is creating risk for patients

- People being sent out of area for care away from support networks
- People waiting in acute settings while they wait for beds
- People using Emergency Department for support for mental health concerns
- Increase in Section 136 levels
- People presenting with high acuity and minimal time for people to focus on prevention and support
- Services not designed around need

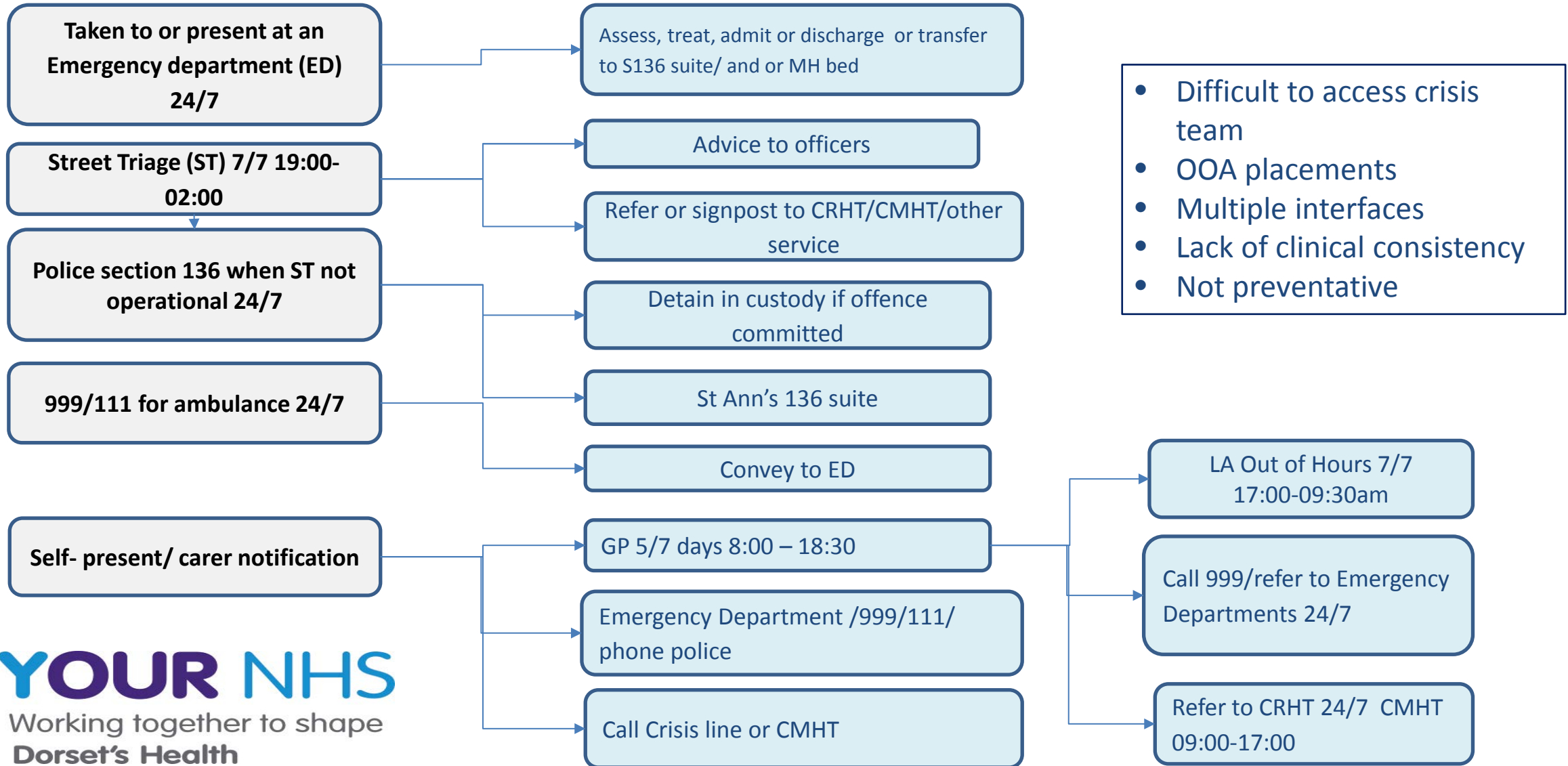
# Must dos/ Emerging must dos

- Non specialist acute Out of Area placements need to be stopped
- 24/7 crisis response
- Emerging 4 hour waiting times to access appropriate support and 1 hour response in emergencies
- Suicide reduction
- Inpatient care within 33 miles of home
- Parity of esteem for mental health

# Presentations/ Briefings

- Joint Commissioning Board
- Senior Leadership Team
- DHC Clinical Executive team
- Clinical Reference Group
- Finance reference group: approval to proceed to Governing Body
- Stage 1 assurance: approved by NHS England
- 5 external conference presentations

# Current crisis 'model'

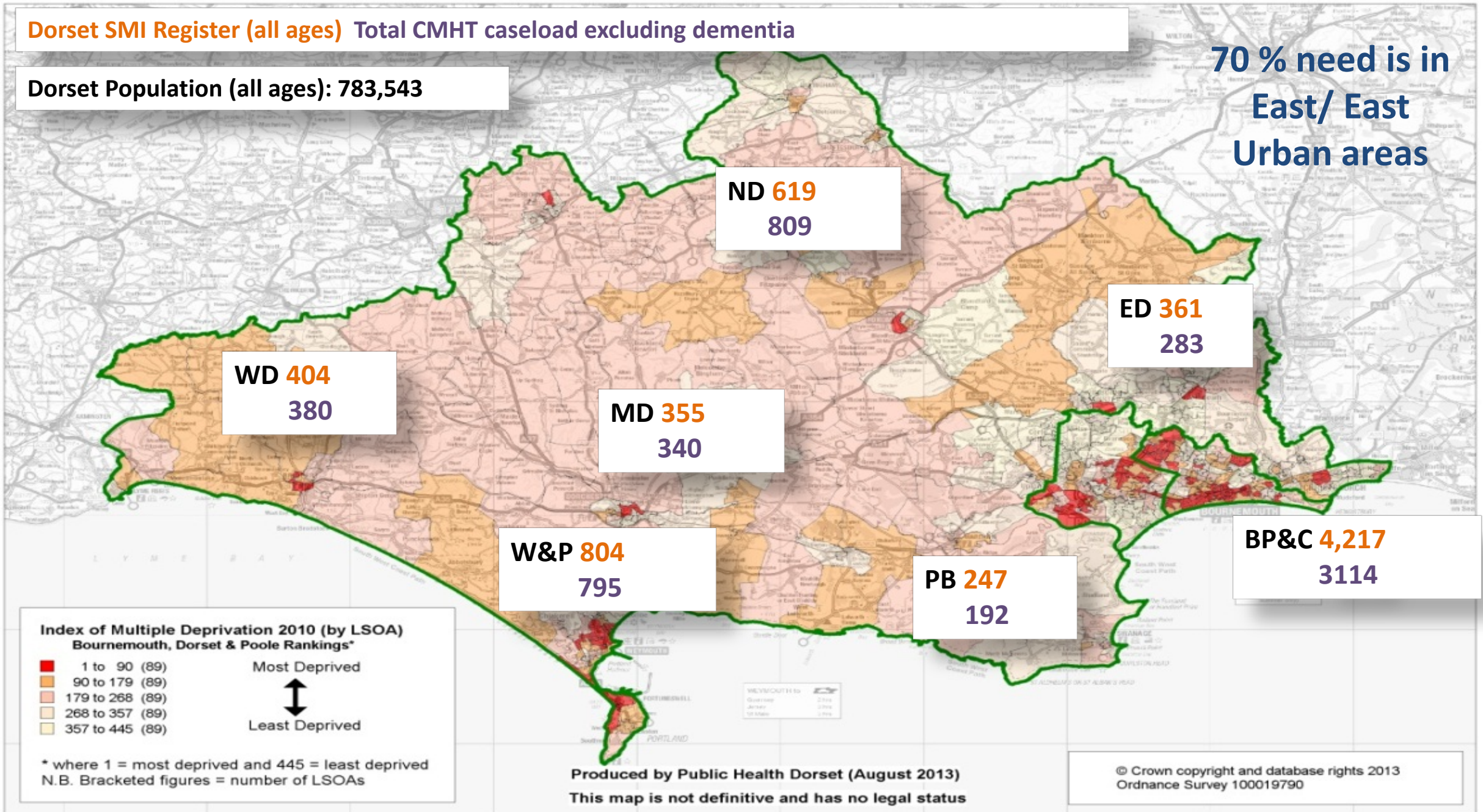




**Dorset SMI Register (all ages) Total CMHT caseload excluding dementia**

**Dorset Population (all ages): 783,543**

**70 % need is in East/ East Urban areas**



**Index of Multiple Deprivation 2010 (by LSOA)  
Bournemouth, Dorset & Poole Rankings\***

- 1 to 90 (89) Most Deprived
- 90 to 179 (89)
- 179 to 268 (89)
- 268 to 357 (89)
- 357 to 445 (89) Least Deprived

\* where 1 = most deprived and 445 = least deprived  
N.B. Bracketed figures = number of LSOAs

Produced by Public Health Dorset (August 2013)  
This map is not definitive and has no legal status

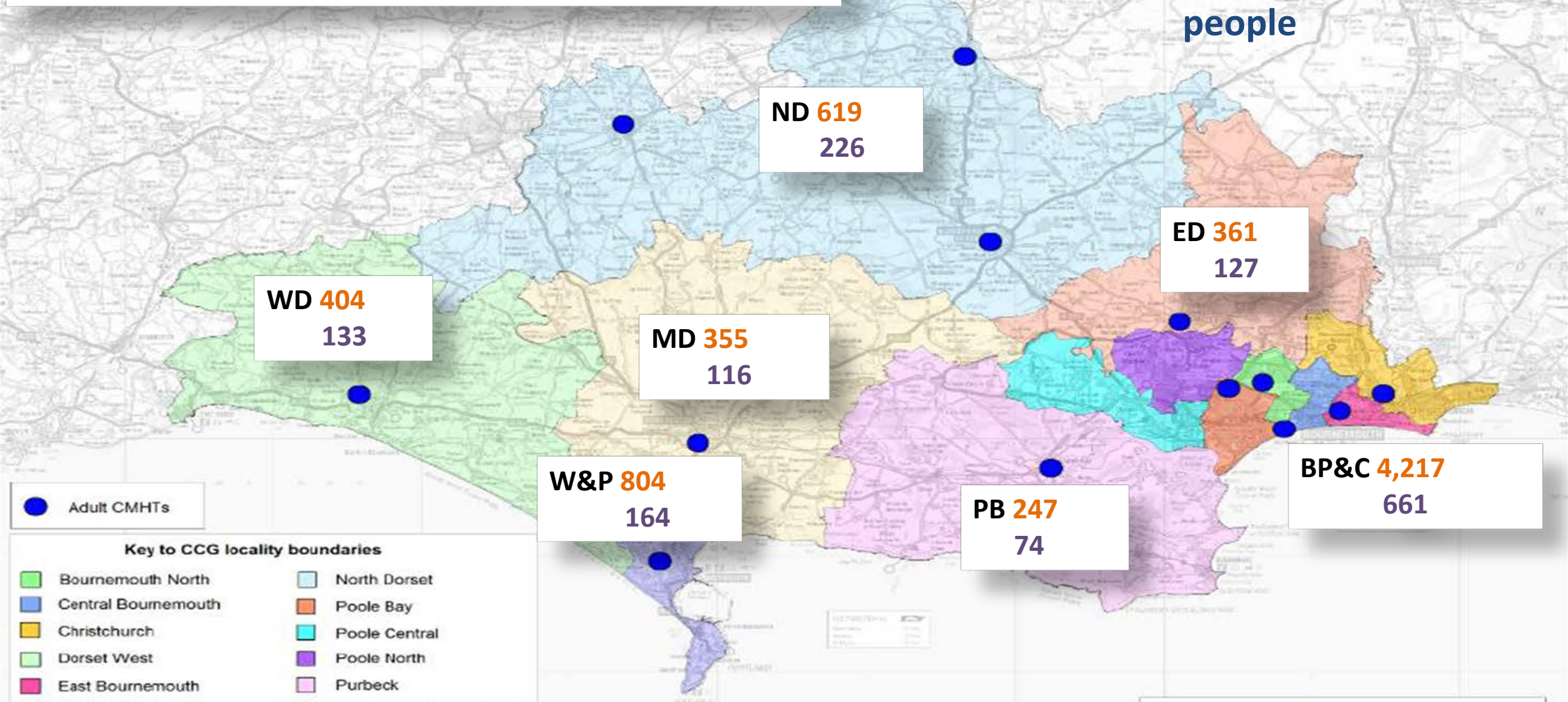
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Ordnance Survey 100019790



# Dorset SMI Register (all ages)

Total CMHT Caseload on PbR cluster 1 – 4 Non Psychotic

Cluster 1-3: c 450 people



● Adult CMHTs

**Key to CCG locality boundaries**

Bournemouth North	North Dorset
Central Bournemouth	Poole Bay
Christchurch	Poole Central
Dorset West	Poole North
East Bournemouth	Purbeck
East Dorset	Weymouth & Portland
Mid Dorset	

Prepared by Public Health Dorset (August 2015)  
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# View Seeking: Jul 15–end Sept 15

906 responses from...

- 22 Public events
- 17 groups or existing meetings
- Inpatient views gathered by Peer Specialists
- 2 Staff events and 17 staff meetings
- Online survey and postcards

Which has given us 3,355 comments

- 545 comments about what works well
  - 1,572 comments about what works less well
  - 1,238 comments about ways to improve
- 
- Benchmarking



From your knowledge and/or experience of mental health services what works/worked well for you?

YOUR NHS  
Working together to improve Dorset's Health

From your knowledge and/or experience of mental health services what works/worked less well for you?

YOUR NHS  
Working together to improve Dorset's Health

How could we improve things?

YOUR NHS  
Working together to improve Dorset's Health





## What we did:

- Brought in ImROC and NDTi to facilitate
- 2 days on innovation and envisioning: opening minds to possibilities
- Coproduced through a series of workshops
  - Coproduction Group (CPG) – 27 decision makers and service users and carers : responsible for shortlisting
  - Urban Rural Group – upwards of 65 service users, carers, front line staff & CPG members
- Crosscheck groups – wholly made up of people who use services and their carers

## **Retreats (safe haven): Self referral**

Based with the Community MH Teams

Somewhere to go when things start to go wrong: Alternative safe place and alternative to ED where there is no urgent or emergency physical health need.  
MH triage and support from peer support workers

## **Connection: phone; skype; email**

For individuals in distress, relatives, carers and organisation in the community

Crisis and emotional support: triage, signposting and potentially allocated times and self resolution through supported conversations

## **Community Front Room: Self referral**

Safe space located in local communities on various existing sites with access to MH professional/peers dependent on the local area they are set up in. An opportunity to work with communities developing support for people using community assets with clinical and peer support in-reach

## **Host Families**

Of more interest to rural members: families recruited and paid to provide short term respite and support to prevent admission and/ or facilitate early discharge

**Mental Health Acute Care Pathway  
Travel Time Analysis  
Off Peak Travelling to Retreats**

Provider Site		Option A	Option B	Option C	Option D	Option E
Bournemouth		✓	✓	✓		
Dorchester			✓			✓
Weymouth		✓			✓	
Percentage of Dorset residents (aged 18 yrs & over) that can travel to selected sites within 25 minutes <sup>1</sup>		79.8%	82.8%	64.7%	15.1%	18.1%
Estimated number of Dorset residents with SMI that could not travel to selected sites within 25 minutes by prevalence quintile <sup>2,3</sup>	Total	1,287	1,094	2,513	6,100	5,907
	5 - Highest Prevalence	264	117	661	1916	1769
	4	147	127	593	1158	1138
	3	260	333	544	1064	1136
	2	365	316	381	1150	1101
	1 - Lowest Prevalence	251	202	333	813	763
Estimated number of Dorset residents with SMI that could not travel to selected sites within 30 minutes <sup>2,3</sup>		1,013	645	2,411	5,918	5,301
Estimated number of Dorset residents with SMI that could not travel to selected sites within 35 minutes <sup>2,3</sup>		836	447	2,336	5,748	4,230
Estimated number of Dorset residents with SMI that could not travel to selected sites within 45 minutes <sup>2,3</sup>		344	125	1,695	4,191	1,786

Note 1 - Percentage of Dorset residents (aged 18 yrs & over) that can travel to selected sites within 25 minutes using 2021 population projections (SNPP 2014 ONS)

Note 2 - SMI prevalence for each LSOA has been calculated by applying 2014/15 QoF SMI GP Practice prevalence to Dorset resident 2021 population projections

Note 3 - 2014/15 QoF SMI GP Practice prevalence applied to Dorset resident 2012 population projections assumes the same GP practice prevalence across each LSOA where registered patients reside

- We need to future proof the system: currently in lowest quartile for beds in England 16.1 per 100k vs median 19 per 100k : additional 22 beds if no other changes made to pathway
  - There are often 5-6 OOA (excluding female PICU) and often 5-6 people waiting for admission in the community
  - NB: 6 additional PICU beds are being opened in 2016/17: so total increase in beds would be **16**
- Ongoing staffing and recruitment difficulties: consolidation would help sustainability and enable staff to improve and use their skills
- Linden is an isolated site and is not easily accessible to the client base in the north or east of the county. There are significant physical limitations of the building and client mix has to be managed carefully.



# Bed Usage

Inpatient Unit Site	Prevalence coverage (%)	Prevalence coverage numbers	Prevalence Not covered numbers	Resident areas not accessible within 33 miles
Linden	49.4%	3617	3708	Shaftesbury, Gillingham Bournemouth, Christchurch and most of east Dorset and some areas of Poole (neighbouring Bournemouth area)
Forston	89.3%	6540	785	Verwood, Ashley Health, Iford, Southborne and Christchurch
St Ann's	87.8%	6431	894	Lyme, Bridport, Sherborne, Gillingham, Portland and parts of Weymouth (Wyke Regis and beyond to Portland)

Significant percentage of occupied bed days in the West are from people from the East

# Shortlisted Options

	1	2	3	4	5	6
<b>No. of Retreats</b>	Do nothing No Retreats	One: B'mouth/Poole	One: Weymouth	One: Dorchester	Two: B'mouth/Poole Weymouth	Two: B'mouth/Poole Dorchester
	DN	reject	reject	reject	SL	PWF
	1	2	3	4	5	6
<b>Connection Operating hours</b>	Do nothing No connection service	24/7	Peak 6pm - 2am	"Overnight" 6pm - 9am	"Daytime + Peak" 10.30am - 2am	
	DN	reject	PWF	reject	reject	
	1	2	3	4	5	
<b>Recovery Beds and Community Front Rooms</b>	Current Recovery Beds (7 beds) 0 CFRs	CFR invest Rec Beds (7) 3 CFRs	CFR focus 0 Rec Beds 5 CFRs	Balance 10 Rec Beds 2 CFRs	Recovery focus 16 Rec Beds 0 CFRs	
	DN	PWF	reject	SL	reject	
	1	2	3	4	5	
<b>Implementation</b>	Do nothing	Wait... till all elements clear	Act now... with what we have			
	DN	reject	PWF			
	1	2	3	4	5	6
<b>Beds</b>	Do nothing (119 beds)	Retain Linden 12 beds to Forston	Retain Linden 12 beds to St Ann's	Retain Linden 12 beds split Forston / St Ann's	Close Linden 27 beds split Forston / St Ann's	Close Linden 31 beds split Forston/ St Ann's
		REJECT	REJECT	REJECT	SL	PWF

8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	1	2	3	4	5	6	7								
Mon-Fri Community Teams																															
Mon-Sun: Home Treatment Team																															
7 Recovery beds: to be split across east and west																															
Inpatient Services: additional 16 beds and Linden closed and the 15 beds re-provided																															
24/7 Connection: enhanced staffing 6pm-2am - delivers support and advice, assessments if necessary and street triage support to police																															
Psychiatric Liaison: 24/7 - no change																															
									Retreats Bmth/Poole and Dorchester: 4pm -midnight Monday-Thursday																						
									Retreats Bmth/Poole and Dorchester: 5pm-2am Friday-Sunday																						
								3 Community Front Rooms: Thursday to Sunday 3pm-11pm																							

# Inpatients: PWF

Capital Costs	£k
12 bed modular	3,100
Linden renovation	700
Forston renovation	100
<b>TOTAL CAPITAL</b>	<b>3,900</b>

## Stage 1:

Maintain Linden Unit and update the environment and maintain 15 beds

- Renovate internally at Forston Clinic to deliver 4 additional inpatient beds
- 12 bedded modular ward in the east

## Stage 2:

Close Linden and move 15 beds to St Ann's into existing ward .

- This is dependent upon the outcome of the CSR review and space being available at Alderney for the functional older peoples ward currently at St Ann's



# Preferred way forward financial impact

- Delivery of the recommended inpatient beds is dependent on approval of the recurrent investment of £1.352m
- The capital requirements for the pathway will be sought from the current system and it is assumed that this is an achievable position
- Delivery of the pathway would create a system saving from reduction in OOA of c.£648k
  - Other system savings will be quantified through an evaluation when the pathway is rolled out

- STP 4% : agreement on applicability to this is required and dependent on decision will need to be modelled into the outline business case
- If NHS England capital funding bid is unsuccessful other funding sources will be required
- The system continues to spend £2 million + (15/16) on out of area placements – potentially rising to c£3.4m per annum
- Does not meet the operational planning guidance or the 5 year forward view:
  - Elimination of OOA placements
  - Support in the least restrictive environment/ and alternative options
  - Inpatient units must be within 33 miles of persons place of residence
  - 24/7 crisis care
  - Bring system towards aggregate balance

# Preferred way forward assumptions

- Costing is based on staff costs for the SOC
- Current estate will be used for DHC services
- CMHTs will *primarily* support people who are clusters appropriate for CPA
  - Primary care/ IAPT more appropriate for clusters 1-3 and a proportion of 4
- Adult and Older Peoples teams would be co-located
- Local Authority input will remain at the current level
- The market bids for delivery of CFRs and recovery beds

# Outcomes

- Improved client and carer experience
- Reduction in MHA assessments and detentions
- Reduction in ED Presentations without physical health need
- Less out of hours MHA Activity including street triage presentations
- Significant reduction in out of area placements



# Next Steps: provisional

- JCB: October 2016
- Joint Health Scrutiny Committee: 27 October 2016
- Stage 2 Assurance for the whole pathway: January 2017
- Public consultation: January 2017 for 8 weeks
- Outline Business Case: July 2017
- Implementation: end July 2017 onwards