

NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
MENTAL HEALTH ACUTE CARE PATHWAY UPDATE REPORT

Date of the meeting	20/03/2019
Author	E Hurll - Principle Programme Lead
Sponsoring Clinician	Dr P French – Clinical Lead for Mental Health and Learning Disabilities
Purpose of Report	To update the Governing Body about the Mental Health Acute Care Pathway.
Recommendation	The Governing Body is asked to note the report.
Previous GB	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Objectives	<ul style="list-style-type: none"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓	✓	
Financial/Value for Money/Sustainability	✓	✓	
Information Management & Technology	✓	✓	
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

I confirm that I have considered the implications of this report on each of the matters above, as indicated

✓

Initials : EH

1. The Mental Health Acute Care Pathway

1.1 Dorset Clinical Commissioning Group's (CCG) Governing Body approved the implementation of the Mental Health (MH) Acute Care Pathway (ACP) in September 2017.

1.2 The new pathway's components are:

Connection service
<ul style="list-style-type: none"> • The Connection service will become the 24/7 crisis telephone line with enhanced provision in the service between 6pm and 2am. • Access to the Connection Service will be through 111 as this is the national direction of travel for crisis call management. In addition, and in response to local people there will be an 0300 number that enables access directly to the Connection Service. • The 111 service will have a range of press button options before the 111 triage process is instigated e.g. press 1 physical or press 2 mental health (numbers above are examples as system not set up yet). • Pressing the mental health button will take the person straight through to the Connection service. • If 111 receives a call but think it more appropriate for the Connection, they will be able to transfer the caller to the Connection. • There will be a direct line for Police, Ambulance and other professionals e.g. social care or health professionals • The Street Triage function will be part of the Connection Service and available from 7pm to 3am seven nights per week. • The Connection service will have a range of options in relation to crisis support and will have knowledge about other services around the county that provide support and assistance in many different circumstances and settings including for children and young people. • The Connection Service will be for children and young people and will connect with CAMHS as needed • The Connection service is also for older adults and will be able to connect with the dementia help line.
Home Treatment Service
<ul style="list-style-type: none"> • The Crisis Home Treatment Service is currently being reconfigured in order to provide the Connection Service. • Between the hours of 8am and 10pm the home treatment service will provide assessments as they do now. After 10pm the Connection Service will provide the assessment cover. • The Home Treatment Service will provide intensive home treatment that provides a genuine alternative to a hospital admission.

- The service provides the gate keeping for all MH inpatient admissions and works across the county to ensure that people are only admitted when absolutely necessary and in the least restrictive way.
- The Home Treatment Service will provide earlier help to CMHTs and offer shared care which will reduce hand offs and ensure that crisis can be averted where ever possible by earlier intervention.

Two Retreats one in Bournemouth and the other in Dorchester

- The Retreats are delivered by Dorset HealthCare (DHC) and Dorset MH Forum (DMHF) in partnership.
- Based in Hahnemann House in Bournemouth and at Maiden Castle in Dorchester.
- Open 4.30 – 12am seven evenings a week (times changed due to low usage after 12am, the change was agreed by MH Programme Board).
- The Retreats are safe places where someone in crisis can self-present, be taken to or be signposted to.
- Police, Ambulance, family or friends can take or signpost a person to a Retreat.
- Emergency Departments and GPs can signpost people to the Retreats as can other health or social care services.
- When a person arrives they are welcomed, shown around and given time and space with access to support as needed.
- The Retreats offer preventative low level support as well as the ability to offer more acute mental health support for those in crisis.

Three Community Front Rooms

- The 3 Community Front Rooms (CFRs) are similar to the Retreat in that they are safe places to go when in mental health crisis but they are not delivered by the NHS.
- The CFRs will be open Thursday to Sunday between 3pm and 11pm because people using services said these times are when they feel the most vulnerable because other services are usually closed.
- The CFRs are being delivered by Bournemouth Churches Housing Association in partnership with Hope (Shaftesbury) and Harmony (Bridport) and BCHA will be delivery the CFR in Wareham. Clinical input will also be delivered by DHC staff.
- Although not developed and delivered in quite the same way as the Retreats the ethos is the same and learning from the Retreats (DHC and DMHF) has ensured that the offer will be consistent with the Retreats so that whichever part of the MH ACP a person accesses they will receive a consistent response.
- The CFRs are deliberately in the rural areas to enable access to crisis provision but also to be part of local community assets.

Recovery Houses

- The Recovery houses replace the current service in Weymouth which has 7 beds.
- The two new houses are located in Poole and Weymouth. The house in Poole has 4 beds and the house in Weymouth has 3 beds.

- The houses are good properties in quiet locations close to bus routes and shops.
- They will provide up to a two-week residential stay with 24/7 support, designed to prevent crisis escalating and to prevent the need for hospital admissions.
- They will also be used for elective stays designed to avert crisis and may be used under certain circumstances for Clozapine titration
- A range of support will be provided that aims to reduce crisis and the recurrence of crisis.
- The ethos in the recovery houses is the same as for the CFRs and Retreats and Connection Service.

Inpatient Services

- 16 New inpatient beds, 4 at Forston and 12 at St Ann's
- In addition to the 12 new beds there will be 15 other inpatient beds moving to St Ann's when the Linden unit in Weymouth closes.
- Timelines for this are yet to be confirmed as it depends upon other estates work.

1.3 All the above are the component parts of the ACP which should be viewed as one service that provides crisis response for people in mental health crisis. There will be one service specification for the whole pathway and one set of Key Performance Indicators (KPIs) and reporting requirements.

1.4 The implementation plan for the ACP is a stepped plan to enable all the proposed developments to be implemented safely and to ensure that all the pathway components are in place for the July implementation date.

2. Developments to date

2.1 To date and as described in the Outline Business Case several components of the ACP are in place already:

- The Retreat in Bournemouth opened in April 2018 with a soft launch and formally opened in July
- Four inpatient beds have been opened at Forston Clinic
- The contract for the Recovery beds and Community Front Rooms has been awarded to Bournemouth Churches Housing Association in partnership with Hope Charity (Shaftesbury) and Harmony (Bridport)
- Two properties have been identified for the Recovery Houses, one House in Poole and the other Weymouth
- Two sites for the Community Front Rooms have been identified one in Shaftesbury and the other in Wareham. The property in Bridport is proving to be a bit more of a challenge but huge efforts are being put in to identify the site as soon as possible.
- The site for the West Retreat has been identified and this is at the 30 Maiden Castle and building works are due to start along with recruitment processes.

2.2 The Retreat in Bournemouth opened in April 2018 and an early evaluation carried out in December 2018. There are hopeful signs that the Retreat is helping people to manage crisis in different ways. Below is some evidence of the impact including a word cloud based on surveys about the Retreats impact on people's experience.

Impact of Retreat			
December 2018 3306 visits by 458 individuals			
One hundred and seventy-six people frequently seen by psychiatric liaison services prior to the retreat opening and 66% not returning to see psychiatric liaison			
At least 2 frequent ED attendees are using the Retreat instead and not going to ED			
<ul style="list-style-type: none"> • 80.95% of visitors are extremely likely and 17% likely to recommend the service to family and friends. • 35% of visitors self-reported avoiding using ED as a result of using the Retreat. • 40% of visitors self-reported avoiding using the Crisis Team as a result of using the Retreat. • 16% self-reported avoiding calling the police as a result of using the Retreat. • 76% of visitors rated the service as excellent and 21% as very good. 			
Based on two case studies of people now using the Retreat the cost benefits are becoming clear.			
	Inpatient (day rate)	478.00 (88 days)	42,064.00
	CHTT (0.5-hour call)	19.83 (24 calls @ 0.5 hour)	237.96
	Psych Liaison	65.22 (2 hours) x 4	260.88
	Street Triage	19.83 (1 hour)	19.83
	MHA Assessment	128.66 (2 per annum)	257.32
	Total cost saving		£42,839.99
	Inpatient (day rate)	478.00 (37.19 days)	17,776.82
	MHA Assessment	128.66 (x 1)	128.66
	Psych Liaison	65.22 (2 hours) x 3	195.66
	Police	128.00 (x 3)	384.00
	Ambulance	214.00 (x3)	642.00
	Total cost saving		£19,127.14
One person who called the CMHTs everyday up to 10 times per day to tell them how little they helped, now calls the CMHT every day to tell them how good the Retreat is.		Another person who frequently complained because of the lack of support for her daughter attended the Retreat with her daughter. She also had support whilst her daughter was attending. The mum wrote to say what a brilliant place the Retreat is.	



- 2.3 Work is in progress to reconfigure the Crisis Home Treatment Service because this will enable the delivery of the Connection Service. This is a complex piece of work because the crisis service is under considerable pressure and in order to ensure patient safety and service sustainability the planning has to be managed carefully.
- 2.4 In relation to the Community Front Rooms, bringing organisations together in partnership and in contractual relationship is challenging. All of the organisations have people at their heart but in terms of business and formality of contractual relationships two of the partners are less well established. Although bringing partners together is challenging, as a group there is commitment to the work and to the ACP ethos so there is a level of confidence that it will be successful.
- 3. Description of ACP ethos, values and purpose**
- 3.1 The key principles related to the ACP are self-referral and self-defined crisis with service options that enable people to self-manage and regulate and find their own solutions where possible. Where not possible there are clinical options available through the home treatment service, the community mental health teams and the inpatient services. The general principle however is for the ACP services to prevent the need for more acute/clinical interventions.
- 3.2 The Acute Care Pathway is Dorset's mental health crisis offer and all of the component parts are available to people in Dorset who are experiencing crisis in their mental health. The pathway will have one service manager with oversight over the whole pathway. Staff may be able to move between Connection and Home Treatment Service so that there can be a consistent offer to people when they call the Connection or drop into a Retreat or Community Front Room or stay in the recovery beds.
- 3.3 Each part of the ACP is aligned in terms of ethos, responsiveness, strengths based and recovery focussed, and in the way they look and feel i.e. the branding. Any part of the ACP visited should have a similar look and feel.

Whichever part of the service a person calls or visits they will receive a similar response that provides space, time, support from peer support or clinicians, and that in the space they should be able to resolve the crisis that brought them to the service.

- 3.4 Choice and control are important principles in the ACP. When a person calls the Connection service for example they will be asked what is happening and as part of that conversation they will be offered a range of options dependent upon what they have said. For example; they could be offered a face to face assessment within 4 hours, or a stay in one of the recovery houses or be offered an appointment with a MH professional or a peer support worker initially via the Retreats. People defining their own crisis and having choice about the type and speed of intervention enables self-management and the realisation of their own strengths, for example “if I know I am going to be seen in the morning I think I can hold things together”, whereas in the current system, MH services define the threshold for crisis which can result in a deterioration in a person’s mental state and promotes escalation in emotional responses in order to get the support needed.
- 3.5 Each part of the ACP; although developed at slightly different times and implemented in stages, has been through similar processes in terms of policy and practice development and always from the perspective of the person using the service. Each part of the ACP has been through a patient experience mapping process to ensure that the core values of the ACP in relation to coproduction are the golden threads running through each part.

4. Implementation details

- 4.1 The proposed timeline for the implementation of the whole pathway was described in detail in the ACP’s Outline Business Case (OBC). However, with learning from setting up the Retreat in Bournemouth, the complexities of coproduction and contracts, and fully reorganising services that are always under pressure supporting people who are at risk, the detailed timeline is different to the high level timeline described in the OBC.
- 4.2 The timeline for the implementation has shifted by three months to the 1st July but component parts will be in place head of the final date. The intention is that when the Connection and Home Treatment Service fully comes on line all the other key community components will be in place. The full implementation timeline is shown in the table below:

Action	Timescales
Review and extend Recovery House Contract	Jul 2017-Mar 2019
Refurbish of Hahnemann House	Oct 2017-Jan 2018
Retreat soft launch	Apr 2018
Bournemouth Retreat formal launch	July 2019
Test Retreat Concept	Apr 2018-Mar 2019
Evaluation of the Retreat	Dec 2018
Identify estate/site for Dorchester Retreat	Apr 2018-Oct 2018
Refurbishment of Glendinning site for Retreat	Jan 2019- April 2019

9.6

Retreat Opening at Maiden Castle	May 2019
Staff Consultation for affected staff in current crisis and home treatment service and street triage	Apr 2019
Reconfigure the Crisis part of the home treatment service into the Connection Service Reconfigure the Home treatment service to ensure a genuine alternative to hospital admission and ensure face to face assessment within 4 hours Include the Street Triage elements with connectivity to the police call centre in the Connection Service	Jan 2019-Jun 2019
Staff in place for Home Treatment	July 2019
Staff in place for the 111 service so that calls can be transferred to the crisis line when 111 starts on 1 April. This will enable “warm transfer” of mental health calls ahead of the Connection service coming on line.	1 April 2019.
Staff induction for the Connection service developing operational policy and menu of options including developing knowledge about a wide range of services available across the county.	Jun 2019
Tendering and procurement of Community Front Rooms and Recovery Beds	Apr 2018-Dec 2018
Award of contract/s	Dec 2018
Mobilisation	Dec 2018 – Jul 2019
Implementation Recovery beds	Apr 2019
Implementation of CFRs	Apr 2019 (Wareham)
	May 2019 (Shaftesbury)
	Jun 2019 (Bridport)
Existing MH Crisis Line link to 111 implementation.	Apr 2019
Connection fully on line and ACP fully operational	1 Jul 2019
Launch community aspects of Acute Care Pathway	1 July 2019

Inpatient implementation	
Action	Timescales
Upgrade Linden to ensure safety requirements being met	By Dec 2017
Forston refurbishment and 4 new inpatient beds	By Apr 2018
New build at St Ann’s with new medium secure beds and 12 new acute inpatient beds	Apr 2018-Mar 2022
Open 15 beds at St Ann’s and transfer patients from Linden as appropriate	Timeline to be confirmed
Close the Linden Unit once 15 new beds are open at St Ann’s	Timeline to be confirmed

5. Conclusion

- 5.1 The Mental Health Acute Care Pathway brings a new approach to supporting people in crisis.
- 5.2 The Retreat as a starting place shows the types of benefits that can be realised in terms of people's experience and the potential impact on other services such as the emergency departments or on the use of section 136.
- 5.3 The full implementation of the pathway will further widen the choice for people in crisis and put them in control of the services they use in order to help them manage their own crisis, discover their own strengths and resources.

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