

Health Scrutiny Committee - Mental Health Rehabilitation Review Update

Paper date	December 2018
Paper author	NHS Dorset CCG
Subject of report	Mental health rehabilitation review update
Executive summary	NHS Dorset CCG is committed to reviewing mental health services across the system. The Mental Health Acute Care Pathway was the first part of the process. The Mental Health Rehabilitation Service is the next stage; this paper provides an update on this review.
Recommendation	The Committee is asked to note and comment on the contents of this report.
Appendices	none
Background papers	none
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1. BACKGROUND

NHS Dorset CCG is committed to reviewing mental health services across the system. The Mental Health Acute Care Pathway was the first part of the process. The Mental Health Rehabilitation Service is the next stage.

Current Inpatient Mental Health Rehabilitation Services:

- Nightingale Court
- Nightingale House
- Glendinning Unit
- The Homeless Health Service
- The Assertive Outreach Teams
- Out of Area Locked Rehab.

2. REVIEW STAGES



Needs analysis:

- By 2020/21 the number of people in Dorset who experience serious mental illness will increase to approximately 7,882.
- The number of people who may subsequently require rehabilitation (20%) is approximately 1576 and approximately 1% (78.82) of those individuals may require inpatient rehabilitation.
- There is an anticipated increase in the demand for rehabilitation services.
- There is a national imperative to reduce the use of out of area placements and to repatriate people back into county.

View-seeking – what people said

- Mental health issues don't stop at the weekend.
- No one talks about me leaving here.
- Being in hospital for a long time doesn't help.
- Continued support for people who have been inpatients when they leave hospital – to include more support for getting involved with community activities, paying bills and budgeting, planning GP, Outpatient appointments, household tasks and volunteer/employment assistance Staff are a good team. Genuinely caring and supportive.
- AOT is quick to help me with housing, always on time for my visits and always turn up. Wouldn't ever had CBT if not under the team.
- Being in the service makes access to other help i.e. drug and alcohol services easier

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- Encouraged to be more independent to adjust to life outside.

Benchmarking

- Benchmarking shows a range of different approaches across the country
- Oxford partnership has supported housing and other third sector providers working with the NHS to ensure that most people requiring rehabilitation are supported in the community and not in hospital
- The partnership in Oxford.

NHS Estates Review

- The programme has been developed within the context of national drivers for change, and local pressures.
- The Acute Care Pathway review identified and agreed the need for additional capacity and a re-shaping of acute beds.
- Specialist commissioners have agreed the development of several new services locally to reduce out-of-area referrals.
- Parts of the Trust estate have been highlighted as in urgent need of upgrading and this includes Nightingale House and Nightingale Court.

Objectives

- Community facing
- Deliver equity and consistency in Dorset
- Culture and philosophy
- Range of rehabilitation services.

Success Factors

- The service will be safe and sustainable
- The option will be affordable, within the existing budget
- It will be a better experience for those that use the service
- The service will be accessible.

Constraints

- Available budget
- Estates
- Time length of review – Mental Health Acute Care Pathway
- Reduce Out of Area placements
- Travel distance 31 miles.

3. POSSIBLE MODELS

Option 1

- High Dependency Unit
- 1 recovery unit in east Dorset and 1 recovery unit in west Dorset
- Community recovery team
- Supported housing.

Option 2

- High Dependency Unit
- 1 recovery unit to serve the whole county
- Community recovery team
- Supported housing.

Option 3

- High Dependency Unit
- 1 recovery unit in east Dorset and 1 recovery unit in west Dorset
- Community recovery team.

4. NEXT STEPS

- Modelling the options including high level costs
- Shortlisting in December
- Possible solutions given the views from staff and people using the services
 - Some changes to bed provisions to ensure repatriation of people from locked services
 - Beds provided not just by the NHS in hospital settings
 - Partnerships with other types of providers to support the community offer
 - Development of a community recovery team which supports a range of people who present with a range of complex issues
 - Shift from inpatient focussed service to a robust community rehabilitation offer
 - The community team to work with people who present with a range of complex needs.

5. CONCLUSION

- It is unlikely that bed numbers will be reduced, in fact it is likely that we will need additional bed numbers especially if we carry on as now.
- It is likely that beds could be provided not just by the NHS.
- It is possible that partnerships with supported housing providers will be developed to provide some of the rehabilitation beds.
- It is likely that a community team will be developed that can support most people in the community rather than in hospital.

6. Recommendation

We would like comments from the Committee on the following:

- Would this be viewed as a service development/improvement, particularly as there will be no bed reduction?
- In your view, would you recommend that we take this review to a full public consultation?
- Any other thoughts or comments at this stage?