Appendix 1

NHS
Dorset
Clinical Commissioning Group

Mental Health Rehabilitation Review

For People with a Serious Mental Illness

Data Needs Analysis

28th August 2018



DOCUMENT TRAIL AND VERSION CONTROL SHEET	
Heading	Review of the Mental Health Rehabilitation Pathway **Mental Health Rehabilitation- Data Needs Analysis**
Project Sponsor	Colin Hicks
Purpose of document	Present an outline and analysis of available data to inform the Mental Health rehabilitation review case for change
Date of document	28th August 2018
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1. INTRODUCTION

1.1 NHS Dorset Clinical Comissioning Group (CCG) and Dorset HealthCare NHS University Foundation Trust (Dorset HealthCare, DHC) are undertaking a review of adult mental health rehabilitation services for people with a serious/severe mental illness (SMI) in Dorset, the review focusses upon functional mental illness and excludes organic conditions such as dementia. Serious mental illness includes psychosis, severe depression, bipolar disorder, personality disorder, schizophrenia and schizoaffective disorder.

1.2 This report aims to identify the needs and demand profile of the local population of people who have a SMI and use rehabilitation or complex care pathways. This will enable an evidence based business case to be developed.

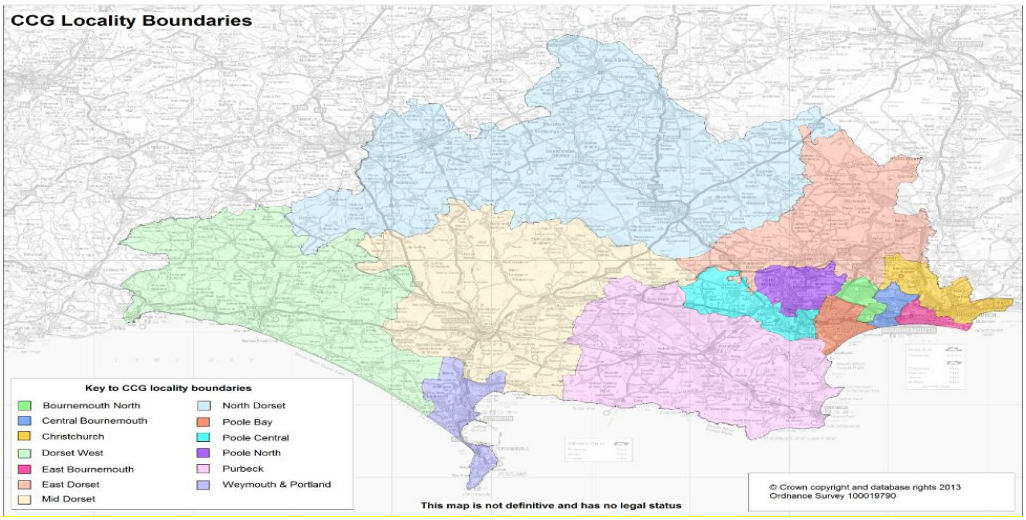
2. DEMOGRAPHIC PROFILE OF DORSET

2.1 Dorset covers an area of 1,024 square miles and is bordered by Devon to the west, Somerset to the south west, Wiltshire to the north-east and Hampshire to the east.

2.2 The county town is Dorchester which is in the south-west of Dorset. The largest urban areas are Poole, Bournemouth, Christchurch and Weymouth & Portland. Around half the population lives in the south east area, while the rest of the county is largely rural with a low population density.

2.3 NHS Dorset Clinical Commissioning Group operates on the basis of a locality model with the geography of Dorset divided into 13 GP localities (Diagram 1 below). All 86 GP practices are sub-grouped into these locality groups (or geographical areas). Each locality has a Locality Chairperson (a local GP), who is also a member of the CCG's Governing Body which ensures CCG decisions are clinically-led.

Diagram 1. Dorset CCG GP localities



2.4 The county of Dorset has a resident population of 776,304 (all ages) and is served by three local authorities comprising the Borough of Poole (151,300, 19.7% of pan Dorset population), Bournemouth Borough Council (194,800, 25.7% of the pan Dorset population) and Dorset County Council (424,700, 54.6% of the pan Dorset population). To note the councils are due to merge into 2 unitary authorities during 2019. (ONS mid -year population 2017)

2.5 Table 1 below indicates the Dorset Registered GP Practice Populations (December 2017), accessed from NHS digital (2018).

Table 1. Dorset Registered GP Population

		Male					Female						
Urban/Rural	CCG Locality	0-17 yrs	18-64 yrs	65+ yrs	Total (18+ yrs)	Total (All ages)	0-17 yrs	18-64 yrs	65+ yrs	Total (18+ yrs)	Total (All ages)	Grand Total (18+ yrs)	Grand Total (All ages)
Urban	Bournemouth North	5,409	22,445	5,108	27,553	32,962	5,123	22,560	6,085	28,645	33,768	56,198	66,730
	Central Bournemouth	6,025	19,583	4,368	23,951	29,976	5,642	18,714	5,244	23,958	29,600	47,909	59,576
	Christchurch	4,726	14,438	7,562	22,000	26,726	4,372	14,327	9,350	23,677	28,049	45,677	54,775
	East Bournemouth	6,692	25,555	6,053	31,608	38,300	6,593	22,841	7,146	29,987	36,580	61,595	74,880
	Poole Bay	6,625	23,467	7,713	31,180	37,805	6,120	22,096	9,242	31,338	37,458	62,518	75,263
	Poole Central	6,090	18,889	6,109	24,998	31,088	5,829	18,949	7,335	26,284	32,113	51,282	63,201
	Poole North	5,172	15,272	5,613	20,885	26,057	4,953	15,441	6,639	22,080	27,033	42,965	53,090
	Weymouth & Portland	6,883	21,819	8,665	30,484	37,367	6,687	21,609	9,933	31,542	38,229	62,026	75,596
Urban Total		**47,622**	**161,468**	**51,191**	**212,659**	**260,281**	**45,319**	**156,537**	**60,974**	**217,511**	**262,830**	**430,170**	**523,111**
Rural	East Dorset	6,342	18,061	9,777	27,838	34,180	6,120	18,405	11,684	30,089	36,209	57,927	70,389
	Mid Dorset	4,145	12,341	5,371	17,712	21,857	3,875	12,456	6,424	18,880	22,755	36,592	44,612
	North Dorset	8,700	22,959	10,560	33,519	42,219	8,527	23,752	12,519	36,271	44,798	69,790	87,017
	Dorset West	3,299	10,481	6,231	16,712	20,011	3,120	11,061	7,048	18,109	21,229	34,821	41,240
	Purbeck	2,847	9,315	4,744	14,059	16,906	2,668	9,336	5,425	14,761	17,429	28,820	34,335
Rural Total		**25,333**	**73,157**	**36,683**	**109,840**	**135,173**	**24,310**	**75,010**	**43,100**	**118,110**	**142,420**	**227,950**	**277,593**
Grand Total		**72,955**	**234,625**	**87,874**	**322,499**	**395,454**	**69,629**	**231,547**	**104,074**	**335,621**	**405,250**	**658,120**	**800,704**

2.6 The population table above illustrates that approximately 35% of the population are located in the rural areas of Dorset and 65% are in the urban areas, primarily in Poole and Bournemouth. This broadly reflects the rest of the country.

2.7 It must be highlighted that there is no singular definition of rurality but rather a number of different approaches to it. This encompasses spatial classification (based on population density, distance to cities and urban centres); a socio economic classification (based upon principle forms of employment in an area) and more complex definitions combining both of the above. (Nicholson, 2008 in Advances in psychiatric treatment).

2.8 Table 2 below is the predicted Bournemouth, Poole and Dorset local authority (LA) adult resident population figures taken from Office National Statistics (2018).

Table 2. Predicted Adult Local Authority Population

Local Authority	Age Group	2016	2018	2023	2026
Bournemouth	18-64	123,220	124,844	126,193	127,708
	65+	35,121	35,705	38,372	40,739
Bournemouth Total		**158,341**	**160,549**	**164,565**	**168,447**
Poole	18-64	87,093	87,101	86,812	86,815
	65+	33,438	34,182	36,422	38,272
Poole Total		**120,531**	**121,283**	**123,234**	**125,087**
Dorset	18-64	226,076	224,983	221,802	220,038
	65+	119,700	123,546	134,210	141,904
Dorset Total		**345,776**	**348,529**	**356,012**	**361,942**
Pan Dorset	18-64	436,389	436,927	434,807	434,561
	65+	188,259	193,433	209,004	220,915
Pan Dorset Total		**624,648**	**630,360**	**643,811**	**655,476**

Data source - ONS, Population projections - local authorities SNPP Z1 (May 2018)

There is a predicted 4.9% increase in the overall Pan Dorset adult population year on year from 2016 to 2026. This increase is almost exclusively in the over 65 age group. The 18 to 64-year-old age group population is expected to reduce slightly within Poole and Dorset local authorities from 2019.

2.9 Projected changes to the population profile of the county are not expected to alter the existing prevalence of serious mental illness locally but there will be a slight increase in numbers of people potentially requiring services in line with the overall growth.

3. LOCAL CONTEXT

3.1 Table 3 below shows the current prevalence and projected prevalence increase in Dorset for people with a serious/severe mental illness.

Table 3. Projected Increase for SMI

	2016/17			2021/22			2026/27		
CCG Locality	Practice List Size	Practice Register SMI	SMI Prevalence	Practice List Size	Practice Register SMI	SMI Prevalence	Practice List Size	Practice Register SMI	SMI Prevalence
Bournemouth North	66,832	627	0.94%	68,437	642	0.94%	70,079	657	0.94%
Central Bournemouth	57,904	612	1.06%	59,294	627	1.06%	60,717	642	1.06%
Christchurch	54,627	399	0.73%	55,939	409	0.73%	57,281	418	0.73%
East Bournemouth	74,312	1,172	1.58%	76,097	1200	1.58%	77,922	1229	1.58%
Poole Bay	74,572	897	1.20%	76,363	919	1.20%	78,195	941	1.20%
Poole Central	62,773	548	0.87%	64,280	561	0.87%	65,822	575	0.87%
Poole North	52,708	418	0.79%	53,974	428	0.79%	55,268	438	0.79%
Weymouth & Portland	75,170	856	1.14%	76,975	877	1.14%	78,822	898	1.14%
Urban Sub-total	**518,898**	**5,529**	**1.07%**	**531,359**	**5,662**	**1.07%**	**544,105**	**5,798**	**1.07%**
East Dorset	69,911	410	0.59%	71,590	420	0.59%	73,307	430	0.59%
Mid Dorset	44,308	373	0.84%	45,372	382	0.84%	46,460	391	0.84%
North Dorset	86,928	648	0.75%	89,015	664	0.75%	91,151	679	0.75%
Dorset West	41,070	444	1.08%	42,056	455	1.08%	43,065	466	1.08%
Purbeck	34,044	293	0.86%	34,862	300	0.86%	35,698	307	0.86%
Rural Sub-total	**276,261**	**2,168**	**0.78%**	**282,895**	**2,220**	**0.78%**	**289,681**	**2,273**	**0.78%**
Grand Total	**795,159**	**7,697**	**0.97%**	**814,254**	**7,882**	**0.97%**	**833,786**	**8,071**	**0.97%**

Population figures for 2021/22 and 2026/27 are based on Dorset CCG population increases taken from ONS, Population projections - CCG SNPP Z2 (May 2018)

Projected SMI practice register figures assume SMI prevalence percentage for each locality remains stable over time

3.2 The table above shows how the current SMI prevalence varies across the county with the highest prevalence in the East Bournemouth CCG locality (1.58%) and the lowest in the East Dorset CCG locality (0.59%). Further analysis by practice shows how SMI prevalence varies significantly within CCG localities. Prevalence is higher in the urban areas of Dorset (1.07%) compared to the rural areas (0.78%) with the exception of West Dorset.

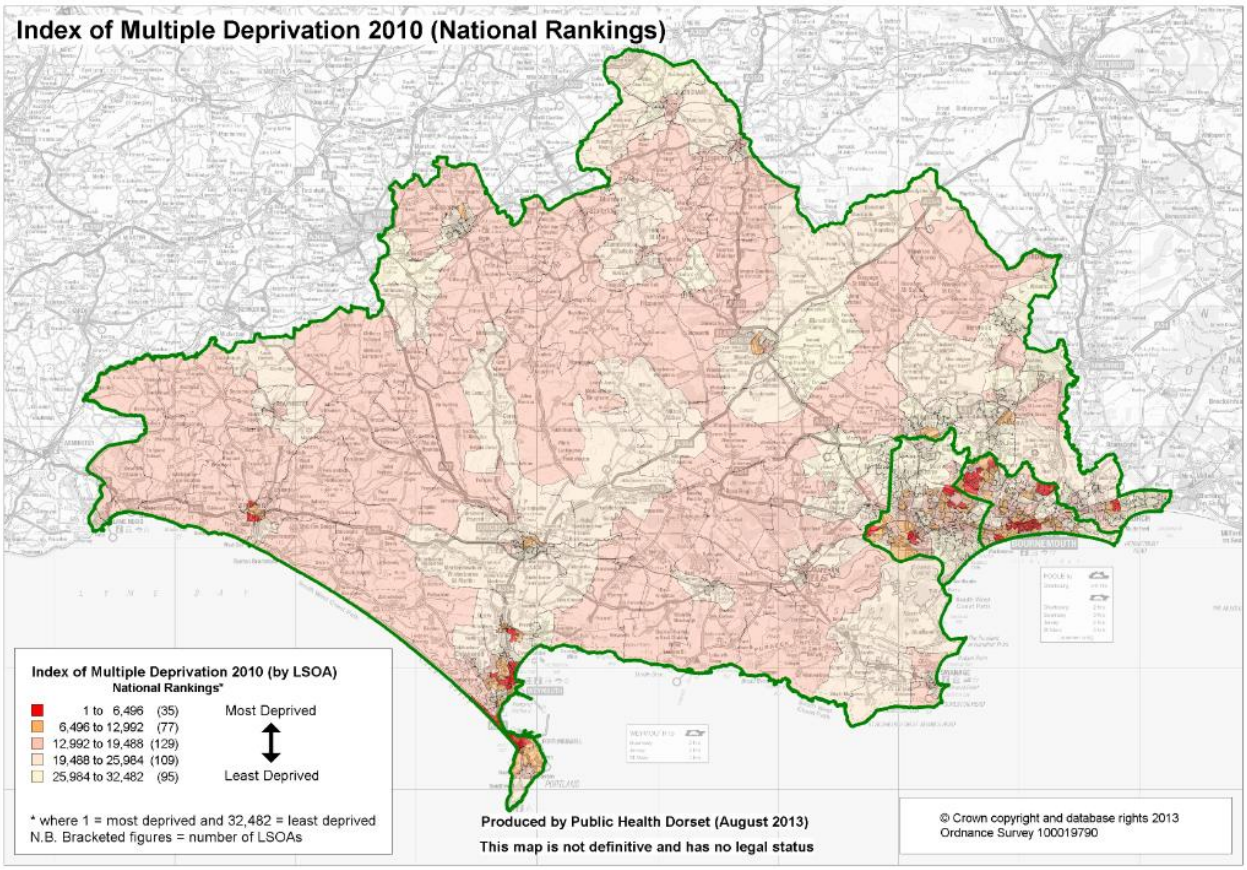
3.3 The table above also shows a projected additional 185 patients (2.4%) on the Dorset CCG SMI practice register between 2016/17 and 2021/22. By 2026/27 an additional 374 patients (4.9%) are expected on the Dorset CCG SMI practice register. The projections are crude and don't take into consideration the age and sex difference in population projections and whether certain groups (age and sex) of people are more likely to experience SMI.

3.4 Public Health England (PHE) has outlined numerous factors to inform local profiles of severe mental illness which link to socioeconomic deprivation: this was recommended to be used as the key determinant of Serious Mental Illness. The Index of Multiple Deprivation (IMD) 2015 is a composite of the following factors and weightings:

- Income (22.5%)
- Employment (22.5%)
- Health and Disability (13.5%)
- Education, Skills and Training (13.5%)
- Barriers to Housing and Services (9.3%)
- Crime (9.3%)
- Living Environment (9.3%)

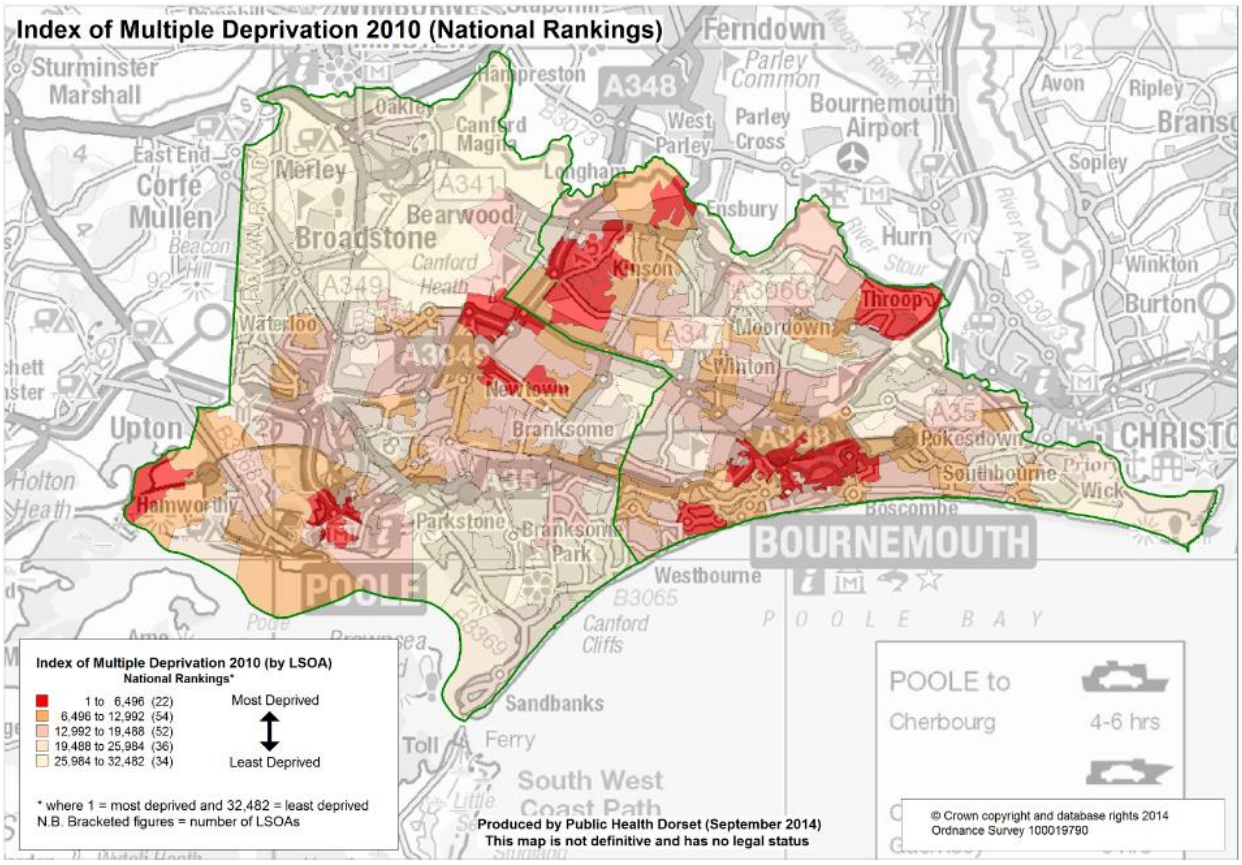
3.5 The maps included below outline Index of Multiple Deprivation (IMD) 2010 national rankings. These demonstrate a wide variance in the levels of deprivation across the geographical boundaries of Dorset CCG ranging from some of the poorest areas in the country to those that are more affluent.

Diagram 2. Multiple Deprivation National Rankings - Dorset



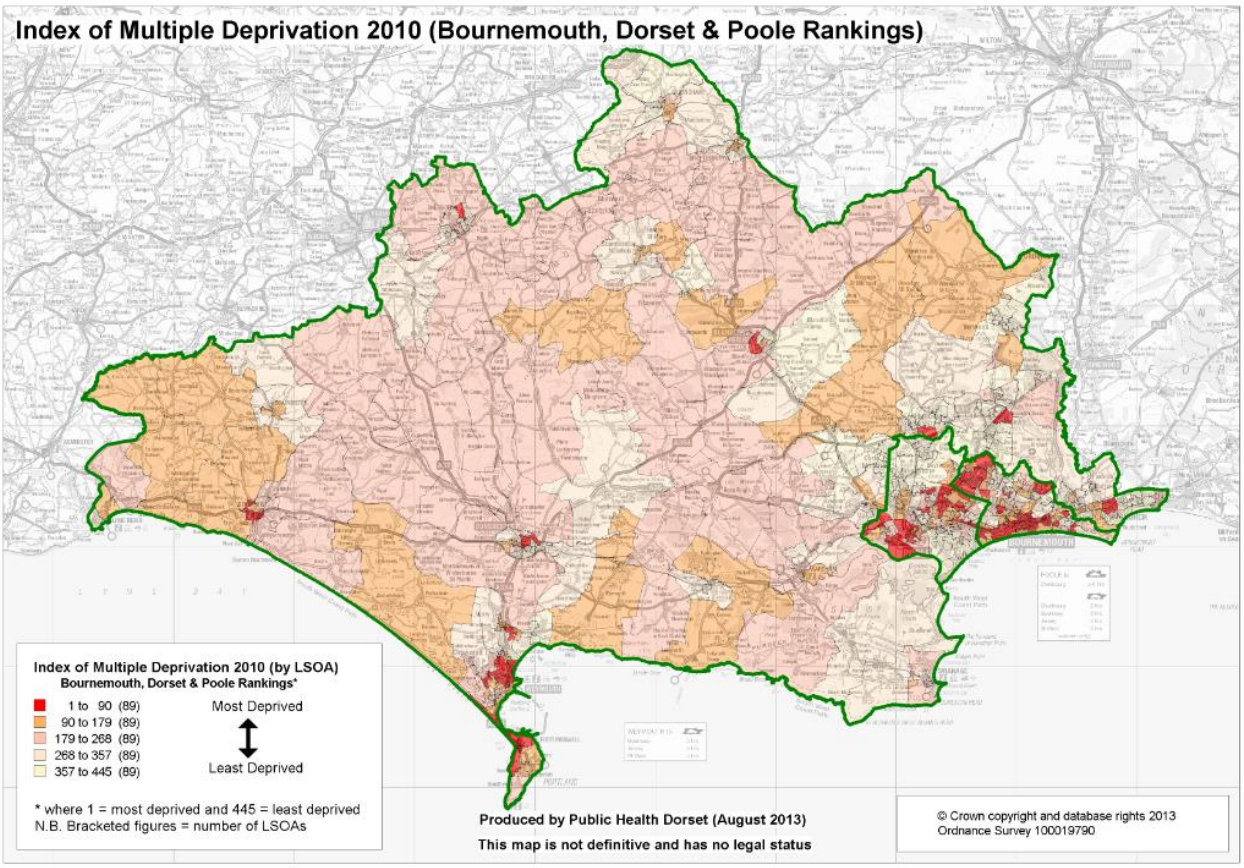
3.6 The maps of deprivation below for Dorset and the Bournemouth and Poole area show differences in deprivation levels in Dorset based on national quintiles (fifths) of the Index of Multiple Deprivation 2010 by area (Lower Super Output Area). The darkest coloured areas are some of the most deprived areas in Dorset. The areas with most significant deprivation are mainly located in the urban areas of Bournemouth, Poole and the Weymouth & Portland locality. There are also some pockets of deprivation in Christchurch and Bridport.

Diagram 3. Multiple Deprivation National Rankings – Bournemouth & Poole



3.7 The map below illustrates a more detailed overview of *relative* deprivation across Dorset. To determine relative deprivation, the level of deprivation in each area is ranked and divided into local quintiles. The relative deprivation shows that in addition to the urban areas, relatively speaking Sherborne, Bridport, Blandford and parts of East Dorset and Dorchester also have relatively high levels of deprivation when compared to other areas in Dorset.

Diagram 4. Multiple Deprivation National Rankings – Lower Support Output Area (LSOA)



Risk Factors

3.8 Mental illness has a huge impact on health and wellbeing. People with mental health problems are more likely to develop significant preventable conditions such as diabetes, heart disease, bowel cancer and breast cancer, and at a younger age (King's Fund, 2014).

3.9 People with severe mental illness on average tend to die earlier than the general population and this is referred to as premature mortality. There is a 10-25-year life expectancy reduction in people with severe mental illness (World Health Organisation, 2013).

3.10 Life expectancy is even lower for people who are homeless with the average life expectancy for males being 47 and female 43 (Crisis, 2011).

3.11 Around 20% of service-users presenting to mental health services for the first time with a psychotic illness will go on to require rehabilitation services and 1% of them may require hospitalisation (Joint Commissioning Panel for Mental Health, 2016). This equates to 1531 people from our current SMI register who may require rehabilitation/assertive approaches to their care and support at times.

3.12 On average people referred to mental health rehabilitation care have been in contact with mental health services for more than 13 years and have had repeated admissions (Care Quality Commission, 2018).

Benchmarking

3.13 The Academic Health Science Network (AHSN) have produced a profile pack for Dorset CCG in year which figures for Dorset were compared with 10 other similar CCGs. Key highlights are outlined below:

- Although there is a need for local interpretation, the data suggests the estimated number of people with a psychotic disorder in NHS Dorset CCG is nearly 20% higher than other areas.
- Over 40% more people subject to the Mental Health Act.
- Dorset CCG has a higher percentage of known service users who have psychosis (30% compared to Wessex average of 26%).
- A greater number of service users with psychosis reach old age.
- Higher than expected proportion of psychosis amongst service users of a minority ethnic background.
- Service users with psychosis in Dorset require three times as many health professional contacts when compared with other mental health conditions.
- 27% of service users with psychosis get admitted to mental health inpatient wards (less than Wessex average of 30%) but stay twice as long in hospital when compared to others

3.14 The NHS Benchmarking Network Inpatient and Community Mental Health Benchmarking Report published in November 2017 shows that in 2016/17 the average length of stay within longer term complex/continuing care beds (excluding leave) for Dorset (covering Dorset HealthCare rehabilitation beds) was 367 days, this is lower than the UK median average of 394 days.

3.15 The benchmarking report also shows that in 2016/17 the bed occupancy within longer term complex/continuing care beds (excluding leave) for Dorset (covering Dorset HealthCare rehabilitation beds) was 94.2%, this is higher than the UK median position of 85.1%. There are contributing factors for the higher percentage bed occupancy for Dorset i.e. accommodating overspill from the acute wards during times of bed pressures.

3.16 The data suggests that, in Dorset the bed occupancy rates are higher than the national average and that people out of area do less well because they are out of area and disconnected from their peers and families and friends. The national drive is not to use out of area placements and that suggests in Dorset we need additional resource in the community to support exit from inpatient services and to make sure that people do not go out of area.

3.17 NICE 2018 highlighted that in areas where there is a lack of local rehabilitation services, people will access 'Out of Area Treatments' (OATS), OATS displace people with severe and enduring mental illness from their communities and families and are 65% more expensive than local placements in England. Around £350 million each year is spent on OATS for people with severe and enduring mental illness. Locally our current spend is approximately £1.5 million.

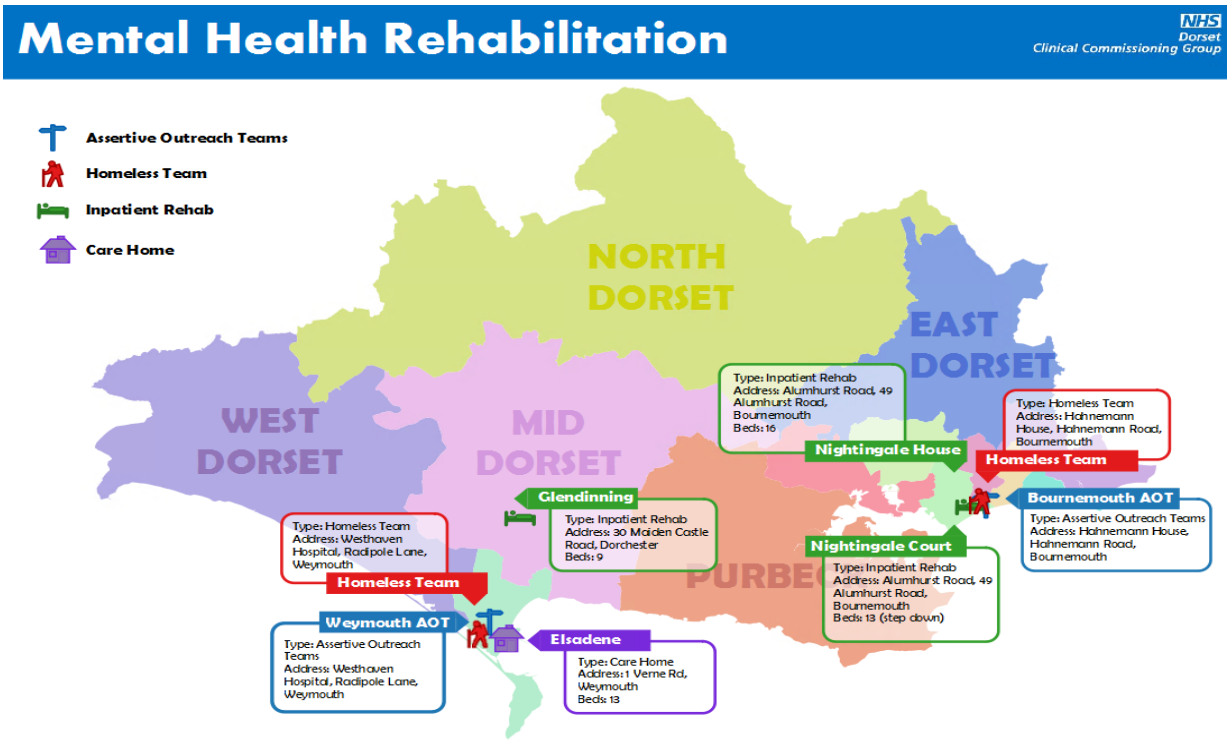
3.18 The Care Quality Commission's March 2018 report and the Joint Commissioning for Mental Health Panel 2016 report suggests mental health rehabilitation highlighted the concern for the recovery of patients receiving treatment away from their home increasing isolation and building links with services that will support them post discharge.

4. CURRENT SERVICE PROVISION

4.1. Dorset HealthCare is the main provider of specialist mental rehabilitation health services across Dorset. The locations of the various services are shown on the map below.

4.2. The mental health rehabilitation services within Dorset have been in existence for many years but have never been fully reviewed.

Diagram 5. Map of Services



4.3. There are four elements considered within the scope of the mental health rehabilitation review and are as follows:

- Residential Rehabilitation Units – Nightingale House located in Westbourne, Nightingale Court located in Westbourne and the Glendinning Unit located in Dorchester.
- Out of area locked rehabilitation placements which are funded through the named patient budget
- The Assertive Outreach Teams located in Weymouth (including Portland), Bournemouth and Poole
- The Homeless Health Service located in Bournemouth and Poole and West Dorset

4.4 For noting:

- Elsadene is a registered care home located in Weymouth that used to be a private hospital that worked with slow stream rehabilitation patients. The care home has been part of the Dorset rehabilitation service provision to date and this was to be considered as part of the review. However, as part of the background work on the review there are contractual issues that need to be resolved outside of the context of this review and is therefore not in scope of the review.

Residential Rehabilitation Services

4.5 **Nightingale House:** Is a 16 bedded mixed sex unit, providing controlled access (not a 'locked' or 'secure' rehabilitation unit) solely for patients with severe complex care needs that do not require acute psychiatric inpatient admission or their needs cannot be met in an open rehabilitation unit. Nightingale house provides high dependency rehabilitation services to clients with active symptoms of psychosis and other related mental health conditions, complex needs and challenging behaviours. The usual aim of treatment is to prepare patients to step down to other rehabilitation services prior to independent or supported living. Patients can be admitted into these beds from a variety of sources, including secure services, and directly from the community with prior assessment.

4.6 **Nightingale Court:** 13 bedded step-down inpatient unit for adults who experience complex, severe and enduring mental illness. A multidisciplinary team comprising of mental health nurses, occupational therapy staff, medics and clinical psychologist work collaboratively to provide a holistic and supportive approach to enable and promote patients on their personal journey of recovery and enhance their quality of life and wellbeing. The patients will often have had previous multiple admissions and unsuccessful discharges from other services and require a longer period of stability to consolidate their recovery and rebuild skills and confidence before moving back out into the community.

4.7 **Glendinning Unit:** 9 bedded rehabilitation unit in Dorchester. The patient group predominantly suffers from psychosis often with other related mental health conditions. The main sources for referrals are from other inpatient settings within Dorset HealthCare. The unit helps people develop strategies for living with their health condition, encourage people to take responsibility to self, enable the building of skills and develop confidence through direct experience. This support includes community integration which is delivered in collaboration with allied health, voluntary and third sector agencies.

4.8 **Table 4.** below illustrates the inpatient data for admission, discharges and length of stay (LOS) for the 3 inpatient mental health rehabilitation units in Dorset.

Table 4 Inpatient rehabilitation unit inpatient data

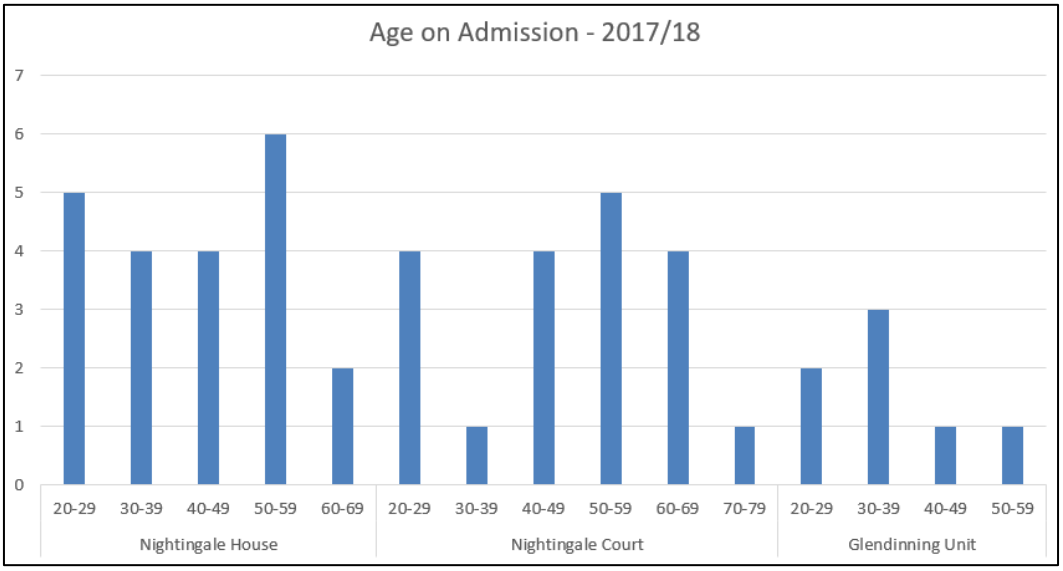
Unit		2015/16	2016/17	2017/18
Nightingale House	Admissions	20	21	21
	Discharges	8	6	11
	Min Length of Stay on Ward (days)	1	0	7
	Max Length of Stay on Ward (days)	1007	692	358
	Avg Length of Stay on Ward (days)	252	233	148
Nightingale Court	Admissions	9	10	19
	Discharges	6	8	11
	Min Length of Stay on Ward (days)	3	0	0
	Max Length of Stay on Ward (days)	945	694	417
	Avg Length of Stay on Ward (days)	514	209	164
Glendinning	Admissions	7	11	7
	Discharges	3	8	4
	Min Length of Stay on Ward (days)	0	2	116
	Max Length of Stay on Ward (days)	714	619	415
	Avg Length of Stay on Ward (days)	275	285	290

4.9 The table above shows admission numbers and length of stay at the three residential rehabilitation units for the past three years. The figures show that admissions are consistent over the 3-year period in Nightingale House and Glendinning Unit however admissions were high in Nightingale Court during 2017/18 compared to the previous two years.

4.10 There is a marked reduction in length of stay at both Nightingale Court and Nightingale House over the 3-year period, however Glendinning remains stable. The average length of stay over 2017/18 across the 3 sites is 200 days.

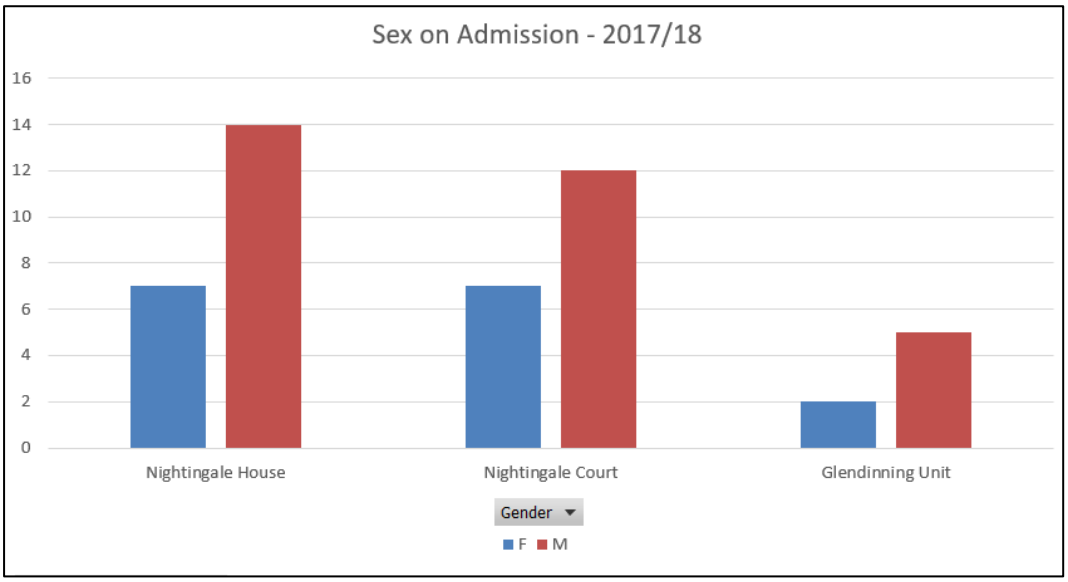
4.11 Graph 1 below shows the age range of patients admitted to a rehabilitation bed during 2017/18. The average age of patients admitted to Nightingale House during 2017/18 was 42.9 years, at Nightingale Court it was 47.8 years and at Glendinning the average age was 36.9 years.

Graph 1. Inpatient Age Range



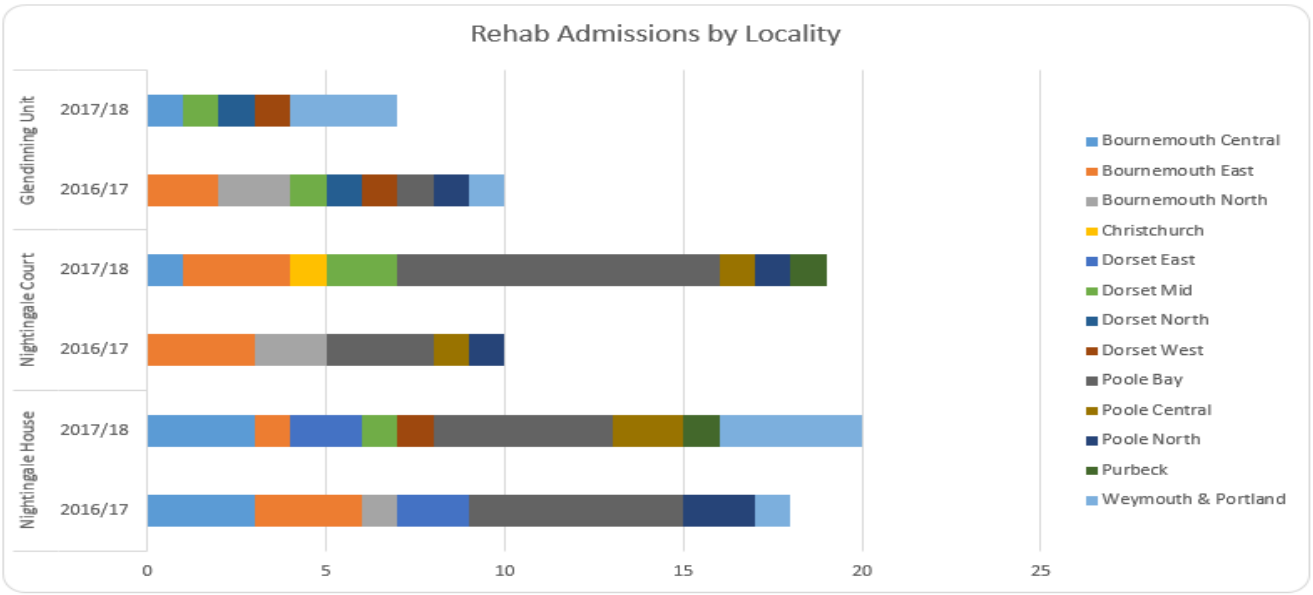
4.12 Graph 2 below shows the number of males and females admitted to the rehabilitation units during 2017/18. Across the rehabilitation service admissions for males were higher than females with 34% of admissions for females and 66% for males. Male admissions were higher within each of the rehabilitation units.

Graph 2. Inpatient Admissions by Sex



4.13 Table 10 is a breakdown of the inpatient admissions at the 3 inpatient rehabilitation units by GP Locality:

Table 10. Rehab Admissions by GP Locality



Source: Mental Health local dataset (RiO)

4.14 The breakdown by locality shows some particular themes; a large proportion of the admissions in the last two years have been from Poole Bay locality. There are also a proportion of the Weymouth & Portland locality utilising East services. Bournemouth Central are showing consistent usage of Nightingale house year on year, whilst Bournemouth East are following a similar pattern but at Nightingale Court. Most of the other localities are remaining fairly static year on year.

Bed Occupancy

4.15 Table 5 below shows a breakdown of the bed occupancy from October 2017 to June 2018.

Table 5. Bed Occupancy Rates

Without home leave

Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
97.0%	96.8%	94.6%	94.7%	89.1%	93.3%	93.8%	95.6%	95.8%

With home leave

Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18
100.8%	100.2%	101.6%	99.7%	96.1%	97.8%	97.0%	98.8%	97.8%

4.16 The table above show that the units run to capacity most of the time. It also shows that section 17 leave allows units to use a bed for more than one person i.e. when another patient is on section 17 leave. This indicates units run over capacity as shown between October - December 2017. In addition to this Dorset uses a number of out of area placements because the units in county are running to capacity and has not got a community rehabilitation service. At any time, there is an average of 8 or 9 people in out of area placements.

4.17 Table 7 below shows the community teams that have Care Coordination responsibility for individuals on each unit. The table shows that there is a good spread of teams holding Care coordination responsibility and that the most referrals are from the teams that are in conurbations where psychosis prevalence is generally higher than in the other areas.

Table 7. Care Co-coordinating teams by Ward

Ward	Team	Total
Glendenning Unit	Bridport CMHT	1
	Poole West CMHT	1
	Shaftesbury CMHT	1
	Weymouth Assertive Outreach Team	3
	Weymouth CMHT	2
	Early Intervention Team	1
Glendenning Unit Total		**9**
Nightingale Court	Bournemouth East CMHT	2
	Bournemouth West CMHT	4
	Christchurch & Southbourne CMHT Team	1
	Poole Central CMHT	3
	Shaftesbury CMHT	1
	Bridport CMHT	1
	Early Intervention	1
Nightingale Court Total		**13**
Nightingale House	Bmth & Poole Assertive Outreach Team	4
	Bournemouth East CMHT	1
	Christchurch & Southbourne CMHT	2
	Dorchester CMHT	2
	Bmth West CMHT	1
	Poole Central CMHT	1
	Poole West CMHT	1
	Weymouth CMHT	2
	Wimborne CMHT	1
	Early Intervention Team	1
Nightingale House Total		**16**
Grand Total		**38**

4.18 Table 10 below is a breakdown of the Mental Health Act section status of the current inpatients at the 3 inpatient rehabilitation units.

Table 10. Mental Health Act Section Status – Rehab Inpatient Wards

Section	Glendenning Unit	Nightingale Court	Nightingale House	Grand Total
Informal	3	4	1	7
Section 3 - Admission for treatment	6	9	14	26
Section 37/41	0	0	1	1
Grand Total	**9**	**13**	**16**	**38**

4.19 Table 11 below shows 7 delayed transfers of care (DTOC) for people who are ready to be discharged. There are also 7 people who were delayed between 9 to 89 days from the units. The report indicates that delays are attributable to waiting for placements in the community or packages of care/housing placements.

Delayed discharges/transfers - from June 2017 – June 2018

Table 11. Delayed transfers of care

Applicable Local Authority	Ward	Delay Reason	Total Delayed Days Wait
Weymouth and Portland	Glendenning Unit	Awaiting nursing home placement	22
Bournemouth	Nightingale House	Awaiting care package in own home	89
Bournemouth	Nightingale House	Awaiting further non-acute	25
Bournemouth	Nightingale Court	Patient or Family choice - Community	58
Bournemouth	Nightingale Court	Awaiting public funding	70
Dorset	Nightingale Court	Awaiting further non-acute	9
Weymouth and Portland	Nightingale House	Awaiting care package in own home	33

Out of Area Treatment (OATS)

4.20 Currently Dorset HealthCare has 11 service users placed in out of area locked rehabilitation units. This client group has diverse and complex needs and may have had contact with the criminal justice system. There is no local provision that provides locked rehabilitation and if individuals require out of area locked rehabilitation they are offered services out of area that can accommodate their needs.

4.21 The absence of a dedicated Dorset Community Rehabilitation Services managing out of area placements and actively working towards transitioning individuals back to area is a huge financial and personal cost to individuals placed outside of Dorset.

Assertive Outreach Teams (AOT)

4.22 Assertive Outreach Teams (AOT) are specialist community services and part of secondary mental health. AOT work with adults of working age with serious mental illness and particularly complex needs who require intensive support.

4.23 Services users within the AOT services have multiple needs. This group of services users require a proactive case management approach. Typical AOT clients may have multiple contacts with police and a forensic history, multiple admissions to inpatient units under the mental health act, high levels of substance misuse and limited insight into their illness. Some service users experience homelessness and some may be unable to maintain housing.

4.24 The Assertive Outreach Team operates the following referral criteria:

- A severe and persistent mental illness (i.e. schizophrenia, major affective disorder) associated with a high level of disability.
- A history of frequent use of inpatient or intensive home based care (i.e. more than two admissions or more than 6 months in inpatient care in the past two years).
- Detained under Mental Health Act on at least one occasion in the past 2 yrs.
- Difficulty in maintaining lasting and consenting contact with services.
- Multiple, complex needs including a number of the following:
- History of violence or persistent offending
- Significant risk of persistent self-harm or neglect
- Poor response to previous treatment
- Dual diagnosis of substance misuse and serious mental illness
- Unstable accommodation or homelessness
- Subject to Care Programme Approach (CPA).

4.25 The skill set of the AOT staff centre around the individual to meet their needs and operate a flexible and adaptive approach to engaging with service users. This can include visits being undertaken at a range of locations, supporting with medication compliance, developing life skills, increasing access to opportunities for employment and occupation and monitoring physical health. The current community provision for rehabilitation is partially covered by the Assertive Outreach Teams.

4.26 Dorset HealthCare currently has two Assertive outreach teams that operate differently in each area however cover some rehabilitation work in absence of a defined local service. Table 14 below indicates the Assertive Outreach Team Caseloads and the difference in service provision which provides an unequitable service across the county. Table 14a shows the case load split by gender (this table also included homeless service gender split).

Table 14 Assertive Outreach Team Caseloads

AOT – Bournemouth/Poole	AOT - Weymouth
Caseload: 60	**Caseload: 32**
• Dedicated administrative assistant • Social Workers in team • No Occupational Therapist • No psychology input into the team • No dedicated medic based within the team – use locality medics • Primary referrals from rehabilitation services • Overcapacity	• No dedicated administrative assistant • No Social Workers in the team • Has Occupational Therapist in the team • Has Psychology input to the team • Has dedicated Psychiatrist • Primary referrals from Weymouth CMHT and Glendinning • Overcapacity

4.27 By crude comparison it can be seen that the allocation of workforce resources is not consistent. The professional breakdown with each team also differs by way of whole time equivalent (wte) allocation. It is not clear how individual team workforce profiles have been determined with apparent inconsistencies between ratios of administrative and clinical staff.

Table 14a. Gender split on AOT and Homeless Service caseloads

Team	Males on caseload	Females on caseload	Totals
AOT Bournemouth/Poole	47	12	59
AOT Weymouth	24	8	32
Homeless Health Service	35	9	44

4.28 There are a total of 106 males on the caseloads, 29 females equating to 135 people.

4.29 Medical staffing in the team varies with one team having dedicated medical input and another using a variety of medical input from the Community Mental Health Teams (CMHT).

4.30 There are no AOT teams covering Christchurch, Purbeck, North Dorset, Dorchester or Bridport. Individuals who met the remit for care under an AOT are managed within a generic CMHT.

4.31 Table 15. Below shows the number of contacts and DNAs carried out by the Assertive Outreach Teams. It shows that there are a lot of contacts and a lot of cancelled or DNA appointments especially in the follow up contacts.

Table 15. AOT DNAs

Appointment Type	Appointment Status Description	2015/16	2016/17	2017/18
First	Attended	26	10	35
	Did not attend	9	3	8
	Healthcare Provider Cancelled	8	4	7
	Patient Cancelled	0	0	0
First Total		43	17	50
Follow-up	Attended	5,177	4,920	5,217
	Did not attend	934	926	921
	Healthcare Provider Cancelled	197	187	130
	Patient Cancelled	16	18	20
Follow-up Total		6,324	6,051	6,288
Grand Total		**6,367**	**6,068**	**6,338**

4.32 The table indicates the complexity of the AOT client group where there are a significant numbers of DNA's for offered appointments.

4.33 Table 16 below shows the Assertive Outreach Teams caseloads per annum for each year:

Table 16 AOT caseloads

Team	Gender	2015/16	2016/17	2017/18
AMH Bmth & Poole Assertive Outreach Team	F	18	16	11
	M	50	53	49
AMH Christchurch Assertive Outreach Team	M	3		
AMH Weymouth Assertive Outreach Team	F	9	8	6
	M	24	26	26
Grand Total		**104**	**103**	**92**

4.34 In 2017/18 there were 73 males and 17 females on the AOT caseloads. The caseloads remain consistent with a slight decrease in 2017/18 but it is apparent there are more males than females within the service.

4.35 Table 17 below shows the Assertive Outreach Teams Caseload by cluster. Clusters are defined by an identifier and a description associated for reporting purposes.

Table 17 Assertive Outreach Teams Caseload by cluster

Cluster	Cluster Description	2015/16	2016/17	2017/18
P11	Ongoing recurrent psychosis (low symptoms)	6	8	4
P12	Ongoing/recurrent psychosis (high disability)	7	7	8
P13	Ongoing/recurrent psychosis (high symptom & disability)	14	14	15
P14	Psychotic crisis	2		
P16	Dual diagnosis (substance abuse and mental illness)	32	36	24
P17	Psychosis and affective disorder difficult to engage	40	36	26
P99	Un clustered	2	2	15
Total		**104**	**103**	**92**

4.36 Table 17 above indicates that the majority of the AOT caseload are categorised in clusters P16 and P17. This is what would be expected on an AOT caseload where there are high proportions of clients who present with complex needs including drug use and marginalisation meaning that the team work hard to provide care for clients who often do not wish to be under mental health services. There are also a number of people in other cluster groups and it might be argued that people not in clusters 16 or 17 could be managed by the CMHTs potentially.

4.37 Table 19 below data shows the caseload discharges for the Assertive Outreach Teams.

Table 19 AOT caseload discharges

Caseload Discharges		2016/17	2017/18
Bmth & Poole Assertive Outreach Team	F	2	7
	M	5	10
Bmth & Poole Assertive Outreach Team Total		7	17
Weymouth Assertive Outreach Team	F	1	2
	M	2	4
Weymouth Assertive Outreach Team Total		3	6
Total Discharges		**13**	**23**

4.38 Table 19 above illustrates the higher number of discharges in 17/18 for both teams.

Homeless Health Service

4.39 Dorset HealthCare currently provides a service via Mental Health Practitioners and Nurse Practitioners working across the Bournemouth, Poole and West Dorset Locality to offer access to mental health service assessments and physical health assessments for those who are rough sleeping.

4.40 The Service has an open referral system and anyone can refer to the Homeless Health Service. However, the main referrers are the homeless outreach services. The team accepts referrals from service users who may not have been seen bedded down by the homeless outreach services however are known to be a rough sleeping.

4.41 Staff working within the Homeless Health Service carry out street outreach in an attempt to locate service users and provide health support and advice. The team work closely with the street outreach services to joint work service users. Current provision is as below on table 20.

Table 20. The Homeless Health Team provision for Street Outreach

West Dorset	**Bournemouth and Poole**
Case load: 26	**Case load: 18**
• Full time mental health practitioner • 22.5 hours of Nurse Practitioner • Under capacity • Offers a service under the broad definition of homelessness – rough sleeping, temporary accommodation • Offers a service, consultation and advice to those living in hostel accommodation • No separate commissioned GP in area but single practice with interest in homelessness	• Part time mental health Practitioner covering larger and more populated area with higher prevalence of homelessness • 15 hours Nurse Practitioner in post • Overcapacity • Only offers a service to rough sleepers • No input into hostel units • GP in Boscombe has contract with CCG to provide service to the Homeless

4.42 From the above table inconsistencies can be seen in service provision across the 2 areas. The caseload numbers are higher in West Dorset however this is due to higher staffing levels and are not needs related. It must be noted that homelessness is not just a health issue and for the purposes of this review the focus is on homeless individuals who experience serious mental illness.

4.43 There is no service covering Christchurch, Purbeck or North Dorset. Currently individuals who meet the criteria for the Homeless Health Service are managed within a generic CMHT, within primary care or have access to no services.

4.44 Table 21 below indicates the amount of people rough sleeping broken down by local authority.

Table 21 Street counts and estimates of rough sleeping by local authority district

Local Authority/District	2015	2016	2017	Number of households 2017 ('000)	2017 rough sleeping rate (per 1,000 households)
Bournemouth	47	39	48	90	0.53
Weymouth and Portland	6	11	18	29	0.62
Poole	10	11	13	67	0.19
Christchurch	8	10	5	22	0.22
North Dorset	0	1	3	31	0.10
West Dorset	6	2	2	46	0.04
East Dorset	3	0	1	39	0.03
Purbeck	5	2	1	20	0.05

Data Source - Rough sleeping in England: autumn 2017 (ONS)

Notes - The Autumn rough sleeping counts and estimates were carried out between 1 October and 30 November. A count is a single night snapshot of the number of rough sleepers in a local authority area. An estimate (shown in grey) is the number of people thought to be sleeping rough in a local authority area on any one night in a chosen week.

4.45 Table 21 above shows the number and rate of rough sleeping per 1,000 households for Dorset local authority districts. In 2017 the number of rough sleepers was highest in Bournemouth local authority (estimate of 48). Weymouth and Portland district had the highest rate of rough sleepers per 1,000 households (estimate of 0.62).

4.46 Table 22 and 22a below shows the number of DNAs across mental health services and highlights the homeless services have the highest DNA rate, closely followed by CMHTs and AOT. All three teams are higher than DHC average DNA rates. It is not possible to do a 3 year comparison as data has only been captured in these areas as the team was not created until November 2016. The information below is taken from Business Objects (DHC reporting tool).

Table 22 DNA by the homeless health team

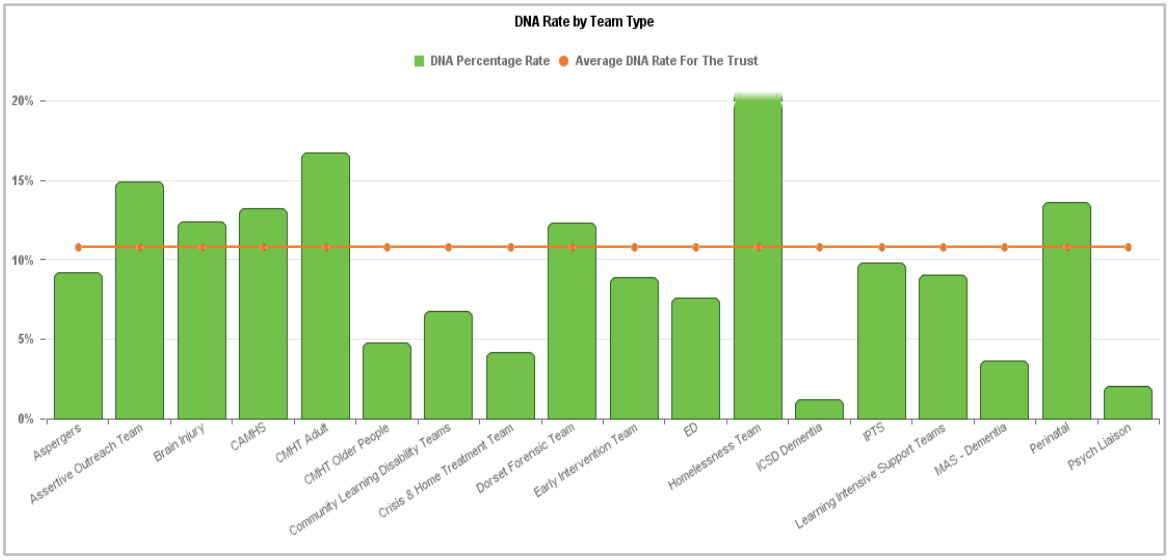
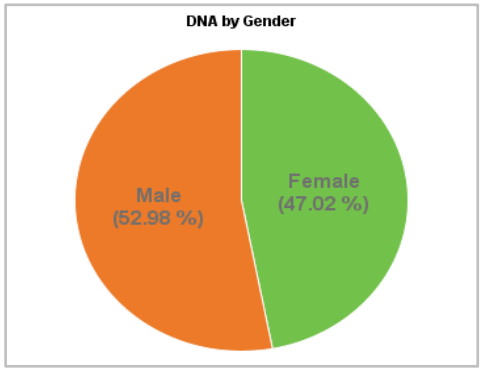


Table 22a – DNA by gender



4.47 Table 22a shows DNA rates by gender across the system and shows that men DNA more than women.

4.48 It should be noted on the homelessness service DNA rates that there is a distinction between did not attend and did not find. The staff assertively look for people sleeping out and if they are not found where they were previously seen sleeping out that cannot be considered to be a DNA.

4.49 Table 23 below shows referral activity for the Nurse Practitioner in Weymouth for 2017/18. Due to a post being only recently being in place for the east of the county there is no comparison to be made for this report.

Table 23 Weymouth Nurse Practitioner referral activity

Weymouth Homeless Service	2017/18
Number of new referrals	32
Number of open referrals	165
Number of contacts	58

4.50 The Nurse Practitioner provides a physical health outreach services to the homeless. The individuals seen do not have to have an SMI and can present with any health need. The role provides assessment and treatment of physical health conditions and supports individuals to access mainstream primary care or secondary care services.

Homeless attendance to A&E

4.51 Homeless people struggle to access health services because they are often asked to provide forms of ID such as proof of address, mobile numbers and addresses. Exclusion from these services puts people's health at further risk, and places additional pressure on emergency and urgent care services to treat illnesses -- some of which are preventable.

4.52 Homeless people are 5 times more likely to attend A+E (Dr Pippa Metcalf, The Royal College of Physicians presentation 2017)

4.53 Table 24 below illustrates the number of Emergency department (ED) attendances by individuals who are homeless over the last 3 years for the main 3 acute hospital providers.

Table 24 ED attendances by acute provider split

Provider		2015/16	2016/17	2017/18
Poole Hospital	Number of Visits	307	310	259
	Number of Individuals	164	127	122
Royal Bournemouth	Number of Visits	568	509	562
	Number of Individuals	267	250	270
Dorset County	Number of Visits	Not available	Not available	110
	Number of Individuals	Not available	Not available	56

Source: Provider data

4.54 This shows there are particularly higher number of homeless individuals attending ED at Royal Bournemouth compared with the other two providers. All three providers are showing that there are multiple re-attendances of the same patients given number of individuals is proportionately half of the number of attendances. For Royal Bournemouth and Poole numbers have stayed fairly static over the 3 years noted.

4.55 From Dorset HealthCare Homeless Health Audit (2017) 37% of those surveyed (155) had attended A+E within the last 12 months.

5. CONCLUSIONS AND SUMMARY ANALYSIS

Future Demand

5.1 Statistics suggest that by 2020/21 the number of people in Dorset forecasted to have a serious mental illness will increase to approximately 7,882. The number of people who may subsequently require rehabilitation (20%) is approximately 1576 and a further 1% (78.82) of people may require inpatient rehabilitation at some time.

5.2 The age of Dorset's population is rising and a greater number with SMI reach older age. This suggests that services need to be all age and not exclusively to adults as the complexity of client group will not usually change with age.

5.3 Dorset currently has 38 rehabilitation inpatient beds. During 2017/18 there were 47 admissions to those beds and the average length of stay was 200 days. Based on the forecasted increase there is an estimated 79 people (1% of SMI register) by 2020/21 who may require rehab inpatient beds and if nothing else is done additional beds may be require however with community team and housing provision is in place it is possible that fewer would be required.

5.4 Based on population data the higher proportion of services will need to be provided in the conurbation as these have the highest population density and highest SMI rates. The deprivation figures also indicate there are levels of deprivation in Christchurch and Bridport and in the west of the county e.g. Bridport SMI rates are slightly higher than the national average. However the highest rates are primarily in Bournemouth East and Poole. This is also evidenced in the proportion of homeless people in these areas. Furthermore, as the community services in

the review are not pan Dorset this indicates that a population of people who would benefit from these services are currently missing out on the specialist support.

Community Teams

5.6 It is apparent that community teams are working at overcapacity at times and resources are not matched to meet demand. Teams may need to work differently to manage the demand and could better meet the need for a pan Dorset service.

5.9 The current rehabilitation service in Dorset focusses on inpatient facilities and less on community and supporting people to live as independently and as well as possible in the community. The community offer is currently AOT and the Homeless Health Service and although skill sets of staff are arguably the same, the service remits have a slight difference in terms of responsiveness to treatment through rehab.

5.10 The skills of the staff across rehab, AOT and homelessness are broadly the same, staff work assertively, they form and hold the relationship with the person when they are not able or do not want to, they are able to engage with people who do not necessarily want to engage or do not see the value in engaging, they manage risk and work. There is argument in terms of the demand profile that there should be one team that supports people who have complex needs. Bringing the teams together will make them more robust and sustainable and give greater resilience.

5.11 Based on the inconsistencies and disparity of service provision and the skill mix within the teams there could be a case developing a for a community team that provides a pan Dorset service to meet the populations needs in a different and more fluid/flexible way.

Inpatients

5.12 People with a serious mental illness experience long length of stay during their inpatient admission and can often result in delayed discharges. Possible reasons for this include the limited supported accommodation options locally and a lack of an active and engaging community team supporting discharge with packages of care or waiting for placements.

5.13 National research data suggests that that people out of area do less well because they are disconnected from their peers, families and friends. The national drive is to cease out of area locked placements. Dorset will need to accommodate people being repatriated back into the county and provide resource to accommodate them.

5.14 There are a higher proportion of males accessing rehabilitation services. This could be for a number of reasons that have not been identified specifically within the analysis. This is consistent within the AOT service, the homeless health team service and the out of area locked rehab units with 7 males and 4 females and inpatient units that have 26 males and 12 females. The future bed provision will need to take this into consideration.

5.15 In total there are currently 180 people on the caseloads within our support services including inpatient rehabilitation. The forecast indicates this number will increase and this will need to be taken into consideration with shaping of future rehabilitation services for Dorset.

5.16 In summary there is rising demand and current services are not set up in the right areas to manage the demand in the least restrictive way.

5.17 There is little community provision and few supported housing options at the moment, which leave inpatient services being the primary rehabilitation and complex care option.

5.18 It is likely with targeted reshaping of the current services that the offer for people who require ongoing rehab or assertive support could be improved and enhanced.

References

Crisis, 2011, Homelessness: A silent killer

Department for Communities and Local Government, 2015, *English Indices of deprivation. Online available from:* https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015

Dorset Healthcare NHS University Foundation Trust, 2018, secondary data reports

Dorset Healthcare NHS University Foundation Trust, 2018, Contract Performance Report

Health and Social Care Information Centre, 2015, *Open Exeter System – GP population data*

Joint Commissioning Panel for Mental Health, October 2016, *Guidance for commissioners of rehabilitation services for people with complex mental health needs*

Kings Fund, 2014, *Transforming Mental Health Care: A plan for London*

National Institute for Clinical Excellence, 2018, *Rehabilitation in people with severe and enduring illness*

NHS Benchmarking Network, 2017, *Mental Health Benchmarking: Report for Trust MH05*

NHS Benchmarking Network, 2014, *Mental Health Benchmarking: Report for Trust T52*

NHS Digital Open Exeter system, 2018,

Office for National Statistics, 2016, *Annual Mid-Year Population Estimates, 2016.* Online Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2012tomid2016

Public Health England, 2014, *Severe Mental Illness Profile: Dorset Clinical Commissioning Group*

World Health organisation, 2013, *Premature death amongst those with severe mental disorders*

Care Quality Commission report March 2018

Dr Pippa Metcalf The Royal College of Physicians 2017 presentation