

Health and Care Overview and Scrutiny Committee – Proposal to improve the Mental Health Rehabilitation, Reablement and Recovery Pathway (Woodlands)

Introduction

The Isle of Wight Clinical Commissioning Group, Isle of Wight NHS Trust, Isle of Wight Local Authority and their partners from both the health and voluntary sector are committed to promoting, protecting and improving our Island residents' Mental Health and Wellbeing. Whilst there are already pockets of excellence on the Island, we recognise that significant improvements are still needed in order to ensure that all people on the Isle of Wight, including those with particular vulnerabilities including mental health, can easily access high quality, outcome focussed, evidence based services appropriate to their need when required.

In order to achieve a service that meets these goals, we are fully committed to co-producing and engaging with our local residents and their families; this is at the heart of all of our strategic development and service delivery. Based on these discussions, national best practice and clinical expertise, we have written this proposal document to transform the Mental Health Rehabilitation, Reablement and Recovery Pathway (Woodlands). It aligns with the Isle of Wight Mental Health Blueprint to deliver transformation on the IOW in line with the Mental Health Five Year Forward View.

The Local Care Board with representation from the CCG, Local Authority and NHS Trust have developed a joint vision and set principles of how we will work in partnership. These principles help to shape not only the way in which we will work, but also the outcomes we wish to achieve for our Island residents. This proposal is part of their top ten priority areas.

Mental Health is everyone's business. Good mental health and well-being are fundamental to physical health, relationships, education, training, work and to achieving our potential. The NHS and Social Care have an important part to play but they can only help to reduce the inequalities in health and mental health if all the agencies work together on the Island to support positive mental health outcomes for everyone.

Mental health affects everyone. It is estimated that one in four of us will experience a mental health problem and this will impact on families, friends, schools, work and communities.

Care, close to family and friends, with an emphasis on 'at home' or normal place of residence as far as possible, is vital to maintaining people's independence. Periods of care in any 'institutional' placement should be as short as possible and in the most appropriate environment to avoid lessening independence. The aim should always be that people are enabled to live in their normal place of residence by flexible care where possible, or returned to their normal place of residence, or adapted home placement, as soon as possible if they have been placed elsewhere.

This proposal aligns with all the above Island and national vision and values. We are seeking Health and Care Overview and Scrutiny (H&COSC) support to proceed to implement the proposal set out below.

Current provision

Currently the CCG commissions the IOW NHS Trust to deliver an integrated mental health recovery, re-ablement and rehabilitation (MHRRR) pathway, which supports individuals with complex serious mental health needs.

The provision currently provides both outreach services 9-5 Monday to Friday to people within their communities and in-reach services at the 10 bedded Woodlands Unit (Wootton Bridge), that is a hospital CQC registered unit.

Admission to the unit is via referral from community mental health services (CMHS) or acute inpatient facilities, with beds also being used for repatriation of people returning from specialist out of area placements.

The aim of the service is to provide integrated health and social care to individuals with enduring and complex mental health conditions to;

- Provide specialist assessment, treatment, interventions and support to help people recover from their mental health problems and to regain the skills and confidence to live successfully in the community
- Supporting them to manage their own condition, get a job, make friends, and maintain safe and secure housing of their choice enabling people to achieve their own life goals.

The core team is formed of nurses, occupational therapists, psychologists and mental health support workers with dedicated social care input from Adult Social Care and access to provision within the Mental Health Alliance (3rd Sector).

The current residents at Woodlands are mainly people who have been detained under the Mental Health Act, or via a court order in part 3 of the Act. Generally these residents have a high level of need, as well as restrictions placed upon them as a result of their section.

Case for Change

The current provision is a traditional model that supports individuals who may be detained under the Mental Health Act 2007 such as Section 3 or Section 37/41 as a “ward off-site” from Sevenacres, St Mary’s Hospital. It has a culture that is currently paternalistic and needs to change to a recovery, strength based model going forwards.

Also the Island has historically had significant issues regarding accessing step down housing for vulnerable adults. The people often requiring admission to the MHRRR Pathway have often been removed from Registered Social landlords Tenancy Lists due to the behaviours manifested when severely mentally ill.

Nationally and locally the evidence indicates that in a number of instances, people emerging from mental health inpatient environments are often scarred by the experience.

“It [inpatient care] was a frightening and bewildering time for me. I felt completely lost and did not know what was happening to me or what the future might hold... (then) I met a nurse who proved, literally, to be my life-saver...She was a great inspiration. She told me that I would not always be in this state, although a lot of that would be up to me. With her support, I started to learn about myself...This wonderful woman gave me the strength to carry on, and not end my life as I had planned.” **Service user**

This reinforces the need to provide an appropriate environment for people when they are being referred into the MHRRR Pathway. We have recognised that hospital units can inadvertently damage as by nature, they have structured environments and rules; most people aspire to have their own front door. The new models of care provide people with their own front door as well as communal shared spaces.

Another dilemma in developing suitable options has been the Islands demography and population of 142,000. Best practice commissioning guidance on provision of recommended levels of care are set out below;

- Community Rehabilitation Unit per 300,000 population
- Longer Term Complex Care Unit per 600,000

It is important to ensure that the whole MHRRR Pathway is right going forwards. Currently Island residents are placed as far away as Wales and Cornwall. Going forwards people living on the Island need to be able to access a Community Rehabilitation Service and a Longer Term Complex Care Unit within the HIOW footprint and have a new model of provision on the Island.

The CQC carried out inspections in November/December 2016 and more recently in May 2017, where they considered and evaluated the NHS Trust against five key areas:

1. Safe
2. Effective
3. Caring
4. Responsive
5. Well Led

The overall rating for the services inspected at the November/December inspection was inadequate in four of the five areas. In particular, the CQC highlighted a number of risks at Woodlands and referenced the paternalistic nature of care. The risks and issues highlighted have been subject to a 'deep dive' as historic and current staffing issue means that residents may not receive the level of treatment needed or indeed commissioned

As a result the CCG requested the Trust to complete an urgent review of the MHRRR provision and in particular Woodlands Ward.

The urgent reviews undertaken both internally and externally state that the Woodlands unit is no longer considered to be the right facility to continue providing current services. The strategic overview of the MHRRR Pathway needs strengthening with a robust approach to discharge planning at all stages and move-on plans for everybody receiving services.

The current unit is a registered inpatient unit and therefore subject to regulation by the CQC. It is considered to be part of the hospital environment, despite being located off the main Trust site, within a local community, and is therefore subject to many of the same rigorous standards required in acute settings in hospitals, which in many cases is not appropriate for the service that is provided out of the Woodlands Unit. This contributes to the environment having a clinical feel to it, when it should feel more homely and welcoming for the people who use this service.

The NHS Trust leases the unit. The lease was due to expire on 28th February 2018, however, this has been extended for a further 3 years with a rolling 12 month break clause while proposals are developed as there is a general acceptance that the unit is “tired” and that the model is open for change and modernization.

Clinical Evidence

In considering options for an improved service model we have reviewed the best practice guidance for commissioners on **Rehabilitation Services for People with Complex Mental Health Needs**, published in November 2016 by the Joint Commissioning Panel for Mental Health (JCPMH) who advises the following:

An effective rehabilitation service requires a managed functional network of services across a wide spectrum of care, the exact components of the care pathway provided should be determined by local need:

- Inpatient and community based rehabilitation units (within the HIOW footprint)
- Community rehabilitation teams
- Supported accommodation services
- Services that support service users’ occupation and work
- Advocacy services
- Peer support services
- Robust arrangements for liaison with primary and secondary care services to monitor and manage physical health comorbidities
- A local service can be tailored to the needs of the individuals it is for and respond to a change in need
- A person should be able to remain living in their community of origin if that is their wish
- Multidisciplinary teams that include social workers, Occupational therapists and Psychologists
- A rehabilitation service close to its clients, their families and workers who know them. Under local management it is far less likely for people to be ‘out of sight, and out of mind’
- A service where people who use services do not have to leave their home to be resettled many miles away for long periods of time, merely to access a standard treatment environment

The purpose of specialist MHRRR pathway is to deliver effective rehabilitation, reablement and recovery to people whose needs cannot be met by less intensive mainstream adult mental health services. The focus is on the treatment and care of people with severe and complex mental health problems who are disabled and often distressed, and who are or would otherwise be high users of in-patient and community services.

Due to the challenges identified by the CCG, Trust, Adult Social Care and the CQC within the current provision a different MHRRR provision needs to be recommissioned urgently.

The Proposal

A number of options have been explored and developed together by the NHS Trust, Adult Social Care and the CCG in co-production with people who are using or have used this type of provision. This has also involved a number of visits with key partners in the Third Sector to look at exemplar sites nationally. The preferred option has been supported by the CCG Clinical Executive and still needs to be considered formally by the IW NHS Trust Board.

New provision is based on national best practice and should ensure a significant step change in provision, to one where there is a partnership between Trust, Adult Social Care, Third Sector Partners and Registered Social Landlords.

Island residents requiring access to a Specialist Community Rehabilitation Inpatient Unit and or Longer Term Complex Care Inpatient Unit will receive this specialist care within the HIOW footprint. There is consensus that these specialist provisions should be delivered at scale and it is one of the HIOW Mental health work-streams. Currently Island residents are placed as far away as Wales or Cornwall.

The proposal set out below is in line with best practice nationally, where people who use services can move from inpatient settings to a non-registered intensive support environment, or directly to semi-independent supported living units then on to disseminated flats throughout the community with more minimal support.

We are proposing the implementation of an Intensive Community Team with a 3-tier 'step down' pathway, in partnership with partners in the Third Sector and Registered Social Landlords (appendix 1).

This model, like other intensive housing support schemes, would offer 3 levels of support, intensive, close and disseminated, all of which would be backed by rehabilitation, re-enablement and recovery work. The team would focus on all aspects of people's lives to enable this to happen, assessing people's mental state constantly, treating as required, and introducing new skills, education, life skills, relationships, recreation, harm minimisation and all other factors.

The 3 levels of support are:

- Intensive support studio flats (4) with communal areas to ensure support and avoidance of isolation and community team directly based in that area;
- Close support studio flats (6) on the edge of this site for ease of access and supervision;
- Disseminated flats provided in small groups in different communities with own tenancies to avoid *ghetto* effects.

The new Community Team will be co-located with the new unit within the community and will be staffed by NHS, Adult Social Care and Third Sector staff and employ peer support workers. This team will support all levels of need in the pathway (in-reach and outreach).

The team would provide support, expertise and supervision to all levels, with intensive being mostly statutory staff and housing support. Close support would be a full partnership of voluntary and statutory sector and disseminated support being mostly voluntary sector with input, guidance and expertise from qualified staff.

It should be noted that people do not have to progress through all elements of the pathway, they can also begin at any point, as needs dictate.

This proposal is designed to support a culture shift, to a better balance between formal beds and beds based on the 'least restrictive' model that is still able to meet the majority of their needs. Excepting the more specialist placements, for which off island facilities would still be used but hopefully for shorter periods. It is based on a model of partnership between statutory and voluntary sector, with the site and some staffing provided by a registered housing provider. This allows people in the scheme to access benefits that are unavailable to them in registered hospital/nursing home models, which is now the norm in many parts of the country.

The main site would not be registered, but close supervision and constant assessment achieved by basing the intensive community team directly on site with the intensively supported flats. The Team would consist of trained nurses, OT, medical and psychological support, support workers and housing support and be focused on all areas of rehabilitation; re-enablement and recovery to ensure people can live valued lives, safely within the community, with increasing independence.

As the site would not be registered, any compulsion (to reside or receive treatments) would be via Community Treatment Orders (CTOs), or guardianship orders. The emphasis is on people's own goals, and activities geared to people's wishes and needs. The desire for the achievement of greater independence generally provides the motivation to concord rather than the need to be compelled. This experience is present in many other providers during re-provision, with less use of sections of the MHA for long term placements, other than when required for locked rehabilitation and low secure levels of care. Consideration of the effectiveness of CTOs and/or full compliance by factoring in very clear individual goals, progression and more independent and owned environments, as opposed to control by section of MHA, has been taken into account. This will benefit the majority of people who would require the services with better overall outcomes towards independence.

We believe that in the first place, this proposal will reduce the number of IOW residents needing to be sent off Island for treatment and also support the return home of Island residents to their families, friends and communities.

The proposal has an ambitious timeline for the completion of the re-provision. The timeline is driven by the need to complete the re-provision within a two year window as stipulated by the CQC.

The CCG Executive approved the proposal on the 21st December 2017.

Stakeholder Engagement

People using and supporting these services have been involved in co-producing the options for the provision of Mental Health RRR (Woodlands) Services.

Quality impact assessment (QIA) and Equality Impact Assessment (EIA)

Both the quality impact assessment and equality impact assessment have been completed.

Appendix 1

