Dorset Clinical Commissioning Group (CCG) consultation regarding services for people living in Dorset who experience serious mental illness (known as the Mental Health Acute Care Pathway: MH ACP) ended on 31 March 2017.

Dorset County Hospital NHS Foundation Trust encouraged the public, patients and members of staff to respond to the consultation, and sought the professional views of staff to feed into its formal response. The response, copied below, was then reviewed and approved by the Trust Board.
Additional inpatient beds (please see pages 11 & 14 of the document)

In order to meet the demand the proposal is to add 16 new beds in stage one. 12 new beds will go to St Ann's and 4 will go to Forston Clinic. In stage two, the Linden Unit will close and the 15 Linden Beds will be relocated to St Ann's to match the demand for beds in the east of the county.

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<th>To what extent do you support the proposal to add beds in order to meet the demand?</th>
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Please use the space below to explain your reasons why.

The Trust welcomes the proposal for additional mental health inpatient beds, but is concerned that patients in the west of the county will be disadvantaged if the Linden Unit closes. The Trust feels unable to comment as to whether the number of additional beds will be adequate for the needs of the county.

For patients within the Emergency Department, once a decision has been made to admit the patient to a dedicated mental health bed (either voluntarily or following a MHA assessment) the time that it can take to allocate a mental health inpatient bed can be considerable. It is not unusual for this to add hours to a patient’s stay in the ED.
Provision of more mental health inpatient beds locally (within county) can only be a positive step.

To what extent do you support the proposal to move beds to areas of high demand?

- A great deal
- To some extent
- Not very much
- Not at all
- Don't know / no opinion

Please use the space below to explain your reasons why.

Whilst the Trust accepts the principle that mental health inpatient beds should meet local demand, we disagree with the proposition. We do not accept that all demand is over in the east and would question whether modelling has been undertaken on current demand rather than forecast demand. We do not believe the evidence supports the proposal.

Whilst a large number of west-of-county beds are being used by east-of-county patients, there are a significant number of west patients being admitted to St. Anne's as well. The Trust has concerns about losing so many beds in Weymouth (a demographic, including Portland, which is more likely to rely on public transport).
The Retreats (please see page 16 of the document)

The Retreat is somewhere people can go when things start to go wrong that will help them to get the right treatment and support when they need it. Our preferred option includes creating two Retreats. One Retreat will be located in Bournemouth and the other in either Weymouth or Dorchester.

To what extent do you support the proposed creation of two Retreats?

- A great deal
- To some extent
- Not very much
- Not at all
- Don't know / no opinion

Please use the space below to explain your reasons why.

The Trust feels there is a lack of clarity over which NHS providers would be able to refer people to a retreat, and whether people could be signposted from A&E to a retreat if appropriate.

The Trust has serious concerns about the proposed 12am/2am closing time, and would question where patients who require ongoing support after this time will be transferred. The Trust already faces considerable challenges around patients who arrive in the early hours of the morning who require mental health service input, and would like to see increased investment in out of hours mental health services.
We would like to know what you think about the location of the Retreat in the west of the county. Although the preferred option is Dorchester because it enables the highest number of people to access it, Weymouth is also a viable alternative and we would like your views about this.

Which of the two locations for the Retreat in the west of the county would you prefer?

- [ ] Dorchester
- [ ] Weymouth

Please use the space below to explain why you chose the location you did.

We believe there is a need for services in both locations to provide services in the area of highest need (Weymouth) and to ensure there is a service which is accessible for the wider West Dorset population.

The Trust seeks assurance that travel provision and access to public transport has been considered for both locations, and would suggest that the population need may be for a centre in both locations (with the possibility of the voluntary sector providing a Weymouth retreat).
Community Front Rooms (CFRs) are safe places to go when things start to go wrong. They are similar to the Retreats but not directly linked to the CMHTs. The CFRs can be based in familiar community settings such as cafes, day centres, and libraries or supported housing. The CFRs will improve access to services in rural parts of the county that have poor transport.

To what extent do you support the proposals for Community Front Rooms in local areas to help people who experience serious mental illness?

- A great deal
- To some extent
- Not very much
- Not at all
- Don't know / no opinion

Please use the space below to explain your reasons why.
The Trust views this as a sensible approach for improving access for patients with mild or moderate mental illness, but has serious concerns over the level of support that will be available for patients with serious mental illness.
We would like to know what you think about the number of Community Front Rooms and the number of Recovery beds. It is possible to have both Community Front Rooms and Recovery beds but these are linked because of the available finance and so there is a choice between the number of Community Front Rooms and the number of Recovery beds. The choices are:

- Seven Recovery beds and three Community Front Rooms
- Ten Recovery beds and two Community Front Rooms

Our preferred option is for seven Recovery beds and three Community Front Rooms. Our reasons for this are that this combination provides the highest number of people with the best access to services when they are in crisis.

The exact location of the recovery beds and Community Front Rooms will depend on which Retreat is chosen and will also be selected against a set of criteria including best access to services for the most people, local need and the third sector mental health provider market in Dorset. We think based on travel time analysis as described in the document on page number 17 that the best locations for the Community Front Rooms is Bridport, Sturminster Newton and Wareham.

**What combination of Community Front Rooms and Recovery beds would you prefer?**

- Seven Recovery beds and three Community Front Rooms
- Ten Recovery beds and two Community Front Rooms

Please use the space below to explain why you chose the option you did. The Trust is unable to provide a consensus response to this question, given the importance of widening access through an increase in Community Front Rooms, but the limitations of these in supporting those with serious mental illness.
Overall proposal

**Overall, to what extent do you support the proposed changes to how mental health acute care is provided in Dorset?**

- [ ] A great deal
- [ ] To some extent
- [ ] Not very much
- [ ] Not at all
- [ ] Don't know / no opinion

Please use the space below to explain your reasons why.

**Overall the Trust welcomes the review, but is unclear what evidence these proposals are based on.**

The Trust feels that insufficient emphasis has been placed on mental health liaison and crisis teams to provide a comprehensive 24/7 service which links to other NHS providers. Secondary care experiences real difficulties in accessing timely Mental Health assessment which in terms of advocating for people's needs is disappointing that this has not been addressed. The purpose should be to ensure that people can access early support and intervention without attending A&E. However, unfortunately out of hours this does occur and creates difficulties and delays. There is also a disconnect between Mental Health services and drug and alcohol dependency services - more attention to this would be helpful as a good proportion of people with Mental Health needs also have a dependency which is affecting their physical and mental health and behaviour.

The Trust feels that this is a significant missed opportunity to integrate physical and mental healthcare provision, and it is unclear how these proposals align with the integrated community services proposals. The Trust questions why the integrated community hubs are not more integral to the pathway.

Whilst additional mental health inpatient capacity is welcomed it is unclear regarding the adult/children (also transition adolescent to young adult) split and increase in capacity.

In relation to our Emergency Department, the biggest strain on resource and impact on patients with serious mental illness relates to two key issues:
1) Access to (local) mental health inpatient beds for those patients who require them, and 2) access to timely assessment and robust care plans, particularly out of hours, to allow patients to safely to discharged home/other place of residence.

The Trust has serious concerns that this plan does not invest significantly in the out-of-hours period, i.e. midnight - 5 am, and the investment that is being made in this period closes at 12am/2am with no clarity regarding what support is then available to patients accessing this service.

The Trust has concerns that the Retreat and CFR proposals appear confusing and would seek clarification regarding how the public or professionals in organisations would know what and how they support. It feels the proposal is unclear regarding links with Crisis and the Connection service and does not appear to improve clarity on access to help/advice in an emergency or urgent situation for a person (self) or person/patient (i.e. other organisation base).

The Trust feels there is a lack of detail regarding how the proposed services link with other health provision. We note that there is no mention of CAMHS in the proposals nor is there mention of assessment suites. Given the burden on the police of travelling to the assessment suite in Poole, the Trust would welcome an assessment suite at Forston. The Trust is unclear on the impact on emergency calls/support reduction (for both police and acute services) of the proposals.

The Trust believes the statement in the consultation document that "The psychiatric liaison service is a 24 hour service" is incorrect, and that the lack of access to a 24 hour liaison service significantly impacts on our ability to secure the right help for our patients in a timely way.