South Eastern Health and Social Care Trust

Paper No. SET/18/24
Trust Board: 28 February 2024
Public Agenda Item 8.1

Title of Paper: **Mental Health Services – Challenges, Pressures, Risks & Opportunities**		
~~**For Approval**~~ ~~Requires majority decision prior to implementation or action.~~	**For Discussion** Requires consideration and debate.	~~**For Noting**~~ ~~Contains information Members should be made aware.~~

1.0 Background

The aim of this paper is to ensure Trust Board are fully aware of the impact of mental health pressures across the entire service. The paper also aims to provide an assurance that action has been taken to mitigate the associated risks.

Mental Health Services (MHS) continue to experience significant pressures as a consequence of increased demands upon services, including increased numbers of new referrals, increased complexity and acuity of presentations and significant workforce pressures as the result of high vacancy levels and increased rates of sickness and absence.

In addition, the closure of Muckamore Abbey Hospital, without an alternative pathway to inpatient admission for people with an Intellectual Disability (ID) has resulted in the inappropriate admission of patients with ID to acute mental health wards. The pressures described are giving rise to challenges across the range of services, both hospital and community, provided by Mental Health Teams.

Of further significance is the planned and ongoing integration of Adult Mental Health Services and Mental Health Services for Older People (MHSOP), bringing together services for adults of all ages with a functional mental illness, and those living with a dementia. While this will ultimately provide opportunities to expand access to services and choice for older people, the current position is that, in the main, if a patient has a dementia or is over the age of 65 years with a functional mental illness there are limited alternatives to hospital admission, and insufficient services available to facilitate an earlier discharge. This position is compounded by the ongoing challenges around community care provision, which in turn places pressure on acute and community services, similar to that detailed above.

2.0 Key Issues

There has been a significant change from 2016/17 with the average number of referrals per month to our Mental Health Assessment Centre (MHAC) increasing from 556 to 753 up to the end of October*, an overall increase of 35.4% increase:

- average emergency referrals per month increased by 68%;
- average urgent referrals per month increased by 83%;
- average routine referrals per month increased by 25%;
- average card before you leave referrals per month reduced by 7%.

*figures up to end of October 2023 only due to introduction of Encompass

Mental Health Hospital Services

- Current occupancy rates sit above 100% on almost a daily basis.

As an example on 21st February 2024:

- Eight contingency spaces were in use across our acute wards. There were 6 people awaiting admission, the occupancy rate was 109%, and out of 82 commissioned beds, there were 94 people open to our inpatient wards, with 4 leave beds also in use (a leave bed is hospital bed vacated by a patient while on Home Leave and is recorded as reserved and not available because of Home Leave – this bed should remain available as the person's leave could cease at any time).

- Levels of special observations also remain high on our wards. One patient with an Intellectual Disability (ID) required continuous observations with a further 13 patients on 1:1 observations.

- There were three out of trust inpatients across our wards.

- The average proportion of people who are detained on the wards is 55%. On this day there were 58 patients whose legal status was detained (62%).

- The average length of stay on an acute inpatient ward is currently 42 days (up 2 days from the previous year).

- In relation to the older population with a functional mental illness, it is notable in 2022/23 this patient group accounted for 12% of overall MH bed occupancy with an average length of stay of 73 days for people over the age of 65.

- Delayed discharges of people with complex needs: As of this date, six patients remain in hospital who are fit for discharge. There are a number of reasons for current delayed discharges – all have a diagnosis of schizophrenia and discharge arrangements and community placements tend to require complex packages of care (e.g. people requiring 1:1 nursing care; but also the need for intensively staffed supported living options and nursing care services).

- The Community Mental Health Team (CMHT), Home Treatment Team (HTT), Mental Health Assessment Centre (MHAC) have not received any new commissioner investment for several years, despite the increased rate of referral observed over this period of time.

- This position is similar for Mental Health Services for Older People and is compounded by the fact that according to NISRA (2023), the SE Trust area of Ards and North Down has, for example:
  - ❖ The highest proportion of people in Northern Ireland aged over 65 years
  - ❖ The highest percentage of people in Northern Ireland aged over 85 years
  - ❖ According to Alzheimer's Research UK, has the highest prevalence of people living with dementia in Northern Ireland

- The number of patients attending our Community Addictions Services for OST has increased by 71% in the past five years (Table 4).

3.0 Resources Implications (inc Organisational, Financial, Human Resources)

The current vacancy rate across MHS is 12% (66/540). In December 2023 8% of mental health staff and 8.7% of MHSOP staff were off work due to sick leave.

Regionally there is a recognised shortage of registered mental health nurses, consultant psychiatrists and AHPs.

The referral rate to Adult Mental Health (AMH) Services has been increasing year-on-year, with the exception of 2020 when Covid-19 slowed the number of referrals received for a period of time (Table 1).

Of particular note is the mental health surge reflected in the number of emergency and urgent referrals, which increases the pressure on teams due to the shorter timeframes for assessment – in some areas this has led to a breach in the 9-week wait for routine assessments. As of 17 January 2024, 1112 people were waiting more than 9 weeks for a routine appointment.

While up to date data is not available at the time of this report, due in part to Encompass and ongoing discussions around regional consistency in relation to reporting, increasing acuity, complexity and co-morbidity, has meant that time to diagnosis for dementia patients has continued to breach at 9-weeks-plus on an ongoing basis.

Bed occupancy levels have remained consistently high and rarely dips below 100%, and is always above the recommend 85% for the past 5 years (Table 3).

Acuity, complexity, number of patients detained and those in need of 1:1 or 2:1 observation (where 2 staff are required for a patient on observations) has also increased. On a more regular basis services have been needing to place some patients on 3:1 up to 5:1 observation. Patients with complex needs and issues with placements have resulted in delayed discharges. There is a growing concern amongst service providers about agreeing to LD/ID placements as with the closure of Muckamore there are very limited options when a person becomes unwell or deteriorates.

In recent weeks, due to the high levels of over-occupancy and all contingency spaces in use, we had to make the decision to admit a patient who was very unwell to a mattress on the floor, putting the ward, three over their commissioned numbers. Additionally, due to the reduced capacity to accept admissions, there has been a build-up of people waiting to be admitted to hospital. As mentioned above, on 21/02/2024, there were 6 people awaiting admission.

The addictions service also remains under pressure. For example, the number of patients on Opiate Substitution Therapy (OST) has increased over the past four years.

In addition to the pressures within our services, the Trust has not received any new investment into core Community Mental Health Services.

4.0 Impact on Safety, Quality and Experience (SQE)

The consequence of these pressures is increased risk arising from:

- The acute inpatient environment remains sub-optimal and we have repeatedly raised our concerns about the risk associated with our inpatient estate within business case updates. 12 years on from initially submitting a business case for our 3 to 1 hospital plan there is still no confirmation of funding and/or plans to commence work;
- Inpatient services that are routinely experiencing over-occupancy, resulting in the ongoing use of non-designated spaces and overcrowding. These contingencies are often located in therapy spaces, affecting the therapeutic value of admission for all patients; patient privacy; group work and routine activities.
- Insufficient staffing levels to fully meet the needs of patients. This has led to a substantial dependence on temporary agency and bank staff, loss of nurse/patient therapeutic engagement time, 43% increase in incidents from 2021 to 2023 (violence & aggression, self-harm, falls, medication errors);
- Overall, staff wellbeing is impacted resulting in increased absences, moral injury, high staff turn-over and a destabilised workforce;
- HTT services are managing higher levels of risk in the community;
- Patient admission is delayed with protracted waits in Emergency Departments (ED) or in other parts of the acute hospital and also patients having to wait at home for a bed to become available
- Approved Social Work (ASW) staff are required to remain with patients assessed as requiring detention in the community / ED until a suitable bed becomes available, which in turn increases risk for ASWs personal safety, increases pressure on both the ASW day rota, RESWS and staff wellbeing.
- There is no Regional Dementia Bed Policy and no crisis community provision in SE Trust for people with a dementia, which compounds the pressure on the ASW service.

5.0 Key Risks and Proposals to Mitigate

Securing Trust Board support to develop further risk management approaches, including service development (e.g. the development of a mental health rehabilitation ward) is a key aim of this paper.

A range of actions have been undertaken to mitigate the risks outlined above mindful that year on year the pressure is increasing and services are becoming more stretched.

Mitigations:

- Bi-monthly governance meetings focussing on DATIX incidents, complaints, SAIs; DRR/CRR reviews at senior management and team levels
- Daily bed-flow meetings
- Weekly Operational Meeting with LD services
- Improvements to our mental health estate

- Recruitment drives
- International nurse recruitment
- Investigating new roles and ways of working
- Introduction of psychiatric liaison service to the UHD (without full funding)
- Introduction of an Old Age Psychiatry Liaison Service (without funding)
- Introduction of a Dementia Behaviour Outreach Service pilot in the Lisburn area (without funding)
- Enhancement of Trust Bed Flow team
- Development of business case for rehabilitation ward and increased supported living placements
- Developing business cases for an LD/ID inpatient ward & Community Assessment and Treatment Unit
- Detailed focus on staff wellbeing
- Enhanced staff support through access to the Trust's Clinical Psychology and Psychological Therapies team
- Increased visibility of management team in clinical areas

Lead Director: **Rachel Gibbs, Director of Adult Services & Healthcare in Prison**

Date: **23 February 2024**