

Freedom of Information Request **19 113**

Our Reference: FOI 19 113 / AA / LP
Name:
Date: 3rd June 2019
Address:

Dear

Further to your Freedom of Information Request, please find the Trust's response below:

The Royal College of Psychiatrists and Rethink Mental Illness are writing to you for details of Humber Teaching NHS Foundation Trust's strategy to reduce the number of patients sent out of area for mental health rehabilitation.

An out of area placement is defined by NHS England as:

'...when a person with assessed rehabilitation mental health needs who requires adult mental health rehabilitation inpatient care, is admitted to a unit that does not form part of their usual local network of services. By this we mean an inpatient unit that does not usually admit people living in the catchment of the person's local community mental health service.' Specifically, a person is considered out of area if they are currently receiving inpatient rehabilitation outside of the Local Authority area that holds responsibility for their future housing.

Some out of area placements are appropriate. For example, if a person requires treatment in a 'highly specialist inpatient rehabilitation unit' as defined by the CQC for people with very specific and complex mental health needs and co-morbidities (e.g. psychosis plus acquired brain injury, severe personality disorder, or autism spectrum disorder), as these are usually provided at a regional or national level.

We would like to know the following information:

1. As of April 2019, how many NHS inpatient rehabilitation beds do you have in the care of your Trust?

[Humber Teaching NHS Foundation Trust has 18 rehabilitation beds at its Hawthorne Court inpatient unit.](#)

2. As of April 2019, how many people are placed in an inpatient rehabilitation unit outside the care of your Trust?

[Humber Teaching NHS Foundation Trust is unable to provide this information as it is not held by the Trust. You may wish to re-direct this aspect of your request to the local CCG's:](#)



NHS Hull CCG
2nd Floor, Wilberforce Court
Alfred Gelder Street
Hull, HU1 1UY

NHS East Riding of Yorkshire CCG
Health House
Grange Park Lane
Willerby, HU10 6DT

3. As of April 2019, of those patients placed out of area in inpatient rehabilitation units, how many are there appropriately because of their highly specialist needs?

See response to question 2.

4. Do you have a local strategy to minimise the use of out of area rehabilitation placements? If so, please provide brief details or attach a copy of any strategy to your response. This should include,

- a. How out of area placements are agreed in your area
- b. The process for reviewing anyone placed out of area (and potentially bringing them back to a local service)

Currently, all out of area placements go through a rigorous specialist placement panel which includes representatives from the Trust, the local authorities and the CCG. The CCG have case workers that monitor the care and progress. You may therefore wish to redirect this aspect of your request to the CCG's, whose details are provided in response to question 2.

5. Do you have a local community mental health rehabilitation team? If so, please briefly describe their remit, including the characteristics of the clients with whom they are commissioned to work (e.g. those in local high supported accommodation, those returning from an out of area placement etc)

Humber Teaching NHS Foundation Trust is implementing now a new service which will work in partnership with a range of organisations to provide an Intensive Community Rehabilitation and Recovery Service (ICRRS). The service promotes recovery for individuals with complex and enduring mental health difficulties who may have previously had an inpatient rehabilitation admission and prevents people from going out of area. This will develop in phase 1 of the project with further development as more people return locally.

The ICRRS team will be multi-disciplinary and use an assertive / intensive case management approach to support people in their own accommodation. It will be delivered 7 days a week (8am-8pm) with some flexibility to support individual rehabilitation and recovery plans.

The ICRRS team will intensively case manage around 40 individuals and offer up to 4 visits a day or 4 hours' intensive treatment or less visits but longer in duration. The model and staff costs have been based on 10-15 people receiving the highest level of support daily with the remaining 25-30 having 1-2 visits per day or 2 hours' treatment provided by the team across Hull and the East Riding.

The episode of care will be dependent on individual need but it is anticipated that it will be for an average of around 12 months (based on an expected length of stay (LOS) in an in-patient bed and for a maximum of up to 18 months.) A phased approach will be taken and by the beginning of phase 2, a housing pathway will have been developed. This will include a range of housing options for people from returning to their own home, living in housing available for all citizens or living in housing identified specifically to support people with mental health needs.

The level of support people receive during that period may vary according to need, complexity and recovery stages.



www.humber.nhs.uk



Caring, Learning and Growing



The ICCRS model will be non-medically led by an approved clinician undertaking all aspects of the Mental Health Act. An integral part of the offer will be employees directly sub-contracted from non NHS providers and a much wider range of expertise and involvement from a number of different community and housing organisations.

Within agreed timeframes the service will move to 5 in-patient beds as part of the step up / step down model, with admission being part of a planned process, led by the ICCRS.

A range of different interventions and approaches will need to be available from the team as follows:

- psychological interventions including low intensity interventions;
- use of and working with recovery models and wellness action plans;
- creative therapies;
- self-care, meaningful occupation and community connections;
- financial and housing support;
- medication;
- supporting new roles and relationships and turning community activities into community friendships;
- supporting self-management;
- personalised approaches.

The service is to be available for adults (18+) in the populations for which Hull CCG and East Riding of Yorkshire CCG are responsible (as defined in the current national responsible commissioner guidance) who have complex mental health needs from inpatient rehabilitation units including:

- high dependency rehabilitation;
- longer term complex care rehabilitation;
- a diagnosis of Autism or mild learning disability;
- secure rehabilitation (step down from a forensic) **Phase 2**
- highly specialist services (such as Acquired Brain Injury, severe PD - dependent on need) **Phase 2**

The service will exclude people with:

- Acquired Brain Injury (ABI) where this is the primary reason long term support is required

Overall objectives of the ICCRS:

- Rehabilitation and recovery should be provided in a community setting / person's own home wherever possible and not in an inpatient setting; specialist out of area placements for rehabilitation should be avoided.
- To promote personal recovery and reablement as far as possible for the individual using a biopsychosocial model.
- The focus will be on overcoming disability with an emphasis on recovery and social inclusion.
- Rehabilitation will be delivered in partnership with social care and the third sector; it should not primarily be a health / medical model.



www.humber.nhs.uk



Caring, Learning and Growing



- People will have personalised interventions and goals through their programmes of care. The programmes will include learning or relearning of life skills, a range of group and individual therapies, activities and access to education and employment and leisure opportunities in the community.
- The service will promote self-management so people can support themselves more appropriately in their own environment which sustains recovery and maintains independent living.
- The service will be aligned to the development of integrated personal commissioning (IPCs) and personal health budgets (PHBs) for mental health.

6. How many local mental health rehabilitation beds have been decommissioned in your Trust in the last five years and how many local beds do you plan to decommission in future?

In the last 5 years, Humber Teaching NHS Foundation Trust has had 14 beds decommissioned. This was following the closure of our St Andrews unit in 2017. The rehabilitation service is under review to re-develop as The Complex Recovery Service, incorporating an intensive 5-bed inpatient area with a further 30 patients receiving wrap-around rehabilitation packages in accommodation likely to be supported in nature and provided by private landlords, third sector or local authority in most cases. The Trust will have fewer inpatient beds but the service will be able to accommodate the same number of service users who need contemporary 'rehab'-type services.

Kind regards,

Freedom of Information Team
Humber Teaching NHS Foundation Trust
Mary Seacole Building
Willerby Hill
Willerby
HU10 6ED

<https://www.humber.nhs.uk/about-our-trust/freedom-of-information-enquiry-form.htm>



www.humber.nhs.uk



Caring, Learning and Growing

