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Oxleas NHS
NHS Foundation Trust

Rehabilitation Summary Briefing
2nd November 2016

Introduction

This review has been focussed on consideration of the balance of services in the pathway across inpatient, step down and community provision. The focus of this service redesign is to deliver a rehabilitation service which provides a more balanced provision of different levels of rehabilitation across inpatient and community settings. This will allow patients to receive care within the right setting for their level of need and enable a more seamless patient journey on the clinical pathway.

A higher provision in supported accommodation and community rehabilitation will allow more patients to be treated closer to home or in their own homes.

The redesign of rehabilitation services is an exciting opportunity to modernise provision structures to deliver a more balanced provision within the pathway which is line with good practice on recovery and care closer to home outside of institutions.

Development of Rehabilitation Pathway

The key developments to improve the rehabilitation pathway are:

- Maintain appropriate level of Inpatient Rehabilitation
- Establish Community Rehabilitation services
- Increase the level of Supported Accommodation

Maintain appropriate level of Inpatient Rehabilitation
It is acknowledged that in order to provide a comprehensive rehabilitation pathway it is necessary to maintain an amount of provision at each stage of the pathway. As such it is appropriate to maintain a level of inpatient rehabilitation provision whilst reducing the volume of this service.

Current inpatient caseloads include a number of patients who are treated within the inpatient setting for longer than is clinically necessary due to lack of availability of step down options such as community rehabilitation and supported housing.

There are also times when patients are referred to inpatient rehabilitation due to the absence of other options even though their needs could be met closer to home in less restrictive environment. We know that referral levels into inpatient rehab have remained relatively stable since 2013 and that the majority of referrals come from acute inpatient services (see Appendix 1). One of the negative impacts of this is that patients will inevitably lose their own tenancies as a result of moving into long term inpatient care and it is very difficult to secure future tenancies once lost.

Establish Community Rehabilitation
Re-investment of resources from inpatient rehabilitation settings into Psychiatry and Multi disciplinary staffing, to enable service users to be supported in their own homes.

This staffing resource will be able to support the transition of service users stepping down from Supported Accommodation and work with third sector providers to increase the level of need they are able to support.

This staffing resource will also be able to support service users who require rehabilitation but do not require this to be delivered in an inpatient or supported accommodation setting. This may be transitioning service users out of MH acute admission or supporting service users in their own homes in order to avoid a MH acute admission.

The Community Rehabilitation resource will be in a position to gradually step down their input as the service user progresses, transitioning service users into MH Community Teams or back to Primary Care as appropriate.

Increase the level of Supported Accommodation
Re-investing with third sector to develop increased provision within supported accommodation will provide an increased level of provision for step down of service users from inpatient rehabilitation.

This increased provision will also provide an alternative option for patients that require rehabilitation but do not have the level of need that requires this rehabilitation to be delivered within an inpatient setting. This will reduce the demand on high cost inpatient rehabilitation.

The level of need that third sector supported accommodation providers will be able to support will be enhanced by the input of Community Rehabilitation resource, including Psychiatry, Nursing, Psychology, Occupational Therapy and Social Work.

It is envisaged that within Bexley this will involve the expansion of the currently provided DISH service. A process of tender will be necessary within boroughs to identify providers to work in partnership with.

Rehabilitation Model

The shift toward 'personalisation' and direct payments in Social Care Services and the increasing focus on supporting people in their own homes requires changes in how we offer services to ensure that the social inclusion agenda is integral to service delivery.

Increasingly, services are appropriately geared towards non institutional care. In order to ensure that service users receive the right care, at the right time in the right place, we will need to develop affinity with an active rehabilitation model within the services to allow the appropriate throughput of service users in all stages of the pathway as soon as clinically appropriate.

Over the last 2 years the inpatient rehabilitation units work has been undertaken to ensure that service users receive care within rehabilitation units for only as long as clinically indicated.

By re-investing in community rehabilitation staffing resource we will be able to deliver these interventions to service users at all stages of the rehabilitation pathway.

The development of consistent active rehabilitation models in line with good practice across the three boroughs is essential to deliver effective rehabilitation to those whose needs require it.

The focus of the inpatient rehabilitation model will be on short to medium term rehabilitation, provided within 18 months to 2 years, with the possibility of some care exceeding this period in certain cases in line with Community Rehabilitation and High Dependency Rehabilitation good practice guidelines. (Royal College of Psychiatrists, 2009)

After this period it is expected that any further required rehabilitation would continue within less intensive step down supported accommodation as appropriate.

In order to achieve a more consistent model and manage a lower rehabilitation bed base it is necessary to ensure that only those who have the most complex needs enter inpatient rehab and effective throughput is achieved.

The community rehabilitation staffing resource will work to support transition of service users from inpatient services to step down provision.

In line with the approach of "right care, right time, right place" the pathway out of inpatient rehabilitation will look to fully utilise step down / move on accommodation to enable service users to transfer to lower supported settings as soon as it is clinically appropriate. This will maximise independence and promote recovery while avoiding service users remaining in high support rehabilitation setting longer than clinically necessary.

Inpatient rehabilitation is not a clinical model which offers home/care for life. The provision of supported accommodation is fundamental to the rehabilitation pathway with continued rehabilitation work being led by community services.

Good practice guidance highlights that commissioning good rehabilitation services includes ensuring that there are the appropriate components and levels of care provided to support the rehabilitation pathway, these include supported accommodation services – providing day to day support for service users to live in the community, supported tenancies and floating outreach services. (Joint Commissioning Panel for Mental Health, 2012)

The provision of Community Rehabilitation services from the re-investment monies will allow for Psychiatrist and MDT input to both the supported living services and to service users in their own homes.

Community Rehabilitation Service Model / Pathway:

- Please see Appendix 2 for pathway

- Provide Inpatient Rehabilitation for only the most complex and enduring need. Increase levels of supported accommodation / DISH type provision.

- Facilitate the treatment of more patients outside of inpatient rehabilitation with the delivery of more intensively supported Community Rehabilitation within supported accommodation / DISH type services.

- Community Team Care Coordinator involved at every stage of the pathway

- Combining input from secondary care Community Rehabilitation MDT services and third sector providers.

- Intensity of input from Community Rehab services dictated by needs, reducing as recovery progresses.

- Psychiatrist to clinically manage care into Community Rehabilitations Service / supported accommodation. Continuity of clinical care across the pathway.

- Patients supported via Care Coordinators in Community Teams with Community Rehab MDT

- Community Rehab MDT available to provide the more intensive support required for community rehabilitation.

- Community Rehab MDT reducing input as recovery progresses, remaining with Care Coordinator in ICM / ADAPT, pathway towards PCP / Primary Care.

- Peer Support / Lived Experience Practitioners – provide input as part of the Community Rehabilitation Service

- Out of hours support by supported living staff and Oxleas staff via Home Treatment Teams / UAL

- Support joint working with voluntary sector agencies that provide supported housing and work opportunities. Link with Recovery Colleges.

- Around half the NHS Trusts in England, have a community rehabilitation service. The community rehabilitation service can give more specialised support than the more generic community mental health teams. In other parts of the United Kingdom, approaches to rehabilitation and recovery may be different.

Rehabilitation Development Proposal

The focus of this service redesign is to deliver a rehabilitation service which provides a more balanced provision of different levels of rehabilitation across inpatient and community settings. This will allow patients to receive care within the right setting for their level of need and enable a more seamless patient journey on the clinical pathway.

In order to achieve the required service development the following changes are necessary:

- Close Somerset Villa, Ivy Willis House Open and Closed units
- Maintain Barefoot Lodge as Inpatient rehab unit
- Reinvest funding in Community rehab / third sector provision

Barefoot Lodge will be maintained as the inpatient rehabilitation service for the Bexley, Bromley and Greenwich. This service will provide 15 beds which will be accessed on a cross borough basis, as is currently the practice.

A project group has been established to take forward the proposed service development.

A tender will be under taken to establish sufficient supported accommodation provision for each borough.

The changes will effect shift pattern nursing staff currently employed within the inpatient rehabilitation services. Psychiatry and MDT staffing, Occupational Therapists, Psychologists and Social Workers currently working within inpatient rehabilitation will be assigned to the community rehabilitation resource along with an a nursing contingent as appropriate / necessary.

As a result of these changes, no patients will be referred for local authority funded services unless it is part of their care plan, as the most suitable option in their clinical care / pathway.

The requirement to meet cost efficiency savings for the year 2016/17 will be met by this service development.

Summary

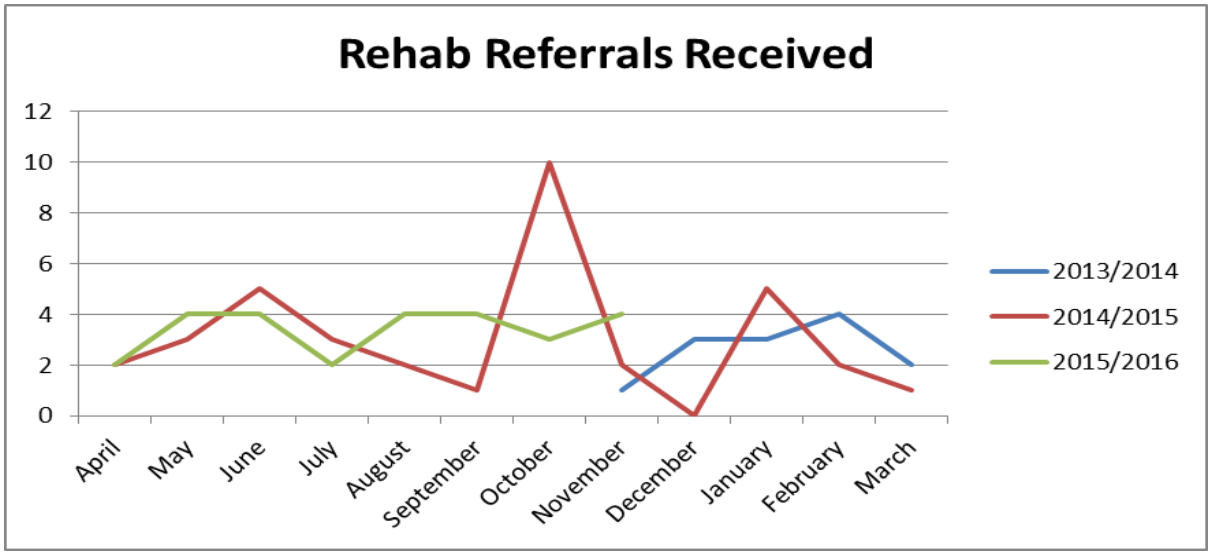
Improvements to the Rehabilitation service clinical pathway will allow patients to access the right level of support at the right time and enable patients to be better supported towards more independent living in a staged manner.

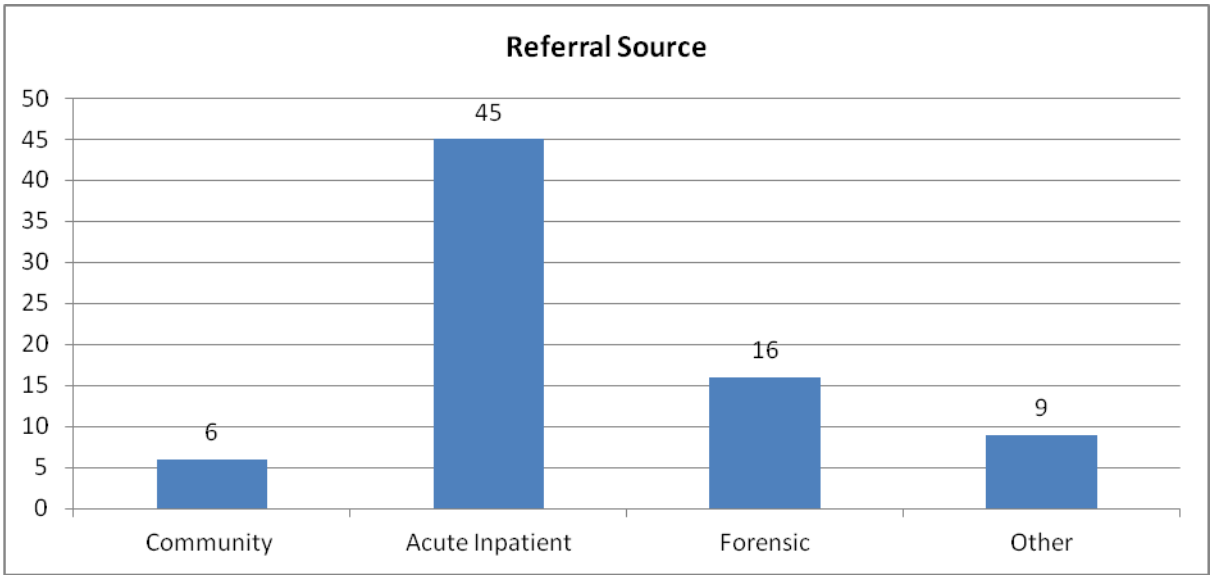
A higher provision in supported accommodation and community rehabilitation will allow more patients to be treated closer to home or in their own homes.

The redesign of rehabilitation services is an exciting opportunity to modernise provision structures to deliver a more balanced provision within the pathway which is line with good practice on recovery and care closer to home outside of institutions.

Appendices

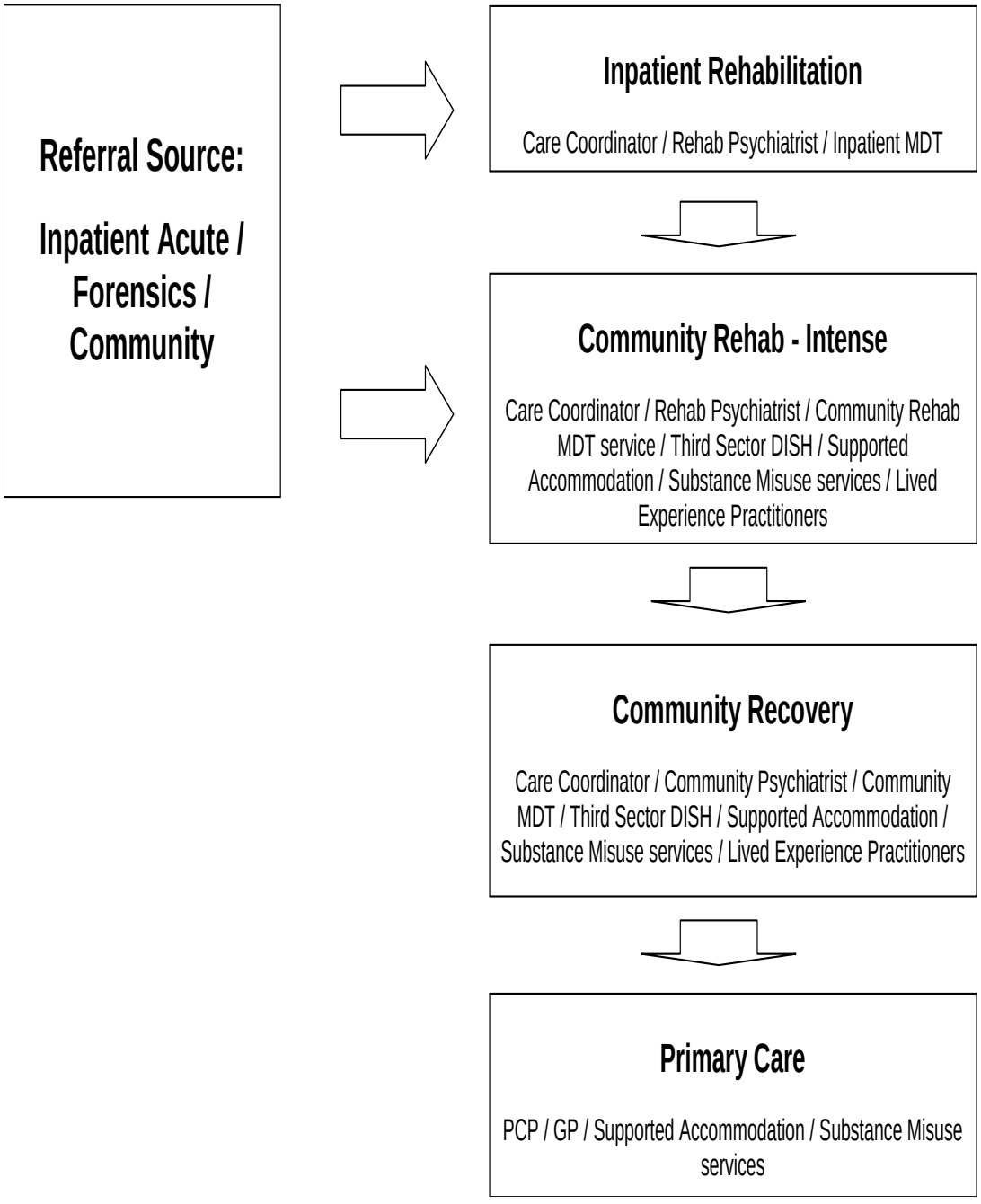
Appendix 1





Appendix 2

Rehabilitation Care Pathway



Appendix 3

Equality Impact Assessment
Service Change
Equality Analysis

Service(s) Under Review Adult Mental Health Rehabilitation Services
Date of Equality Analysis: 28.7.16 Amended 08.09.16
Timescale for proposed changes: October 2016 – April 2017
Equality Analysis Lead Person & Job Title: Darren Ward Service Manager
Overview of Current Service: There are 4 in-patient rehabilitation units across the 3 boroughs, Barefoot Lodge, Somerset Villa, Ivy Willis Open and Ivy Willis closed. **Overview of proposed Service changes:** 3 of the units will close: Ivy Willis Open, Ivy Willis closed and Somerset Villa. A community based provision will be provided in all 3 boroughs.
Will the proposals affect service users, staff or both? Both
1. What is the impact of your service review or proposed change (positive and/or negative) in relation to the following protected characteristics: ▪ **Age** ▪ **Disability** ▪ **Ethnicity** ▪ **Gender** ▪ **Sexual Orientation** ▪ **Religion/Belief** ▪ **Pregnancy/maternity** ▪ **Transgender**
Service users: It may be that a small number of patients will be transferred to another unit, in which case they may have to change clinical teams and staff. The manager of the inpatient unit is aware of this and supportive transition work will be carried out with all patients as required. All patients will be assessed in order to meet their individual care needs which will take into account any individual issues regarding protected characteristics in accordance with the Trusts Equality and Diversity Policy. It is not expected that service users will experience any detriment as a result of the move and there may be benefits realised for those moving into independent accommodation in tailoring their lifestyle to support personal preferences related to protected characteristics e.g. managing personal relationships, displaying personal memorabilia, etc. **Staff:** There should be no impact on staff in relation to protected characteristics. Where staff who transfer to working in the community may have disability issues that require action on the basis of reasonable adjustment for example regarding mobility I the community setting including ability to access patient's accommodation. This will be managed on an individual basis in accordance with the Trusts HR policy on reasonable adjustment. **Relatives and carers**

There should be no impact on carers in relation to protected characteristics. Relatives and carers needs will be taken into account in an individualised manner as part of the clinical assessment of the patient and managed in accordance with the Trust's equality and Diversity policy.

2. What does the available data and the results of any consultations say about the impact of the proposed changes on the protected characteristics?
There is no reason from the available data to expect that there will be negative impacts of this change on any service user, staff member or relative or carer as a result of possessing due to any of the protected characteristics, either singly or in combination. There may be unanticipated benefits for some of those with protected characteristics if they move to independent accommodation where they wish to express their identity in a more personalised way that they may have felt able to in a residential or shared treatment setting.
3. What steps could be taken to minimise any negative impacts that have been identified?
The service will support people with personalised care and support that includes addressing any Equality and Diversity requirements in their care and support needs on an individualised basis.

4. Could any of the identified negative impacts have a direct (discriminatory) effect?	**Yes: (How?)**	**No:X**
5. If Y, Can this discrimination be justified? (I.e. in some cases indirect discrimination can be justified in order to provide a targeted service. E.g. priority flu vaccinations for the over 60's)	**Yes: (How?)**	**No:**

Please identify any Action Required, Timescale and Leads
N/A

Form completed by:
Name: Darren Ward/ David Truswell
Job Title: Service Manager/ Project Manager
Date: 28.7.16 & amended 08.07.16