

Governing Body (public) meeting

DATE: 27 November 2014

Title	North House Mental Health Rehabilitation Service
<p>Recommended action for the Governing Body</p>	<p>That the Governing Body:</p> <p>Agree in principle, the Oxleas NHS FT proposal for the closure of North House as laid out in the attached business case which will be operationally managed in partnership with the Integrated Commissioning Team of the CCG and London Borough of Bexley.</p> <p>Note that the options presented by Oxleas NHS FT for the future of the building are at present limited and that further options should closure be approved, need to be explored to reduce or remove any risk of cost pressure to the CCG or London Borough Bexley.</p> <p>Approve the request for the CCG Integrated Commissioning Team to work in partnership with Oxleas NHS FT (The Trust) to achieve closure of the service within this financial year and give oversight to ensure due diligence on the part of the Trust.</p>
<p>Executive summary</p>	<p>North House opened when Bexley Hospital closed around 15 years ago. At that time, it provided a service for those whose age and level of institutionalisation meant that they could not benefit from the intensive rehabilitation provided by Somerset Villa.</p> <p>It is a 14 bedded unit with 4 self-contained rooms. The service is provided in a purpose built facility in grounds shared by Bexley CCG and Bursted Woods in Erith Road. Clients receive psycho social care designed to help them move towards independent living; a small proportion of clients are likely to be treated under the Mental Health Act.</p> <p>There is no nationally agreed specification for mental health rehabilitation. Nevertheless, most NHS Trusts have an intensive inpatient rehabilitation unit per Local Authority with an average 14 beds. In Bexley, this service is provided by Somerset Villa.</p> <p>The service provided by North House is not provided in an</p>

Clinical Commissioning Group

	<p>inpatient setting in Bromley or Greenwich, nor in most other boroughs. For example, North East London NHS FT serves a population across 4 boroughs and has only one 15 bed intensive inpatient rehabilitation unit. This was achieved through delivering high quality community rehabilitation to clients living in supported housing accommodation.</p> <p>The shift toward personalisation and direct payments in social care and the increasing focus on social inclusion requires changes in how we offer services. Bexley needs a rehabilitation service that can respond to patient’s changing needs. Providing a ‘home’ in an institutional setting is not acceptable in 2014 and it is now agreed that clients have a right to a home that we would recognise as more like our own.</p> <p>Good practice guidance states that effective community rehabilitation includes day to day support for clients, supported tenancies and floating outreach services. These services are established in Bexley and already support clients discharged from North House and others requiring community rehabilitation.</p> <p>This proposal is presented as part of the cost reducing efficiency (CRE) planning process within the Trust in response to both national and local (CCG) efficiencies.</p> <p>The proposed cost saving for the Trust is in the region of £700k which is based on pay and non-pay budgets.</p> <p>North House is leased under a PFI arrangement with “Semperion” over a contract period of 30 years from 1998.</p>	
Which objective does this paper support?	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	✓
	<p>People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London</p>	
	<p>Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	✓
	<p>Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience</p>	✓
Organisational implications	Key risks (corporate and/or clinical)	<u>Financial</u> Loss of 14 rehabilitation beds with potential

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		<p>for cost shunting to the CCG and/or LBB. The CCG has no additional resource available and therefore the plans presented if and when implemented, should give assurance of no additional costs to the CCG or social care as a result.</p> <p><u>Reputational</u> Communication needs to be closely managed from one central point to ensure consistency and transparency.</p>
	Equality and diversity	No risk identified.
	Patient impact	<p>Inpatient rehabilitation will continue to be provided through rehabilitation units based in each of the three boroughs, Somerset Villa, Barefoot Lodge and Ivy Willis.</p> <p>Currently a number of patients have been successfully placed in services as part of their usual rehabilitation pathway however those that remain may be reluctant to move.</p> <p>The Trust has given assurance that carers and service user's views have been both sought and integrated into the proposal and all stakeholders will continue to be involved in any future actions.</p>
	Financial	As identified above there are financial risks associated with a) the PFI commitment on North House b) the impact of any subsequent use of the property when the current service closes c) the movement of service users into non-commissioned (cost per case) services. These latter risks will be mitigated through the oversight of the Mental Health Placements and Advisory Panel.
	Legal issues	None identified at this stage except variation to the existing contract.
	NHS constitution	None identified at this stage
Consultation (public, member or other)	Service users views (and where applicable those of family and relatives) have been sought by the Trust.	

Clinical Commissioning Group

	<p>The Trust has consulted with the CCG and Health Sub-group of the People Overview Scrutiny Committee. Oxleas are continuing to work with the Council and the health scrutiny sub group to identify any further consultation requirements.</p> <p>A joint working group has been established to co-ordinate the impact of the proposal.</p> <p>Consultation with staff team members at the service has been undertaken.</p> <p>Consultation has taken place with carers and Healthwatch, with Oxleas attending the Bexley Carers Group to discuss the proposal. All the carers of North House residents have been contacted and advised of the changes and meetings arranged and held with all those who wished to do so.</p>	
<p>Audit (considered/approved by other committees/groups)</p>	<p>Systems for oversight to date have been implemented by joint meetings with the Trust and CCG. This will continue together with any proposed service user movement being screened through the Mental Health Placements and Advisory Panel.</p>	
<p>Communications plan</p>	<p>The Integrated Commissioning Unit will work with the Trust to ensure consistent communications with all stakeholders.</p>	
<p>Author</p>	<p>Gordon J Pownall Head of Integrated Commissioning for Adults</p>	
	<p>Clinical lead N/A</p>	<p>Executive sponsor Sarah Blow Accountable Officer</p>
<p>Date</p>	<p>14 November 2014</p>	

BUSINESS CASE:

**The Restructure of Inpatient Rehabilitation Services within Bexley and
Development of the Service Model in line with Best Practice**

1. Introduction

This summary business case describes the reasons for the proposed reconfiguration of open rehabilitation inpatient services within Bexley and the wider development of the inpatient rehabilitation model across the three boroughs. This paper outlines the rationale for change, the proposed new configuration, the impact these changes have on service users, their carers, staff and other relevant implications. This paper also outlines the financial drivers behind this proposed change.

Current Service Structure:

In-patient rehabilitation within Bexley is currently provided at 2 sites, Somerset Villa and North House:

Somerset Villa is a 14 bedded mixed gender rehabilitation service, caring for patients who tend to have longer term, severe and enduring mental illness. The unit is based on the Goldie Leigh site and is located next to Barefoot Lodge, the in-patient rehabilitation unit for Greenwich.

The service users have extensive and debilitating mental health conditions and a number have additional physical health needs. They have commonly been in the acute in-patient setting for a significant period prior to being transferred to the unit and require ongoing support to assist with their rehabilitation needs to enable them to live in either supported or unsupported accommodation. A number of the clients have spent very significant proportions of their lives within institutional settings.

North House is a 14 bedded unit that includes 4 self-contained rooms that are designed to help clients move towards independent living. The service is provided in a purpose built facility in grounds shared by the Bexley PCT and a local GP surgery on Erith Road. It offers services to patients who are at different stages of their rehabilitation, with a small proportion likely to still be detained under the Mental Health Act. Services offered will vary from the administration of long term psychotropic medication, to support with aspects of psycho social care in a community setting. The unit provides a homely environment with a focus on quality of life for clients with long term health needs.

This document has been created by Oxleas NHS Foundation Trust, with a focus on developing and implementing a consistent model of rehabilitation across Bexley, Greenwich and Bromley, in line with best practice.

The result of this proposed service development will be that some current service users will be moved to alternative care settings, following comprehensive individual assessment to identify their current needs. The future use of any vacated buildings will be considered by the Trust in consultation with the CCG.

The reduction in inpatient rehabilitation was proposed taking into account the need to develop the inpatient rehabilitation pathway in line with good practice with a focus on increased throughput and more emphasis on community rehabilitation.

North House was identified for planned closure, as opposed to Somerset Villa, following a clinical and Estates review of the two buildings and it was established that the Somerset Villa property was more appropriate for the intended rehabilitation model that is being developed.

Bexley CCG were advised of the proposal by the Trust on 4th February 2014. Further liaison with the CCG has taken place since that time and the CCG are represented on the Oxleas Rehabilitation Project Group. Consultation has taken place with Carers and Healthwatch, with Oxleas attending the Bexley Carers Group to discuss the intention. All the carers of North House residents have been contacted and advised of the changes and meetings arranged and held with all those who wished to do so.

The proposal has been presented as part of the cost reducing efficiency (CRE) planning process within the Trust. These plans were developed with the approval of the Director of AMHLD, the Director of Finance and the Medical Director.

Subsequently the proposal has been presented at the Bexley Health Overview and Scrutiny Committee.

2. Policy and Performance Context

Drivers for Change:

The Financial Context

The Trust is required to make local and national Cash Releasing Efficiencies (financial savings) each year. The required CRE savings for 2014/15 will be contributed to by the re-structuring of rehabilitation services in Bexley. The required CRE resulting from the closure of North House is £700k which is based on pay and non pay budget. This budget excludes any social care funding provided by Bexley Council under the Section 75 agreement.

Associated costs for the Trust relating Estates spend on the PFI for the building are detailed in the table shown below in the "Finance" section of this report. Consideration of this does not form part of the clinical development of the rehabilitation service model.

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

Clinical

The Trust is engaged in putting more standardised clinical care pathways in place across the three boroughs to support cross borough placements. The emphasis will be on delivering an inpatient community service which will work with higher acuity and complexity, with a focus on move on at the earliest clinically indicated time. This requires a change to the way services are managed and delivered.

Developing the rehabilitation pathway will involve an increased emphasis on cross borough rehabilitation placements, in the same way working age adult acute inpatient services are currently provided. This is focused on making the most effective use of the resource and avoiding delays in service user transition into rehabilitation services.

A project group has been established with operational and clinical membership from Oxleas including the Associate Director of Inpatient and Crisis Services and with the Head of Integrated Commissioning for Bexley CCG in attendance. This project group is scheduled to meet every two weeks to monitor the assessment process and review the assessment summaries.

Accepted referrals will be allocated the first available place based on level of need and risk. The focus will be, wherever possible, on placing people as close to their homes as possible.

A working group made up of the Service Manager for Inpatient and Rehabilitation services and the Inpatient Rehabilitation Team Managers will develop a procedure for placing accepted referrals into the Inpatient Rehabilitation service.

Referrals to Inpatient Rehabilitation service will continue to be reviewed and prioritised on the basis of need and in line with the service criteria as they are currently. Referrals will be accepted from Acute Inpatient and Forensic services.

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 as soon as clinically appropriate. Further work will be undertaken to ensure that service users receive care within rehabilitation units for only as long as clinically indicated.

As well as a firm ethos of social inclusion, interventions that are specific to the client's individual needs may include:

- Psychological intervention / treatment (CBT, relapse prevention, medication management / compliance, counselling, family work)
- Occupational therapy
- Works skills
- Nursing care
- Pharmacological interventions
- Social and personal skill training
- Group therapy and activities
- Social role normalisation
- Mental health promotion
- Coping skills
- Relapse prevention.
- Education, employment and training.

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 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 further required rehabilitation would continue within less intensive step down supported accommodation as appropriate.

We know that this is an appropriate timescale as research has shown that approximately *two-thirds* of people supported within rehabilitation services progress to successful community living **within** five years, and around 10% achieve independent living within this period (Killaspy, H.and Zis, P., 2012)

We also know that there are currently residents within Bexley inpatient rehabilitation services who have been within the services for significantly longer than this period. This raises the question of suitability for continued active rehabilitation within this setting and whether they were placed appropriately in the first place.

Capacity

The development of consistent inpatient rehabilitation services across the three boroughs takes into account the required best practice clinical model and highlights the need for appropriate capacity levels required to meet need.

There is no nationally agreed service specification within the UK for mental health rehabilitation. Nevertheless, almost all NHS Trusts have a high dependency inpatient or community based rehabilitation unit per Local Authority area with an average 14 beds.
(Joint Commissioning Panel for Mental Health, 2012)

Oxleas NHS FT supports a population of 818,594 people across 3 boroughs and currently has 60 inpatient rehabilitation beds with 28 beds within Bexley. We know that inpatient rehabilitation provision within Bexley exceeds provision in Greenwich and Bromley and also the national average.

It is apparent that other London Trusts operate with a significantly lower inpatient rehabilitation provision overall and per capita. North East London NHS FT (NELFT), which serves a population of 748,594 people across 4 boroughs and has inpatient rehabilitation provision which was reduced over a period to one unit of 15 beds. This was achieved by ensuring those admitted to the rehabilitation unit were appropriate, managing effective throughput and optimising the use of community rehabilitation within supported housing accommodation.

In order to achieve a more consistent model and manage a lower rehabilitation bed base it is necessary to ensure effective throughput is achieved by ensuring efficiency at entry and exit points and best practice intervention.

In order for service users to benefit from care within inpatient rehabilitation it is essential that the entry criteria is adhered to so that care is delivered to those whose needs are appropriate to the setting. If this is not adhered to the service will experience lengths of stay which exceed the expected timescales.

It is also necessary to ensure that service users have an identified move on plan identified at the point of admission. Care Coordinators will remain allocated to all residents within the rehabilitation services to ensure continuing input and relationship building and robust discharge planning.

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 teams.

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)

3. Service Detail

Staffing

In line with the Trusts policy on managing organisational change, any staff placed at risk will be supported through the appropriate Human Resources process, with a focus on identifying suitable alternative employment within the Trust. We currently have vacancies within other services and are exploring options with those staff involved. We do not anticipate any redundancies as a consequence of this proposal.

North House Residents Resettlement

North House has 14 residents who will need to be resettled as part of any plans to close North House. As part of the planning towards change, an initial assessment process was set up to map the needs of the resident group. Further to this a full MDT assessment process was undertaken to review the needs and care packages of the resident group.

The proposal requires the establishment of a Rehabilitation Project Group with operational and clinical membership from Oxleas including the Associate Director of Inpatient and Crisis Services and with the Head of Integrated Commissioning for Bexley CCG in attendance. This project group is scheduled to meet every two weeks to monitor the assessment process and review the assessment summaries.

All patients currently within North House who require continued care within inpatient rehabilitation will remain within inpatient rehabilitation services until they are clinically ready to move on.

Several service users are due to move already as part of their step down/move on plans. As a result of these changes, no patients will be referred for local authority funded services unless it is appropriate to their needs and in line with their plan of care.

5 service users were referred to Continuing Care Assessment team due to their long term physical related conditions and unfortunately none of the clients met the criteria for an in-depth assessment.

North House Residents	Needs Assessed	Service Plan	Service Alternative	Placement Cost
1	Completed inpatient rehabilitation, assessed as ready for independent living	Has now moved into his own accommodation supported by DISH as part of their care plan.	N/A	No additional cost
2	Completed inpatient rehabilitation. Assessed as ready for move to own tenancies with floating support.	Accepted by DISH and have now moved as part of their care plan.	N/A	No additional cost
1	Completed inpatient rehabilitation. Assessed as ready for move on from inpatient rehabilitation.	Floating support placement supported by DISH.	Not required	
1	Previously in Oakwood. Needs to be met within Older Persons Services, needs long term placement.	Accepted by Oaktree Lodge, awaiting available bed.	Being placed in alternative inpatient rehabilitation in the interim, while awaiting a bed at Oaktree Lodge.	No additional cost
3	Assessed as ready for move on from inpatient rehabilitation. Cases referred to Placement Panel, agreed they are functioning at optimal level and ready for move on from inpatient rehab, need 24 hour supported housing in the community. Panel did not approve individual placements.	Exploring with Housing Department placement in 3 bedroom shared property with own tenancies and care packages.	Being placed in inpatient Rehabilitation in the interim.	No additional cost
1	Identified as ready for move on from inpatient rehabilitation to lower supported housing.	Referred to DISH, not accepted. Referred to MCCH supported accommodation, (Nettley Road) accepted, but has substantial savings and is refusing to pay his own rent at this time.	Transfer to inpatient rehabilitation while move on placement is identified.	No additional cost
5	Assessed as requiring further inpatient rehabilitation.	To remain in inpatient rehabilitation at this time.	N/A	No additional cost

It is apparent from this intensive assessment process that the majority of those residents currently within North House were ready for transition out of inpatient rehabilitation into step down supported living type accommodation. Plans have now been put in place to facilitate these moves. All carers have been written to and advised of the proposed changes and meetings have been arranged.

Further to this, the assessment of those service users within other inpatient rehabilitation units will commence subsequently. The aim being to support recovery by maximising the level of social inclusion and moving service users into more independent living as soon as clinically possible.

Finance

There are currently no finalised plans for the use of North House following this change. In removing inpatient rehabilitation services from North House the Trust will need to identify alternative usage either from within the Trust or from external interested parties.

North House is leased under a PFI arrangement with "Semperion" over a contract period of 30 years from 1998. Under the arrangement the costs are higher than they would otherwise be for renting a similar property under alternative circumstances.

The CCG has highlighted concerns about the North House property being sublet to an independent residential / supported accommodation provider and out of area service users being placed within Bexley and the potential financial implications. It must also be highlighted that an influx of service users from non BBG areas would have an impact on capacity within mental health secondary care services.

It is acknowledged that Bexley CCG may contribute to exploring options for alternative usage for the North House property including a supported housing project. The Trust supports Bexley Commissioners in considering the development of further supported accommodation provision.

The best practice model of provision requires sufficient step down / move on accommodation to be available locally to enable exit pathways from inpatient rehabilitation to function effectively and maintain throughput. This is essential to ensure service users do not stay within inpatient rehabilitation longer than necessary and to avoid delayed discharges from forensic and acute services. By investing in supported accommodation provision we can maintain a lower bed base within inpatient rehabilitation.

The North House estates costs comprise of building (hard) and running (soft) costs. The Trust's intention would be to recover all liabilities associated with the former and 'pass through' the latter to the new tenant. Pass through running costs include - telephony, utilities, cleaning, council tax, gardening, re-active maintenance etc as these are very much dependent on what is required in running the service.

In the event that Oxleas wanted to end the PFI agreement it would be necessary to pay a "buy out" fee which is approximately £3.5m. In the event that Oxleas were to buy out of the PFI agreement and sell the building there would remain the issue of who the new tenants would be.

The Trust would aim to cover all costs in any arrangement to lease North House. All the costs above, with the exception of the soft FM, are costs that the Trust would continue to incur. It is acknowledged, however, that for various reasons the cost of North House is higher than may be achievable in the market. Undertaking a valuation for a property of this nature is difficult as such buildings are not commonplace and the market value is therefore the rate that can be achieved. The Trust is currently paying £241,116 for rent, sinking fund and capital charges but we estimate that the open market rental figure for North House should be in the region of £160,000 -£180,000. This leaves the Trust with a shortfall of £81,116 - £61,116. In addition, any new tenant will also need to pay the PPM, hard FM and management fee costs totalling £50,229.

The Trust has discussed the possibility of leasing North House with Care Plus following an enquiry they made in relation to available properties but negotiations have not yet been initiated. Care Plus have been leasing our PFI property in Oakwood Drive for the last year and we are unaware of any detrimental impact to the local health economy related to this arrangement.

North House Building Costs	
	Costing (pa)
Planned Maintenance (PPM)	£16,913
Sinking Fund	£10,589
Rent (Under PFI)	£152,932
PFI Hard FM	£31,625
Facilities Savings (Inc. Soft FM)	£75,000
Capital Charges	£77,595
Management Charge (10% of the PPM charge)	£1,691
TOTAL PA	£366,345

Inpatient Rehabilitation Provision

Inpatient rehabilitation will continue to be provided through rehabilitation units based in each of the three boroughs, Somerset Villa, Barefoot Lodge and Ivy Willis.

Developing the rehabilitation pathway will involve an increased emphasis on cross borough rehabilitation placements, in the same way working age adult (WAA) acute inpatient services are currently provided.

This will involve monitoring contractual use through Occupied Bed Days in the same way that is currently done with WAA acute beds.

Costs / Applying CRE

The proposed restructuring of inpatient rehabilitation and any direct savings associated with this closure (anticipated to be £700k) have been earmarked against national efficiencies as previously shared. As you can appreciate this is a significant proportion of the 4% efficiency included in the 14/15 mental health contracts, the Bexley MH contract 4% efficiency target being £0.9m. The cost of delivering inpatient rehabilitation within the remaining three open rehabilitation units in Bexley, Bromley and Greenwich will continue to be funded from the block contract amount.

The move towards a cross borough model of inpatient rehabilitation will necessitate the use of Occupied Beds Day quota in order to monitor each borough usage for the year.

4. Business Plan Options

Option	Advantages/Benefits	Disadvantages/Risks	Additional Cost
<p>1. Do nothing (maintain status quo)</p>	<p>Avoids the need to find alternative usage for North House.</p> <p>Maintains current capacity in inpatient rehab.</p> <p>Maintains borough provision by not moving to cross borough working</p>	<p>Required national efficiencies will need to be identified from other areas of service, which will be higher risk, less evidence based and not deliver service improvements possible through the restructure of rehabilitation.</p> <p>Maintains inpatient bed capacity in excess of national average and is not most effective use of resources. Ferments less focus and drive towards more independent living/step down accommodation.</p> <p>Less flexibility in efficient use of available inpatient rehabilitation bed capacity/possible waiting list in one borough while bed space in another borough</p>	
<p>2. Close North House, restructure rehabilitation provision and develop model of care</p>	<p>Enables national efficiency savings to be achieved.</p> <p>Focuses on developing a structure and clinical model to deliver good practice inpatient rehabilitation with lower bed base.</p> <p>Focuses services on ensuring effective use of lower rehabilitation bed base, effective entry/exit, good throughput.</p> <p>Can be supported by cross borough placements which may prevent service users</p>	<p>Requires a further usage to be identified for North House building.</p> <p>Requires reduction of bed capacity to be managed through development of inpatient rehabilitation.</p>	

	<p>waiting for provision if their local borough provision is full but other units have vacancies.</p> <p>Enables an initial testing of developing best practice rehabilitation with a lowered capacity which can inform future discussion about service restructure / needs.</p> <p>Possibly allows for North House to be developed into supported accommodation.</p> <p>Drives forward less dependence on institutional care.</p>		
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5. Preferred Option

The proposed option within this paper is to reduce the inpatient bed base by 14 beds through the closure of North House. This will be accompanied by the restructuring of inpatient rehabilitation provision to a cross borough model of working and developing the rehabilitation model in line with best practice is the preferred option.

This involves moving to allocation on an occupied bed day basis and applying the reduction in bed capacity equitably dependent on current percentage provision.

6. Conclusion

The recent full assessment of current cases within North House has evidenced a number of service users who were ready for move on and as a result of the robustness of the recent process have been identified as such. It has also been evidenced that there are a number of service users who were not necessarily appropriate for inpatient rehabilitation and yet they were placed within North House.

National guidance and evidence from comparison Trusts show that on average inpatient rehabilitation can be delivered with lower capacity than is currently operated within the Trust. These factors combine to indicate that the development of the inpatient model of rehabilitation will allow for demand to be managed within a reduced capacity.

A decision has not yet been finalised as to what the North House building will be used for in the event that inpatient rehabilitation services are withdrawn. Bexley CCG have expressed an interest in exploring options for future use of the property including supported accommodation.

The Trust fully supports this proposal as this will facilitate a more effective care pathway, avoiding service users remaining within inpatient rehabilitation services for longer than they need to and prevent the consequential delays of patients in forensic and acute wards who are awaiting rehabilitation places.

The question of what is done with the North House building following inpatient rehabilitation services moving out is a separate issue from the need to develop an effective inpatient rehabilitation model which drives forward best practice, relying less on delivering institutional care and focusing more on social inclusion and independence.

In the event that North House is not closed, the required national efficiency savings would remain necessary and the Trust would need to identify other areas where service efficiencies could be made. The achievement of required efficiencies from the restructuring of inpatient rehabilitation provision in combination with the development of a best practice rehabilitation model represents an opportunity to deliver required savings with low service impact and risk, while delivering service model improvements.

References

- Enabling Recovery for People with Complex Mental Health Needs – a Template for Rehabilitation Services (Royal College of Psychiatrists, 2009)
- Predictors of outcomes of mental health rehabilitation services: a 5-year retrospective cohort study in inner London, UK. *Social Psychiatry and Psychiatric Epidemiology*. In Press. (Killaspy, H. and Zis, P., 2012)
- Guidance for Commissioners of Rehabilitation Services for People with Complex Mental Health Needs (Joint Commissioning Panel for Mental Health, 2012)