

## Governing Body meeting (held in public)

**DATE: 24 November 2016**

<b>Title</b>	<b>Service Redesign Mental Health Rehabilitation</b>	
This paper is for <b>Decision</b>		
Recommended action for the Governing Body	That the Governing Body:  <b>Approve</b> the variation of the Mental Health Services contract to include a revised service specification for Mental Health Rehabilitation Service.	
Potential areas for Conflicts of interest	None	
Executive summary	This paper describes plans by Oxleas NHS Foundation Trust to modernise mental health rehabilitation services across Bexley, Bromley and Greenwich (BBG), by moving to a community based model and reducing the reliance on in-patient rehabilitation beds. This involves the development of 'move-on' plans for service users currently in rehabilitation, ensuring that in future only service users appropriate to rehabilitation are admitted to an in-patient setting and that they have a 'move-on' plan identified at the point of admission. As a result of the decreased reliance on in-patient rehabilitation, there will be a reduction in the bed base across BBG from 46 to 15 beds, an expansion of the existing successful DISH (Dispersed Supported Housing) service (which currently only exists in Bexley) and an assumption going forward that people will be rehabilitated in their own homes.	
How does this paper support the CCGs objectives?	<b>Patients:</b>	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders
	<b>People:</b>	<b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London
	<b>Pounds:</b>	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation
	<b>Process:</b>	<b>Process:</b> Commission safe, sustainable and equitable

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		services in line with the operating framework and which improves outcomes and patient experience
What are the Organisational implications	Key risks	<ul style="list-style-type: none"> <li>• There is a that risk in-patient rehabilitation is not available when needed because of the decrease in the bed base. This risk will be mitigated by seeking to introduce contractual penalties for readmission to acute beds within a given timescale</li> <li>• There is a risk that there will be a financial cost to the CCG/Adult Social Care for increased placements due to a reduction in the bed base. This risk is mitigated by the expansion of the successful Dispersed Supported Housing model and expertise which will be available in the community. Oxleas have given assurance that there will not be any requests for placements which are not in line with a properly agreed care plan.</li> </ul>
	Equality	Adults who require mental health rehabilitation services are some of the most vulnerable. The modernisation of this service seeks to allow people to be treated in their homes and communities and enables the maintenance of as normal a life as possible.
	Financial	Oxleas NHS FT is undertaking this work to modernise the service and to enable the continued provision of high quality mental health rehabilitation within resource constraints. There is a reduction of around 30 WTE staff across BBG (although these will be redeployed to vacancies within the Trust). Bexley CCG is required to maintain and increase investment in mental health services in line with Parity of Esteem. The CCG has signalled to Oxleas NHS FT that it would expect to recover a proportion of the savings accrued by the Trust. This negotiation is being progressed separately to the redesign process. In line with Parity of Esteem savings accrued will be reinvested in mental health services in the community.
	Data	The number of admissions to the in-patient service is shown in the attached paper
	Legal issues	None
	NHS constitution	The paper supports the NHS Constitution by putting the patient at the heart of service redesign and

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		seeking to provide the best value for tax payers money.
Engagement	Oxleas NHS has engaged individually with all service users affected and conducted a staff consultation in the Summer of 2016. A paper is going to the People Overview and Scrutiny Committee on 6 December 2016.	
Audit trail	None	
Comms plan	Oxleas have put in place a communications plan	
Author:	Clinical lead: Dr Nikki Kanani	Executive sponsor: Sarah Valentine
Date	18 November 2016	



## **Oxleas NHS Foundation Trust Mental Health Rehabilitation Service Redesign**

### **Introduction**

This paper describes plans by Oxleas NHS Foundation Trust to redesign rehabilitation services for people with enduring mental health needs across Bexley, Bromley and Greenwich (BBG). 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 along the clinical pathway. In BBG there has long been an undue reliance on in-patient rehabilitation which is not in line with the shift towards personalisation and the increasing focus on supporting people in their own homes. 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).

Over the last 2 years the work of the Oxleas inpatient rehabilitation service has been to ensure that service users receive care within rehabilitation units for only as long as clinically indicated. The focus of the inpatient rehabilitation model is moving to short - 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 will continue through supporting people in their own homes or for the most complex cases within less intensive step down supported accommodation as appropriate.

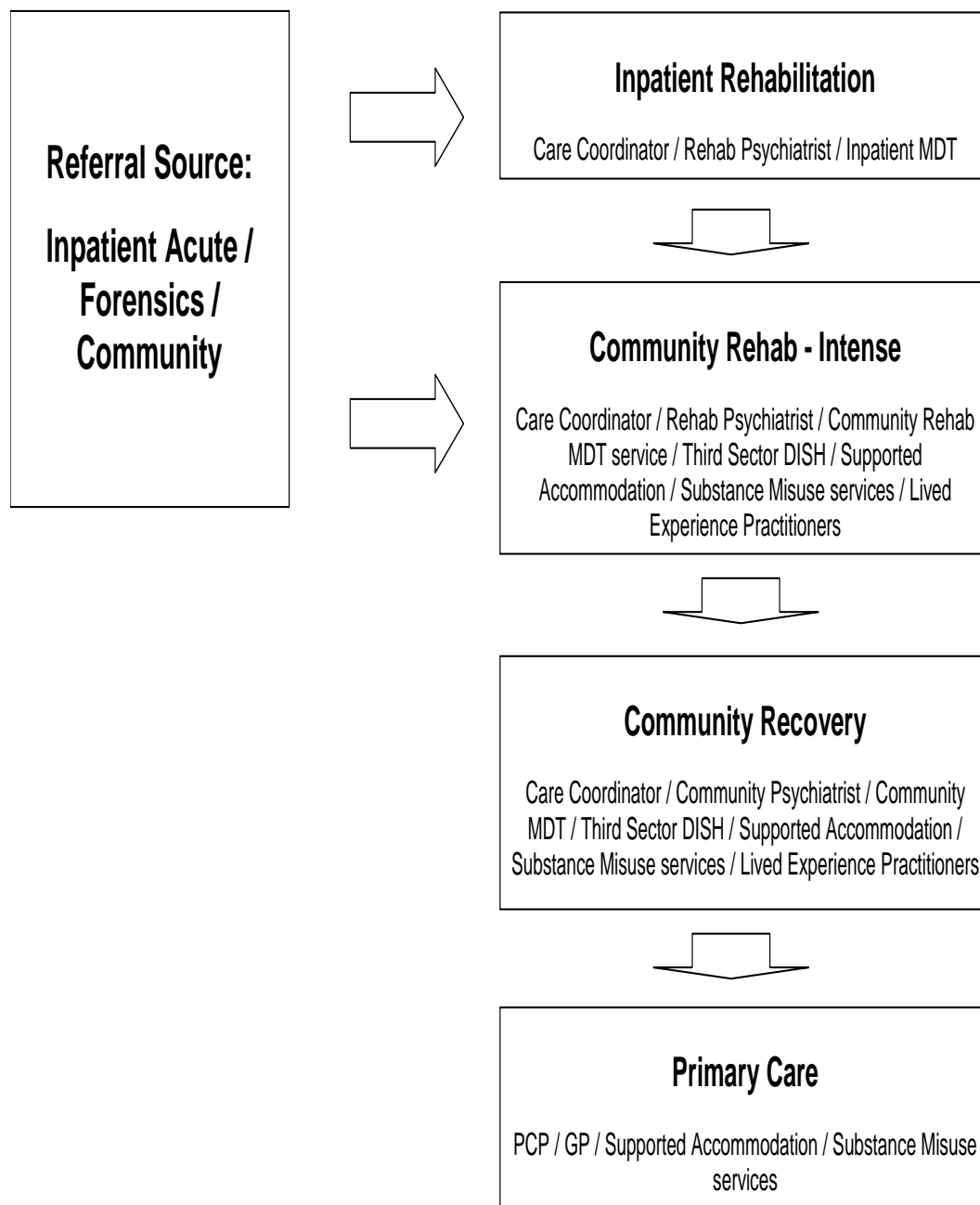
There are currently residents in Bexley inpatient rehabilitation services who have been within the services for significantly longer than this period. This raises the question of suitability for continued active rehabilitation within this setting and whether they were placed appropriately in the first place (in some cases individuals have been in rehabilitation since the closure of Bexley Hospital in the 1990's). Inpatient rehabilitation is not a clinical model which should offer a home or care for life. The provision of supported accommodation is fundamental to the rehabilitation pathway with continued rehabilitation work being led by community services. Therefore the redesign has two main goals:

- To ensure appropriate 'move-on' plans for service users currently in rehabilitation
- To ensure that in future only service users appropriate to rehabilitation are admitted to an in-patient setting and that they have a 'move-on' plan identified at the point of admission

As a result of the decreased reliance on in-patient rehabilitation, there will be a reduction in the bed base across BBG from 46 to 15 beds, and an expansion of the existing successful DISH (Dispersed Supported Housing) service. This service currently only exists in Bexley and is seen as a significant contributory factor in Bexley's maintenance of a steady rate of in-patient admissions compared to the other two boroughs.

## New Service Model

### Rehabilitation Care Pathway



The diagram shows the pathway from acute in-patient/forensic/community services into in-patient or intense community rehabilitation as appropriate. In order to deliver this improved pathway Oxleas are moving to:

- Maintain an appropriate level of Inpatient Rehabilitation
- Establish Community Rehabilitation services
- Maintain more people in their own homes / Supported Accommodation

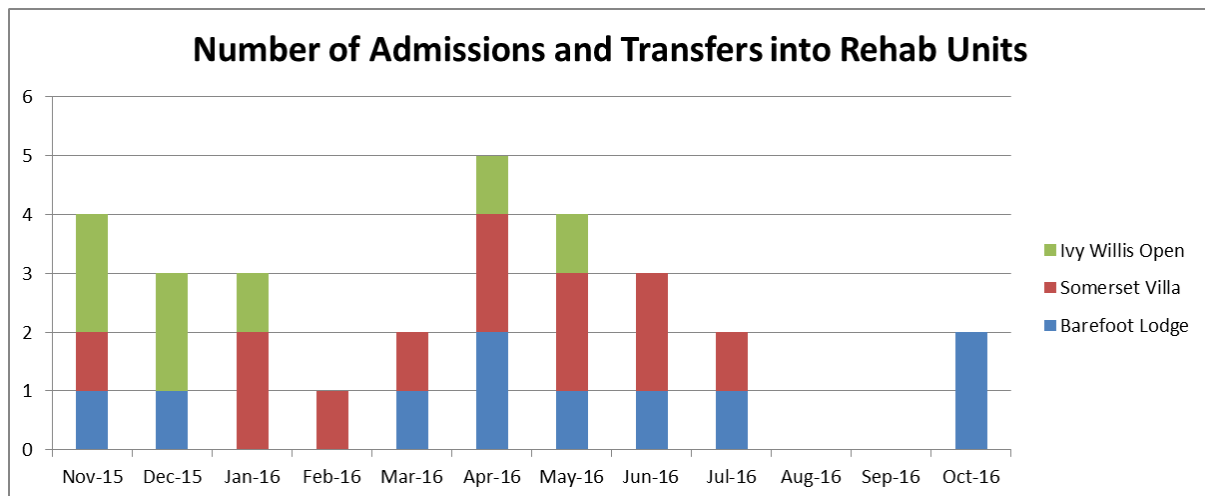
### Maintain Appropriate Level of Inpatient Rehabilitation

In order to provide a comprehensive rehabilitation pathway it is necessary to maintain a level 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.

Analysis of admissions since 2013 and the current in-patient caseload informed the recommendation of a reduction of the bed base from 46 to 15. The latter revealed that over half did not require in-patient rehabilitation and were there only because no other options were available.

Referral levels into inpatient rehabilitation are low and remain relatively stable (Table 1) The majority of referrals come from acute inpatient services

Table 1



The availability of increased rehabilitation in peoples own homes / Supported Accommodation will allow for more service users to be treated in less restrictive environments, appropriate to their clinical and social needs.

Increasing the level of supported accommodation across BBG will allow for improved throughput in the rehabilitation clinical pathway, however in Bexley the service will continue to work with the existing DISH services.

In future service users will have a 'move-on' plan identified at the point of admission. Care Coordinators are allocated to all service users to ensure continuing input, relationship building and robust discharge planning. Community rehabilitation staff resource are working to support the 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.

### **Establish Community Rehabilitation Service**

Staffing resources are being redirected from in-patient settings to community rehabilitation. The structure of the BBG community rehabilitation service is:

<b>Bromley</b>		<b>Greenwich</b>		<b>Bexley</b>		
Service provision	Multi-disciplinary CMHRES Team	Multi-disciplinary CMHRES Team	Multi-disciplinary CMHRES Team	Multi-disciplinary CMHRES Team	Multi-disciplinary CMHRES Team	
Hours	Monday to Friday 9am to 5pm core hours, with extended hours developed in response to clinical need	Monday to Friday 9am to 5pm core hours, with extended hours developed in response to clinical need	Monday to Friday 9am to 5pm core hours, with extended hours developed in response to clinical need	Monday to Friday 9am to 5pm core hours, with extended hours developed in response to clinical need	7 days a week 8am to 8pm	
Focusing on	Service users in various levels of care from hospital through to own tenancy	Service users in various levels of care from hospital through to own tenancy	Service users in various levels of care from hospital through to own tenancy	Service users in various levels of care from hospital through to own tenancy	Service users in own tenancies	
<b>Staffing</b>						
<b>1.00 WTE Band 8a Manager Across The Three Borough CMHRES Service</b>						
Medical	TBC		TBC		TBC	
Psychology	Band 8a	0.5 WTE	Band 8a	0.4 WTE	Band 8a	0.5 WTE
OT	Band 6	0.6 WTE	Band 6	1.00 WTE	Band 6	1.00 WTE
	Band 3	1 WTE	Band 3	0.5 WTE	N/A	N/A
Manager			Band 7	1.00 WTE	Band 7	1.00 WTE
CPNs	Band 6	3.00 WTE	Band 6	3.00 WTE	Band 6	4.00 WTE
Support Workers	Band 3	2.00 WTE	Band 3	2.00 WTE	Band 3	3.00 WTE

1.00 WTE Band 3 Administrator Across The Three Borough CRS Service
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As well as a firm ethos of social inclusion, interventions that may be delivered in the community will include:

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

The number of people who can be supported by this model in Bexley is 30, which is an increase on the number supported through in-patient rehabilitation. Community rehabilitation will be provided by existing skilled staff to maintain quality and continuity of provision.

In summary the new model of care will provide:

Inpatient Rehabilitation for the most complex and enduring need
Increased levels of supported accommodation / DISH type provision
Community Team Care Coordinator involved at every stage of the pathway
Input from secondary care Community Rehabilitation MDT services to third sector providers.
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 Rehabilitation MDT reducing input as recovery progresses and transfer to ICM / ADAPT (psychosis/affective disorder/personality disorder/trauma pathways) and then towards Primary Care Plus/ Primary Care.
Peer Support / Lived Experience Practitioners provide input as part of the Community Rehabilitation Service
Out of hours support by supported living staff (where appropriate) and Oxleas staff via Home Treatment Teams /Urgent Advice Line
Joint working with voluntary sector agencies that provide work opportunities -link with Recovery Colleges.

**Maintain More People in their Own Homes/Supported Accommodation**

In most cases supported accommodation will be service users’ own homes. It is not expected to be necessary in Bexley to source additional accommodation in the community



as rehabilitation will maintain service users in their own homes or existing accommodation.

The service will work with existing supported accommodation providers (third sector – MCCH in Bexley) to offer enhanced input from Psychiatry, Nursing, Psychology, Occupational Therapy and Social Work.

This level of service will be offered to all service users who do not require 24/7 support. Currently because there is no community rehabilitation service across the three boroughs, so all patients who require rehabilitation have no choice but to be admitted to in-patient provision. By providing rehabilitation care to service users in their own homes the service will be able to support people to maximise independence and promote self-management, enabling them to access their local community services and engage in their established social networks. The community rehabilitation service will be aligned to existing community teams including Primary Care Plus and will maintain close working with primary care. Primary Care will benefit from the introduction of a greater number of secondary mental health professionals working in the community.

### **Impact for Current Bexley In-patients**

The reduction in patient provision will reduce the number units required. This will result in the closure of Somerset Villa, which is on the Goldie Leigh site in Greenwich and Ivy Willis House (open and closed units) which is in Bromley. Barefoot Lodge, also on the Goldie Leigh site, which is just on the Bexley border, will be maintained as the inpatient rehabilitation service for BBG. This service will provide 15 beds which will be accessed on a cross borough basis.

10 Bexley service users were in-patient at the commencement of the development of the new service model. Of these 5 required on-going in-patient rehabilitation and the remainder could move on to increased independence. Those who required on-going in-patient care were moved to Barefoot Lodge after consultation and engagement with the service users and their families, and the others have moved to appropriate placements in line with their care plans. There are now currently only 3 Bexley patients within inpatient rehabilitation in Barefoot Lodge and this demonstrates the level of need for inpatient rehabilitation at this time.

### **Impact on Staff**

The implementation of the new model will result in a reduction of around 30 WTE across BBG. Staff from the in-patient services will be redeployed into the community service and to other vacancies within the Trust. Oxleas are not planning to make any staff redundant. Appropriate consultation with staff took place in the summer of 2016.

### **Consultation and Engagement**

Bexley Adult Social Care is very supportive of the move towards a model of care based on supporting individuals in their own homes and expansion of the DISH scheme. The Chair of Bexley People Overview and Scrutiny Committee has been consulted and a short paper advising the committee of the change of service model will be submitted to the next meeting on 6 December 2016. Although the redesign involves a reduction in bed capacity,

all individuals who require an in-patient service are still receiving it, and have been consulted on planned moves. Therefore the redesign is not deemed to require public consultation.

### **Financial Impact**

Oxleas NHS FT is undertaking this work to modernise the service and to enable the continued provision of high quality mental health rehabilitation within resource constraints. As above there is a reduction of around 30 WTE staff (although these will be redeployed to vacancies within the Trust). Bexley CCG is required to maintain and increase investment in mental health services in line with Parity of Esteem. The CCG has signalled to Oxleas NHS FT that it would expect to recover a proportion of the savings accrued by the Trust. This negotiation is being progressed separately to the redesign process. In line with Parity of Esteem savings accrued will be reinvested in mental health services in the community.

### **Recommendation**

It is recommended that Governing Body **APPROVE** the variation of the Mental Health Services contract to include a revised service specification for Mental Health Rehabilitation Services in line with the above.

**Alison Rogers**

**Assistant Director for Integrated Commissioning**

**18 November 2016**

