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Freedom of Information Request – Ref: FOI 032-1920

Thank you for your recent Freedom of Information request about Mental Health Rehabilitation. Please find our response below.

- 1. As of April 2019, how many NHS inpatient rehabilitation beds do you have in the care of your Trust? **The Trust has 23 beds in 2 units in Gloucestershire and 10 beds in 1 unit in Herefordshire.**
- 2. As of April 2019, how many people are placed in an inpatient rehabilitation unit outside the care of your Trust? **The Trust has 14 patients using rehabilitation beds in Gloucestershire and 0 in Herefordshire.**
- 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? **All 14 out of area patients are placed there appropriately.**
- 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,

How out of area placements are agreed in your area

- a. In Herefordshire these placements are agreed through the Continuing Health Care Team and Herefordshire Clinical Commissioning Group in collaboration with our clinical teams.
- b. In Gloucestershire the Pathway is for referrals to the Mental Health Individual Care Management Service(MHICMS) for support/guidance and developing care packages and personalised interventions are designed to promote a least restrictive and close to home treatment option. The Clinical case managers will assess the needs of every person referred and make every effort to use inhouse commissioned options before considering an Out of Area Placement (OAP). If an OAP is the only option, and there are no reasonable adjustments that can be made to existing services, the case manager will make a representation to a Multi-Disciplinary panel and a full discussion on the case will take place. Agreement to fund an OAP will only follow if all local options have been exhausted and Case managers have demonstrated diligence and provide assurance. Funding is only agreed for 3 month blocks and every placement has to be reviewed and brought back to the MDT for funding to be continued.

c. The process for reviewing anyone placed out of area (and potentially bringing them back to a local service) In Herefordshire the process is through the Continuing Health Care Team and Hereford Clinical Commissioning Group.

In Gloucestershire every OAP is reviewed by a Clinical Case manager every 3 months and whenever possible consideration is given to repatriation. MHICMS has close working relationships with all the in house inpatient services and the community teams. Ongoing developments within 2gft are also happening and it is envisaged that the use of Personal Health Budgets (PHBs) and wrap around care options will mean less people going out of area and that those that do are out for shorter periods.

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) The Trust provides Recovery Teams and Assertive Outreach Team (AOT) services. The Recovery team provides health and social care services to people experiencing and recovering from severe mental illness. The team offer support to individuals of a working age. The service aims to provide support for individuals with severe and/or enduring mental illnesses during their recovery from illness. We also enable them to live as independently as possible in their own homes and communities.

AOT services aim to provide support for individuals with severe and/or enduring mental illnesses during their recovery from illness. We also enable them to live as independently as possible in their own homes and communities. The Assertive Outreach Model was set up to support service users who are considered to be at high risk of disengaging from services and are likely to present significant risks to self and/or others in the community. The Model aims to meet the complex health and social care needs of people with severe, chronic or relapsing psychosis. The Team aim to provide an intensive community based case management to improve quality of life, reduce hospital admissions, facilitate social inclusion and recovery, and provide support to carers.

6. How many local mental health rehabilitation beds have been decommissioned in your Trust in the last five years and how many local beds to you plan to decommission in future? No rehabilitation beds have been decommissioned across the Trust in the last 5 years.

Yours sincerely,

Francis Perrin

FRANCIS PERRIN Trust Secretariat Support Officer ²gether NHS Foundation Trust

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