Herefordshire Council

Title of report: Adult Mental Health Inpatient and Rehabilitation Services Redesign

Meeting: **Health, Care and Wellbeing Scrutiny Committee**

Meeting date: **Monday 19 May 2025**

Report by: **Deputy Programme Director, Adult Mental Health Rehabilitation Redesign and Acute Inpatient improvement Programme, Herefordshire and Worcestershire Health and Care NHS Trust**

Classification

Open

Decision type

This is not an executive decision

Wards affected

All Wards

Purpose

To provide an update on Herefordshire and Worcestershire Health and Care NHS Trust's Adult Mental Health Inpatient and Rehabilitation Services Redesign.

Recommendation(s)

That the committee:

a) **note the report and**

b) **decide upon any further scrutiny that they wish to undertake regarding adult mental health provision in Herefordshire.**

Alternative options

1. As this report provides information only, it presents no alternative options for consideration.

Further information on the subject of this report is available from
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Key considerations

2. The Herefordshire and Worcestershire Health and Care NHS Trust 's Community Mental Health Transformation programme was completed in 2024 and changed the way in which community mental health services were offered. It has developed new ways of working for adults with acute mental health needs, in partnership across several providers including the Voluntary, Community and Social Enterprise (VCSE) sector and Social Care.

3. It is a logical next step to consider the acute and rehabilitation care that people receive alongside the community mental health services, including purposeful admission, in addition to evidence-based interventions. Purposeful admission is ensuring that every person admitted to hospital has a plan about the aims of admission, length of time it is anticipated the plan will take and an agreement to discharge them as soon as care can safely be delivered out of hospital.

4. The overall purpose of the adult mental health rehabilitation redesign and acute inpatient improvement programme is to ensure that all who access services receive nationally standardised, evidence based, quality care without variation to the patient experience that is in line with the national commissioning guidance.

5. The adult mental health inpatient and rehabilitation services redesign programme is structured around two distinct areas: rehabilitation redesign and acute mental health inpatient improvement.

6. The programme is following the NHS England (NHSE) major change process. This process is followed when a service change broadly encompasses any change to the provision of NHS services which involves a shift in the way frontline health services are delivered. There is no formal definition of 'major' service change, but this usually involves a change to the range of services available and/or the geographical location from which services are delivered. The timelines have been adjusted and are now contingent upon the classification of this work as a 'major service change'

Context

7. The *'Commissioner Guidance for Adult Mental Health Rehabilitation inpatients services'* (NHS England 2024), attached as Appendix 2, specifies the types of Mental Health rehabilitation services that should be provided for local service users. The guidance is supported and underpinned by the Royal College of Psychiatrists *'Getting it Right First Time' (GIRFT)* programme for Rehabilitation Psychiatry.

8. GIRFT methodology is being used to drive change, and the Trust is fully engaged with the national and regional GIRFT systems. As a basis for this programme, the national GIRFT team undertook a review of the Trust's rehabilitation services in Worcestershire. This, combined with the commissioning guidance for rehabilitation, has given the programme indicated areas which will benefit from the GIRFT approach, which consists of:

    a) Improving the use of data to drive services, patient pathways, community rehabilitation and supported housing.

    b) Developing the NHS-led provider collaboratives and integrated rehabilitation systems.

    c) Data-driven continuous Quality Improvement (QI).

    d) Standardisation of local procurement processes and protocols.

e) Ensuring the right workforce with the right training to support improved patient care, treatment, and outcomes.

9. The overall objectives for the programme are:

a) Reduce unwarranted variation identified within inpatient and rehabilitation services.

b) Reduce patients being placed out of area, inappropriately, to 0%.

c) Achieve and maintain an average length of stay of below 35 days, excluding patients in Psychiatric Intensive Care Unit (PICU) with no patients staying longer than 60 days in an inpatient setting.

d) Ensure the Trust no longer use any high-cost agency staff on adult and rehabilitation services.

e) Reduce rolling 12-month staff turnover to below 12%.

f) Ensure person-centred care and co-production of care plans is standard practice.

g) Capture and analyse the impact of interventions to assess risks and benefits as part of evidence-based practice.

h) Develop and report robust ways for capturing interventions and outcomes for services that are heavily linked into partnership working.

i) Develop an induction and training package that enables and maintains a skilled and sustainable workforce with staff experience being measured through an improvement identified in the staff survey.

j) Review existing mental health estate to ensure it fits with the new clinical services model and can provide environments that will support improvement in health outcomes and afford protection against discrimination, reducing inequality of access, experience, and outcome.

k) Implement a “Best Use of Resources” philosophy, to deliver a sustainable and affordable service by management of current resource, ensuring efficiency and reducing unwarranted variation.

Current Provision

10. Mental Health Acute Wards provide treatment to people with severe mental disorders like schizophrenia, bi-polar disorder, severe depression or personality disorders (severe and persistent psychological problems often associated with childhood trauma). Admissions are for an average of around 30 days, with ongoing follow up treatment provided in the community. the trust’s current acute wards are at the Elgar Unit in Worcester and Stonebow Unit in Hereford – 50 beds in total. These units are supported by a 9 bed psychiatric intensive care unit (PICU), also at the Elgar Unit – serving both counties. The PICU is for acutely unwell patients who have very high support needs

11. A minority of people with severe mental disorders are so profoundly affected by them that they need a longer period of rehabilitation as an inpatient. Admission would typically be for up to a year (sometimes longer) and intensive support is given to help service users regain the life skills, confidence and mental health stability to live more independently again in the community. The Trust’s current Community Rehabilitation Units are at Oak House in Hereford, Keith Winter House in Bromsgrove and Cromwell House in Worcester (39 beds in total).

12. The programme is separated into two strands: adult acute improvement and rehabilitation redesign.

13. This aspect of the programme will have a quality improvement approach, it will strive to ensure patients who require a purposeful admission are treated locally with evidence-based treatment for the least amount of time possible for the patient and their loved ones. This work will follow the *'Commissioning to Achieve What 'Good' Looks Like'* guidance, as well as the *'Four Key Elements of an Inpatient Pathway'* guidance (both contained within NHSE's Commissioning Framework for Mental Health Inpatient Services guidance, attached as Appendix 3), ensuring patients are at the centre of their care, whilst enhancing the connectivity of all mental health services to promote patient flow.

14. A number of initiatives have been launched. However, in recent months, the focus has moved towards the elimination of inappropriate out-of-area mental health bed placements and reducing the length of stay, aligning with national planning guidance. A recovery plan has been developed, outlining clear timelines, key deliverables and designated accountable leaders to drive progress.

Adult Rehabilitation Redesign

15. The new national guidance states that two levels of Mental Health Rehabilitation should be available:

    a) Level 1 – Community Rehabilitation Units.

    b) Level 2 – Intensive Rehabilitation Support.

16. At present, all of the Trust's rehabilitation units fall somewhere between Level 1 and Level 2. This means that there are always groups of patients that require a bit more rehabilitation to successfully transfer to more independent living, but do not require treatment at one of the current units. The Trust also has other patients who need rehabilitation but have too high a level of need for one of the units to manage safely. The first group often spend an extended time in acute wards, or return to supported accommodation, but fail to thrive. The second group may be sent out of area for Level 2 Rehabilitation formerly known as 'Locked Rehabilitation' (a term we no longer use), or similarly return to their own accommodation, but are quickly readmitted to acute care. The second group can often have behavioural challenges or co-morbid substance misuse problems.

17. The aim of the programme is to design a solution that can meet Level 1 and Level 2 mental health rehabilitation needs for local people, within the existing resource envelope.

18. There will be a redesign of rehabilitation services, with an aim that patients who require a level of rehabilitation need are served within the local community, following a national standard, thus reducing out of area placements. The rehabilitation redesign will follow the NHSE's commissioning guidance, appended as Appendix 2.

19. Adult rehabilitation will have a defined purpose, ensuring appropriate purposeful admission with clear evidence-based treatment pathways that all staff across providers understand. The redesign will work alongside local authority and non-NHS providers. An enhanced community rehabilitation team will become an additional focussed pathway aligning inpatient services with community transformation.

20. The organisation will show success by evolving and transforming services and will demonstrate this by:

a) Best use of resources.

b) Ensuring purposeful admission, with treatment guided by evidence based NICE guidance.

c) Personalised care with a trauma informed approach.

d) Successful partnership working.

e) Significantly improving health outcomes and reduce inequalities.

f) Access to quality data metrics to understand the day-to-day operations of the services and foresee service problems based upon the demand and capacity and patient flow.

g) Use of digital technology.

21. The programme will follow the phases below:

Phase 1	Development of Programme Initiation Document (PID) and programme governance (Jan 2023 – May 2023)	Complete
Phase 2	Ideas formulation/hurdle process/patient & staff Engagement/ public engagement feedback formulation (May 2023 – Apr 2024)	Complete
Phase 2A	• Finalise case for change. Strategic sense check. Develop options appraisal. Finalise PCBC. Service Improvement & Rehab deep dive. (May 2024 – May 2026) • NHSE Stage 1 Meeting (May 2025) • Clinical Senate (January 2026 – May 2026) • NHSE Stage 2 Meeting (April/May 2026)	Commenced May 2024
Phase 3	Public Consultation and service improvement. (June 2026 – October 2026)	Not started
Phase 4	Implementation.	Not started

22. Progress to date has included:

a) Ideas for rehabilitation redesign were formulated with stakeholders.

b) Pre-consultations have taken place across Herefordshire and Worcestershire and were attended by a range of stakeholders.

c) A pre-consultation report has been completed, ensuring the Trust has the patient voice throughout the programme journey. In addition, the programme has two participation partners who sit within the programme, on steering group and programme board.

d) The ‘Hurdle’ Criteria Evaluation sessions have been completed (where ideas are reviewed to determine which ideas meet the broad objectives of the programme and can move to the

next ‘stage’). The results of the evaluation of the initial seven ideas showed that two ideas failed to meet the initial ‘Hurdle’ criteria. The Programme Board then approved the move to the next stage.

e) In April 2024, a stocktake of the programme and work completed to date was carried out following a change of Programme Director and new Deputy Programme Director. This stocktake led to a refreshed programme aim, timeline and plan for the next stage (Phase 2a).

f) In May 2024, Phase 2a commenced.

g) A small group of stakeholders met to develop ‘Desirable Criteria’ in June 2024. Desirable Criteria is defined as the preferred qualifications, or conditions that enhance the suitability of an idea or proposal beyond the minimum requirements.

h) The Desirable Criteria sessions were held with a wide range of stakeholders to enable the reduction of ideas; however, this was not initially successful as stakeholders felt they did not have enough information to effectively rank an idea. As part of this process, stakeholder feedback was incorporated, resulting in amendments to certain proposals however maintain the core elements.

i) A review of how a further ‘Desirable Criteria’ session should be undertaken was reconsidered by the programme team. The ideas were re-written and A patient journey was added to inform the stakeholders of the how a new pathway may look.

j) Following review of the Desirable Criteria sessions, it was agreed that a ‘Nominal Group Ranking’ technique would be deployed. This is a structured decision-making technique where participants individually rank or prioritise a set of ideas, and the collective rankings are then aggregated to determine the most preferred choices. These sessions were undertaken and were successful, with the five ideas being reduced to three.

k) The programme management team have reviewed timelines based upon NHS Major Change guidance and NHSE Planning and Producing a Pre-Consultation Business Case (PCBC) guidance.

l) Clinical Senate will be commissioned by the ICB. As a trust we are having regular contact with Clinical Senate, and we would anticipate their review in 2026.

m) There is regular engagement with NHS England (NHSE) and the programme is following Major Change process passing through NHSE stages.

23. Communicating the programme has involved the following:

a) An internal website, which is regularly updated.

b) Monthly drop-in sessions with the programme team for staff to discuss the piece of work where stakeholders have questions.

c) Attendance at Clinical Group Meetings for GPs for Herefordshire.

d) Deputy Programme Director maintaining continuous engagement with all the units involved in the programme in addition to engagement across all systems.

e) Attendance at service away days to give progress updates.

f) Posters for inpatient units.

24. **Here is a summary of the options** (a full breakdown is available at Appendix 1)

Option	Overview
Option 1	• Close Oak House Mental Health Rehabilitation Unit (Herefordshire) • Close Cromwell House Mental Health Rehabilitation Unit (Worcestershire) • Convert the vacant Hill Crest (former Acute Mental Health) into a Level 2 Rehabilitation Unit • Create a Herefordshire & Worcestershire Enhanced Community Rehabilitation Team • Seek external partnership to provide a Level 1 Mental Health Rehabilitation Unit in Herefordshire
Option 2	• Reduce bed numbers at Oak House Mental Health Rehabilitation Unit (Herefordshire) • Close Cromwell House Mental Health Rehabilitation Unit (Worcestershire) • Convert the vacant Hill Crest unit (former Acute Mental Health) into a Level 2 Rehabilitation Unit • Create a Herefordshire & Worcestershire Enhanced Community Rehabilitation Team
Option 3	• Close Oak House Mental Health Rehabilitation Unit (Herefordshire) • Close Cromwell House Mental Health Rehabilitation Unit (Worcestershire) • Convert the vacant Hill Crest unit (former Acute Mental Health) into a Level 2 Rehabilitation Unit. • Create 4 Level 2 step down beds at the vacant Holywell unit. • Create a Herefordshire & Worcestershire Enhanced Community Rehabilitation Team • Seek external partnership to provide a Level 1 MH Rehabilitation Unit in Herefordshire.

25. Level 1 rehabilitation will be delivered in two modes, an enhanced community rehabilitation team in addition to an inpatient level 1 rehabilitation unit.

26. People who require level 1 care will have ongoing complex needs; these services exist to meet the needs of people who have a mental health rehabilitation need that can only be treated within an inpatient environment. Level 1 services are part of a clear, agreed pathway that includes community mental health rehabilitation teams and wider general and specialist teams (Commissioner Guidance for Adult Mental Health Rehabilitation Inpatient Services, 2024).

27. The key difference between level 1 and level 2 mental health rehabilitation inpatient services is that a level 2 service can offer more intensive support to people to meet their needs; this may be relational and/or adapted environments and procedures (Commissioner Guidance for Adult Mental Health Rehabilitation Inpatient Services, 2024).

28. Overall, with the implementation of an Enhanced Rehabilitation Team, the Trust will require less level 1 inpatient beds across the county. Worcestershire has two units Cromwell House in Worcester and Keith Winter House in Bromsgrove. The Trust would consider the closure of Cromwell House over Keith Winter House for the following rationale:

a) Issues surrounding estates and appropriateness of accommodation.

b) Keith Winter Close has a bigger bed base (15 bed compared to 10)

c) The trust has a further service on the Keith Winter site.

29. In addition, the Trust plan to provide a level 2 inpatient rehabilitation unit in Worcestershire, and where possible patients will be repatriated closer to home.

Community impact

30. Set out any considerations relating to community impact including contribution made to corporate plan / health and wellbeing strategy or other local or national strategies or policies.

31. Set out links to integrated evidence base / needs assessment (Understanding Herefordshire) including community / user engagement / feedback and specify the evidence base supporting the decision to be taken. Set out any partnership considerations.

32. Consider whether the recommended decisions within this report will have any direct or indirect effect on the lives of children in care; care leavers to care experienced children and young people.

33. The term 'corporate parent' means the collective responsibility of the council, elected members, employees, and partner agencies, for providing the best possible care and safeguarding for children who are looked after by the council. Being a good corporate parent means we should; accept responsibility for children in the council's care; make their needs a priority; and seek for them the same outcomes any good parent would want for their own children.

34. Corporate parenting responsibilities are not confined to elected members. All officers share the responsibility to promote the needs of looked after children. Key responsibilities of all officers are: to promote the life chances of looked after children and care leavers in their area of responsibility; and to consider the impact of decision making on looked after children and care leavers.

Environmental Impact

35. Whilst this is a decision on back-office functions and will have minimal environmental impacts, consideration has been made to minimise waste and resource use in line with the council's Environmental Policy.

Equality duty

36. The Public Sector Equality Duty requires the Council to consider how it can positively contribute to the advancement of equality and good relations, and demonstrate that it is paying 'due regard' in our decision making in the design of policies and in the delivery of services.

37. The mandatory equality impact screening checklist has been completed for this project/decision/activity and it has been found to have no/low/high impact for equality.

38. Due to the potential impact of this project/decision/activity being low, a full Equality Impact Assessment is not required. However, the following equality considerations should be taken into account when making a decision about this activity/project:

a) The report will use plain English.

Resource implications

39. This report constitutes part of the typical function of this committee. There is no resource implication in its consideration.

Legal implications

40. The remit of the scrutiny committee is set out in part 3 section 4 of the constitution and the role of the scrutiny committee is set out in part 2 article 6 of the constitution.

41. The Local Government Act 2000 requires the council to deliver the scrutiny function.

Risk management

42. As this report is for information only, there are no risks identified in its consideration.

Appendices

- Appendix 1 Rehabilitation Redesign Options
- Appendix 2 NHS England 2024: *Commissioner guidance for adult mental health rehabilitation inpatient services*
- *Appendix 3* NHS England 2024: *Commissioning framework for mental health inpatient services*

Background papers

None identified.

Report reviewers used for appraising this report:

Please note this section must be completed before the report can be published		
Governance	Danial Webb	Date 09/05/2025
Finance	Click or tap here to enter text.	Date Click or tap to enter a date.
Legal	Click or tap here to enter text.	Date Click or tap to enter a date.
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Approved by	John Coleman	Date 09/05/2025