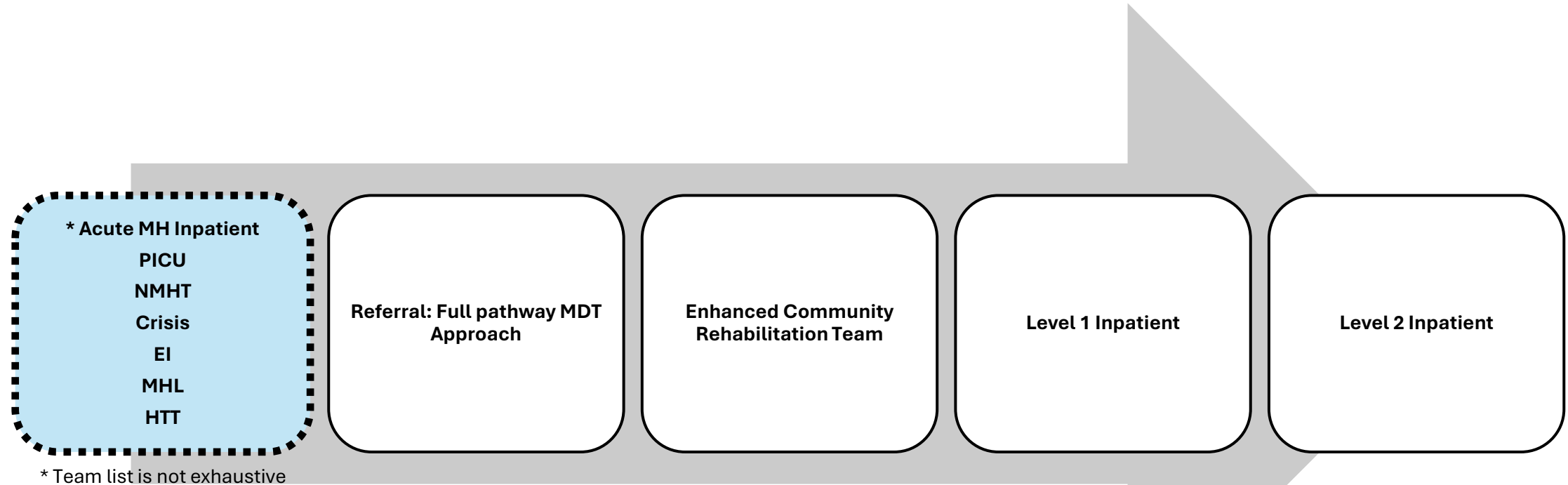


Adult Mental Health Rehabilitation Redesign & Acute Inpatient Improvement Programme

Rehabilitation Redesign Options



Rehabilitation Pathway for all Options



Patient Journey Example - 1

* Subject to change as clinical model and delivery are being worked through as part of the Major Change Process

The Rehabilitation Pathway promotes a system approach and diminishes unwarranted variation across services.

Where it is identified with the patient and care team that there is a rehabilitation need, a referral is sent to the rehabilitation pathway for consideration of **Level 1**, **Level 2**, enhanced community rehabilitation team or 'out of county' where a placement is required to be highly specialised and unable to manage the need in county. An MDT approach - from all areas of the rehabilitation teams - is needed to decision make with the referrer.

A pathway which meets the need of the patient best is chosen and discussed with the patient. Each pathway will have differing offers, based upon NICE guidance, commissioning guidance and patient need.

Level 2 will be provided as inpatient facility; this will provide a higher level of support to patients requiring this care. The care previously would be "out of county" and now would be closer to home to promote supportive relationships in the local community and access to local amenities.

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).

At the point of working towards discharge, agencies will be brought together to support this process (including the patient). If being discharged from a **Level 1** rehabilitation unit, the **Enhanced Rehabilitation Community Team** will provide 'step down' support for a transition period.

Patient Journey Example - 2

*** Subject to change as clinical model and delivery are being worked through as part of the Major Change Process**

Following this piece of work, the care will be transferred to a Neighbourhood Mental Health Team (or a specialist team) dependent upon the needs of the patient.

If a patient is discharged to supported accommodation or a care facility, the Enhanced Rehabilitation Community Team will provide support and training to the provider to fully ensure they are able to manage the needs of the patient, to promote sustainability of the placement and ensure patient need is fully met.

This will promote mental health stability, reduce future admissions, and prevent placement failure.

Care will be individual to the patient and trauma informed.

Option 1



**Herefordshire & Worcestershire
Adult MH Inpatient & Rehabilitation
System**

**Herefordshire & Worcestershire
PICU Service**

**Herefordshire & Worcestershire
Adult Acute MH Inpatient Service**

**Herefordshire & Worcestershire
Level 2 Rehabilitation Service**

**Herefordshire & Worcestershire
Level 1 MH Rehabilitation Service**

**Herefordshire & Worcestershire
Enhanced Community
Rehabilitation Team**



Option 1

**Herefordshire & Worcestershire Level 1 MH
Rehabilitation Service:
KEITH WINTER HOUSE**

**Herefordshire & Worcestershire Adult Acute
MH Inpatient Service: Elgar Unit
HOLT WARD
ATHELON WARD**

**Herefordshire & Worcestershire Level 2
Rehabilitation Service:
HILLCREST**

**Herefordshire & Worcestershire Level 1 MH
Rehabilitation Service:
EXTERNAL PARTNER**

**Herefordshire & Worcestershire PICU Service:
Elgar Unit
HADLEY WARD**

**Herefordshire & Worcestershire Adult Acute
MH Inpatient Service: Stonebow Unit
MORTIMER WARD**

**Herefordshire & Worcestershire Enhanced Community Rehabilitation
Team**

Option One: Further Details

There will be two centralised hubs where acute mental health wards will be based. They will be on transformed and developed sites in Herefordshire and Worcestershire.

The Psychiatric Intensive Care Unit (PICU) on Hadley Ward will remain the same, covering the remit of both counties as it currently does.

Rehabilitation will be provided as a complete pathway, consisting of **Level 1** inpatient, a community offer and a **Level 2** offer.

Level 1 rehabilitation beds will be provided in one unit in Worcestershire.

The **Level 1** rehabilitation unit in Herefordshire will close, which would result in the county having no dedicated mental health inpatient rehabilitation beds.

As a result, it is proposed that the Trust should explore alternative solutions in partnership with external providers.

Rather than incurring the costs of purchasing or constructing a new facility, the Trust should aim to collaborate with a partner to secure access to suitable beds or a building that can fulfil the county's rehabilitation needs.

This approach would ensure continuity of care while avoiding substantial capital investment and promotes partnership working.

Option One : Further Details

In addition, there will be the development of an Enhanced Community Rehabilitation Team to serve both counties which will provide stepped rehabilitation care for patients leaving a rehabilitation inpatient unit ('step-down') and as a 'step-up' approach from a community team for patients who may require a more "bespoke" package, or enhanced care to see if inpatient rehabilitation is required.

Community hubs can be utilised across Herefordshire and Worcestershire to reduce travel burden.

A **Level 2** inpatient unit will be developed to serve both counties.

The resource from the closed units, will be utilised for a **Level 1** Enhanced Community Rehabilitation Team in addition to the **Level 2** inpatient offer.

The workforce implications and training required will need to be considered as part of the full appraisal.

Option 2



OPTION 2

**Herefordshire & Worcestershire
Adult MH Inpatient & Rehabilitation
System**

**Herefordshire & Worcestershire
PICU Service**

**Herefordshire & Worcestershire
Adult Acute MH Inpatient Service**

**Herefordshire & Worcestershire
Level 2 Rehabilitation Service**

**Herefordshire & Worcestershire
Level 1 MH Rehabilitation Service**

**Herefordshire & Worcestershire
Enhanced Community
Rehabilitation Team**



**Herefordshire & Worcestershire Level 1 MH
Rehabilitation Service:
KEITH WINTER HOUSE**

**Herefordshire & Worcestershire Adult Acute
MH Inpatient Service: Elgar Unit
HOLT WARD
ATHELON WARD**

**Herefordshire & Worcestershire Level 2
Rehabilitation Service:
HILLCREST**

**Herefordshire & Worcestershire Level 1 MH
Rehabilitation Service:
OAK HOUSE (REDUCED BED NUM)**

**Herefordshire & Worcestershire PICU Service:
Elgar Unit
HADLEY WARD**

**Herefordshire & Worcestershire Adult Acute
MH Inpatient Service: Stonebow Unit
MORTIMER WARD**

**Herefordshire & Worcestershire Enhanced Community Rehabilitation
Team**

Option Two : Further Details

There will be two centralised hubs where acute mental health wards will be based. They will be on transformed and developed sites in Herefordshire and Worcestershire.

The Psychiatric Intensive Care Unit (PICU) on Hadley Ward will remain the same, covering the remit of both counties as it currently does.

Rehabilitation will be provided as a complete pathway, consisting of **Level 1** inpatient in two counties, a community offer in addition to a **Level 2** offer.

Level 1 rehabilitation beds will be provided across both counties. The **Level 1** rehabilitation unit in Herefordshire will provide a reduced number of **Level 1** beds.

In addition, there will be the development of an Enhanced Community Rehabilitation Team to serve both counties which will provide stepped rehabilitation care for patients leaving a rehabilitation inpatient unit ('step-down' approach) and as a 'step-up' approach from a community team for patients who may require a more 'bespoke' package, or enhanced care to see if inpatient rehabilitation is required.

Community hubs can be utilised across Herefordshire and Worcestershire to reduce travel burden.

A **Level 2** inpatient unit will be developed to serve both counties.

The resource from the closed unit, will be utilised for a **Level 1** Enhanced Community Rehabilitation Team in addition to the **Level 2** inpatient offer.

The workforce implications and training required will need to be considered as part of the full appraisal.

Option 3



**Herefordshire & Worcestershire
Adult MH Inpatient & Rehabilitation
System**

**Herefordshire & Worcestershire
PICU Service**

**Herefordshire & Worcestershire
Adult Acute MH Inpatient Service**

**Herefordshire & Worcestershire
Level 2 Rehabilitation Service**

**Herefordshire & Worcestershire
Level 1 MH Rehabilitation Service**

**Herefordshire & Worcestershire
Enhanced Community
Rehabilitation Team**



Option 3

**Herefordshire & Worcestershire Level 1 MH
Rehabilitation Service:
KEITH WINTER HOUSE**

**Herefordshire & Worcestershire Adult Acute
MH Inpatient Service: Elgar Unit
HOLT WARD
ATHELON WARD**

**Herefordshire & Worcestershire Level 2
Rehabilitation Service:
HILLCREST**

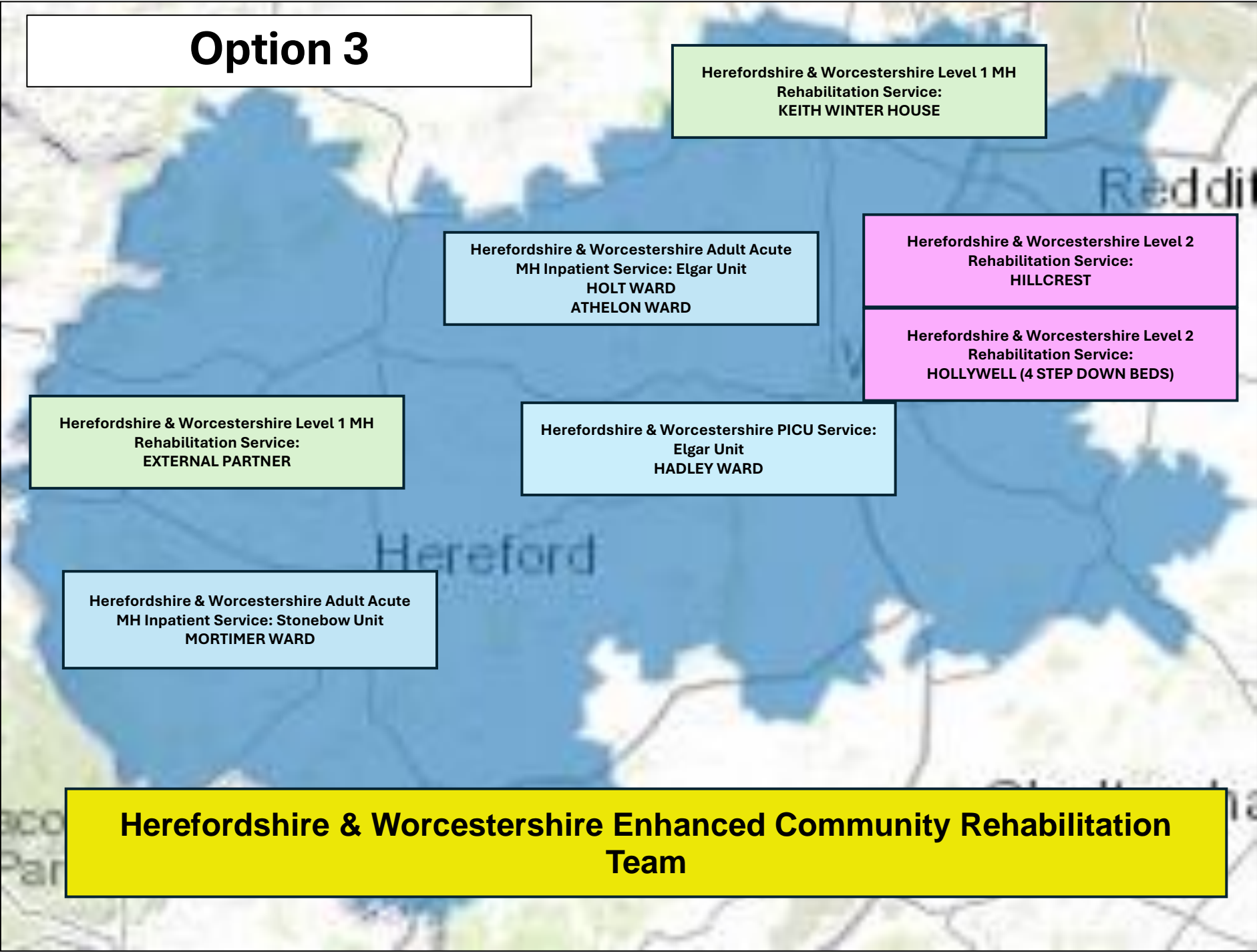
**Herefordshire & Worcestershire Level 2
Rehabilitation Service:
HOLLYWELL (4 STEP DOWN BEDS)**

**Herefordshire & Worcestershire Level 1 MH
Rehabilitation Service:
EXTERNAL PARTNER**

**Herefordshire & Worcestershire PICU Service:
Elgar Unit
HADLEY WARD**

**Herefordshire & Worcestershire Adult Acute
MH Inpatient Service: Stonebow Unit
MORTIMER WARD**

**Herefordshire & Worcestershire Enhanced Community Rehabilitation
Team**



Option Three : Further Details - 1

There will be two centralised hubs where acute mental health wards will be based, and they will be on transformed and developed sites in Herefordshire and Worcestershire.

The Psychiatric Intensive Care Unit (PICU) on Hadley Ward will remain the same, covering the remit of both counties as it currently does.

Level 1 rehabilitation beds will be provided for the two counties.

The **Level 1** rehabilitation unit in Herefordshire will close, which would result in the county having no dedicated mental health inpatient rehabilitation beds.

As a result, it is proposed that the Trust should explore alternative solutions in partnership with external providers.

Rather than incurring the costs of purchasing or constructing a new facility, the Trust should aim to collaborate with a partner to secure access to suitable beds or a building that can fulfil the county's rehabilitation needs. This approach would ensure continuity of care while avoiding substantial capital investment and promotes partnership working.

A **Level 1** Enhanced Community Rehabilitation Team.

This will include a community outreach model, this would be a small team of staff working closely with housing and supported living providers to ensure the right accommodation is sourced for individual needs and supporting the providers with resources and skills, in addition to providing short term intervention to the patient for a transition period.

The outreach model will work with and support VCSE in providing services within the community for patients with rehabilitation needs.

The Trust has a similar resource in the form of the PARTNER Service; however, their remit would need to be expanded to facilitate the offer.

Option Three : Further Details - 2

The development of an Enhanced Community Rehabilitation Team to serve both counties which will provide stepped rehabilitation care for patients leaving a rehabilitation inpatient unit ('step-down' approach).

It would provide a 'step-up' approach from a community team for patients who may require a more "bespoke" package, or enhanced care to see if inpatient rehabilitation is required.

Community hubs can be utilised across Herefordshire and Worcestershire to reduce travel burden.

Level 2 rehabilitation would serve the two counties, within the ICS footprint. In addition, four step down beds will be provided locally to aid a community placement transition.

The resource from the closed units, will be utilised for a **Level 1** Enhanced Community Rehabilitation Team in addition to the **Level 2** inpatient offer.

The workforce implications and training required will need to be considered as part of the full appraisal.