Herefordshire Council

Title: Adult Mental Health Rehabilitation Redesign - Update

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

Meeting date: **Monday 27 July 2026**

Report by: **Herefordshire and Worcestershire Health and Care NHS Trust**

Classification

Open

Report purpose

To provide an update on Herefordshire and Worcestershire Health and Care NHS Trust's adult mental health rehabilitation services redesign.

Background

1. The Health, Care and Wellbeing Scrutiny Committee scrutinised options for the trust's adult mental health rehabilitation services redesign at its meeting on 19 May 2025. The report provided to that meeting is appended as **Appendix 1**.

2. At this meeting, the committee recommended that "the Herefordshire and Worcestershire Health and Care NHS Trust should set out the pros and cons of each of the three redesign options against the six "and we" criteria in the NHS Commissioner Guidance for adult mental health rehabilitation inpatient services".

3. The trust replied that it would "agree with the recommendation", noting that "this will be evidenced and fully described within the options appraisal process, in addition this will form part of the pre-consultation business case as part of the NHSE Major Change Process." The trust has subsequently confirmed that this will be included in section 11.6.5 of the soon to be finalised pre-consultation business case.

4. The trust has subsequently asked to attend this meeting to provide the committee with an update on its work.

Meeting objectives

5. To review Herefordshire and Worcestershire Health and Care NHS Trust's adult mental health rehabilitation services redesign, including assurance that the committee's recommendation was acted upon.

Report information

6. 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.

7. It was 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.

8. 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.

9. 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'.

10. 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.

11. GIRFT methodology is being utilised to drive change, and the Trust has 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.

12. The overall objectives for the programme are:

    a. Reduce unwarranted variation identified within rehabilitation services.
    b. The redesign of Adult Mental Health Rehabilitation Services, will strive to ensure that patients who have a level of rehabilitation need are served within our local community, thus reducing out of area placements.
    c. Adult Rehabilitation will have a defined purpose, ensuring appropriate purposeful admission with clear evidence-based treatment pathways that all staff across providers understand.

d. A Community Rehabilitation Team will become an additional focussed pathway aligning inpatient services with community mental health transformation.
e. Align with the NHS *Fit for the Future 10 Year Health Plan*: “From hospital to community: more care will be available on people’s doorsteps and in their homes”.
f. Ensure the Trust no longer use any high-cost agency staff in Adult Mental Health Rehabilitation Services.
g. Ensure person-centred care and co-production of care plans is standard practice.
h. Capture and analyse the impact of interventions to assess risks and benefits as part of evidence-based practice.
i. Develop and report robust ways for capturing interventions and outcomes for services that are heavily linked into partnership working.
j. Ensure workforce are trained to work across the rehabilitation pathway which enables and maintains a skilled and sustainable workforce with staff experience being measured through an improvement identified in the staff survey.
k. 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.
l. Implementing 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

13. Admission to a rehabilitation unit 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.

14. The Trust’s current Community Rehabilitation Units are at Oak House in Hereford (8 beds), Keith Winter House in Bromsgrove (15 beds) and Cromwell House in Worcester (10 beds) - 33 beds in total.

Adult Rehabilitation Redesign Programme – Progress Update

15. This update on the Adult Mental Health Rehabilitation Redesign Programme informs the committee that a ‘preferred option’ has been identified.

16. Following the initial Clinical Modelling Workshops, we were left with 7 ideas. Hurdle Criteria sessions were held with stakeholders, and the 7 ideas were reduced to 4 (one of the ideas that was discounted was the ‘do nothing’ idea).

17. Desirable criteria was devised by stakeholders and then weighted by stakeholders. The remaining ideas were then rated against the desirable criteria by stakeholders. None of the ideas passed.

18. We took on feedback about this process and in our most recent engagement sessions, we utilised a Nominal Group Ranking (NGR) technique to rank the remaining 4 ideas.

19. As a result, the lowest ranked idea was eliminated, and we were left with 3 options. The remaining options were subject to topic specific expert review panels.

20. These panels were made up of experts in specific areas and were attended by a range of external stakeholders, including Healthwatch, the voluntary, community, and social enterprise sector, local authority and Integrated Care System representatives and participation partners, as well as a range of internal stakeholders:

    a. **Panel 1: Quality of Care for All** - This panel was engaged to establish whether the options provide quality care for all
    b. **Panel 2: Access to Care for All** - This panel was engaged to establish whether the options provide access to care for all
    c. **Panel 3: Workforce** - This panel was engaged to establish whether the options provide sustainable workforce levels, and which option will impact the workforce the most.
    d. **Panel 4: Deliverability** - This panel was engaged to establish the deliverability of each of the options
    e. **Panel 5: Environment** - This panel was engaged to establish the environmental requirements of each option
    f. **Panel 6: Affordability and Value for Money (Final Panel)** - This panel was engaged to rank the options on affordability.

21. Whilst they were not part of any of the above panels, we have also engaged with Public Health, and they have supported us with some population health data requirements and understanding our local population need.

22. As a result of this work, a preferred option was identified, and this has been supported by numerous Trust Boards, Committees and Integrated Care System forums. The Secretary of State has also been notified.

23. Staff at affected sites have been informed that a preferred option has been identified and each of these sessions were facilitated by a Trust Board member, programme member, clinical leader and were supported by a human resources representative.

24. A clear communication plan is in place for internal and external stakeholders.

25. The service redesign Equality and Health Inequalities Impact Assessment is attached as **Appendix 3** to this report.

26. It is important to note that in late 2025, the programme was paused to explore emerging opportunities to work with external providers to potentially provide Level 1 and Level 2 rehabilitation. The exploration was ultimately unsuccessful.

Preferred Option

27. Rehabilitation would be delivered as a complete pathway as described in national guidance. This would consist of a Level 1 inpatient rehabilitation offer, a Level 1 community rehabilitation offer, and a Level 2 rehabilitation offer.

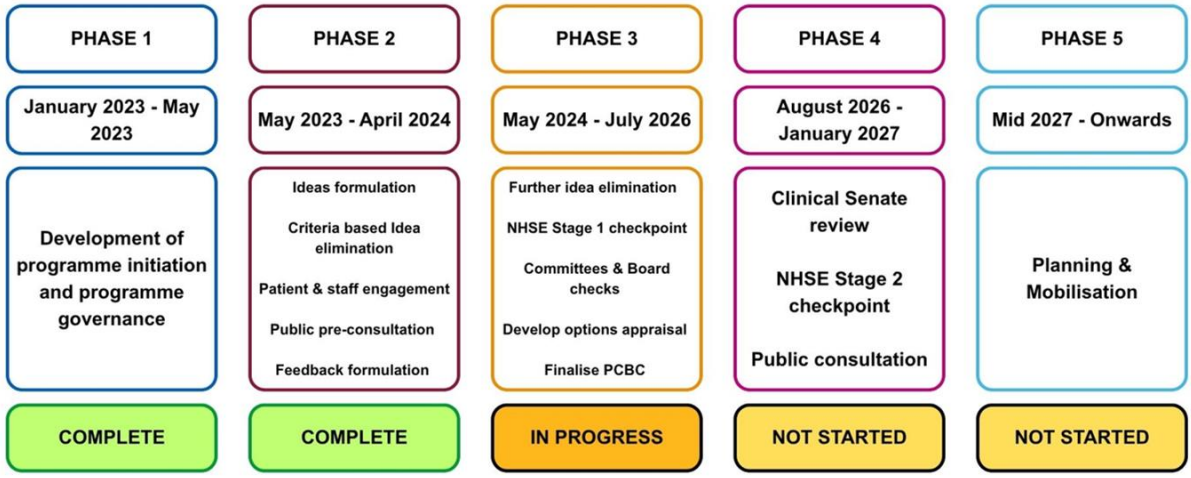
28. Level 1 rehabilitation beds would be provided as a system, based in Worcestershire, for both Herefordshire and Worcestershire people. As part of this option, two units would close – Cromwell House and Oak House.

29. There would be a development of an Enhanced Community Rehabilitation Team which would serve both Herefordshire and Worcestershire.

30. A Level 2 rehabilitation offer would be developed to serve both counties; however, this is not available locally and will be sourced through block booking or joining a West Midlands

procurement framework within the Integrated Care Board cluster (Herefordshire, Worcestershire, Coventry and Warwickshire).

High Level Timeline



Next Steps

31. We will share a draft plan explaining the proposed changes (Pre-Consultation Business Case) with an expert group of clinicians from across the NHS (the Clinical Senate) to check it is safe, effective, and evidence-based

32. In August 2026, the Clinical Senate will visit the rehabilitation units in person and write a detailed report giving feedback and recommendations on the proposal.

33. The Trust and ICS will then need to review and consider the Clinical Senate's findings and respond.

34. In November 2026, the Trust and Integrated Care System will be subject to a NHSE Stage 2 Gateway Assurance Checkpoint meeting.

35. Assuming all relevant checks are completed, and the proposal meets the required standard, Public Consultation will likely start in early 2027 for 12 weeks.

36. The Trust will then need to consider the findings of the public consultation.

37. The Trust will begin to plan the mobilisation of the implementation of the preferred option in mid-2027.

38. The Trust offers to attend a meeting of the Health, Care and Wellbeing Scrutiny Committee following public consultation in May 2027, to update committee of the findings and next steps.

Consultees

39. No consultation took place in the process of producing this report.

Appendices

Appendix 1 – *Adult Mental Health Inpatient and Rehabilitation Services Redesign*, presented to Health, Care and Wellbeing Scrutiny Committee, 19 May 2025

Appendix 2 – NHS England 2024: *Commissioner guidance for adult mental health rehabilitation inpatient services*
Appendix 3 - Service Redesign Equality and Health Inequalities Impact Assessment

Background papers and resources

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