

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 17 July 2018

Title of report: Mental Health Rehabilitation and Recovery Engagement, Communication and Equality Plan (Draft)

Purpose of paper

The purpose of the draft paper is to provide information to members on the planned engagement activity to support the development of mental health rehabilitation and recovery services in Kirklees. This paper is provided to support initial discussion.

The paper describes the scope of the engagement and the process it will follow to engage stakeholders. Members are asked to consider the paper and provide feedback on the content and process before the final plan is agreed.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A – Report produced for information
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance IT and Transactional Services? Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	No - The report has been produced to support the discussions with Greater Huddersfield CCG and North Kirklees CCG.
Health Contact	Vicky Dutchburn - Greater Huddersfield CCG & North Kirklees CCG

Electoral wards affected: All of Kirklees

Ward councillors consulted: Yes

Public or private: Public

1. Summary

North Kirklees Clinical Commissioning Group (CCG), Greater Huddersfield CCG and the Local Authority are engaged in a programme of service transformation across Kirklees in relation to the provision of mental health rehabilitation and recovery services in line with Joint Commissioning Panel Guidance for Mental Health Rehabilitation Services.

The purpose of the engagement plan is to describe a process which will help the CCGs and the Local Authority to engage with patients, family and carers and staff on NHS commissioned services for people who have a serious mental illness that includes a primary diagnosis of psychosis, including people with a dual diagnosis.

This plan describes the background to the existing services, the legislation relating to any service change that the CCGs must work to and an overview of what we already know about the services from patients, carers, staff and other sources.

The plan describes how the CCGs will engage with the above population and any other identified stakeholders. The purpose of the plan is to provide information on the approach to engagement with patients and key stakeholders.

2. Information required to take a decision

Both Greater Huddersfield and North Kirklees CCGs commenced a review of mental health provision following the publication of new national guidance. The review highlighted a number of gaps in provision and areas where improvements could be made.

It was identified that current provision to support rehabilitation and recovery in mental health could be improved and enhanced. The plan describes the engagement required to support a future service model and ensure that the services provided in the future meet the needs of the local population.

The CCGs in partnership with the Local Authority would like to commence engagement on:

- The re-provision of Enfield Down services
- The development of a community led model of care

The engagement will focus on the re-provision of a facility that would include a bed base and supported living accommodation with an enhanced community service model.

Members are asked to consider the scope of the engagement and the information presented including the process for involving people and the timeline for delivery.

3. Next steps

Once the plan is signed off the engagement will commence. An online and paper survey will be developed alongside other materials to support the engagement process.

Following the engagement process a report of findings will be written, which will include a section on equality. The report will be shared with members for information whilst the CCG and Local Authority consider the views of local people in the development of a proposed model.

Once a service model has been developed OSC can be updated on any future proposals and the next steps required to support this work.

4. Officer recommendations and reasons

It is recommended that:

- Members comment on the draft plan before 31st July 2018
- Members receive a report of findings from the engagement for information
- The CCG identifies future dates to ensure members remain involved going forward and timeline for activity is agreed to support this work

5. Contact officers

Toni Smith – Head of Continuing Care – North Kirklees CCG

Karen Pollard – Senior Programme Manager – Mental Health – Greater Huddersfield CCG

6. Background Papers

They are available on request and are included within the CCGs Programme management office

7. Service Director responsible

Vicky Dutchburn – Head of Strategic Planning, Performance & Delivery: Greater Huddersfield & North Kirklees CCGs



**Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group**

**Mental Health Rehabilitation and Recovery
Engagement, Communication and Equality Plan**

Draft

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Version	Change	Title	Status/date
V1	Zubair Mayet	Engagement Manager	Draft 26/6/18
V2	Sarah Mackenzie-Cooper	Equality & Diversity Manager	Draft 27/6/18
V3	Zubair Mayet	Engagement Manager	Draft- 28/6/18
V3	Karen Pollard	Mental Health Transformation Programme Manager	Draft- 28/6/18
V4	Zubair Mayet	Engagement Manager	Draft 2/7/18
V5	Toni Smith Karen Pollard Stephanie Twomey Zubair Mayet	Head of Continuing Care Mental Health Transformation Programme Manager Mental Health Commissioning Manager Engagement Manager	Draft 4/7/18
V6	Toni Smith Karen Pollard Zubair Mayet	Head of Continuing Care Mental Health Transformation Programme Manager Engagement Manager	Draft 6/7/18
V6		To OSC for comment	Draft 9/7/18

1. Introduction

1.1 North Kirklees Clinical Commissioning Group (CCG), Greater Huddersfield CCG and the Local Authority are engaged in a programme of service transformation across Kirklees in relation to the provision of mental health rehabilitation and recovery services in line with Joint Commissioning Panel Guidance for Mental Health Rehabilitation Services¹ (the Guidance). The purpose of the engagement plan is to describe a process which will help the CCGs and the Local Authority to engage with patients, family and carers and staff on NHS commissioned services for people who have a serious mental illness that includes a primary diagnosis of psychosis, including people with a dual diagnosis. Our aim is to engage with service users, carers and staff to identify, not just how we can improve and develop the services in line with the Guidance, but how we can achieve greater integration of service provision overall.

This plan describes the background to the existing services, the legislation relating to any service change that the CCGs must work to and an overview of what we already know about the services from patients, carers, staff and other sources.

The plan describes how the CCGs will engage with the above population and any other identified stakeholders. The purpose of the plan is to provide information on the approach to engagement with patients and key stakeholders.

2. Background

2.1 Both Greater Huddersfield and North Kirklees CCGs commenced a review of mental health provision following the publication of new national guidance. The review highlighted a number of gaps in provision and areas where improvements could be made.

It was identified that current provision to support rehabilitation and recovery in mental health could be improved and enhanced. The plan describes the engagement required to support a future service model and ensure that the services provided in the future meet the needs of the local population.

¹ <https://www.jcpmh.info/wp-content/uploads/jcpmh-rehab-guide.pdf>

The CCGs in partnership with the Local Authority would like to commence engagement on:

- The re-provision of Enfield Down services
- The development of a community led model of care

The engagement will focus on the re-provision of a facility that would include a bed base and supported living accommodation with an enhanced community service model.

The CCGs, Local Authority and current providers will work together to reach a wide range of stakeholders to ensure a future service model considers a range of stakeholder views including those who currently use or may need to use a future service. The plan describes the engagement, communication and equality considerations required to ensure this takes place. More information on current provision can be found in appendix 1.

At the present time people in the community who require rehabilitation services are supported by the generic Community Mental Health teams. In addition, many of these people will have had multiple acute inpatient and Psychiatric Intensive Care Unit PICU admissions during 2017. Wider participation in rehabilitation and recovery services is therefore required.

Of the people receiving inpatient rehabilitation services, there are currently 20 people receiving services in the SWYPFT inpatient rehabilitation service at Enfield Down; however a significant proportion of these people require long term complex care, rather than rehabilitation services. In addition there are 43 people who are receiving services in out of area locked rehabilitation placements.

3. Legislation

3.1 NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCG) commission (buy) local NHS services on behalf of the local population. This means that any plans to change the way a service is provided or delivered is subject to the legislation the CCG must follow. The legislation is set out below:

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

NHS Act 2006

The NHS Act 2006 defines the statutory responsibilities of the CCGs in regard to the parameters for delivering care including accommodation.

Mental Health Act 1983 (updated 2007)

The Mental Health Act and Code of Practice define what is required of providers when carrying out functions under the Mental Health Act, including statutory guidance for registered medical practitioners and other professionals in relation to the medical treatment of patients suffering from mental disorder.

The Mental Health Act and Code of Practice also set out the roles and responsibilities of the Local Authority and the CCG in arranging Section 117 after care.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement and consultation activity and in the review as a whole.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

4 Principles for Engagement

4.1 In addition to the legislation each CCG has a 'Patient Engagement and Experience or Communication Strategy'. The strategy for each organisation has been developed with the agreement of key stakeholders. Each strategy sets out the approach to engagement, including what the public can expect when any engagement activity is being delivered. The principles for engagement set out in the strategy for Greater Huddersfield CCGs will;

- Ensure that we engage with our public, patients and carers early enough throughout any process.
- Be inclusive in our engagement activity and consider the needs of our local population.
- Ensure that engagement is based on the right information and good communication so people feel fully informed.
- Ensure that we are transparent in our dealings with the public and discuss things openly and honestly.
- Provide a platform for people to influence our thinking and challenge our decisions.
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.

The communication and engagement principles for North Kirklees CCG are:

- to work in partnership with other agencies, stakeholders, patients, carers and patient representatives
- to ensure that communications and engagement activities are accessible to all audiences
- to be open, honest, consistent, clear and accountable
- to create innovative ways for people to engage and communicate with us
- to create communications and engagement activities that are well planned, high quality, happen at the right time and are carefully targeted
- to have a two-way communication and engagement process with the third sector
- To train and develop our members so they have the skills to develop our communication and engagement – it is everyone's responsibility.

The strategies set out what the public can reasonably expect each CCG to do as part of any engagement activity. This process needs to preserve these principles to ensure public expectations are met.

5 What engagement has already taken place?

SWYPFT undertook engagement during 2017 in relation to the changes at Enfield Down and the introduction of a community rehabilitation and recovery service. Detailed below is an extract from the engagement report, identifying the conclusions and key findings:

- Discussions took place with 20 Enfield Down service users. A significant number of service users interviewed were quite unwell and not fully able to undertake in neither understanding nor being able to fully answer the questions using the questionnaire. Only 8 responses were received from family /carers and 2 staff care responses.

- All responses indicated that services like Enfield Down are a necessary part of the recovery pathway. Service users are aware they have a Recovery Plan at Enfield Down that gives their lives structure and focus and that staff play a positive role in helping and supporting them as they progress through their recovery pathway.
- All responses recognised that having compassion, understanding, a caring, empathetic nature, patience and being a good listener are the overriding skills that a person needs to work in Mental Health.
- The question which should be asked is ED fulfilling its purpose as a rehabilitation and recovery service bearing in mind the length of stay / residency of some of its service users varying between almost 16 years, 6 years, 3 years and between 2 ½ to 2 years. It is imperative that we understand service users at Enfield Down have varying degrees of complex mental health needs, that these individuals are very much unwell and are unable to live out in the community without the 24 hour bed base support and care provided by Enfield Down and its staff.
- The majority of staff considered that there should be a purpose built bed base for services users with long term complex mental health needs within Huddersfield as they feel these individuals would not be able to live on their own within their own homes or in the community. Not having 24 hour care from trained and skilled staff would potentially lead to service user having a relapse. Not taking their medication on time, not looking after their personal hygiene.

Key Findings

- Service users are aware they are at Enfield Down for rehabilitation, to improve their Independent Living Skills and progress towards moving back into the community
- Service users feel that staff play a significant role in supporting them and helping them develop their skills through setting goals in their Recovery Plans.
- Although some people are aware of the need for professional qualifications, service users and family members believe the key attributes a person must have to work in mental health services are: Compassion, be caring, understanding, empathetic, patient and a good listener.
- Care in the community should involve having a Mental Health Recovery Hub that affords 24/7 access to service users who need it.
- Having a 'safe' place for service users to meet with a member of staff for 1:1 assessments has been mentioned by service users, family/carer and staff.

6 Aim and objectives of the engagement activity

6.1 The aim of the engagement activity will be to capture the views of patients, family and carers who have experience of the services, and those that may need the services and staff of the existing services and any key stakeholders to help inform the development of any proposals for future arrangements. The target audience for engagement will be:

- Patients of mental health rehabilitation and recovery services in Kirklees or funded by Kirklees
- Staff and health care professionals within services
- Other stakeholders as determined

The aim of the engagement is to initiate a genuine and meaningful process to ensure the CCGs can reach, inform, communicate and engage patients, family and carers, staff and key stakeholders. In delivering this aim the objectives will be:

- To complete the engagement in a 7 week period.
- To communicate clearly and simply the engagement using various methods and approaches, designing our materials to meet the needs of the audience.
- To provide an explanation of the reason for the engagement.
- To gather feedback using a variety of appropriate mechanisms including face to face contact and discussions, electronic and paper surveys.
- To ensure the CCGs engage with those patients who represent protected groups, as defined by the Equality Act 2010, in a meaningful way, appropriate to their needs.
- To understand who is most likely to be impacted by the plans, utilising the equality impact assessment and ensure that these groups are particularly targeted.
- To analyse the feedback from the engagement process and use this to further enhance the equality impact assessment.
- To provide a report of findings on the engagement and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to patients and key stakeholders on the findings of the engagement process.
- To ensure we can demonstrate that the views expressed have been considered as part of the decision making process to develop any options that may result in service change.

7 Engagement

The engagement will be delivered over a 7 week period commencing 28 August 2018. The engagement activities that will take place during the engagement are set out below. The activities will be delivered by current service providers and commissioners to ensure the engagement reaches current service users, potential services users and those who represent protected groups as identified by the Equality Act 2010.

7.1 What do we plan to do?

A survey will be developed to use to gather views of the different stakeholders this sets out the background to the services and the potential proposals for change. The survey includes an equality monitoring form and returns will be monitored to ensure we reach a representative sample of the services users and others and where this is not the case further work will be undertaken to reach any gaps.

7.2 Engagement activities:

Engaging service users

Service users who use both local and out of area services will be asked questions as part of a one to one interview. The questions can be asked using three approaches;

- As a discovery interview
- As a case study, or
- As a questionnaire

The engagement lead will need to ensure that the service user is comfortable with the approach, the method of engagement and the situation in which the engagement is conducted. It may not be appropriate to use a focus group approach although this could be added as an additional method for identifying common themes. In addition advocacy support may be required to enable full participation.

Engaging carers and families

Families and carers will be contacted through carer networks and/ or the current service. The methods that will be used will consist of a combination of;

- Surveys sent by post with a letter (including online options)
- Telephone interviews
- Face to face interviews
- Surveys collected from the service

Engagement with voluntary and community groups Community Voices (assets) and other groups representing the geographical area of North Kirklees will be identified. Groups will be deployed and/or supported to ensure that we reach a wide and diverse population including those seldom heard.

Community Voices are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. This will be through focus group work, face to face conversations and other innovative methods. These conversations will be led in a variety of approaches to provide intelligence to support our approach.

For other groups not covered by Community Voices who have links to the population of North Kirklees, they will be supported by engagement staff.

Copies of the survey will be sent to voluntary and community groups who have an interest in mental health to promote with their members.

Engaging staff and providers

In order to gather the views of staff and service providers there will be an option to complete either online or paper copy. Staff will be asked the same questions as service users, families and carers. A freepost return option will also be available for staff. Staff will be made aware of the engagement activity via internal websites, newsletters and briefings.

A Provider Engagement Event will be advertised on NHS Contract Finder. The focus for the event will be on pathways, protocols and specification development. There will be presentations outlining the good practice guidance and the current and proposed service models. Following the presentations there will be workshop style discussions in relation to integrated working, equality issues as well as specific areas of specification development that need to be addressed.

The findings from the provider event, together with the service user engagement will inform the service development work both in relation to the services in scope for the project and the services, not in scope, but which currently support and will continue to support the mental health rehabilitation and recovery service model.

The engagement will be promoted on the CCGs, Local Authority SWYPFT and providers and stakeholder websites. This will include information about the engagement and its background and links to the online survey.

7.3 Communications

Target audiences

Existing communication channels will be utilised to reach key stakeholders and ensure any information on the engagement and opportunities to provide views and comments are promoted. The CCG will;

- Work with communications colleagues to develop a media release and other communications tools to let people know how we intend to engage with stakeholders. Build messaging about our approach to engagement into on-going media.
- Supporting the production and distribution of any engagement materials including any supporting Q&A documents.

We have identified the key target audiences below and the main mechanisms that will be used to reach them during the engagement period.

Target Audience	Delivery Method
People who use services, carers and families	Raise awareness of the engagement through: <ul style="list-style-type: none">• Community Voices• Membership forums• Third Sector networks• Patient groups

	<ul style="list-style-type: none"> • Carers groups • Providers including housing providers
OSC/Health and Well-being board	Meetings/briefings
Provider/Staff	<ul style="list-style-type: none"> • Survey • Internal bulletins • Staff Intranets • Cascades at meetings through managers. • Provider Event
Healthwatch	Email and personal discussions
Elected members / Councillors	Information to be circulated electronically – as requested
Local Professional Committees	Information to be circulated electronically Further information/meetings as requested
Media	Reactive/proactive content developed if required
Member practices	Utilise practice manager forums Member networks
Other stakeholders	Information provided to any other stakeholders who may have an interest or need to know about the engagement including information on how to respond

Communication resources

The CCG will produce a range of communication materials to support the engagement process as indicated below.

- Engagement plan and survey. The CCG will encourage the use of material provided online however these items will also be made available to the public/stakeholders in a printed format
- Accessible, easy read and translated material will be available on request.
- There will also be a contact telephone/text number for people who want to find out more about the engagement

Communications mechanisms

- **CCGs website** will contain information about the engagement as above
- **Social Media:** The CCGs will promote the engagement via Twitter or Facebook
- **Leaflets/posters** promoting the engagement and any activities to be made available in services.
- **Key messages:** key messages will be included in any engagement material. These will be consistent, clear and easy for people to understand and support their involvement in the process.
- **Engagement documents:** to include:

- What the engagement is about in a clear simple way
- How to give views and the deadline for submitting responses
- Survey
- Equality monitoring
- How to access alternative versions
- How the CCGs will be using these findings/views and any next steps

8 Equality

8.1 To ensure the engagement process meets the requirements for equality the CCG will need to evidence that due regard has been paid to their equality duties.

Engagement activity should be designed to ensure it is appropriate to the reach the target audience, with materials adjusted to ensure accessibility where necessary. Care should be taken to ensure that seldom-heard interests are engaged with and supported to participate.

All engagement activity will be equality monitored to assess the representativeness of the views gathered during the engagement process. The equality data captured during the engagement will be analysed. This analysis will be reported to highlight any underrepresentation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps. Throughout the engagement a view will be taken to identify any underrepresentation where found, measures will be taken to address through the process.

Once complete the analysis will consider if any groups have responded significantly differently to the engagement or whether any trends have emerged which need to be addressed in the implementation stage. This data will be part of the evidence to support the equality impact assessment process.

The data from the engagement activity will be combined with other data and research to develop the Equality Impact Assessment. This helps us to understand the potential impact of the proposals on different groups so that any negative impact can be considered and mitigated through the decision making process.

Where it is not possible to gather such data, such as complaints and social media the CCGs will record any information provided.

The engagement process will target protected groups and create accessible, other language and Easy Read copies of the engagement information and survey on request.

Target communities

As noted in Section 2, the Kirklees Health Needs Assessment found that the prevalence of psychotic disorder was higher in black men. It will be important to ensure that this is reflected in the engagement activity.

Otherwise the Health Needs Assessment did not find a significant difference in relation to the prevalence of psychotic disorder, either between women and men or in relation to other ethnic minority groups; however recognising that men are often underrepresented

in engagement activity additional effort should be made to ensure their views are fully heard.

To take account of the future users of the service consideration has been given to national research. This has identified the following groups as most likely to experience significant mental health issues including psychosis:

- BME groups
- Younger people
- Socio-economic groups

9 Non pay budget required

Engagement Budget	
Item	Estimated Cost
Community Voices undertaking engagement	TBC
Provider Event	TBC
Interpreters	TBC
Advocacy	TBC
Engagement documents (Printing cost)	In house
Accessible formats – language, large print, Braille and Easy Read	On request TBC
Maximum total budget required	TBC

10 High level time line for the delivery of engagement

What	By When
Engagement stage covered by this plan	
Preparation and planning for engagement and EQIA	17 August 2018
Engagement to start (8 weeks)	28 August 2018
Analysis and report including equality data	5 November 2018
Engagement considered in the development of any future proposals and EQIA	November 2018

11 How the findings will be used

The findings from the engagement will be used alongside any existing intelligence to inform the development of options on the future arrangements for services. An engagement report will be written outlining all intelligence, including the equality findings from engagement.

The engagement report will provide an overview of the engagement process and the feedback will be received and considered by the CCGs and stakeholders. The report will be received through CCG governance and once considered a decision will be made on the next steps.

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Appendix 1: Services currently commissioned

Inpatient rehabilitation services (SWYPFT, Enfield Down)

Currently there are 23 beds in use at Enfield Down which are occupied by people in receipt of rehabilitation and recovery services and people who have complex care needs. Due to the clinical environment the bed numbers currently available to use have been reduced down from the original 29 commissioned.

The hospital inpatient rehabilitation service is available to people who are receiving services under a section of the Mental Health Act (MHA) 1983 or “informal patients”, i.e. people who are not subject to the MHA, where it is considered that they clinically require, and would benefit from rehabilitation and recovery services.

People accessing the service, step down from acute inpatient wards, the Psychiatric Intensive Care Unit (PICU), or locked rehabilitation services.

Admission to this unit is managed by secondary care mental health services.

Community rehabilitation services in a nurse led residential home (Richmond Fellowship)

Community rehabilitation services are currently provided in a nurse led, nine bed residential home commissioned from Richmond Fellowship.

In line with the Guidance, community rehabilitation residential home services will be provided to people for a medium or longer period of time (proposed two to five years).

As with inpatient rehabilitation services, people accessing the service may be stepping down from acute inpatient wards, the Psychiatric Intensive Care Unit (PICU), locked rehabilitation services or other rehabilitation services on the pathway.

The service is available to people who have a reduced level of risk compared to people in receipt of inpatient rehabilitation services or nursing home services and where it is considered that rehabilitation services in a less restrictive environment could be beneficial. Some people may be subject to a Community Treatment Order (CTO).

Access to the service is through the CCG panel process. The service will work in partnership with secondary care mental health services.

Services for people with longer term complex needs (SWYPFT, Enfield Down, Out of area placements)

Currently there are 23 beds at Enfield Down which are occupied by people in receipt of rehabilitation and recovery services and people who have complex care needs. There are also a number of out of area placements.

People accessing the service may be stepping down from locked rehabilitation services or other hospital based services and they are likely to have been in receipt of services

for a considerable length of time. Their illness is likely to be treatment resistant with the result that it would not be safe for them to live independently in the community.

Access to the service is through the agreed panel process. The service pathway has identified interdependencies with other secondary care acute and community mental health services.

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