Getting It Right First Time in Rehabilitation: A National Programme Supporting Transforming Lives

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A whole system approach to recovery from mental ill health which maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and which leads to successful community living through appropriate support.

(Killaspy et al, 2005)

Figure 3: Mental health rehabilitation services and pathways

Referrals into Rehabilitation Services

Referrals
- Acute inpatient (~80%)
- Forensic unit (20%)
- OPPs

Inpatient rehabilitation
- High dependency rehabilitation units
- Longer term high dependency unit
- Highly specialist high dependency units

Community rehabilitation
- Community rehabilitation units
- Specialist clinical supported accommodation

Mental health supported accommodation
- Residential care
- Supported housing
- Floating outreach
- Clinical input - Community Rehabilitation Teams,

Estimated time frames - will vary for each patient
- ~ < 1 year
- * > 3 years
- < 2 years
- > 5 years

Greater autonomy

(existing models of good community mental health care)
Community Rehabilitation team functions

- Census approach; whole system management; manage budgets
- Advisory function – acute ward/community in-reach
- Ongoing Rehab & Recovery > independence
- Right Rehab complement locally; Service Development; Market stimulation; step down/up
- Maintain placements. Reducing acute admissions – 8X > non-Rehab team
- Rehab OAPS; Manage transitions
- Community Rehabilitation Team

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GETTING IT RIGHT FIRST TIME
Figure 4: Mental health rehabilitation NHS inpatient beds

Source: NHSBN: Apr 2014 - March 2019
3.9 Potential demand

Proportion of adult acute discharges with LOS 60+ days

<table>
<thead>
<tr>
<th>Adult acute bed census - 31/07/2019</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of NHS commissioned Functional acute non-Psychiatric Intensive Care Unit (non-PICU) adult beds within the Trust</td>
<td>187</td>
</tr>
<tr>
<td>Number of NHS commissioned Organic adult beds within the Trust</td>
<td>38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychiatric rehabilitation bed census - 30/09/2019</th>
<th>Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Community rehabilitation unit (CRU) beds within the Trust</td>
<td>0</td>
</tr>
<tr>
<td>Number of High dependency unit (HDU) beds within the Trust</td>
<td>0</td>
</tr>
<tr>
<td>Number of Longer term high dependency unit (LHDU) beds within the Trust</td>
<td>0</td>
</tr>
<tr>
<td>Number of Highly specialist inpatient rehab (HSIR) beds within the Trust</td>
<td>0</td>
</tr>
</tbody>
</table>

Data source: NHS Benchmarking Network 2018/19 and GIRFT Questionnaire 2019

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement
3.11 Super-stranded adult acute patient expenditure

Total cost of adult acute patients discharged with a length of stay of 90 days or longer

Data source: NHS Benchmarking Network 2018/19

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement
3.2 Inpatient OPP

*Appendix 2 gives further details about the methodology of the “Estimate”

Data source: GIRFT Questionnaire 2019

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement
3.13 Rehab expenditure

*Rehab expenditure includes the total costs including allocation of overheads and corporate costs for High Dependency Rehabilitation, Longer Term Complex/Continuing Care and the Community Rehabilitation team.

Data source: NHS Benchmarking Network 2018/19

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement
* NHS rehab expenditure has been calculated by summing the total cost for Community rehab teams, Community rehab units, HDR and LTC/CC units within the GIRFT and NHSBN data collections.

Inpatient OPP has been calculated using CQC and GIRFT data collections.
Figure 6: Rehabilitation expenditure (£ mil) per 100K weighted population

Source: CQC, GIRFT Questionnaire, NHSBN 2018/19
**Table 4: Adult acute costs compared to mental health rehabilitation costs**

<table>
<thead>
<tr>
<th>Placement</th>
<th>Expenditure</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS adult acute inpatient*</td>
<td>£1,017 million</td>
<td>NHSBN</td>
</tr>
<tr>
<td>NHS mental health rehabilitation inpatient</td>
<td>£279 million</td>
<td>NHSBN/GIRFT</td>
</tr>
<tr>
<td>Adult acute OPP</td>
<td>£113 million</td>
<td>NHS Digital</td>
</tr>
<tr>
<td>Psychiatric rehabilitation OPP</td>
<td>£281 million</td>
<td>GIRFT/CQC</td>
</tr>
<tr>
<td>Total acute inpatients cost</td>
<td>£1,130 million per year</td>
<td></td>
</tr>
<tr>
<td>Total mental health rehabilitation inpatient costs</td>
<td>£560 million per year (55% of the spend on adult acute inpatients)</td>
<td></td>
</tr>
</tbody>
</table>

*Source: NHSBN, GIRFT, NHS Digital, CQC*
Service users with complex needs are not receiving appropriate specialist rehabilitation care they require in a timely fashion. Figure 13 illustrates the CRU waiting times for admission in 2018/19 and shows the median wait time as four weeks. NHSBN data shows the average cost per adult acute OBD was £447, with a one week wait costing £3,129. For CRU (range 0-28 weeks), provider range of costs are estimated as £0 - £87,612, and for HDR (range 0-44 weeks), provider range of costs are estimated as £0 - £137,676.
4.12 HDU readmissions

Number of readmissions following discharge from HDU - 38 responses (88.4%)

Data source: GIRFT Questionnaire 2019

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement
### 3.17 Rehabilitation cases: % of patients discharged in the previous 12 months by speciality

<table>
<thead>
<tr>
<th>Metric</th>
<th>% of rehab patients</th>
<th>General population</th>
<th>Score</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trust</td>
<td>England average</td>
<td>England average</td>
<td></td>
</tr>
<tr>
<td>Elective surgical specialities</td>
<td>7.9%</td>
<td>7.6% (n 3,303)</td>
<td>6.7% (n 2,970,266)</td>
<td></td>
</tr>
<tr>
<td>Non elective surgical specialities</td>
<td>22.4%</td>
<td>14.3% (n 6,245)</td>
<td>3.7% (n 1,638,803)</td>
<td></td>
</tr>
<tr>
<td>Elective medical specialities</td>
<td>6.6%</td>
<td>6.5% (n 2,818)</td>
<td>5.2% (n 2,306,522)</td>
<td></td>
</tr>
<tr>
<td>Non elective medical specialities</td>
<td>21.1%</td>
<td>19.1% (n 8,348)</td>
<td>8.2% (n 3,620,620)</td>
<td></td>
</tr>
</tbody>
</table>

Data source: MHSOS/HES 2018/19

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement
3.18 Rehab patients discharged from acute wards with respiratory disease, cardiac conditions or cancer in the previous 12 months

Respiratory disease

- Average (rehabilitation cohort)
- Average (general population)

Cardiac conditions

- Average (rehabilitation cohort)
- Average (general population)

Cancer

- Average (rehabilitation cohort)
- Average (general population)

Data source: MHSRS/HES 2018/19

GIRFT is delivered in partnership with the Royal National Orthopaedic Hospital NHS Trust and NHS Improvement
Long Term Plan implementation funding. CCG baselines from 2019-20 & transformation funding from 2021 for community services, including Rehabilitation.

<table>
<thead>
<tr>
<th>Funding Type (£ Million – Cash prices)</th>
<th>Baseline 2018/19</th>
<th>Year 1 2019/20</th>
<th>Year 2 2020/21</th>
<th>Year 3 2021/22</th>
<th>Year 4 2022/23</th>
<th>Year 5 2023/24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention in Psychosis*</td>
<td>Central / Transformation 0</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>18</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>CCG baselines 12</td>
<td>18</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total 12</td>
<td>18</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Placement and Support*</td>
<td>Central / Transformation 13</td>
<td>30</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CCG baselines 0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total 13</td>
<td>30</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Health Checks for people with Severe Mental Illnesses*</td>
<td>Central / Transformation 0</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CCG baselines 2</td>
<td>51</td>
<td>79</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Total 2</td>
<td>51</td>
<td>79</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New integrated community models for adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a ‘personality disorder’ diagnosis)*</td>
<td>Central / Transformation 0</td>
<td>31</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CCG baselines 0</td>
<td>33</td>
<td>135</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total 0</td>
<td>65</td>
<td>187</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Severe Mental Illnesses (SMI) Community Care Total</td>
<td>Central / Transformation 13</td>
<td>61</td>
<td>75</td>
<td>147</td>
<td>370</td>
<td>456</td>
</tr>
<tr>
<td></td>
<td>CCG baselines 14</td>
<td>103</td>
<td>265</td>
<td>279</td>
<td>326</td>
<td>519</td>
</tr>
<tr>
<td></td>
<td>Total 27</td>
<td>165</td>
<td>341</td>
<td>426</td>
<td>696</td>
<td>975</td>
</tr>
</tbody>
</table>

*Funding for all SMI ambitions are aggregated from 2021/22 onwards after the FYFVMH comes to an end in 2020/21.
Recognising housing as a mental health intervention

The provision of supported housing can...

- Reduce hospital admissions
- Reduce the costs related to out-of-area placements
- Reduce the risks associated with tenancy breakdown
- Reduce transfer delays from hospital to home

GIRFT Regional Hubs support trusts in delivering the Clinical Leads’ recommendations by:

- Helping them to assess and overcome the local and national barriers to delivery.
- Working closely with NHSI regions to ensure prioritisation of GIRFT delivery takes account of the wider context within each trust and is joined up with local and regional improvement initiatives.
- Joining up with NHSE/RightCare to ensure integrated support for STP level improvements.
- Producing good practice manuals of case studies and best practice guidance that trusts can use to implement change locally.
- Supporting mentoring networks across trusts.

Each hub will have two clinical ambassadors: regionally recognised leaders of improvement programmes.
Thanks to the GIRFT team, NHSBN, NHSEI, Clinicians, Trusts, our Lived Experience Experts and Expert Carers.

Thank you for Transforming Lives

• Thoughts

• Questions

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