

# Mental Health Rehabilitation and Recovery: A review of the HloW out of area rehab placements

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## Introduction

One of the objectives of the NHS as outlined in the NHS Mandate is:  
*To help people recover from ill-health and that they have a positive experience of care.*

In 2017, the HloW Mental Health programme board undertook a review of its mental health rehabilitation pathways and scoped the risks & opportunities associated with its systems. Of the approx. 650 people accessing rehab beds, about 20% (130) were out of area (38 of them in locked rehab placements). There is good evidence locally and nationally that clinical outcomes are significantly worse for people in out of area placements. This called for new ways of thinking when trying to address the issues of mental health rehabilitation. In autumn 2018, the programme board commissioned an out of area review project which also included the rehab and reablement pathway aimed at exploring the opportunities for developing integrated pathways across partners.

## Project Goals

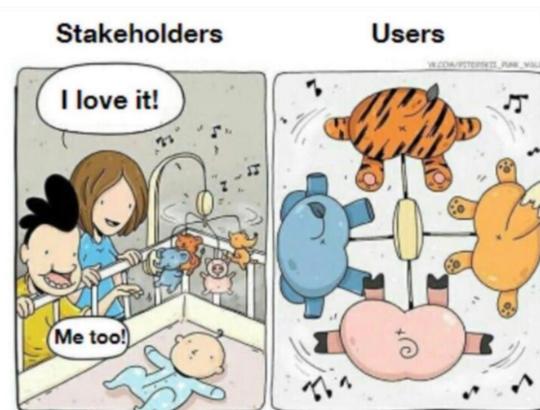
- To engage the patients and the public in the development of a truly co-designed and co-produced local rehabilitation and reablement pathway that caters for the needs of the local population.
- To influence colleagues within the STP to embed service user involvement and co-production into their everyday practice so that the views, experiences and aspirations of the people who use our services and their families are accorded the same value as the views of the staff.

## Key Findings

- Having attended the Empowering Engagement Programme, one of the highlights for me has been the importance of meaningful engagement with a broad section of the population if we are to give the patients and the public a meaningful voice.
- With true co-production, services can better meet the needs of their patient population: *“Co-production means delivering services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours”*
- Co-production is NOT the same as consultation or the tokenistic participation of people who use services and/or their families/carers which does not result in meaningful power-sharing or change.
- Good patient/public engagement is very often a long process. There are rarely ‘light-bulb moments.’ Using patients and public insights to influence change is a lengthy process with many twists and turns, but it is important to bring them all along the way for a truly co-produced outcome.
- Very often, mental health policy highlights the importance of service user participation, **BUT** service users often feel they are not fully involved.
- This was emphasised in the Empowering Engagement Programme through ‘The Parable of the Blobs and the Squares <http://bit.ly/2JndQdR> which highlights how:
  - Service design/development often prioritises organisational needs and any patient/public consultation is often tokenistic, and largely alienates the recipients of the service from those providing the service.
- With an estimated 20% of the prevalent population in HloW projected to require some form of rehabilitation support (1% of whom will need inpatient rehabilitation), this project will be an extensive piece of work.
- It will be very important therefore that the patient/public voice is heard and is integral to the design and development of a truly co-produced person-centred rehabilitation pathway.

## Project Description

The project will examine patients’ experiences of the mental health rehab pathway as well as explore how to involve them and their families/carers in the design of a locally co-produced rehab pathway.



## Evaluation

The evaluation strategy is yet to be developed but I hope to evidence patient/public engagement throughout the process by using focus groups and questionnaires.

### How will success be measured?

The project will be deemed to be successful if:

- it leads to the development of a locally co-produced rehab and reablement pathway
- there is a reduction in the use of long-term locked rehab out of area placements, and savings channelled towards new community-based models of care.
- improved experiences and outcomes for patients on the rehab and reablement pathway as well as their carers and families.

## Conclusions

- I now understand that patient/public engagement should always be at the heart of what the NHS and other service providers do when designing services. The traditional tokenistic way of ‘consultations’ in the NHS has to change.
- Patient/public engagement and co-production are key to ensuring that we design services that are fit for purpose, value for money and most importantly appropriate for the users.
- I will use my learning from the EEP to influence my colleagues to develop a culture of openness and honesty - a culture in which people are valued and respected - and commit to sharing power and decisions with the public.

## Credits

A very special THANK YOU to Paul England, Sue Newell and Joanna Smith for their advice and support throughout the project.

Also THANK YOU to my cohort who made it a truly enjoyable experience. I would also like to thank the HloW STP and NHS England without whose investment, I would not have been able to complete this programme.

## References

- The Berwick Report (2013), **A promise to learn – a commitment to act**
- Marshal et al (2019), **Developing a national model for co-production**. Patient Experience Journal, vol 6(1) 154-165
- National Collaborating Centre for Mental Health (2019), **Working well together: Evidence and tools to enable co-production in mental health commissioning**

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