

Brief guide: Out of Area Placements in Rehabilitation Units: The responsibilities of NHS trusts for people under their care who are placed in an mental health rehabilitation ward outside of the local area¹.

Context and policy position

People with complex mental health needs should have access to inpatient mental health rehabilitation services close to where they live (reference: *Inpatient mental health rehabilitation services: assessment, treatment and care*). It is a concern if there are no local inpatient rehabilitation services and a high number of people are in out of area placements.

Out of area placements cause social dislocation because the patient is often many miles from their home area, family, friends. The distance may make it difficult for the 'home' services to maintain contact with the patient for care management and ongoing review of the suitability of the placement. This can undermine the person's rehabilitation and timely transfer back to local inpatient rehabilitation or supported accommodation services. Out of area facilities in isolated areas may limit patients' access to community resources that can help with their rehabilitation. Out of area rehabilitation placements cost twice as much as local NHS provision; in part, due to delays in transferring the person back to their local area and should only be used if the patient:

- has such complex needs that local provision is not feasible due to the small number of people requiring the very specialist service (e.g. for people with comorbid psychosis and developmental disorders such as those on the autistic spectrum or brain injury).
- prefers to be placed out of area and their 'home' clinical team support this decision.
- cannot be treated locally due to victim issues (e.g. there is an injunction preventing them from residing in an area) or due to risk from others in the local area.

Evidence required

Enquire about this issue when inspecting mental health services for adults of working age and when undertaking a well-led review. Ascertain the quality of the trust system for agreeing and reviewing out of area placements:

- Does a local panel of senior clinicians, managers and commissioners meet regularly to agree and review the appropriateness of every individual placed out of area?
- Does the placement panel receive clinical progress reports regularly?
- Do staff review all individuals placed out of area on a regular basis? Do these staff, who may be an out of area reviewing officer or an individual care manager, have the skills, experience and seniority and sufficient time to fulfil the role effectively?

¹ A separate brief guide describes the responsibilities of staff working in inpatient mental health rehabilitation services to plan discharge (reference: *Inpatient mental health rehabilitation services: discharge*).

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- Does the care manager/out of area reviewing officer visit the individual within three months of the commencement of the out of area placement? Do they make subsequent visits as often as clinically indicated but no less frequently than annually?
- At each review, does the care manager/out of area reviewing officer:
- assess the patient's care to ensure that this enables recovery and autonomy, rather than fostering institutionalisation and dependency?
 - consider whether the person can move to a more independent setting close to home?
 - discuss suitable 'move-on' options with the patient, their family/carers and the out of area clinical team and gain agreement to make referrals?
- Does the care manager facilitate the patient in visiting suitable local facilities and support them through any assessment processes?
- Once accepted for a local placement, does the reviewing officer/care manager:
 - liaise between the patient and their family, the staff/clinicians in the out of area placement and the staff/clinicians at the local placement to ensure that all necessary information and care plans are communicated effectively?
 - Ensure that a local care coordinator is allocated to monitor progress and review the person's care under the Care Programme Approach (CPA)?

Reporting

Under '**Access and discharge**' in the **Responsive** section of the evidence appendix:

- State the number of people with complex needs placed out of area.
- State how many people placed out of area were returned to local services in last 12 months.
- Describe the nature and quality of the system for agreeing and reviewing placements.

Under '**Governance**' in the **Well-led** section of the evidence appendix, comment on the quality for the overall planning for this group of patients. This should take account of the number of out of area placements, the extent to which the provider is aware of the issue, whether it has raised the issue with commissioners and whether it has a plan to address it.

Links to regulations

CQC should take action under:

Regulation 9 (1)(3)(a) - when providers/staff are not working collaboratively with the patient to develop and deliver the care plan. **Regulation 9(1)(3)(b)** where there is no clear plan of care regarding discharge in place within three months of admission to the unit. **Regulation 9 (1)(3)(a)** when not collaborating with patients or a person lawfully acting on their behalf.

Regulation 12(1)(2)(i) when providers are not working collaboratively with partners to assess and meet the needs and preferences of patients.

Regulation 17(1) when there is not a system in place for the provider to agree and review out of area placements. **Consider 17(2)(a)** if there is not a robust case management system in place that enables all out of area patients to be assessed within 3 months of the commencement of the placement and no less than annually thereafter.

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