



Out of Area Engagement Report

Moving back home – “take a chance on me”

We spoke to people who originate from Yorkshire and Humber and are currently placed in 5 key services out of area where a number of Yorkshire and Humber patients are placed. These services included Cygnet Hospital Bury, St Andrews Healthcare Northampton, Elysium Hospital Arbury Court, Priory Hospital Kemple View and Priory Hospital Meadow View. The table below shows how many patients we spoke to from each of the Provider Collaboratives within Yorkshire and Humber.

Finally for completeness we also spoke to a group of service users at a recent Involvement Network event who are currently placed within Yorkshire and Humber about their experiences of being placed out of area – some were currently out of area from outside of Yorkshire and Humber, some were currently out of area but from within Yorkshire and Humber and some had been out of area previously and were reflecting on these historical experiences. Their experiences are captured separately towards the end of the report.

West Yorkshire and Harrogate	8
South Yorkshire and Bassetlaw	5
Humber Coast and Vale	8

What are your experiences of being admitted to a hospital away from home, and how did this happen?

There were a group of people that didn't know and didn't attempt to find an explanation for their current placement out of area, stating that they weren't sure, that there was never a choice and that it was just another move. One person said they felt that they did need a specialist ASD service but that they were not getting that where they were as it was a generic mental health service so again unsure of the reason for the current placement. 2 people spoke about the fact they were deaf but didn't realize that there weren't any local deaf secure services so didn't realize that this was the reason for their placement away from home. Some thought they were there simply because they needed a hospital but didn't know why they were now in this specific one rather than one closer to home.

Those that said they did know stated a variety of reasons for why they thought this may be the case such as there being no available beds in their area (4 people said this), family issues, needing a fresh start, having a

brain injury, people having given up on them, feeling like it was a move within the same company so the company could keep their funding or because their hospital was shut, and a recognition that they couldn't go back due to their index offence.

- I'm not sure why I came here. I want to go to a low secure service in Leeds, which is my home area. Leeds is my home but I came here (women's low secure unit) because I am deaf and British sign language is my first language. There is nowhere in Leeds like this service where I can communicate with staff and other patients.
- I don't like it here (male medium secure service). Something happened at my last hospital, and means I was moved sideways but away from the area. I needed a fresh start. I've come on leaps and bounds since I came.
- I have a brain injury. It affects my care. I came 5 months ago, and it's ok. I had a tribunal recently but I have to finish my psychology first. I've been in prison before.
- It's not good I'm away from home. I said that as soon as I was admitted. I've been here (male medium secure) a year now. I've been in other services before and keep getting moved when I'm aggressive. I was going to be discharged in less than a week from low secure before, and I didn't know so I kicked off. If I'd have known I'd have been good. I want to always be informed and involved in my care.
- I was admitted here because it's a male low secure deaf service. There isn't one where I lived before. I came for treatment. I came from prison where only one other person could sign. It was a lonely time. I've been here 4 months.
- I came here because my last hospital 'gave up on me.'
- I came here as there are no beds closer to home I think (female MSU). It's OK here but I'd much rather be closer to home. I've settled in and the other patients are nice. We mostly get along together.
- I came here but I don't get the specialist help I need (for ASD). The hospital can't help me here as the staff doesn't always know how to talk to me or help me. So I'm not sure why I came here.
- I came because there weren't any beds in my home area.
- I'm not sure.
- My brother was already in the low secure and they felt I shouldn't be in the same place as him. So I was brought here.
- I came here but had no choice where I was going.
- I came here because it's the same company as the hospital I was before and they sent me here to keep the money they get for me being here. I don't like it here. I want to be closer to home. I don't get as much leave as before.

- I came from high secure and can't go back to my home area. I'd rather be elsewhere as I said I wanted to be anywhere in the country but here, but they went and sent me here.
- I've been to lots of hospitals and now I'm here. I've been to too many places and keep getting moved.
- I came from another secure service in my home area as there wasn't a service for me in the area any more (due to changes to the service).
- I came here from prison. I've been here 15 months because there wasn't a bed in my home area.
- I came from my home area because the service I was in shut.
- I was put in hospital but don't know why I'm here.

What do you feel should be better in your local area so that you could get care locally?

There were a variety of responses mainly around the need for better services locally that are specialist services offering specialist treatment, that there should be more local services to avoid people having to leave their area, making it the law to offer people closer placements and also the provision of older adult services that could help with physical healthcare issues.

Two people commented that they were happy to stay where they are and that there were lots of good things for them in their current placement, and again recognition from one person that he has no choice about where he goes due to his index offence.

- There should be a service that would take me that is better than here (male medium secure, PD ward).
- I want to know why I was sent away from my home area to a specialist PD service, but I don't get any specialist treatment - medication or psychology. There's no benefit for me being here.
- I'm not sure.
- I'd prefer to be closer to home in a service where people 'get me' more (Female ASD service).
- I'm hoping to move closer very soon.
- More services so that people don't get sent away from their family.
- Having the right support that I need.
- I like it here so am happy to stay.
- This is best hospital I've ever been in. There's so much to do and lots of opportunities for work, activities and mixing with others on the other ward.
- I believe it should be the law I should be as close to home as possible and I want to move to see more of my Mum who is elderly and can't visit here.
- I can't be near my home area due to restrictions.
- Not sure.
- I want to be back closer to home.

- I want to be back close to home as soon as possible. I was assessed recently by my local team for low secure but they said I needed more treatment first.
- I need a service closer to home which can help me with my physical health and people with a similar age (older adult male).
- I'm going back to my home area (medium secure female) as they've just assessed and accepted me. I don't know when I'm going yet though. I've been here 18 months.

What has family / friend contact been like and how has this impacted on your recovery?

People generally felt that family contact was made much more difficult by the distance from home, that they would see a lot more of their families if this were not such a barrier in terms of travel time and cost etc.

They spoke about missing family and about having alternative contact options (phone, letter, text etc) but this not being a real substitute. There was a recognition that the hospitals do what they can to help with visits but this doesn't help as much as being closer to home would.

In terms of their recovery some commented on how hard it was not seeing their children as much as they would like to but that it was motivating them to get well and get home, one person stated that even when they do see family they don't know what to say as they feel far away from them emotionally as well as physically as those relationships are hard to maintain.

A couple of people said that they no longer had ties to their area or many contacts there so they didn't mind the distance, and one person had a lot of unescorted leave and could go home whenever they wanted so felt it was not too much of a barrier.

- My family would visit more if I were nearer to them.
- My parents passed away. So I don't have any ties to my home area any more. There is no one else.
- I have family in Halifax. My family comes to visit. My dad didn't like the journey at first, but now he knows the way it's better.
- I see my brother and his wife. I want to go live near them when the time comes.
- My family is really important to me. He (dad) works and it's difficult for him to visit with the travelling. I haven't seen him for 6 weeks now. I text him but staff are with me when I do and I would like to have privacy to text him. I can't send any pictures either and he can't send me any. I miss him.
- I have a daughter who visits every 6 weeks. She has special needs so she is looked after. I miss her and want to be back with her. The hospital goes to pick her up and take her back. I'm really grateful for that. I see her this week which will be the last time before Christmas.
- I'm going on a home visit this week hopefully. My Dad visits every month and my Mum visits a little less regularly. I really like to see them. I'm looking forwards to going on my home visit.

- I have children who are being cared for by their Dad whilst I'm here. I see them every 3 weeks. They are my motivation to get well quickly. I've been here 4 months and I've been assessed for rehab already.
- My sister and my nieces and nephews are my motivation. Relationships are really hard for me but I've learnt to use DBT to help me better with them. I don't want to be far away from those who I'm close to.
- My son and Mum live back in my home town which is over 2 hours away. The hospital provides transport for them to visit but it can never be often enough. I'm pleased they can do that though otherwise I wouldn't see them and they are my motivation so need to see them as much as possible.
- I go on home leave. I see my family when I want. I used to be escorted and it was less often but now I've got unescorted I can go when I want to.
- I speak to my family every day on the telephone and write them letters.
- Because I haven't seen my Mum for 4 years I want to be back closer so she can visit. It really upsets me and her that we don't see more of each other.
- I don't have much contact with any one from my home area.
- I saw my family but it was hard to talk to them. I feel far away from them.
- I speak with my family 2-3 times a week on the telephone, but don't see them which is hard.
- I have family contact regularly and I speak with a friend sometimes too from home.
- I tried to get in touch with my friend last week but couldn't get through.
- I phone my family to talk whenever I want to.

Are you aware of your community team from your home area and have they been in touch with you?

There were a variety of responses about this but some common themes. Some people did know who their team was but had varying degrees of contact; some people having good experiences and a lot of contact, people attending meetings and being regularly in touch, and others having very little contact but being aware of their team.

Some had recently been assessed and will be moving soon, or feeling hopeful there are plans to move back soon, one stated they have a CPA next week, and people are coming to that but showed concern in case there isn't the right support like last time when it went wrong,

Then some people said they had no contact with anyone, no one comes to their CPA's, feeling like it was still early days as they haven't been moved long, not having any idea who could help them, not having any named contact, or feeling like it doesn't matter as there is no point seeing them if they can't help them move back closer to home anyway.

- I have seen my community nurse twice since I've been here. I'd like to see her more. My case manager did come to my CPA yesterday and said she would look into next placements for me now.
- My case manager came to see me 4 weeks ago. I need an assessment to see where I go from here.
- I don't have any contact with my community team.
- I don't like that case managers don't come to CPAs anymore.
- I have a little bit of contact with my parole officer – they are always invited to CPA meetings but don't always come. I see my case manager from NHSE more often.
- I only want to see any external staff if they can help me get back closer to home. Otherwise they can't help me.
- I was assessed for somewhere closer to home and hopefully I've been accepted. I've been allocated a community care coordinator and social worker ready for moving nearer home.
- I have a care coordinator in my home town. I'm hoping they get a plan in place for me to move to rehab and then back to the community very soon.
- My probation officer and care coordinator are coming to my CPA next week. Hopefully this time it will be right. Last time I was released I didn't have any help so was recalled soon after release. I'm always moving from place to place. I'm looking forward to having a forever home.
- I see my probation officer and care coordinator but it's few and far between. I think they are coming to my next ward round. They will be there to help plan my next steps.
- It's too early for me. I haven't been here long. So I have no idea of my next steps or who can help me.
- I see my case manager but she doesn't listen to me and move me back closer to home. I also speak to my solicitor a lot.
- I'm in the process of contesting my convictions and so have contact with my solicitor and people related to that.
- No.
- I see my NHSE case manager regularly and someone from my home community team come to my CPAs.
- I don't know who my case manager is but would like to know. I don't have a community team care coordinator.
- Not sure.
- I'm not sure.

What local links do you have from your local area?

A lot of people mentioned family in general, or parents and children, as well as some mention of friends. Some also mentioned their care coordinator, community team and probation officer. There were also a few

people who said there was no one that they have links with, or that they are not allowed to have links due to their restrictions.

- I don't have contact with anyone from my home area.
- None.
- I have escorted home leave every six weeks to my local area.
- My daughter lives in my home area and I see her regularly.
- My Mum and Dad. I'm going on a home visit this week.
- My 3 children, their Dad and my family are waiting for me to come home. They are my motivation. I'm hoping I'm not long in rehab either, so I can get back home to my kids.
- My family and my local community team.
- My probation officer, care coordinator and family.
- Family and my probation officer, care coordinator
- Just my family.
- My family. It's really important to me to see them. Speaking on the phone isn't enough for me or them.
- None. I'm not allowed.
- Family.
- My family is at home and I have a community team.
- Family and a friend.
- My friend.
- My family.

Now you've started treatment where you are, would you prefer to stay here, or come back home to finish your treatment?

There were a group of responses from people saying clearly that they just want to move back to their home area regardless of what they are currently doing.

Other responses were people who didn't want to move, who preferred to stay where they are now for a variety of reasons.

Some didn't mind, or were unclear about treatment plans or options, saying that as long as they are involved then they don't mind either way, one person spoke about being assessed for their home area but not accepted.

- I don't mind as long as I'm involved. I know what I want but I don't know what the plan is.
- I want to move back. I can't prove myself if I can't be tested out in a low secure service (male PD). I need a chance.

- I just need to know what I've got to do to move on. I'm stuck otherwise. I need someone to take a chance with me. I need some hope.
- I want to stay here (male medium secure) until I'm ready to go to the community.
- I want to stay here in medium secure unless I know a service near home would be better for me.
- I've nearly finished my treatment so I will be going back to prison in January or February. I'm aware and ready to go back but it feels like I'm going backwards. I have another 5-7 years left to do. At least I will be closer to my daughter and hopefully the parole officer will see me more.
- I'm in MSU at the moment. I think I'm ready for low secure. I know what I have to do to get there. I know which low secure I want to go to, because they would have to understand me properly so they can help – and I'm more confident with them because I've been there before.
- I want to be back closer to home.
- I want to be closer to my family.
- I want to move on if the support is there for me. I don't want it to go wrong again so I have to come back in.
- I'd definitely prefer to stay here. It's a great hospital with lots on offer and we seem to have more than people get at other hospitals.
- I want to stay here right now for my treatment. I'm fully involved with my treatment and its early days.
- I'd much rather move closer to home to finish my treatment. I don't have any treatment here. They have no respect for me or do I for them.
- I don't have any treatment due to contesting my convictions. I feel that transitions should be smoother and easier though. This low secure feels more restrictive than a medium secure as I can't have community leave when I had it before.
- I take medication and it can help sometimes. It sometimes feels like I have too much medication so I don't take it every day. I'm not having any other treatment.
- I would much rather be back closer to home. I'm not having specialist treatment (DBT) so could get my treatment in any hospital.
- I would like to be closer to home and was assessed to be but they didn't accept me.
- I do like it here but would prefer to be back at home.
- I've just been assessed and I'm coming back sometime soon. I'm glad.

Where you are on your pathway and what is your plan on next steps?

It was reassuring to hear that a lot of people we spoke with had a good knowledge about their pathway and about timescales, with very specific plans in place for moving on, or that at least assessments were underway and they were waiting for the outcomes of these.

There were some people that felt they had an idea but there was some frustration that plans keep changing, and some were unsure about anything concrete but did talk about what they want to happen, or said that they had an upcoming CPA/Tribunal/managers hearing and were hopeful they might soon know more.

Another group of people were totally unsure about plans and just knew they were there for now and not much more, but would like to know.

- I've been here about 11 months. My team feels I'm ready to move to low secure from here (medium secure women's service). I'd prefer to go somewhere with a rehab service linked with it so I know where I'd be going to next and it would be easier to know staff and much quicker than moving twice. My case manager is looking at options for what's next.
- My next step is a community service for deaf people with learning disabilities in Liverpool. I will get the specialist support I need at a community service for people who are deaf and have a learning disability. It is away from my home area, but it's important I can communicate with people. I will get the right support there. I see the staff from there each week, and am having a gradual discharge. I will move in January (3 months' time).
- I have a MHRT in December and I'm going for a conditional discharge but my RC said I need to finish one more area of psychology treatment before I move to low secure. I also am waiting for unescorted leave from the MoJ. Until then I'm here in medium secure indefinitely. Whatever I do is never enough. I'm going to explode and do something if I don't get some clarity.
- I would like to stay in medium secure until I'm ready for the community and then I want to be in my home area. I was originally from Leeds but I want to be in Halifax where my mum and dad are.
- I'm waiting to see my case manager. My hospital managers meeting said I need reviewing. My leave was cancelled recently so I'm staying here for now. I want to be closer to home but to a rehab service straight from medium secure, then to my mums house. I don't want to move for the sake of it to another secure ward. I stopped progressing because I felt I was waiting too long. I wasn't told what was happening, and it's important I'm told and involved in choosing where I go next and when.
- For now I'm here but when I'm ready to go I want to be near my brother. I want to know I won't be lonely and that I'm close by to him. I would like a girlfriend, a job and I'd need support from probation and a community team. I don't know more than that at the moment.
- I'm going back to prison early next year to finish my sentence. I've finished my treatment and therefore have to go back. It feels like a backwards step.
- I'm hoping to go to LSU closer to home soon. No one has told me about any plans yet but I have a CPA next week.

- I was admitted to medium secure 4 months ago and I've been assessed for rehab service closer to home and hopefully been accepted. I'm just waiting to hear. I've never been in hospital before, but have worked really hard and the hospital has helped me so I can progress and get back home as soon as possible.
- I've come from prison and been in a few different secure hospitals. Now I have a managers hearing next week to move from low secure to hopefully either rehab or straight into the community if possible. I have some physical problems too so they need to be planned for as well as somewhere to live etc. So I don't mind waiting a couple more weeks until plans are in place.
- I have been accepted at a low secure closer to home. They are coming to see me before my CPA next week. I'd like to see where I'm going next. I'll look it up on the internet to see what it's like.
- I'm applying for parole in 6-8 months' time. I've still got some work to do and when that's finished I hope to move near my family.
- For me it's early days. When I get to the community I won't need supported accommodation but I will need support from a community team.
- I want to move to a similar service closer to home. I don't have any treatment here and I've done it all over the years and finished it anyway. There are no plans to move me yet. I will speak to my solicitor.
- I'm currently contesting my convictions and hoping to be successful.
- Not sure.
- I'm not sure. I have my next CPA in February. I hope they talk about me moving on then.
- I was recently assessed for low secure back home, but they said I needed more treatment so I'm moving wards to one where women go and it's just secure – not medium or low secure (blended service). I'm very well and shouldn't be on an acute assessment ward any more as it upsets me when other people aren't very well and kicking off shouting and are obviously quite poorly.
- I'm in a ward with older people and need help with my legs and heart. The team thinks I would be ok in low secure but because there is nowhere I'm here in medium secure.
- I'm in medium secure and moving back home to another medium secure, then I want to go to low secure in my home town.

Do you think there should be a choice about where you are placed, if so what are the reasons for this?

The majority felt that yes there should be a choice of where they receive care and that they would choose to be in their home area in order to be closer to family.

Some however felt that their care and treatment was more important, this was particularly evident when speaking with people who needed a deaf service as they spoke about being understood and in a place

where people can sign as being their number one priority. This was also evident for an individual with Asperger's who felt that being understood was the most important thing of all to them.

Some felt that they would accept being further away if it was for a reason such as the right treatment but only if this was for as short a time as possible, and another who felt that the crucial thing was getting the right support when it was time to move on.

- There needs to be enough staff who can sign where I go. There's sometimes not enough staff to communicate with me and this is my number one priority - to be able to have conversations with people. Things can go wrong and misunderstanding can happen if people can't tell me what they want from me.
- I just want to be closer to my daughter and home town.
- I want to go somewhere that people get me and understand what I'm trying to say when I do certain things. I don't always understand it, but it's important they understand me properly. Everyone with Asperger's is different. I'm not very confident.
- Yes to be closer to home to be near my children and I can see them more.
- I needed DBT so as long as the right treatment is there and I can get back home as soon as possible – not be in hospital away for too long.
- As long as the right support is there for me when I move on that's what is important. I really don't want for things to go wrong and that no one is there to help if I need it.
- I think there should be a choice which hospital you get your treatment in.
- I'd choose to come to this hospital right now for me.
- Yes. I choose to be closer to home so I can have leave to see my Mum.
- I'd like to be in the southern part of the country -anywhere other than this area is what I would choose.
- I want to be able to get care back closer to home and feel I should have the choice.
- I'd love to be back home.
- I would like to be back in my home area but I like it here too. I'm alright and feel safe here. I get on with my friends here.
- Yes definitely. Everyone should have the choice.

Experiences of patients currently placed in Yorkshire and Humber

Are you currently placed out of area or have you been in the past? If so, what were/are your experiences of being admitted to a hospital away from home?

- Yes, we have been – 3 of us
- 4 out of 5 patients, all out of area, 100s of miles.
- One, in area, but has been out of area previously. 3 ok

- Out of area - yes - from Grimsby, placed in Darlington, now in Hull.
- It was daunting being away, there was no contact from my area and I didn't see my case managers.
- I didn't feel it affected you (what the hospital offers is more important)
- Difficulties in repatriation
- "Home" care team refusing to accept me due to risks.
- It is like a journey and my mum found it hard to visit and not knowing people and I was scared and miss home.
- Hard going to see my family and it's too far to travel and is a lot of money.
- There are mixed message on what you are moving to.
- Family and carers travelling long distances: stepping stone placements.
- Transition: trial leave (rediscover home town)
- Would prefer own area
- Long distance/expensive
- Not knowing area/feeling anxious/lonely
- Not much contact with family member
- I'm out of area having been from West Yorkshire and now in South Yorkshire Trust. So far my experience is a good one, fab consultant staff and area also hands on staff, i.e. OT. My team has not really contacted me while I've been here, feel disconnected. Yes, family commute and home visits
- Yes from Manchester. Difficult for family to visit/travelling/expense - Cannot see family as often. More complicated getting a community team, not heard much from them - would be more involved if local. Choice - yes, not close to connections in the area. Starting again. Makes it more stressful.
- Stopping me setting up community links/college course for after discharge
- Hi, I'm from Huddersfield but currently at the Bretton Centre. I was once at Middleton St George Hospital at Darlington which was 200 miles away from home. My experience of being away from home was loneliness, felt isolated

Are you aware of your community team from your home area and have they been in touch?

- Community team: I know who they are, but I don't see them. There isn't any contact.
- Changes all the time don't come and introduce themselves
- I am updated on plans of moving
- Plans are always changing
- Three did not know community teams but two did.

Should there be a choice about where you are placed, if so what are the reasons for this?

- High - not much choice available, at a loss. Lots of worry, too restrictive for contact.
- Medium - not as many visits so you lose a sense of who you are, if you're not so flexible you may find it hard.
- Low - not such a clear understanding of where your pathway is going and aftercare.
- Find it hard to articulate your plan.
- Yes - should be a choice about where placed. So you know where you are going instead of being in the dark. Be close to friends/family and carers.
- Should be a choice, funding, Trust, etc.
- Would like more choices of placement.
- Would like video of hospitals, staff, surrounding areas
- Should be a choice and family should also be involved
- Service users should have a choice in where they are placed.
- Yes you do get a choice
- Out of area service users should be provided with more local information prior to admission.
- There should be a buddy system
- Out of area teams engaging with inpatient service: attending CPAs, RC responsibility.
- All 5 did not have a choice of where placed and would like a choice of future placement.

Final summary

When we asked people about their experiences of being admitted away from home and their understanding of the reasons for this, the majority did not know the reasons for this placement and no one had ever taken the time to explain this to them in a clear way explaining the reasons and plans. The majority were not aware that there was any choice in where they were placed, but felt that everyone should have a choice.

When asked what could be better in their local areas, they spoke about good quality local services that they can access to meet their needs. There should be the right service for everyone closer to their home area. Generally family contact was made more difficult for people placed out of area, and contact that was not face to face wasn't felt to be much of a substitute.

Family contact acted as a main source of motivation for some to get better and move back closer to home. The people we spoke to on the whole wanted better family contact. Two of the hospitals were praised for providing funded transport for family visits and this was found to be helpful.

When we asked about contact with professionals from their home area this depended very much on their individual community team. People more often knew their NHS England case manager but were less aware of their local community teams, and contact was generally either very good or almost non-existent. They felt that better contact was important as this would help them move on quicker and would focus

discussions around future pathways within MDT meetings. They would very much welcome more contact so they don't feel forgotten about.

When asked about their preference for finishing their current treatment before moving back this wasn't seen as important to most, with people's preference being to finish their treatment closer to home now if this was an option.

Many people knew about their pathway and said that the most important aspect of this was being involved in these discussions. They said it helped if they knew who their community team was and if they were involved, and those that felt involved seemed to be the most engaged in their treatment and looking forward to the future.

Overall considering all of the areas spoken about people wanted to be closer to home, be involved in the plans to move, and to know the timescales or expectations of the team for what they needed to do. They wanted clear communication, involvement from their community team and a choice about options available to them. People felt that they needed their home area to take a chance on them so they could move back, and move on with their lives in a positive way.

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