

FOI_0338_22/22 – FOI request concerning - Locked Rehabilitation

1. **Please could you supply the name, email address and telephone number of the commissioner with responsibility for placements in locked rehabilitation.**

Portsmouth CCG

2. **Please provide the total number of adults funded by the Trust in locked rehabilitation.**

Apr '18 – Mar '19	Apr '19 – Mar '20	Apr '20 – Mar '21	April '21
2 minimum; 3 max (4 patients)	3 minimum; 6 max (6 patients)	5 minimum; 7 max (8 patients)	6 placements

3. **Of the total number of adults funded by the Trust in locked rehabilitation (q.2) please provide the number that are male and the number that are female.**

Apr '18 – Mar '19	Apr '19 – Mar '20	Apr '20 – Mar '21	April '21
2 Females 2 Males	2 Females 4 Males	2 Females 6 Males	1 Female 5 Males

4. **Of the total number of adults funded by the Trust in locked rehabilitation (q.2) please provide the number that were detained under the Mental Health Act and the number that were admitted on an informal basis.**

Patient Status on Admission

Apr '18 – Mar '19	Apr '19 – Mar '20	Apr '20 – Mar '21	April '21
2 Females – 1 informal; 1 detained 2 Males – 2 detained	3 Males newly admitted during this period – all detained	2 Males newly admitted during this period – both detained	1 Female newly admitted during this period – detained 2 Males – both detained

5. **Of the total number of adults funded by the Trust in locked rehabilitation (q.2) please provide the number that were placed ‘in area’ and the number that were placed ‘out of area’.**

None were placed “in area”

6. **Of the total number of adults funded by the Trust in locked rehabilitation (q.2) please provide the number that were placed in NHS provision and the number that were placed in independent provision.**

None were placed in NHS provision; All were placed in independent provision

7. **Of the total number of adults funded by the Trust in locked rehabilitation (q.2) please provide the number presenting with a learning disability, a mental illness, an acquired brain injury, a neurological condition, or a personality disorder.**

Patient	L/D	Mental illness	ABI	Neuro condition	Personality Dis.
1 (f)	-	Yes	-	-	Yes
2 (m)	-	Yes	-	-	-
3 (f)	-	Yes	-	-	Yes
4 (m)	-	Yes	-	-	Yes
5 (m)	-	Yes	-	-	Yes
6 (m)	-	Yes	-	-	-
7 (m)	-	Yes	-	-	Yes
8 (f)	-	Yes	-	-	Yes
9 (m)	-	Yes	-	-	-
10 (m)	-	Yes	-	-	Yes
11 (m)	Yes	Yes	-	-	-
12 (m)	-	Yes	-	-	-

8. **Please provide the Trust’s total expenditure on locked rehabilitation placements for the financial years 2018/19 to 2020/21, and budgeted information for 2021/22. If expenditure for 2017/18 is not yet available, please provide projected expenditure.**

We do not hold this information; please contact Portsmouth CCG.