Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**18 January 2023**
Subject:	**Ashley House in Grantham – Targeted Consultation on Proposed Service Change**

Summary

On 12 October 2022, the Committee considered a report, which detailed the NHS's rationale for its preferred option of permanently closing Ashley House as an inpatient rehabilitation unit and reinvesting the resources into the community rehabilitation service. The Committee concluded that the proposal did not represent a substantial service change or development in health service provision. This allows a targeted consultation exercise by the NHS, focused on patients, service users, carers and stakeholders. The Committee also agreed that it would make its own response to the targeted consultation.

As reported in October, the intended consultation dates were 9 January – 17 March 2023. The consultation documents will be circulated to the Committee, when available. This item, which is due to be presented by representatives from Lincolnshire Partnership NHS Foundation Trust, enables the Committee to consider and make comments on the consultation.

Actions Requested

The Committee is requested:

(1) To consider and comment the consultation on the proposed service change at Ashley House in Grantham.

(2) To agree that a draft response is prepared for the Committee to approve at its next meeting on 15 February 2023, based on the Committee's comments at this meeting.

1. Background

Report to Committee on 12 October 2022

On 12 October 2022, the Committee considered a report which provided details on Ashley House in Grantham, and the main extracts from that report are set out in Appendix A.

Committee Resolution on 12 October 2022

In addition to noting the report on 12 October, the Committee took account of the continuous public engagement and involvement and decided that the service proposal was not in its opinion a substantial change or substantial development in health service. Thus, this enabled a locally-led, targeted consultation process with patients, service users, public carers and stakeholders, which would follow best practice and meet the commissioner's and provider's statutory duty to involve. The Committee also agreed that it would consider and make a response to the targeted consultation.

Consultation Materials

As reported in October, the intended consultation dates were 9 January – 17 March 2023. The consultation documents will be circulated to the Committee, when available.

2. Consultation

As indicated above, the Committee decided on 12 October 2022 that it would wish to be involved in the targeted consultation on the options for the future of Ashley House in Grantham. This item enables the Committee to consider this option.

3. Conclusion

Following its decision in October 2022, the Committee is requested to consider and comment the consultation on the proposed service change at Ashley House in Grantham, which can be used for the preparation of a draft response based on the Committee's comments at this meeting. This would be prepared for the Committee to approve at its meeting on 15 February 2023.

4. Appendices

These are listed below and attached to this report:

Appendix A	Main Extracts of Report to Committee on 12 October 202

5. Background Documents

6. No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

MAIN EXTRACTS OF REPORT TO COMMITTEE ON 12 OCTOBER 2022

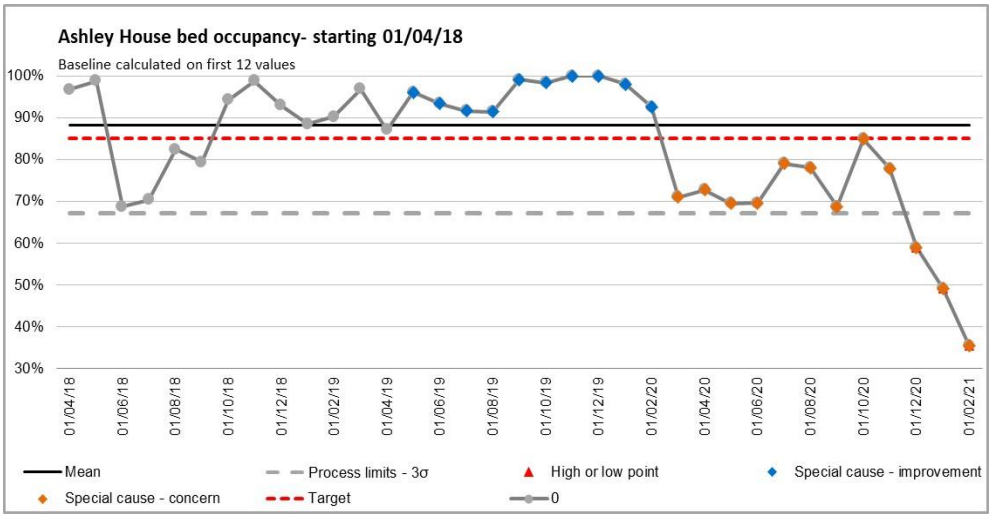
1. Background

Ashley House is a 15 bedded low dependency mental health rehabilitation unit sited in Grantham, it has been temporarily closed since 10 February 2021 and the staff redeployed to support the opening of Ash Villa (adult female acute mental health service) and the temporary expansion of community rehabilitation service during the Covid-19 pandemic.

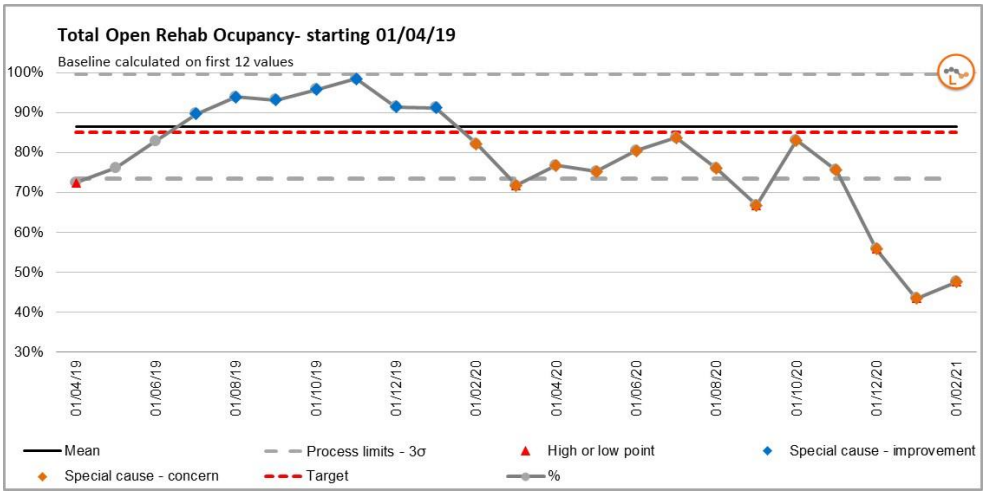
The unit cares for patients with severe and enduring mental illness who have likely had significant periods in hospital to help manage their symptoms, they provide additional rehabilitation support in their recovery before moving back into their community to live.

Since the closure, all patients requiring low dependency rehabilitation have either been treated at Ashley House's twin unit Maple Lodge in Boston or by the community rehabilitation service, which may also involve some elements of support from adult social care services.

Prior to its temporary closure, Ashley House had been operating below 100% occupancy since October 2018:



Lincolnshire Partnership NHS Foundation Trust's (LPFT's) low dependency rehabilitation inpatient bed stock, prior to the temporary closure, consisted of 30 beds, 15 at Ashley House in Grantham and 15 at Maple Lodge in Boston. The combined bed occupancy of both these units had been maintained below 100% since January 2019.



Historically patients have been referred to LPFT's open rehabilitation beds from either high dependency rehabilitation wards, or acute mental health wards, however due to the location of the two units, care was not always near people's local community or social networks and patients from other areas will have been required to travel.

For the three-year period prior to the temporary closure, Ashley House had 52 admissions, of which 14 were from Grantham and surrounding area, with eight being from Grantham itself. This means that 73% of patients were treated away from their local communities and social networks.

Area	Count of origin of home location
Billinghay	1
Boston	3
Cleethorpes	1
Colsterworth	1
Cranwell	1
Gainsborough	1
Grantham	8
Horncastle	1
Lincoln	17
Market Deeping	2
Skegness	3
Sleaford	5
Spalding	3
Splisby	1
Stamford	4
(blank)	
Grand Total	**52**

Community Rehabilitation

There is good evidence that when local mental health rehabilitation services are available, around two thirds of people with complex needs are supported to achieve sustained successful community living without the need for further readmissions to hospital (Killaspy, 2016) and, that people receiving support from rehabilitation services, are eight times more likely to achieve/sustain community living compared to those supported by generic community mental health services (Lavell et al 2011).

Community rehabilitation can provide ongoing specialist clinical support for people when they are discharged from hospital and can complement other mental health community teams when supporting people who need a more structured and intensive approach.

Community rehabilitation can provide a consistent input, with a focus on rehabilitation and recovery, promoting coping skills and widening people's social networks.

The team supports housing providers in being able to offer a tailored package of care, reducing the need for readmission, or a breakdown in placement, and can support agencies to adopt a formulation approach to increase the person's quality of life and improve outcomes.

Community rehabilitation teams would usually be able to support people who have made the move from a ward-based environment into the community, but who may require increased levels of ongoing support and care with their day-to-day lives, both social and personal.

The service plays an integral role in supporting people with specific rehabilitation and recovery needs, to have greater choice and control over their care and to 'live well in their communities' as required as part of the LPFT vision, the Lincolnshire system's *Care Closer to Home* ambitions and the NHS long-term plan.

NHS England have identified the development of and investment into 'dedicated community mental health rehabilitation functions' as an essential part of the community mental health transformation programme.

It includes a strong multi-disciplinary team approach to undertake co-produced care and support planning, reduce reliance on inpatient provision, address severity and complexity, to maximise independence and work with local authority partners to develop and implement a housing strategy for this cohort.

The current service has received positive feedback from service users and the team are in the process of collecting impact data to demonstrate the ongoing effectiveness of the service. This will be brought back as an update for the Health Scrutiny Committee in six months' time, when more quantitative and qualitative data has been collected.

Current Situation

The community rehabilitation service is currently funded to provide support for only one third of the county, having secured primer funding through the national Community Mental Health Transformation Programme. The service cannot currently be expanded to the other parts of the county without additional investment. At this time, no further funding opportunities have been identified or agreed.

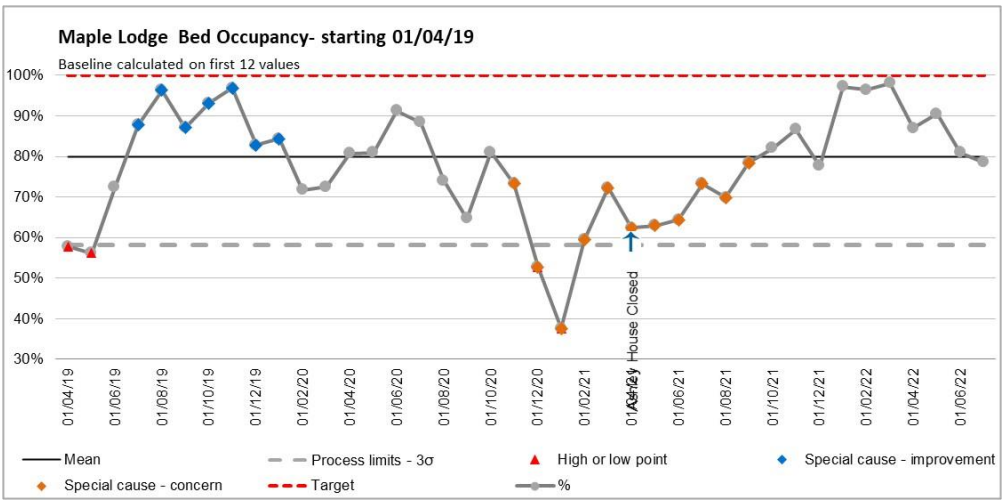
The community rehabilitation service currently has the capacity to cover the West and South of the county with a caseload of 25. The team are able to promote earlier discharge and provide care closer to home, whilst establishing support, including improving social networks and meaningful occupation within their local community.

Intensive in-reach is provided to a further 15 people who are still in inpatient settings. This helps establish strong relationships and promotes effective communication with the ward teams, to support effective and successful transition from ward to community.

Since it was first established in 2020/21, the community rehabilitation service has enabled the discharge of 15 patients previously cared for in the Wolds inpatient rehabilitation unit in Lincoln. This enabled the unit to be able to provide new reablement support for people in the acute mental health pathway, which has supported the reduction in people being cared for out of area.

When Ashley House was temporarily closed in February 2021, some of the staff were redeployed to increase the capacity of the community rehabilitation team. They were consequently able to support patients previously cared for at Ashley House in a community setting, reducing the demand for open rehabilitation beds. However, this still did not consistently provide a countywide service.

The reduction in open rehabilitation beds from 30 (Ashley House and Maple Lodge combined) to 15 beds, has meant that all patients requiring open rehabilitation inpatient care have been accommodated at Maple Lodge, and Maple Lodge occupancy has remained below 100% since that time. There have been zero out of area admissions for this patient group.



2. Options for Future Delivery

Option 1: Reopen Ashley House as a 15 bedded open rehabilitation unit.

This option would see the reopening of the unit as a 15 bedded open rehabilitation service and the former service restored. This however would only be possible once the impact of the pandemic is no longer having a significant impact on staff availability. The current temporary arrangement would need to remain in place until then.

Risks:

- The community rehabilitation service would not be expanded and return to covering just one third of the county until another source of funding could be found to expand in other parts of the county.
- More people would need to access care away from their communities and personal support networks.
- More people would need to be cared for in more restrictive hospital settings rather than in the community.
- Several staff that originally worked at Ashley House have since left to take up different posts. This would mean a period of recruitment would be required to ensure safe staffing levels before the unit could reopen.

Benefits:

- No financial impact.
- Less disruption for the remaining Ashley House staff who are currently redeployed to other teams.
- Local Grantham and surrounding area residents would not need to travel for their open rehabilitation inpatient care should they need it.

Option 2: Permanently close Ashley House as an inpatient unit and reinvest the resource into the community rehabilitation service to enable a countywide service. (PROPOSED).

Under this option, the community rehabilitation service would be significantly expanded to cover the entire county. The service would have the capacity to continue supporting the cohort of patients who were previously admitted to Ashley House and would have further capacity to help more people live independently in other parts of the county. In turn, this would enable a reduction in the number of people placed out of area in high dependency rehabilitation placements, as local beds would be available, and the pathway would work most effectively.

It is worth noting that the service investment is not limited to clinical services - as the care package may require third sector, housing support and potentially social care.

Risks:

- The remaining Ashley House staff who are currently redeployed to other teams would need to be redeployed on a substantive basis, which could lead to dissatisfaction.
- Local Grantham and surrounding area residents would need to travel for open rehabilitation inpatient care *(This would affect less than 14 people over three years – or circa 5 per year - with the expansion of the community rehabilitation service)*
- With fewer open rehabilitation beds, if demand increased significantly, this could lead to an increase in out of area placements. *However, it is expected that this risk would be mitigated by the increased capacity of the community rehabilitation service.*
- There could be local objection to inpatient services being changed in the Grantham area.
- There could be impact on adult social care budgets as a result of the closure. This is being monitored - with resolution through the system partnership arrangements if required.

Benefits:

- More people will be supported out of hospital, in less restrictive environments.
- More people will be cared for closer to home and in their own communities, reducing travel for many patients, their families and carers (73% of those patients previously admitted to Ashley House).
- The Ashley House unit would be available for other uses. Including the potential to provide short-term residential accommodation for some of Lincolnshire's most complex individuals. It would be the intention to explore future uses for the population through any consultation undertaken.
- The increased capacity of community rehabilitation could enable a reduction in the number of people placed out of area as more beds are freed up locally in the rehabilitation pathway.

<u>Proposed Community Rehabilitation Service Model</u>

The original service model and this proposed extension has been designed using feedback from patients, service users, carers and staff. The established service model has been running effectively since 2020 and has been subject to ongoing review by the NHS England national team, who maintain oversight of the community mental health transformation programme. The model will be further developed as necessary through the proposed staff, patient, service user and public consultation plan set out in section 3.

The intention with option 2 is to reinvest the Ashley House staffing resource into expanding the community rehabilitation service, enabling the maximum reach of this service, rather than making financial efficiencies.

The financial analysis of the options is detailed in the following section, but in summary, the financial resources associated to Ashley House will take the service from 14.8 staff to 32.5 whole time equivalent staff.

Because of existing management and administrative posts already employed in the team, the majority of new investment would be focused on increasing the number of patient-facing roles.

This means that that service will move from supporting a caseload of 25 people in the community and intensive in-reach to a further 15 people who are in inpatient wards in the West and South of the county, to supporting around 60 people in the community and around 30 inpatients on a countywide basis.

A review of all current inpatients and those in the community with rehabilitation needs has been carried out by LPFT's clinical teams and identified that this level of service provision would be sufficient to cover the needs of the Lincolnshire population.

Workforce Recruitment

There are local and national workforce pressures across the NHS, which are creating significant challenges in recruiting some types of registered clinical professionals and hindering service delivery. Because of this, and because the nature of community rehabilitation allows it, the workforce profile has been designed to minimise a reliance on specialist clinical roles, with greater emphasis on staff with broader skill sets and providing on the job training.

Taking this approach to build upon the established team, LPFT is confident that it can successfully mobilise the proposed service.

Financial Options Summary – Provided by LPFT Finance Team

The table below provides a summary of the two options discussed above:

Financial options comparison	Annual financial impact at 22/23 prices (saving)/ +cost pressure) £000	Financial ranking
Option 1 - Re-open Ashley House	-	2
Option 2 - Closure of Ashley House and expansion of Community Rehab service	(33)	1

- Option 1 is expected to be cost-neutral, as expenditure would revert to the existing recurrently contracted service.
- Option 2 is anticipated to generate a net saving of £33k. As such, **Option 2** is ranked highest on a financial basis.

A further breakdown of the costs relating to Option 2 are provided within the following table:

Option 2 - Financial Summary	WTE	Annual cost at 21/22 price £000
Proposed new service direct costs	**32.5**	**1,455**
Less direct cost of existing Community Rehab service	14.8	743
Less direct costs reallocated from Ashley House		744
Total existing funding		**1,488**
Net saving/contingency		**33**

The following notes provide further information:

- All costs are shown at **21/22 prices** in order to ensure a like-for-like comparison with current Ashley House budgets
- Values are shown on a **direct cost basis only**, prior to overhead allocation. This is to avoid a double count of overheads already funded in relation to the current Ashley House service
- The proposed new Community Rehab service has been costed in its entirety. The £1,455,000 illustrated above therefore includes the cost of the current funded service.

Financial Appraisal

The expanded Community Rehab service model proposed within Option 2 could be funded on a cost-neutral basis from existing budgets. As illustrated within the above table, a remaining balance of £33,000 would be available as a contingency for the costs of repatriation, or a potential efficiency in the longer term.

The costs shown above do not include indirect capital charges or maintenance costs associated with the Ashley House building. These budgets will currently remain in place in order to fund any ongoing expenditure related to the physical building and will require separate consideration relating to the future use of the estate.

In addition to the financial summary provided above, it is expected that further cost savings could be generated in relation to out of area placements. Further analysis is required before these savings can be accurately costed. However, if realised this would result in a further system-wide financial benefit in relation to Option 2.

Travel and Transport

As described already for the majority of patients the expansion of community rehabilitation will reduce the need for patients in many areas of the county to travel for rehabilitation support, including many in the Grantham and surrounding area.

There may be a small number of patients (*circa 5 per year following the expansion of the community rehabilitation service)* that would still require inpatient open rehabilitation support, and this would be provided at Maple Lodge in Boston.

Patients requiring this service would be supported with transportation to the ward and the impact on families, carers and friends would be explored as part of any consultation process.

3. Consultation

Public and Patient Engagement

Over the last two years we have carried out a continuous engagement approach, working with patients, carers, public, partner organisations and staff to consider and develop our mental health rehabilitation services.

This has included several events held face to face across the county and online to discuss, develop and shape our new community rehabilitation service, transform our current rehabilitation inpatient provision and to discuss the impact of the temporary closure of Ashley House in Grantham.

As well as the ad-hoc engagement, we have also set up a regular Community Rehabilitation Team Advisory Group, consisting of patients, service users, carers and stakeholders to work with staff to act as a critical friend and help shape our services.

Events have taken place at a variety of locations across Lincolnshire and online. Despite the Covid-19 pandemic we were able to continue our engagement activity by moving to a virtual approach.

As part of this process, we have engaged with over 170 members of the public, 76 of which have been patients, service users and carers, as well as 100 stakeholders which included local community, voluntary and social enterprise organisations that could also play a role in supporting our patients in the community.

Through these events and our advisory group, we have heard feedback around the following key themes:

- People wanted more support to live well at home, rather than in hospital.
- People need support with housing following discharge from the wards.
- Services need to work together to support people living with mental health illness.

- Following discharge extra support would be appreciated to help with reintegration back into the community.
- Support in the community needs to come from a range of expertise i.e., social workers, occupational therapists and community nurses as a coordinated package of ongoing care.
- People need support to find and join community projects and groups.
- More support is needed with personal health or adult social care personal budgets.
- People wanted help and support in case their wellbeing deteriorated before the need to be re-admitted.
- Help and support to connect to other services.
- People did not want to travel out of Lincolnshire for their rehab care.

Considering the specialist nature of rehabilitation services and the low number of service users likely to have direct experience of care in these services, we were content with the level of engagement throughout this process and felt this was representative to inform our options appraisal to date.

Service Specific Staff and Clinicians

It is also important that any service change is led by our clinicians, using their expertise, skill and clinical knowledge to shape services to deliver the best quality care for patients.

Like patients, service users, carers and external stakeholders, we have engaged our entire rehabilitation workforce throughout the past two years, keeping them informed of the temporary closure of Ashley House, and involving them in the development of the new community rehabilitation service.

A full options appraisal has been performed to determine any impact of the continued closure of inpatient beds, taking into account a range of factors including the feedback from our patient and staff engagement process to date.

Through this the project team identified that admission to Ashley House was not providing what most people wanted, and that people admitted to Ashley House were often away from their local communities, friends, and their families.

The team are therefore proposing to enable people to live well at home rather than in hospital and to provide parity of care to all residents in Lincolnshire, the expansion of the community rehabilitation service would be the most effective way to facilitate this.

Engagement with Health Scrutiny Committee

We have updated and discussed with Lincolnshire's Health Scrutiny Committee the temporary closure of Ashley House as part of our response to the Covid-19 pandemic, as well as keeping the committee informed of engagement activity. We provided a further update at the meeting on 13 April where we discussed developing future service options.

Now that LPFT and the NHS Lincolnshire Integrated Care Board are in agreement on the options, we are here today to discuss these proposals in line with our legal duty to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate.

Proposed Next Steps

Given the specialist nature of this service and small numbers of patients the proposals are likely to affect, we would propose that this does not meet the thresholds for significant service change by NHS England and Improvements standards and that we move straight to a robust locally led targeted consultation with patients, service users, carers and stakeholders specifically on the proposals outlined.

Following this proposed process as set out allows a swifter resolution and clarity on future service model, whilst still ensuring a robust engagement and consultation process to aid that decision making.

With the challenges of recruitment and uncertainty of current staffing models, it would benefit the service in being able to finalise a direction of travel and add clarity and certainty for existing staff that would not only help with retention but also help in any remaining recruitment still underway in the service. It is often challenging to recruit to substantive posts when services are still in a pilot phase and more certainty would also benefit service users who would be assured that the care they are currently receiving will continue and further enhance, aiding in their recovery.

Our consultation proposal would be for this to take place over a 10-week period, utilising a variety of methods and opportunities to achieve our aim of all affected stakeholders being sufficiently well informed of the proposed changes and able to provide feedback in the manner of their choosing. This would pay particular attention to the Grantham area where bed closures are proposed. A key aspect of our consultation is ensuring that our methods and approaches are inclusive and tailored to ensure those most affected and stakeholders can have their say.

It is proposed to undertake the consultation mainly with those currently accessing mental health services, those currently an inpatient in rehabilitation services and those who have accessed services in the past. As well as their families, carers and rehabilitation staff. We will offer open opportunities to everyone in our local community should there be a wider public interest.

The Equality and Quality Impact Assessments undertaken by the project team have not identified any specific disadvantaged groups from any proposed changes.

However, the events and opportunity to have their say will be distributed to a wide range of organisations, groups and members, with particular attention given to seldom heard groups of our community to ensure they are aware of the changes, have the opportunity to comment and are provided information in a format that meets their needs.

This may include alternative language, easy read and audio where required.

Third sector community groups and organisations who support people with mental ill health will also be asked to comment and contribute to discussions and raise awareness with their service users.

Promotion will be extended with support from our stakeholders and partner agencies with access to large proportions of the Lincolnshire population who may have a specific interest. The exercise will be 'dynamic' – we will adapt our approach in the light of feedback and welcome suggestions of how to reach more people.

Proposed timeline: 9 January 2023 – 17 March 2023 (10-week consultation period)

Approach

This will be supported by extensive communications such as supporting information in a range of multi-media formats both digital, face to face and print where required.

- **Online/paper survey** - As well as an online survey which will capture wider views and opinions of the proposals, we are also proposing that printed copies of the survey and background information will be provided in print for mental health community and inpatient services and key groups that support mental health service users.
- **Posters and use of digital screens** - utilised across a number of sites including, LPFT bases, GP surgeries, community venues.
- **Social media and the Trust's website** - will host information about the consultation and regularly promote across social networks.
- **Existing membership database and newsletter**- as a Foundation Trust we have over 9,000 members identified as interested in receiving information about our services and having their say. We will utilise this group to share information and seek their views.
- **Use of existing forums**
- **Local media** – the Trust will link with local media outlets to proactively profile the changes and encourage views from a wide range of community representatives
- **Face to face and virtual events** – we will host a number of events both face to face and virtually across the county, particularly focusing on Grantham where the closure of inpatient beds is proposed. These will be a mixture of open to all events, and specific targeted opportunities with existing service user groups and current rehab inpatients.

Reporting and Feedback

The feedback received will inform the Lincolnshire Integrated Care Board final decision-making. This feedback is an important part of the decision making and will be fully taken into account, alongside other essential factors such as clinical, financial and practical considerations.

The consultation does not represent a vote on, or a veto over, any form of change. No final decisions will be taken until after the consultation has closed and results have been collated and reported. The feedback report and outcomes will be made publicly available following the decision.

4. Key Strategy Documents

The Community Mental Health framework (2019) states 'People with mental health problems will be supported to live well in their communities, to maximise their individual skills, and to be aware and make use of the resources and assets available to them as they wish. This will help them stay well and enable them to connect with activities that they consider meaningful, which might include work, education and recreation'

NICE Guidance NG181 (Rehabilitation for adults with complex psychosis) states patients should be offered care in the least restrictive environment and aim to help people progress from more intensive support to greater independence through the rehabilitation pathway.

The NHS Long Term Plan's Mental Health Implementation Plan specifically recognises mental health community rehabilitation as a "fixed, targeted deliverable" within plans for new community services for adults with severe mental illness.

5. Conclusion

- Ashley House has been temporarily closed since 10 February 2021.
- Since closure, all patients requiring low-dependency open rehabilitation have either been treated at Maple Lodge in Boston or by an expanded community rehabilitation service.
- No patients have had to travel out of Lincolnshire to access low-dependency open rehabilitation care, nor have patients had to wait longer to access care locally.
- Feedback from staff, patients and carers has been positive, with people preferring to be supported at home, rather than in a hospital bed.
- The success of this new way of working has prompted consideration of the future service model and two viable options have been identified:

  Option 1: Reopen Ashley House and reduce the community rehabilitation team back down to just 1/3 county coverage. This would mean that some patients currently being cared for at home would need to be admitted back into Ashley House to receive the level of care they need.
  Option 2: Permanently close Ashley House and use all associated funding to expand the community rehabilitation service across the whole of Lincolnshire.

- Option 2 is currently preferred, as this will ensure that people are cared for closer to home. The current interim way of working has demonstrated that community rehabilitation works well and is preferred by patients, service users and carers. The resource linked to Ashley House will be used to further strengthen the community rehabilitation service, it would ensure equitable countywide provision, and also enable patients who are currently in higher-dependency rehabilitation placements to

be cared for in a less restrictive settings, including some people who are currently placed in locked rehabilitation units outside of Lincolnshire. This also releases the current Ashley House building for alternative uses within Grantham - and it would be the intention to explore future uses for the population through any consultation undertaken.

- Given the specialist nature of this service and the small number of patients the proposal is likely to affect, the Committee is asked to approve a process of locally led targeted consultation with patients, service users, carers and stakeholders, to inform a final decision.

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