


Agenda Item 8

		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:	15 February 2023
Subject:	Consultation on Mental Health Rehabilitation Care – Proposed Response of the Committee to the Consultation

Summary

On 18 January 2023, the Committee received a presentation on a consultation by Lincolnshire Partnership NHS Foundation Trust on *Mental Health Rehabilitation Care*. The Committee agreed that a response would be prepared based on the comments made at that meeting and submitted to this meeting for consideration and approval as the Committee's final response. A key element of the consultation is to consider the permanent closure of Ashley House, a 15-bed low-level open mental health rehabilitation unit in Grantham, which has been temporarily closed since 10 February 2021.

The consultation was launched on 16 January and is due to conclude by 31 March 2023. As part of the consultation process a series of consultation events has been planned, both online and in person Grantham, Gainsborough, Skegness, Stamford, Louth and Spalding.

Actions Requested

The Committee is requested to consider the draft response (attached at Appendix A) and subject to any further amendments approve it as the Committee's final response to the consultation on *Mental Health Rehabilitation Care*, being undertaken by Lincolnshire Partnership NHS Foundation Trust.

1. Background

Previous Committee Consideration

On 12 October 2022, the Committee took account of the continuous public engagement and involvement and decided that the proposal for the permanent closure of Ashley House in Grantham did not in its opinion represent a substantial change or substantial development in health service provision. This enabled the local NHS to undertake 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.

On 18 January 2023, the consultation: *Mental Health Rehabilitation Care* was presented to the Committee by Lincolnshire Partnership NHS Foundation Trust. The Committee agreed that a response would be prepared based on the comments made at that meeting and submitted to this meeting for consideration and approval as the Committee's final response. A key element of the consultation is to consider the permanent closure of Ashley House, a 15-bed low level open mental health rehabilitation unit in Grantham, which has been temporarily closed since 10 February 2021. A draft response is attached at Appendix A to this report.

2. Consultation

This item enables the Committee to make a response to the consultation on *Mental Health Rehabilitation Care*, currently being undertaken by Lincolnshire Partnership NHS Foundation Trust. The consultation was launched on 16 January and closes on 31 March 2023.

Consultation Events and Documentation

There are eight engagement events taking place between 9 February and 27 March. Two of these are online, and the six in-person events are taking place in Grantham (13 Feb), Gainsborough (16 Feb), Skegness (20 Feb), Stamford (27 Feb), Louth (16 Mar) and Spalding (27 Mar). The consultation documentation is available at: [Mental Health Rehabilitation Services \(16 Jan to 31 Mar 2023\) :: Lincolnshire Partnership NHS Trust \(lpft.nhs.uk\)](https://www.lpft.nhs.uk/consultation/mental-health-rehabilitation-services-16-jan-to-31-mar-2023)

3. Conclusion

The Committee is requested to consider a draft response and subject to any further amendments approve as the Committee's final response to the consultation on *Mental Health Rehabilitation Care* being undertaken by Lincolnshire Partnership NHS Foundation Trust.

4. Appendices

These are listed below and attached to this report:

Appendix A	Draft Response of the Health Scrutiny Committee for Lincolnshire to the Consultation by Lincolnshire Partnership NHS Foundation Trust on <i>Mental Health Rehabilitation Care</i>
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5. Background Papers

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

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Consultation on Mental Health Rehabilitation Care By Lincolnshire Partnership NHS Foundation Trust

Draft Response of the Health Scrutiny Committee for Lincolnshire

SUMMARY AND CONCLUSIONS

The Health Scrutiny Committee for Lincolnshire accepts the arguments put forward by Lincolnshire Partnership NHS Foundation Trust (LPFT) in support of the permanent closure of Ashley House in Grantham and recognises that the community rehabilitation service is the modern approach to mental health rehabilitation. The Committee's specific comments are set out below.

Introduction

The Committee is grateful to the senior management representatives from Lincolnshire Partnership NHS Foundation Trust, who presented the consultation document to the Committee on 18 January 2023. This consultation response has been prepared with reference to the comments made by the Committee on 18 January 2023 and was approved on 15 February 2023. Other information submitted to the Committee included:

- (1) Adult Mental Health Urgent Care and In-patient Care Pathway and Service Descriptions - This document confirms that low-level dependency in-patient facilities, such as Ashley House, and the community rehabilitation service sit towards the end of the patient pathway, when the focus is on longer term needs and supporting patients to live independently.
- (2) A videoclip of a user of the Community Rehabilitation Service.

Views and Conclusion of the Committee

Definitions and Measures of Success

The Committee has been advised that the Community Mental Health Rehabilitation Service has 'successfully' been operating as a pilot in the south and west of the county. The Committee has been advised that this success is ultimately measured by how each individual patient feels, with patient recovery, including a reducing level of clinical support a key factor. Success can be measured where patients acquire the skills to continue with their lives meaningfully and independently, rather than being dependent on hospital-based services. This is aligned to a positive outlook from the patient's family.

The Committee looks forward to the measures of success based on patient feedback and recovery continuing to be monitored, and reported to the Committee at a future date, with this to include a selection of case studies from patients.

Out of Hours Support

Current inpatients of community rehabilitation wards receive 24/7 support, whereas patients being rehabilitated in the community can access services between 8 am and 8 pm seven days per week, with intensive support offered during those hours. The Committee acknowledges that outside these hours, patients can be connected to other services provided by the Trust and other agencies. The Committee also acknowledges that where a patient is in continual need of support outside the community rehabilitation hours, they would probably benefit from being in an inpatient environment, such as Maple Lodge in Boston.

The Committee would like the number of patients of the community rehabilitation service requiring support outside the service hours to be monitored, with any significant increase in that number being reported to the Committee.

Access to Mental Health Services

As set out above, low-level dependency in-patient facilities, such as Ashley House, and the community rehabilitation service sit at the end of the patient pathway, when the focus is on a patient's longer term needs and their supports to begin to live independently. As a result, access to these services would not be a direct concern. However, the Committee would like to record as part of its response that while feedback on services provided by LPFT is positive, many patients are still waiting many weeks to gain access to these services. The treatment and management of patients before they can access these services has been a topic considered by its working group, whose findings are due to be reported to the Committee on 15 March 2023.

On the issue of patient waiting times for LPFT's services, the Committee would like to consider an update on how Lincolnshire's Mental Health Transformation Programme is reducing patient waiting times and supporting patients before they access the services.

Home and Family Environment

In response to the Committee's observations on the importance of the home and family environment, there has been advice that one of the roles of the community rehabilitation services is to support those who do not have family and friends to develop support networks. This could be, for example, by facilitating access to community support groups, as well as employment opportunities. In addition, other services, for example Community Supported Living provided by the County Council, can offer extra support for those who need it. The Committee understands that the local NHS liaises with the County Council and others on the provision of accommodation.

The Committee still has some concerns that home and family environment can be contributing factors to poor mental health. Given that there is no absolute certainty that the inpatient beds at Ashley House would be required in the future, the Committee would like to explore whether support in the community can work where home and family environment are contributing factors to poor mental health.

Whilst the Committee supports the continuation of all means of support which help to improve the home and family environments for patients, and minimise the impact of deprivation, the Committee would like to explore at a later meeting whether support in the community can work where home and family environment are contributing factors to poor mental health.

Staffing and Recruitment

Further to the measure of success outlined above on patient outcomes, success could also be measured by the job satisfaction of staff, in terms of the levels of recruitment and retention. The Committee has been advised that the staff who previously worked at Ashley House have stayed with LPFT and are enjoying their community rehabilitation roles. Whilst recruitment and retention remain an issue for LPFT, the community rehabilitation service lends itself to new and developing roles, such as occupational therapists and community connectors.

The Committee supports the development of new staffing roles, which will lessen the impact of the challenges to mental health services from recruitment and retention.

Demographic Needs and Capacity Elsewhere

The Committee is aware that the temporary closure of Ashley House in 2021, in order to release staff to respond to the pandemic, instigated the opportunity to develop the community rehabilitation service. However, the closure represents a loss of 15 beds and leads to questions on whether these beds would be required in the future and how any future need might be addressed. In this regard the Committee has been advised that neighbouring mental health trusts have the capacity to take any patients and the Committee has also been advised that the NHS is confident these out-of-county beds would not be required to any great extent and the work of the community rehabilitation teams is leading to reduced demand for inpatient admissions, which would be expected to reduce further if community rehabilitation were to become county-wide.

Further to the above, Lincolnshire is growing in terms of population, and Impact of Covid-19 on mental health is not yet fully known. If the service at Ashley House were to close, the Committee believes that it is unlikely that the service would ever be reinstated. The Committee understands that LPFT as part of its ten year strategy, will model any potential increases in demand, but overall its objectives would be to support people living independently, rather than relying on outdated model of hospital care.

The Committee requests further re-assurance that demographic factors are being addressed as part of the Trust's relevant strategies for the longer term.

Plans for Ashley House Premises

The Committee accepts that Ashley House, as advised by the Care Quality Commission, is no longer suitable as an inpatient healthcare setting for the twenty-first century. While no plans will be progressed until the decision on the future for rehabilitation services, ideas are likely to be explored in terms of residential care or supported housing.

The Committee would like to be advised of any future plans for the premises known as Ashley House.