

Agenda Item 7

		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 Lincolnshire Partnership NHS Foundation Trust and NHS Lincolnshire Integrated Care Board

Report to	Health Scrutiny Committee for Lincolnshire
Date:	19 July 2023
Subject:	Outcome of Consultation on Local Mental Health Rehabilitation Services (Ashley House in Grantham)

Summary:

- Lincolnshire Partnership NHS Foundation Trust, in conjunction with NHS Lincolnshire Integrated Care Board, undertook a targeted consultation between 16 January and 31 March 2023 on proposed changes to local mental health rehabilitation services in Lincolnshire.
- The consultation focused on the future of Ashley House in Grantham a 15 bedded low-dependency, open mental health rehabilitation unit sited in Grantham which has been closed since February 2021 in response to the Covid 19 pandemic and associated pressures on staffing.
- It followed several years of engagement about the current inpatient rehabilitation provision and introduction of a new community rehabilitation approach, which was being piloted in the west of the county (Lincoln and Gainsborough) as part of a national community mental health transformation programme and NHS Long-Term plan ambitions. The aim of this service is to provide rehabilitation care and treatment in people’s own homes, rather than in hospital.
- During the temporary closure of Ashley House, the community rehabilitation service was extended to support the Grantham and surrounding areas, to further reduce admissions to a hospital unit, or facilitate faster discharge, supporting people with serious and complex mental health problems to return to living independently in the community.
- In light of the positive impact community rehabilitation was having on reducing admissions and improving patient experience the Trust, alongside the ICB, put forward two proposals for consideration. One which would see Ashley House reopened as a low dependency rehabilitation unit but no further extension of the community rehabilitation model, the

other to permanently close the unit and reassign resources to further expand the community rehabilitation model across the whole county.

- In agreement with the Health Scrutiny Committee in October 2022, the Trust undertook the locally-led targeted consultation on these options and fully consulted with the committee formally as part of this process. The committee responded in support of option 2 as part of their formal response.
- The Trust and ICB also engaged the East Midlands Clinical Senate to look at proposals and provide their independent opinion on the clinical direction.
- The Trust and ICB have now received and considered all the feedback from the consultation, alongside essential factors such as clinical, financial and practical considerations, as well as further work done by the East Midlands Clinical senate.
- The LPFT Board of Directors at their extra-ordinary meeting on Thursday 29 June 2023, agreed to move forward with option 2 – to permanently close Ashley House as a low dependency mental health rehabilitation unit and expand the community rehabilitation model to a countywide service.

Actions Requested

The Committee is asked to note the outcome of the mental health rehabilitation consultation conducted between 16 January and 31 March 2023 and decision by Lincolnshire Partnership NHS Foundation Trust, with support from NHS Lincolnshire Integrated Care Board to permanently close Ashley House in Grantham and extend the community rehabilitation service to a countywide model.

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 have been redeployed to support the opening of Ash Villa (an adult female acute mental health ward) and the temporary expansion of the community rehabilitation service across a wider geography.

The unit cared for patients with severe and enduring mental illness who have likely had significant periods in hospital to help manage their symptoms. The unit provided additional rehabilitation support in the patient's 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.

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 and families were required to travel.

For the three-year period prior to the temporary closure, Ashley House had fifty-two admissions, of which only eight were from Grantham itself.

2. Community Rehabilitation

Community rehabilitation provides ongoing specialist clinical support for people when they are discharged from hospital and complements 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.

3. Current Situation

The community rehabilitation service is currently funded to provide support for the West 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.

When Ashley House was temporarily closed in February 2021, some of the staff were redeployed to increase the capacity of the community rehabilitation team on a temporary basis to also cover the South West of Lincolnshire. 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.

With the temporary closure of Ashley House the community rehabilitation service currently has the capacity to cover the West and South of the county with a caseload of twenty five. The team can 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 also provided to a further fifteen 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.

Whilst there has been a reduction in open rehabilitation beds during the temporary closure from thirty (Ashley House and Maple Lodge combined) to fifteen beds, all patients requiring open rehabilitation inpatient care have continued to be accommodated at Maple Lodge, and Maple Lodge occupancy has remained below 100% since that time.

There have also been zero out of area admissions for this patient group, indicating this level of inpatient capacity when combined with a community rehabilitation service is sufficient to meet the current rehabilitation needs of Lincolnshire.

4. Patient Outcomes and Experience

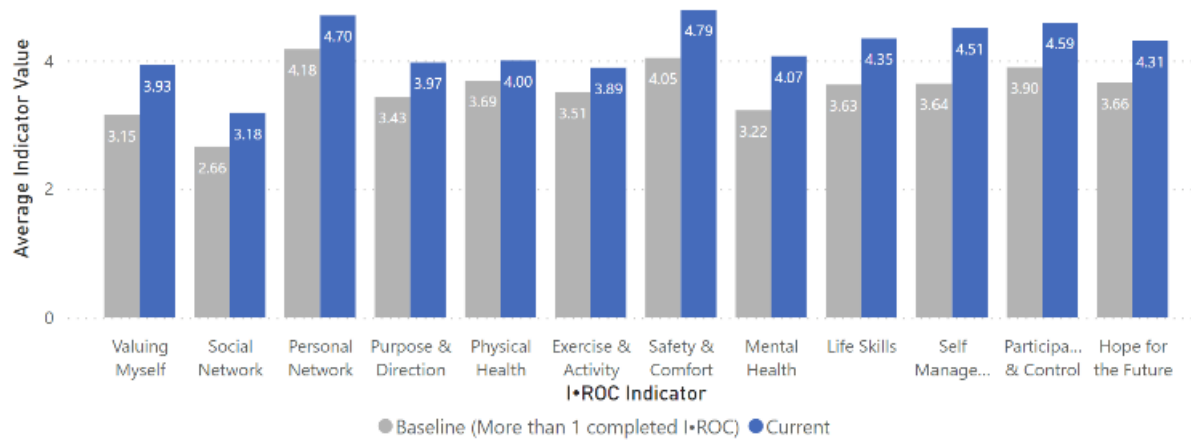
The community rehabilitation service has an embedded patient outcome measurement tool known as the Individual Recovery Outcomes Counter (IROC). This tool is completed with patients at the start of their time with the community rehabilitation service and repeated several weeks later to determine if the patient has experienced improvements.

Figure 1 shows IROC scores (baseline v current) for seventy-two patients from the period 22 July 2020, to 8 March 2023 (date of first baseline assessment and date of latest paired outcome, at time of reporting).

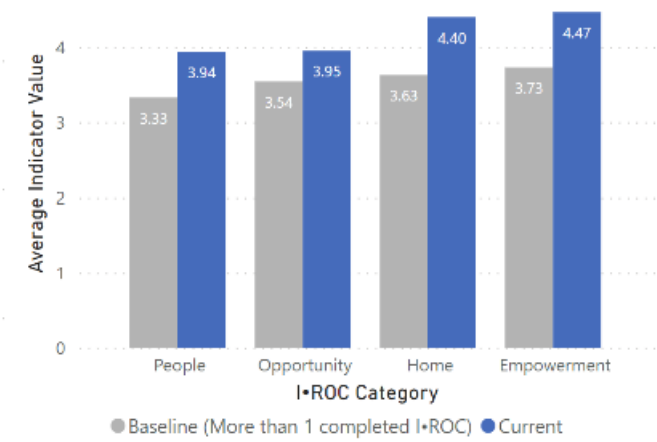
It is clear to see that the average IROC score of a patient under the Community Rehabilitation Team shows improvement across all areas and indicates that patients are achieving positive outcomes. The maximum score in each domain is six.

Figure 1

Baseline and Current I•ROC scores



Baseline and Current I•ROC scores



In addition, the Trust Board and ICB considered several case studies that had been gathered which illustrated the positive experience and impact of the community rehabilitation service on our patients and families.

5. Options Consulted on

As part of the consultation the locally-led targeted consultation the Trust specifically sought views on the following two options:

- **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.

The Trust has previously presented the rationale and background on these proposals to the Committee (available in Appendix A).

6. Summary of Engagement and Targeted Consultation

Pre-Engagement

Over the last two years the Trust has carried out continuous engagement, working with patients, carers, public, partner organisations and staff to consider and develop mental health rehabilitation services.

This has included several events held face to face across the county and online :

- to discuss, develop, and shape the new community rehabilitation service;
- to transform current rehabilitation inpatient provision;
- to discuss the impact of the temporary closure of Ashley House in Grantham.

The Trust has also established a regular Community Rehabilitation Team Advisory Group, consisting of patients, service users, carers, and stakeholders who work with staff and act as a 'critical friend' to help shape services.

Engagement events prior to the consultation took place at a variety of locations across Lincolnshire and online. Despite the Covid-19 pandemic engagement activity continued by moving to a virtual approach.

As part of this pre-engagement, we engaged with over one hundred and seventy members of the public, seventy-six of which have been patients, service users, and carers, as well as one hundred stakeholders which include local community, voluntary, and social enterprise organisations that could also play a role in supporting our patients in the community.

Through these events and the Community Rehabilitation Team Advisory Group, we 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, for example 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, the Trust were content with the level of engagement throughout this process and felt this was representative to inform our options appraisal.

It was also important that any service change was clinically led, using clinicians' expertise, experience, skill, and knowledge to shape services to deliver the best quality care for patients.

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

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.

On evaluating the pre-engagement responses, LPFT concluded that to enable more 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 and highlighted in the consultation process that our preferred option was to permanently close Ashley House and expand the community rehabilitation team. This is in line with NHS England's national community mental health transformation programme and NHS Long-Term plan ambitions.

Health Scrutiny Committee Previous Feedback

Throughout our options appraisal we updated and discussed with the Health Scrutiny Committee for Lincolnshire 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 2022 where we discussed developing our future service options.

Given the specialist nature of this service and small numbers of patients the proposals were likely to affect, the Committee agreed that this did not meet the thresholds for significant service change by NHS England standards and that a robust locally led targeted consultation with patients, service users, carers, and stakeholders on the two options outlined above was sufficient to meet our duty to involve before any final decision was made.

As part of the consultation process the committee also considered the options outlined and provided the following feedback:

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 rehabilitation.

The Committee specifically asked how people supported by the community rehabilitation service would be supported if they required help outside the operating hours of 8 am to 8 pm. In these situations, patients will have access to the Trust's normal crisis services which operate across the county 24/7. The number of patients accessing crisis support outside of these hours will be regularly monitored by the team.

The Committee also requested that demographic factors be considered with regards to population growth and future demand on rehabilitation services.

Existing evidence shows that the level of rehabilitation inpatient capacity provided at Maple Lodge is sufficient to meet the needs of Lincolnshire currently. However, this will be reviewed annually as part of our ongoing planning processes.

Out of area placements are continually monitored by the Trust's Out of Area Reduction Group. Any indication of increasing out of area placements will be identified quickly and service capacity reviewed.

The system is also working with population health management colleagues to model the number of hospital beds required across the system now and in the future, including mental health beds.

Some additional questions were also asked about wider mental health provision which the Trust will cover in presentations later in today's meeting and in a further presentation in September 2023.

Targeted Consultation

The consultation took place over a ten-week period between 16 January and 31 March 2023. It utilised a variety of methods and opportunities to ensure all affected stakeholders were sufficiently informed of the proposed changes and able to provide feedback in the manner of their choosing. This paid particular attention to the Grantham area where the bed closures are proposed.

A key aspect of the consultation was to ensure that our methods and approaches were inclusive and tailored to ensure those most affected could express their views. This was supported by extensive communications such as supporting information in a range of multi-media formats both digital, face to face, and print where required.

The consultation used the following approaches to maximise opportunity for people to engage:

- Online/paper survey - as well as an online survey, printed copies of the survey and background information were provided for mental health community and inpatient services.
- Posters and use of digital screens - these were utilised across a number of sites including, LPFT bases, GP surgeries and community venues.
- Social media and the Trust's website - information about the consultation was regularly promoted 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. This group was used to share information and seek their views. NHS Lincolnshire ICB engagement newsletter the Contributor magazine – database of over 10,000 people interested in local health services and being involved in service change.
- Local media - the Trust linked 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 hosted 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 were a mixture of 'open to all' events, and specific targeted opportunities with existing service user groups and current rehab inpatients.

7. Consultation Findings

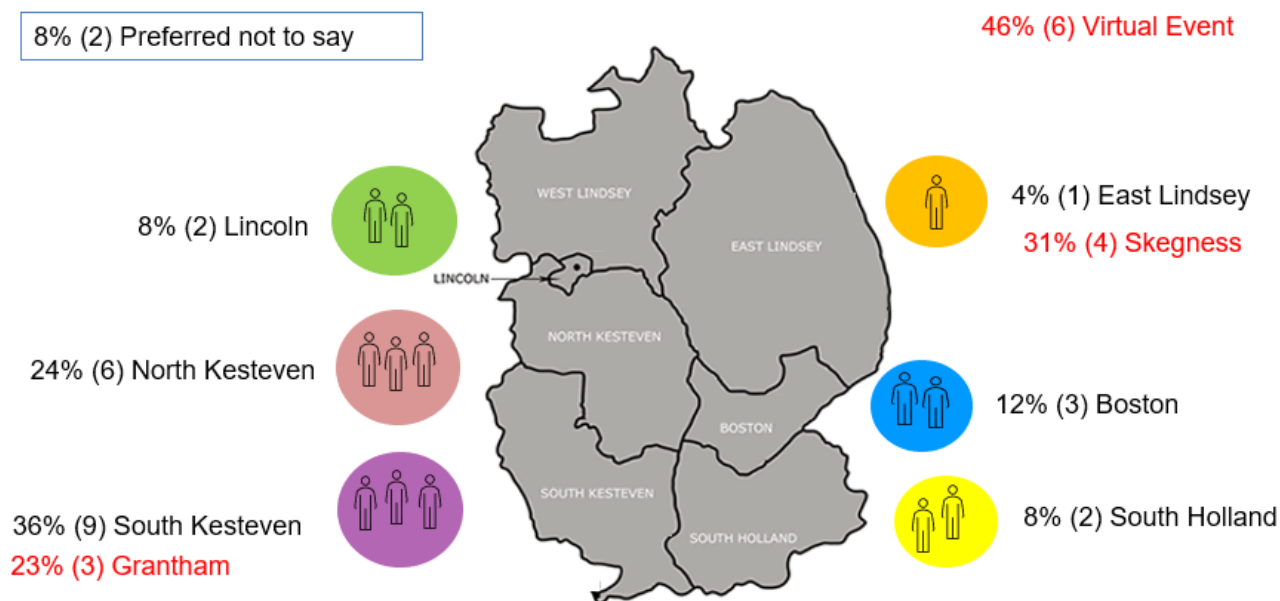
In total **fifty-four survey responses** were received from either service users, carers, interested members of the public or staff.

An additional **thirteen people attended face to face consultation event**

Of the recorded responses to the question whether people supported the option to re-open Ashley House and not expand the community rehabilitation service, or to permanently close Ashley House and reinvest resources into the expansion of the community rehabilitation service to a countywide service **thirty-seven people (69%) were in favour of the permanent closure of Ashley House and expansion of the community rehabilitation service to become countywide.** Appendix B provides a more detailed summary of the targeted consultation, responses, and findings.

Patient, Family, Carer, and Public Response

The following image shows where responses from patients, families, carers, and the public were received from in different parts of the county. The numbers in red show the number of people who attended face-to-face events (in person or virtually). Fourteen responses were received from patients and service users, six were received from carers or family members of patients, and six responses were from interested members of the public.



Key findings were that, overall, people reported experiencing no impact from the closure of Ashley House (nineteen people or 86.36%). Three people (13.64%) said they had experienced a negative impact. Four people did not answer this question.

Overall, six people supported the reopening of Ashley House, whilst eighteen people supported the permanent closure of Ashley House and reinvestment to create a countywide community rehabilitation service.

Concerns raised during the consultation have been summarised in Appendix C and responses provided on how the Trust will address these concerns. Main themes identified from the comments and concerns raised are about travel and the future use of Ashley House.

Staff Consultation

A total of twenty-eight staff surveys were completed and received as part of the consultation. Overall, nineteen staff supported the proposal to permanently close Ashley House and reinvest resources to provide a countywide community rehabilitation service. Nine staff supported the option to re-open Ashley House and not expand the community rehabilitation service.

When asked what impact the temporary closure of Ashley House has had on staff seventeen (65% out of twenty-six responses) said they had experienced either no impact or a positive impact. Nine people (35% out of twenty-six responses) reported experiencing a negative impact.

When asked what impact the staff felt the temporary closure has had on patient care fifteen staff (56% out of twenty-seven responses) felt this has had either no impact or a positive impact on patient care. Twelve staff (44% out of twenty-seven responses) felt this has had a negative impact on patient care.

With the Trust's decision being to permanently close Ashley House, further work will be carried out with staff to better explain the function of the community rehabilitation service, demonstrate how there is still sufficient bed capacity to meet low dependency rehabilitation needs, and to explain the best options for improving access to supported housing. Several additional comments or concerns were collected during the staff consultation. These have been summarised in Appendix D and responses provided.

8. East Midlands Clinical Senate Feedback

A desktop review of the option to permanently close Ashley House has been conducted by the East Midlands Clinical Senate. This review resulted in four recommendations. Each of these recommendations has been carefully considered by the Trust and the ICB and the responses to each described in Appendix E.

9. Final Decision Taken

Having considered the feedback, concerns, views, and opinions from a variety of stakeholders including patients, families, carers, staff, the East Midlands Clinical Senate, and the Health Scrutiny Committee for Lincolnshire, the Trust Board of Directors, with support from NHS Lincolnshire Integrated Care Board Executive Team, ***made the decision to permanently close Ashley House with resources reallocated to enable the expansion of the existing community rehabilitation service to become a full countrywide service.***

Whilst there have been some concerns raised during the consultation which centre largely on travel, the positive impact of the community rehabilitation model on people requiring rehabilitation services in Lincolnshire is clear. Overall, fewer people need to travel to receive care, as more people are supported within their own communities, there are demonstrable positive clinical outcomes being achieved by the community rehabilitation service, and there is sufficient bed capacity in the remaining inpatient service (Maple Lodge) for those that need that level of care, which all lead to the recommendation to make the change permanent.

The move towards more community-based services and a reduced reliance upon inpatient care is in-line with the national and local strategic direction. 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. Finally, 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.

10. Next Steps

Following the decision to keep Ashley House in Grantham permanently closed as a mental health low dependency rehabilitation ward the Trust will now move to formally processing this decision. This will include:

- Formally discussing the decision with any staff who previously worked at the unit who may still be redeployed as part of the closure - As it currently stands all staff who previously worked on the unit had found substantive alternative roles elsewhere in the Trust prior to the consultation, therefore no formal HR consultation will be required, however the Trust will formally discuss the decision with this team in light of some of the feedback received during the consultation.
- Work with partners to undertake a full options appraisal on future use of the Ashley House building in Grantham - As a Trust we are committed to Ashley House continuing to be used for mental health related activity, however there are several options that will need to be considered together with our partners, to determine the most appropriate use of the building going forward.
- The current budget allocated to Ashley House in Grantham will be transferred to our Adult Community division to continue their development and expansion of the community rehabilitation model to provide a countywide service. We expect this to take between six to nine months for recruitment and operationalisation.
- The Trust will continue to implement the full recommendations from the East Midlands Clinical Senate, working with NHS Lincolnshire Integrated Care Board.

11. Appendices

These are listed below and attached at the back of the report	
Appendix A	Consultation document previously presented to the Health Scrutiny Committee on 18 January 2023
Appendix B	Summary of Consultation Activity and Findings
Appendix C	Patient, Carer and Public Concerns Raised and Actions Being Taken
Appendix D	Staff Concerns Raised and Actions Being Taken
Appendix E	East Midlands Clinical Senate Recommendations and Actions Being Taken

12. 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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