

County Durham and Darlington Adult Mental Health (AMH) Rehabilitation and Recovery services; Reprovision of Primrose Lodge, Chester le Street inpatient service

1.0 Introduction

The purpose of this paper is to outline the proposal to relocate Primrose Lodge Inpatient Rehabilitation and Recovery unit from Chester le Street to Shildon. This relocation will reduce the community-based rehabilitation beds from 15 to 8. The paper sets out the reasons for the proposal and seeks support from the Local Authority Overview and Scrutiny Committee to proceed with required next steps and consultation. The proposal has been supported by the Durham, Tees Valley Partnership Board and County Durham Clinical Commissioning Executive Group. Following the OSC meeting and subject to that approval to proceed, the CCG, with TEWV support will carry out activities to meet the required level of public consultation.

2.0 Background

Primrose Lodge is a 15-bed stand-alone rehabilitation and recovery unit in Chester le Street and is leased from the Local Authority. The unit delivers supportive interventions to service users with often complex mental health needs. Focus is placed on facilitating further recovery through optimising medication regimes, engagement in psychological interventions, education and skills building allowing opportunities for future independent / supportive living.

Within TEWV there is also a 15 bed High Dependency Rehabilitation and Recovery unit, Willow Ward at West Park Hospital which provides support to more complex service users. As well as the Inpatient Rehabilitation wards there is a community rehabilitation team which works closely with the Inpatient wards and community teams to provide the rehabilitation function to service users in the community. The team have received circa £500k recurrent investment in 21/22 from community MH transformation funding which will enable the existing community service to expand and offer more comprehensive support and to a wider number of service users. This has enabled the service to consider how we continue to transform the model and enhance the community rehabilitation pathway to reduce the duration and reliance on bed-based interventions. The funding is also being used to establish closer and more effective working relationships with voluntary and third sector organisations who have also received additional funding to ensure a more holistic approach to service users' needs which is place based and will aid recovery in their local community.

The rehabilitation and recovery service has undertaken a number of service improvement events over the last 12 -18 months to review its role, function and pathway. The processes that have been implemented will support the recovery pathway for people using the service and to enable faster realisation of their recovery goals as they move through the significantly enhanced rehabilitation services. The team will now have the capacity to undertake recovery work with a larger caseload

with whom they can work with more intensely and they will also have the addition of access to a wider range of professional specialities to support the range of therapeutic interventions that can be offered. This is also a significant factor to help the service meet the objectives outlined in the Community MH framework and NHS Long Term Plan to offer place based care and reduce the a reliance on bed based interventions. Improvements to the rehabilitation service in respect of the physical environment have been a locality business plan priority in 2020/21 and 21/22.

As part of the rehab transformation we have carried out an options appraisal to identify the optimum model for community bed-based rehabilitation services, which has been enabled as part of the recent investment. Options considered were upgrading of the existing building, sourcing alternative premises within TEWV estate and external premises. The relocation to Shildon was the preferred option which will be further discussed in this paper.

3.0 Key Issues

Environment

Primrose Lodge is an old building and is not fit for purpose as a modern mental health rehabilitation facility, it does not have en-suite facilities and as such does not meet the required minimum privacy and dignity standards. CQC inspections (the most recent July 2021) have identified the accommodation as a concern due to the limitations regarding privacy and dignity and the building having poor lines of sight for patient observations. The unit does not meet the same environmental standards as other Trust premises and environmental risk assessments outline many ligature points. Significant investment would be required to upgrade the unit to meet the required standards and remove ligature points. Remaining within primrose Lodge would also not mitigate against patients with physical health concerns who can not mobilise around the building (sleeping facilities are not on the ground floor) due to poor or limited mobility and would also not improve the poor lines of sight within the building.

The service has worked with the Trusts capital team to explore clinically appropriate and cost-effective options to remedy the environmental limitations and safety risks associated with ligature points on the unit. This included an option to remain at Primrose Lodge and upgrade the accommodation to include bedrooms having access to en-suite facilities, this option would reduce the bed base from 15 to 9. This option was however discounted due to prohibitive costs for a leased building and limitations due to the physical layout of the upstairs which would still not fully address the poor lines of sight issue. Remedial options would also not address all of the ligatures within the building.

The preferred option is to relocate to the TEWV owned vacant unit at Shildon. This accommodation would only require some minor adaptations to meet the required privacy and dignity standards and significantly improve the physical environment whilst ensuring the principles of rehabilitation can be met. The ground floor accommodation would also improve access for patients with mobility issues. The premises were built in 1992 and initially functioned as an extended care unit, accommodating service users requiring longer term care and treatment. Latterly, the accommodation was upgraded and functioned as a Crisis House between 2014 and 2018. The building is configured

to support and meet the Trust Privacy and Dignity Policy, including Eliminating Mixed Sex Accommodation Requirements. There are 8 bedrooms which are gender zoned, have en-suite facilities and a female only lounge has been identified.

The Shildon unit provides 8 beds which represents a seven bed reduction based on current provision. Access to 15 rehabilitation beds at West Park Hospital remains unchanged. The pathway redesign events to improve the pathway and access to services, along with the significant investment in the community rehabilitation means that the service are confident, based on demand modelling that 8 beds would be sufficient and allows the adoption of a more person centred and less institutional therapeutic milieu than a larger 15 bedded unit.

Demand for inpatient provision

Data collected via the Trust's data collection system shows that bed occupancy at Primrose Lodge over the past 12 months is on average at 93%. Longer term data suggests that bed occupancy ranges from 64% to 100%.

There are a number of factors which have affected this position and are relevant to understand the current position and rationale to support the services ability to manage within a reduced bed complement.

- Occupancy figures and LOS includes patients who have a delayed transfer of care and longer length of stay due to a lack of community rehabilitation and bed pressures in other parts of MH services due to COVID. There have been 10 delayed transfers of care between April and August 2021. Therefore, the level of demand includes patients who do not need inpatient rehabilitation or whose needs can now be met in the community
- Significant pressure and demand on Acute MH Beds due to the COVID pandemic has meant that on occasions some patients have been transferred to rehab beds and therefore occupancy levels include these patients.
- Analysis of the admissions within the last 12 months shows that 11 of 20 admissions (55%) have been transferred into rehabilitation beds due to external factors such as pressures on acute beds, COVID flight restrictions and accommodation blockages
- Suitable and available accommodation is a significant factor in the services ability to transition patients from Primrose Lodge
- The small community rehabilitation service was unable to support all patients on Primrose Lodge whose length of stay would have been positively impacted if this support was available

The service proposals to mitigate these factors are through a range of actions and approaches across the health and care system:

- A significant increase in the community rehabilitation service allows for patients to be seen earlier and more intensively in the community. The staffing is shown below and includes TEWV and VCS roles.
- Improved liaison and increased investment into voluntary sector and housing support to improve the flow and range of support that is provided to meet people's needs. Additional investment has been prioritised to support

discharge planning within rehab services which in turn reduces the reliance on rehabilitation beds. Home Group, the local Housing provider have been commissioned to proactively works into rehab and acute settings to support the flow of patients out into the community. The service will continue to work closely with the new Durham Alliance contract to ensure that an improved range of support and alternatives to admission are proactively sought as early as possible which will have a positive impact on occupancy levels.

- Suitable and available accommodation is a significant factor in supporting the transition of patients from Primrose Lodge. Rehabilitation staff are a core member of a work-stream led by Durham County Council to identify any gaps in accommodation issues within the county which will support the availability of accommodation and packages of care that meet the needs of patients in the community.
- A larger community rehabilitation team is also able to provide more intensive support in the community. The team now have access to a wider range of professionals/disciplines which will allow them to be much flexible and responsive to the needs of the patient and to provide a greater range of therapeutic interventions to support the transition into community living or to keep them well in the community. Targeted investment in VCS organisations along with existing close and effective links with voluntary and third sector organisations will further increase the support available in the local community for people.
- Improvements have been undertaken within the Acute settings to improve flow of patients through acute services which in turn have a positive impact upon the appropriate use of MH Rehabilitation beds. Housing solutions and the Community rehabilitation team provide in reach into the acute mental health settings to support this flow. There is also a daily meeting with leadership teams across the hospital sites to address any barriers/delays to a patients' discharge. A single point of access into rehabilitation services has also been introduced which supports a consistent and needs led approach to the utilisation of MH rehabilitation beds and the enhancement of a patient's recovery from an acute setting to a rehabilitation setting.
- A 47% reduction from 15 beds to 8 is achievable based on our demand modelling work undertaken as part of the recent investment requirements for the development of our community service expansion.

Risk log and mitigation plan

The table below details the risks and risk rating with and without the mitigating actions.

RISK	RATING: (WITHOUT MITIGATION)	MITIGATION	RATING : (WITH MITIGATION)
Unable to manage demand within 8 beds	Medium Risk	A significant increase in the community rehabilitation service allows for patients to be seen earlier and more intensively in the community. They will inreach to the unit to support discharge and reduce length of stay.	Low risk
A limited range of alternatives to	Medium Risk	The enhanced community rehab team now have access to a wider range of professionals/disciplines which will allow	Low risk

admission to support patients		them to be much flexible and responsive to the needs of the patient and to provide a greater range of therapeutic interventions to support the transition into community living or to keep them well in the community. Targeted investment in VCS organisations along with existing close and effective links with voluntary and third sector organisations will further increase the support available in the local community for people.	
Awareness, engagement and availability of other support services in the health and care system	Medium Risk	Improved liaison and increased investment into voluntary sector and housing support to improve the flow and range of support that is provided to meet people's needs. Additional investment has been prioritised to support discharge planning within rehab services which in turn reduces the reliance on rehabilitation beds. Home Group, the local Housing provider have been commissioned to proactively works into rehab and acute settings to support the flow of patients out into the community. The service will continue to work closely with the new Durham Alliance contract to ensure that an improved range of support and alternatives to admission are proactively sought as early as possible which will have a positive impact on occupancy levels	Low Risk
Patients remain in the unit longer than needed as their accommodation needs cannot be met	Medium Risk	Rehabilitation staff are a core member of a work-stream led by Durham County Council to identify any gaps in accommodation issues within the county which will support the availability of accommodation and packages of care that meet the needs of patients in the community.	Medium Risk
Significant pressure and demand on Acute MH Beds due to the COVID pandemic has meant that on occasions some patients have been transferred to rehab beds	High Risk	Investment to urgent care service will enhance the range and flexibility of alternatives to admission (TEWV and VCS safe space provision). Continued support from the Home Group to support housing needs and maximise support provided by the Alliance Contract. Rehab pathway work has meant a more robust pathway with rehab staff working into acute wards to ensure appropriateness of bed useage in rehab services	Medium Risk

How to manage the discharges of 15 patients safely and effectively to meet the 8 bed provision	High Risk	We will have a phased transition to ensure that patients' discharges are planned in line with their needs	Low Risk
Loss of Chester le street community provision	Medium Risk	To continue to focus on place based support in all parts of County Durham and use VCS investment and Alliance contract to maximise the support available and tailor this to patient needs.	Low Risk

Changes to the Rehabilitation service pathway

Three improvement events have taken place across the rehabilitation services with the aim of improving the rehabilitation pathway, to ensure that pathways are needs led and individualised to support that transition into community living. Key outcomes from these events are:

- Improved processes and pathways to ensure that rehabilitation services (community and Inpatient) are offered appropriately to patients with rehabilitation needs
- An improved pathway which is recovery based and needs led
- Escalation procedures to support the flow of patients through rehabilitation services and reduce barriers to discharge
- Closer working relationships with local authority staff, TEWV colleague, housing providers and voluntary/third sector organisations to support the flow of patients through rehabilitation services
- Regular progress meetings to support the alignment of a patient's goals and the support required to achieve their goals
- Increase in staffing and an enhanced skill mix to support rehabilitation pathways
- In-reach into acute wards to support safe and more timely discharge into the community

The Community Rehabilitation team have had a significant financial investment following the priority to improve MH community rehabilitation services in the NHS Long Term Plan and the Community Mental Health Framework. The new staffing model is described below:

Staffing pre additional investment	Staffing post additional investment
3 x Specialist Practitioners	Team Manager
4 x Support Workers	5 Specialist Practitioners
	2 Liaison Clinicals
	7 x Support Workers
	2 x Occupational Therapists
	1 x Highly Specialist Psychologist
	1 x Assistant Psychologist
	1 x Physical Health care Practitioner
	2 x Physical Health care Associates
	1 x Activity Coordinator

The Community Rehabilitation team are a valued and effective element of the rehabilitation pathway. Prior to the recent additional funding, the team had a limited capacity as they offer an intensive service to service users across Durham and Darlington. This increase in capacity allows the team to manage a larger caseload and they can work with individuals more effectively on a needs led basis. The community rehabilitation team have made a positive impact upon supporting the flow of patients into the community from rehab wards and the acute wards, they also work closely with community teams to prevent admission. The team now have access to a wider range of professionals/disciplines which will allow them to be more flexible and responsive to the needs of the patient and to provide a greater range of therapeutic interventions to support the transition into community living or to keep them well in the community. Close and effective links have been established with voluntary and third sector organisations to further maximise the support available in the local community for patients.

Rehabilitation services have improved to ensure that services and organisations across health and social care settings are providing a whole systems approach to support an individual in their communities and reduce the reliance on bed based care away from peoples own homes. The new Alliance contract within the locality will also increase the range of support available to people. The inpatient services also work closely with housing providers to ensure that rehabilitation beds are not being inappropriately used due to any barriers to discharge relating to housing.

Access to Community services

The location of the Primrose Lodge unit has brought benefits from its good access to community venues and public transport. Social, leisure, education and health facilities are available which can be accessed by service users as part of their identified rehabilitation plan. It is important to recognise that access to these services will not cease due a relocation – the community rehabilitation team will support patients with accessing local amenities and activities within their local/home area. For example a patient who resides in North Durham will continue to be supported to establish links within their local area despite the relocation. Services have developed very good working relationships with voluntary and third sector organisations across County Durham to enhance the knowledge and awareness of support within local communities. A recent case study example of this was evidenced when the Community Rehabilitation Team supported a patient who at the time resided in Primrose Lodge. The team, as part of the individualised care plan, supported the patient to access a college course, attend AA support meetings and due to good local links with third sector organisations accessed a walking group and healthy eating group. These services were provided with the individuals' local area (outside the Chester le Street locality). Working with individuals in their local area helps establish local meaningful activities, friendships and support mechanisms to keep them safe and well in the community. The increased Community Rehabilitation provision allows for the team to support individuals achieve their goals in their local community regardless of the location of the Inpatient community Rehabilitation Unit.

The access to community facilities can be replicated within Shildon or neighbouring towns of Bishop Auckland and Newton Aycliffe. The town of Shildon also benefits from good public transport links operating to Durham, Darlington, Newton Aycliffe, Bishop

Auckland and across the whole county. The enhanced community rehabilitation team will provide a greater capacity to support patients within their local area, support the transition into the community and to establish links with community services which meet their needs. This approach means the team are working towards meeting the objective of place based integrated care as set out in the Community MH Framework and Long Term Plan.

Workforce

The relocation of the inpatient unit would alter the location of the base for staff working into Primrose Lodge and the community rehabilitation team who are currently based within the unit. A paper has been submitted to the Local Consultative Committee (LCC) outlining the proposal and formal organisational change requirements. This change has been supported. An additional base has been secured for the community rehabilitation team on the Lanchester Road hospital site to enable closer access to the north of the county .

Relocating from Primrose Lodge to Shildon will see a reduction in the bed base offered. There will be no reduction to the inpatient workforce; the resource will be used to increase care hours per patient day, improving interventions, supporting purposeful admission and discharge to community settings. The enhanced community team will continue to work closely to support transition, discharge and keeping people well in their local communities.

Engagement and involvement in rehabilitation developments

There has been a range of engagement with stakeholders regarding the proposed changes to rehabilitation services, including our community rehabilitation service users and the broader service improvements for rehabilitation services. The Locality Manager for Rehabilitation Services is a member of the Durham and Darlington Community MH Framework steering group and leads the Rehabilitation Task and Finish Group. This is a multi-agency group which includes Local Authorities, housing, Commissioners, voluntary/third sector organisations and rehabilitation clinical staff. Community rehabilitation service users have been engaged via a feedback questionnaire which has demonstrated the positive impact the team have upon service users. Interviews with patients and carers following a recent CQC visit has highlighted how valued the staff at Primrose Lodge are. These staff will all remain in place with the move to Shildon. The service will continue to work with service users and their families as part of the implementation group to ensure they are part of the change and transition is completed smoothly.

Timescale

Due to the length of stay within Primrose Lodge a phased reduction of occupied beds is proposed to allow for a safe and effective decrease in available rehabilitation beds. Subject to public consultation it is anticipated that the works required to move to Shildon could be completed by the end of March 2022 with a patient centred transition plan in place to re-locate patients throughout Q1 2022/2023. We will revisit the timescale once the Local Authority Overview and Scrutiny Committee has determined the type and extent of public consultation and the timescales to complete this and further report to OSC with the outcome of the consultation.

An Implementation group will be established in January 2022 to ensure a planned and safe transition to the new unit. The implementation group will meet fortnightly to

review each case and monitor progress towards discharge. Commissioners will be invited to join the group and to support transparency we can share the anonymised position with LA/CCG commissioners. The implementation group will oversee and determine the timing of the phased bed reductions to ensure this is incremental over a number of months which we believe gives flexibility to ensure safe and effective discharge planning

4.0 Conclusion

The Primrose Lodge rehabilitation unit is not fit for purpose to meet the requirements of a modern mental health facility. A number of options have been explored including upgrading the facility and looking at alternative accommodation. The preferred option is to relocate the facility to an 8-bed unit in Shildon which meets all environmental and privacy and dignity requirements. There will be no reduction to the inpatient workforce; the resource will be used to increase care hours per patient day, interventions, supporting purposeful admission and discharge to community settings.

The rehabilitation and recovery service have undertaken a range of improvement events to review their processes, pathway and to improve the pace of recovery. Significant investment into the community rehabilitation service is enabling the team to increase the support and range of interventions they can offer to service users. The investment is also being used to increase the range of community-based support from the voluntary sector to further support people in their local communities.

There are a number of factors which have contributed to the current level of demand on Primrose Lodge which does not reflect the accurate level of need for inpatient rehabilitation. This includes responding to pressure on acute MH beds, Covid and delayed transfers of care. However, the service is confident that the service development and mitigations outlined in the paper means that they can manage demand for admissions within 8 beds and that there will not be a negative impact on other parts of the mental health system. This is supported by:

- An improved rehabilitation model that will implement discharge planning at a much earlier stage in the patient's pathway to support recovery and mitigate against delayed transfers of care
- Closer working relationships with housing providers to minimise barriers to discharge across rehabilitation and acute inpatient services
- Improved pathways to ensure rehabilitation services are being accessed appropriately by patients with rehabilitation needs
- Close and effective working relationships with voluntary and third sector organisations to support patients to keep well in their local area
- A significantly increased community rehabilitation provision which can intensively work with rehabilitation and acute services to facilitate safe discharge and prevent admissions from community settings. This model is based on a reduction in the reliance on rehabilitation inpatient beds
- A phased bed reduction plan will support a safe transition to achieve the reduced bed base. Improved goal setting/care planning and discharged planning processes will ensure the patients that are currently residing at Primrose Lodge will progress through the service on a needs led basis. This combined with a robust assessment process would allow for a planned reduction in bed base within Q1 2022/2021. An Implementation group will be

established in January 2022 to ensure a planned and safe transition to the new unit. The implementation group will meet fortnightly to review each patient and monitor progress towards discharge. To support transparency we will invite commissioners to the group and can share the anonymised position with LA/CCG commissioners. The implementation group will oversee and determine the timing of the phased bed reductions to ensure this is incremental over a number of months which provides flexibility to ensure safe and effective discharge planning

- The risk log will be reviewed on a regular basis to ensure the mitigations for this proposal are effective.

5.0 Recommendations

- The Local Authority Overview and Scrutiny Committee is requested to receive the proposal to re-provide the Primrose Lodge unit from Chester le Street to Shildon with a reduction from 15 to 8 beds and the proposal is put forward for public consultation
- The Overview and Scrutiny Committee is requested to support the proposal and outline the level of public consultation required and timescale to complete.

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