Bedfordshire & Luton
mental health and wellbeing services
provided by ELFT

NHS

Report on the development of our Rehabilitation Beds Model in Bedfordshire

East London NHS Foundation Trust

1.0 Introduction

This paper outlines ELFTs proposal, as part of our wider development of rehabilitation services, to sub-contract Cedar House, an inpatient unit on the site of Bedford Health Village to be delivered by a Voluntary Sector provider.

2.0 National Context

2.1 Mental health rehabilitation services help people recover from the difficulties of longer-term mental health problems, supporting them to recover whilst accepting that they may still have serious difficulties which need ongoing help.

2.2 NICE guidance for Rehabilitation in Adults with Complex Psychosis and Related Severe Mental Health Conditions, outlines the overarching principles for mental health rehabilitation care as follows:

- *“be embedded in a local comprehensive mental healthcare service*
- *provide a recovery-orientated approach that has a shared ethos and agreed goals, a sense of hope and optimism, and aims to reduce stigma*
- *deliver individualised, person-centred care through collaboration and shared decision making with service users and their carers involved*
- *be offered in the least restrictive environment and aim to help people progress from more intensive support to greater independence through the rehabilitation pathway*
- *recognise that not everyone returns to the same level of independence they had before their illness and may require supported accommodation (such as residential care, supported housing or floating outreach) in the long term.”*

2.3 NICE further states that mental health rehab should be a *“personalised, interactive and collaborative process which aims to enable a person to maximise their potential to live a full and active life within their family, community and education or workplace… helping them develop their own skills, functioning and autonomy to give them hope for the future and enable successful community living and social inclusion”.*

2.4 Specialist community rehab provision should support the needs of patients with longer term rehab needs. There is potentially a need for services defined by NICE as ‘high dependency inpatient units’, for service users whose risks are such that they could not be safely managed within a community setting. However, units such as this should be delivered as part of a wider rehab care pathway, with an emphasis on providing mental health rehab support in the community to promote “self-management, autonomy and social integration”.

2.5 A substantial proportion of people with severe mental illness continue to have significant problems with social and personal functioning many years after their initial diagnosis, despite optimum treatment.

2.6 20% of service users presenting with a psychotic illness will go on to require rehabilitation services due to the severity of their functional impairment and symptoms. Most of these are not so disabled or behaviourally disturbed that they require long-term hospital care, but their problems place them at risk of social isolation, self-neglect, relapse into acute illness, inability to cope and exploitation in community settings.

2.7 Rehabilitation services are effective with around two-thirds of people supported progressing to successful community living within 18 months of admission to an inpatient rehabilitation unit, two-thirds sustain this over five years without requiring further hospital admissions, and around 10% achieve independent living within this period (Rehab Services for people with Complex Mental Health Needs).

2.8 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.

3.0 Cedar House Current Service Model

3.1 Cedar House was established in 2006 to accommodate 16 Homes for Life service users following the closure of Fairfield Asylum. Over the last 15 years, that cohort of service users has gradually reduced in number and now totals just six. The unit operates as an inpatient ward.

3.2 Cedar House has used the bed capacity freed up by the reduction in Homes for Life patients to offer rehabilitation support for appropriate servicer users with longer term rehabilitation needs, as an alternative to ongoing care on an acute ward or rehabilitation support in the community. Historically no specialist community rehabilitation support has been available locally.

3.3 Another cohort of service users who were not transferred from Fairfield Asylum but by default have become long-term residents at Cedar House, fall into two categories. They have either proved difficult to place or have remained residents of Cedar House due to the lack of a robust model of care which strives to step down service users back to the community following a defined period of intervention.

3.4 Only seven of the current Cedar House residents are accessing rehabilitative care and treatment, as shown in the table below:

Service User Type	No
Homes for Life *This scheme provided long term placements to meet the ongoing health needs of service users who had previously been residents at former asylums.*	6
Long Stay/Non-Rehab *Service users who have resided at Cedar House for a long time, sometimes due to a lack of opportunity to find appropriate alternative supported accommodation. For this group, Cedar House has effectively become home.*	3
Mental Health Rehab *These are our 'true' rehab service users, who are cared for at Cedar House when they have quite significant mental health difficulties. They are all receiving active rehab treatment. A plan is put in place from the point of admission, which aims to ensure that each service user is transferred to a more appropriate setting, preferably living independently with support from our community mental health services (of this group, there are 2 slow stream rehab; average length of stay over 18 months).*	6

Service User Type	No
Step-down *These service users have usually spent time on an acute mental health inpatient unit and their time at Cedar House is a step on their journey to hopefully return to living independently in the community with support from our community mental health services. They are awaiting appropriate placement and are deemed clinically ready for step-down from Cedar House.*	1

3.5 The service has an excellent staff team who provide high quality, personalised care. It is situated in a high-quality building and well located in Bedford Health Village, close to the Recovery Team. Cedar House is well liked by its current service user cohort.

3.6 However, the service presents several challenges:

3.6.1 The site has very limited access to the response team in the event of an incident or if a service user becomes agitated. The physical environment of Cedar House and its remoteness from other inpatient sites, limit its suitability to safely manage higher risk patients, who may be appropriate for high dependency rehabilitation care in an inpatient setting.

3.6.2 Flow through the service is low, with many service users having a very long length of stay (see Section 4.1 below); for some service users, Cedar House has now become their home.

3.6.3 This group of service users currently receives care in a restrictive inpatient/hospital environment.

3.6.4 The current cohort of Homes for Life service users and those who have become residents of Cedar House, limits the potential for the unit to support or accept service users still requiring active treatment who may present as moderately unwell.

3.6.5 It is not felt appropriate to have medical input and qualified nurses on rota 24 hours a day for service users in a rehabilitation setting. Only one qualified nurse is on shift at any one time within the Cedar House model, which is low compared with our other mental health inpatient wards; the bulk of the Cedar House workforce is support workers. As a result, the service regularly overspends on its unqualified nursing utilisation.

3.7 In addition to the above challenges, the recent new investment for community transformation has prompted a reconsideration of our rehab pathway within the county and as part of this work, we have undertaken a review of the model currently being delivered at Cedar House, both in terms of quality of care but also value for money.

3.8 In addition, as time has progressed, the needs of the Homes for Life service users have evolved and they now have more physical and personal care needs than mental health needs but remain in a mental health inpatient setting, Many of the Homes for Life services users are now quite elderly.

3.9 The lack of a specialist community-based mental health rehabilitation service in Bedfordshire has contributed to some of the challenges now presented by Cedar House; a defined rehab pathway would enable this service user group to be well supported in the community as an alternative to long inpatient stays. However, the Trust has now secured funding for this.

3.10 The Trust in partnership with the ICB and Local Authorities, is currently in the process of delivering a programme of community mental health transformation, in addition to a review of Section 117 aftercare provision.

3.11 The Luton & Bedfordshire Community Rehabilitation Team has been funded for 12 months to conduct reviews of adult mental health service users living in Residential and Supported Living Placements funded by Luton and Bedfordshire CCG across all three Local Authorities (Bedford, Central Bedfordshire, and Luton). The overall goal of this new team is to develop a person-centred adult mental health accommodation and rehabilitation pathway that supports progression and service user recovery and reduces the risk of relapse and re-admission.

3.11.1 The team will provide a needs assessment of everyone reviewed together with a review of each placement and use the information to strengthen the local provision of a range of accommodation support that meets local service needs and promotes the recovery of individuals with complex mental health needs.

3.11.2 The team will achieve this by working with the CCG, partner agencies and providers across Luton and Bedfordshire, patients and carers, Community Mental Health Team [CMHT] Care Co-ordinators and our three Local Authorities to inform local market shaping so that gaps in provision are identified and the right type of services commissioned to meet future need.

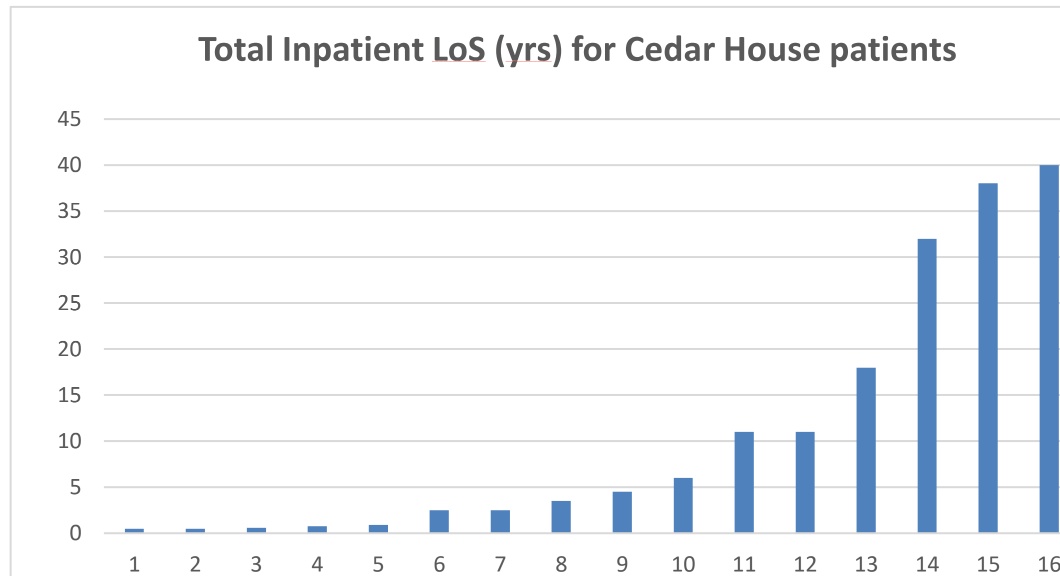
3.11.3 The team will provide an in-reach function to the In-patient acute adult mental health wards and manage all new referrals to supported and residential accommodation and provide additional support for those adults with a mental

health difficulty who have longer than average length of stay and require intensive work to enable them to successfully manage the transition from in-patient to community care.

3.12 It is therefore felt timely to review the mental health rehabilitation pathway in parallel with these initiatives, to ensure we can deliver the best possible outcomes for this service user group with the resources available, whilst maintaining a focus on person-centred care.

4.0 Activity Analysis

4.1 Of the current 16 Cedar House patients, only five have a length of stay under 1 year, four have been at Cedar House for between one and five years and seven have a length of stay over five years, with the longest inpatient length of stay being 40 years. Those with the longest length of stay are the cohort who transferred from Fairfield Asylum and their length of stay includes their time spent at that location in addition to their time at Cedar House. The graph below shows length of stay for each of the current 16 residents:



4.2 The NICE guidance on mental health rehab states *that "inpatient rehabilitation services should have an expected maximum length of stay…to reduce the chance of people becoming 'institutionalised'"*. The guidance further suggests that the expected length of stay in a community rehabilitation unit should be 1 to 2 years and the expected length of stay in a high dependency rehabilitation unit should be 1 year.

4.3 Admissions to Cedar House over the last three years are shown in the table overleaf. Throughput has been very limited as admissions always exceed discharges. Because of the very long stays of over half of the residents, the unit cannot be used effectively to provide step-down care for all the service users who require it.

Year	Total Admissions	Total Discharges
2018	16	13
2019	6	4
2020	10	9
2021	10	10
2022 YTD	18	17

4.4 From the point of admission of a service user to one of our acute mental health inpatient wards, a plan for their recovery, onward progression and discharge is developed. This has proved difficult to implement this at Cedar House for several reasons:

- Lack of suitable alternative residential placements in the county
- Homes for Life and long stay service users consider the unit to be their home
- Strong advocacy is in place for the Cedar House residents and the risk of judicial review should they be transferred elsewhere, or the nature of Cedar House is altered, has prevented the Trust from pursuing these options, despite good evidence to suggest that they are clinically appropriate
- Covid restrictions in place during the last 18 months have slowed progress in this area. Cedar House has been utilised as a shielded environment for vulnerable service users. Allowing extended leave to take place and progressing service users to the next phase of their care (e.g., supported placement) has therefore been challenging
- Discharge pathway practices have not been robust at Cedar House.

We therefore have a high number of service users whose length of stay is well above the average of 18 months that we would expect for a mental health rehab inpatient admission.

5.0 Service Redesign Options

5.1 ELFT have undertaken an option appraisal of 3 proposals:

1. Sub-contract Cedar House provision
2. ELFT to retain Cedar House and redesign existing model
3. Do nothing

OPTION 1: SUB-CONTRACT CEDAR HOUSE

a) Clinical Model & Quality

- ELFT would commission a VCSE organisation to provide high quality care personalised to individual resident's needs. As the provider, ELFT would retain responsibility for the commissioning of the setting and for the monitoring of quality standards, to ensure they remain high.

- Having analysed activity data and considered the capacity required, it is proposed to reduce bed numbers at Cedar House from 16 to 12 as part of the sub-contract process. The six Homes for Life residents would remain, with the remaining six beds used to support flow through the system for service users who need short-term step-down rehab care.

- We currently have several service users occupying acute ward beds and waiting for appropriate supported accommodation. The Trust is also funding several high costs, low quality placements. Both groups of service users could temporarily be accommodated within the new model, if required. This would help to ease current bed pressures, reduce costs, and improve the service user's experience of care.

- This option could allow funding to be utilised more flexibly to provide enhanced community-based specialist rehabilitation support for service users in Bedfordshire. The community rehab team is currently a 1-year pilot only with an emphasis on reviews, move on and supporting providers with recovery planning. If investment is made in a community rehab team going forward, they would

be able to work with the accommodation provider to provide additional support for those clients identified as ready to move to more independent settings.

- Cedar House service users would continue to be eligible for support from a CMHT in this model. The current cohort of 16 service users all fall into this category and there is therefore anticipated to be no impact on CMHT practices and workload in a sub-contract arrangement.

b) Service User Impact

- This option would allow the existing service user cohort to continue to be accommodated together, should this be their preference. As highlighted above, for many of the current Cedar House residents, the unit has become their home. Many of the Homes for Life cohort are now quite elderly and relocation at this stage of their life could prove quite disruptive and distressing.

- Of the three long-stay/non rehab service users, one has Huntington's disease, the second has an enduring psychotic illness and the third needs long-term residential support. Specialist placements are actively being sought for these service users.

c) Staff Impact

- At this early stage, it is difficult to determine the impact on the current ELFT-employed Cedar House staff team. It is possible that the identified third sector provider would already have staff in place to run this unit. It is also possible that the unqualified members of the ELFT staff team would be subject to a Transfer of Undertakings (Protection of Employment) [TUPE] process into the third sector organisation once a consultation exercise has been carried out and the preferences of the individual staff concerned have been understood. In both outcomes, ELFT would ensure that all staff affected were able to secure alternative employment and a number of staff could be transferred into vacant ELFT posts where the Trust is currently utilising high-cost agency workers.

- The qualified nurses and medical staff who currently form part of the Cedar House team would be retained by ELFT and redeployed into vacant ELFT posts. There are high levels of vacancies across the directorate currently and we are confident that we could find suitable alternative employment for all staff impacted by this change. It would, in turn, also help to reduce agency staffing spend and increase the size of our permanent workforce.

- Option 1 would require a staff consultation process to be implemented.

- The Trust needs to be mindful that any Cedar House staff TUPE'd into a third sector organisation will have their NHS pension impacted.

d) Contracts & Procurement Impact

- The Trust recently tested the market by posting a Prior Information Notice [PIN] for Cedar House. Three applicants responded to the PIN which provides reassurance that there is interest in the market in taking over the provision of this service.

- It would be preferable to retain but sub-contract the service currently delivered at the Cedar House building, as it is based on the site of the Trust's new Bedford Hospital inpatient mental health development. This is projected to open during the 2024/25 financial year. Retaining ownership of the Cedar House estate will provide an opportunity for the Trust to do the following:

  1) Consider how to best utilise this space in the medium to long term
  2) Test a different approach for our Homes for Life service users
  3) Develop a robust and person-centred mental health rehabilitation strategy of care across the entire Bedfordshire region.

- In this option, Care Quality Commission [CQC] registration of the site will need to be amended. CQC registration will be a specified requirement if the contract is put out to tender.

e) Estates Impact

- The Trust owns Cedar House. In a sub-contract arrangement, there are two potential options for the ongoing management of this estate:

  1) We lease this building to the new provider. They take over responsibility for the maintenance of the site, fixtures and fittings and put in place their own cleaning and catering arrangements. However, it is felt unlikely that a VCSE organisation would have the infrastructure already in place already to enable them to deliver this. There is also a risk that the provider will not maintain our site to the standards that we would wish during the contract period.

  2) The Trust retains responsibility for maintenance of the site, fixtures and fittings and continues to provide cleaning and catering services. A Service Level Agreement would be put in place with the new provider which would lay out the obligations of the Trust in this regard, stating what is included in the agreement and any additional costs that may be incurred by the provider

for works or services outside of the agreement. In this scenario, the Trust would retain control over the upkeep of the building and ensure that it remains in a good state of repair.

- The estates approach will be agreed with the successful VCSE organisation as part of contractual negotiations.

f) Financial Impact

- This option will deliver improved utilisation of mental health rehabilitation funding across the system and provide better value for money to this service user cohort.

- This option has the potential to remove a recurrent annual overspend against the service budget, which was just over £50,000 in 2020/21 financial year. This would contribute to a wider piece of work to address directorate cost pressures.

OPTION 2: ELFT TO RETAIN & REDESIGN CEDAR HOUSE

a) Clinical Model & Quality

- In this option, Cedar House would be retained as an ELFT service, but a review of its current residents would be carried out, followed by a redesign of the model of care to improve throughput. This piece of work would be carried out in conjunction with the community mental health transformation work and the review of Section 117 aftercare. Its outcomes would be in line with NICE and GIRFT guidance.

- To create capacity and ensure that a true rehab model of care is delivered at Cedar House, the six current Homes for Life residents would need to be moved on to a more appropriate setting. As highlighted in Option 1, suitable placements have already been actively sought for the other three long-stay/non rehab residents.

- It is anticipated that it should then be possible to permanently reduce Cedar House bed numbers to 12. Analysis is being undertaken of historic usage data and projections made which take into consideration the impact of the Section 117 aftercare review recommendations, which should reduce the need for inpatient mental health rehab beds.

- The Trust would then either develop Cedar House into a Crisis House with a step-down model of care or continue the service as a reduced capacity mental health rehab inpatient ward, but with improved throughput.

b) **Service User Impact**

- In this option, the six Homes for Life service users would need to be transferred to a more appropriate placement. These service users consider Cedar House to be their home, many are now elderly, and they would therefore find this process disruptive.

- A reduction in bed numbers at Cedar House would trigger a review of the staffing model and a proportionate reduction in the number of staff required to run the unit. It is likely that this would displace several qualified nursing and medical staff; as highlighted above, it is not felt that this clinical model is necessary for the service users who typically spend time at Cedar House. In a Trust that is medically led, this shift to a staffing model which reflects that of a care home is an important one to highlight and may not be considered appropriate.

- Option 2 would require a staff consultation process to be implemented.

c) **Contracts & Procurement Impact**

- Reducing Cedar House bed numbers would require a consultation process to be carried out with the ICB, as it constitutes a variation to our contract.

d) **Estates Impact**

- A reduction in bed numbers at Cedar House should result in a slight reduction in our facilities management costs.

e) **Financial Impact**

- Reducing overall bed numbers by 4 and in turn, amending the staffing model to reflect this, could reduce annual service costs.

<u>Option 3: Do Nothing</u>

It is not felt that this is a viable option for the following reasons:

- Not providing good value for money currently.

- Not delivering a true mental health rehab service.
- Not meeting the needs of the current cohort of service users.
- Not meeting NICE guidance and GIRFT recommendations.
- Not addressing recurring overspends in this service area.
- Not adjusting service to align with the outcomes of community mental health transformation and Section 117 aftercare review and ensure there is a clear care pathway for mental health rehab service users.

6.0 Preferred Option

6.1 It is proposed that the Trust proceeds with Option 1 and now undertakes a tender process to identify a VCSE organisation to undertake the day to day running of Cedar House for a 5-year period.

6.2 Option 1 provides the following benefits:

- The long-stay cohort of service users at Cedar House could remain residents of a site which they now consider to be their home

- The Trust will retain the building, which provides good quality clinical space and is located close to the site of the Bedford Hospital development, this will provide the Trust with time to consider how to utilise this clinical space and its interface with the new development

- This option allows the Trust to shift mental health rehab resources to community, in line with NICE guidance

- Filling directorate vacancies by redeploying current Cedar House staff that are not part of TUPE process will in turn reduce agency staffing spend

- Remove the cost pressure of regular annual Cedar House overspends. This totalled £83,000 in financial year 2019/20, £50,000 in 2020/21 and in 2021/22. The unit was £62,000 overspent at Month 8 of the current financial year.

- Improve flow through our acute mental health inpatient wards

- Reduce current spend on high cost, low quality mental health rehab placements

- Contributes to the development of a robust mental health rehab strategy for Bedfordshire.

7.0 Staff Impact of Preferred Option

7.1 As highlighted above, it is possible that some of the unqualified nurse roles could be TUPE'd into the VCSE organisation. However, even if this were not the case, we are confident that all 23 staff could be redeployed into vacant roles within the directorate

9.0 Recommendation

9.1 In summary, it is recommended that the Trust proceed with a tender process to identify a VCSE organisation to undertake the operational running of Cedar House for a five-year period.

Michelle Bradley
Director of Mental Health and Wellbeing Services in Beds and Luton
December 2022

Appendix 1: Cedar House Engagement Plan

Version 1	22.12.22 by Glenn Mitchell

1. Introduction

1a Background

East London NHS Foundation Trust (ELFT) and Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK) are proposing a change in service provision for Cedar House in Bedford Health Village.

Cedar House was established in 2006 to accommodate 16 Homes for Life service users following the closure of Fairfield Asylum. Over the last 15 years, that cohort of service users has gradually reduced in number and now totals just six.
The unit operates as an inpatient ward.

ELFT is considering commissioning a VCSE organisation to provide high quality care personalised to individual residents' needs.

As the provider, ELFT would retain responsibility for the commissioning of the setting and for the monitoring of quality standards, to ensure they remain high.
The proposed change would align Cedar House with NICE guidance for rehabilitation in adults with complex psychosis and related severe mental health conditions.
The existing service user cohort could continue to be accommodated together, should this be their preference.

1b. Aims

The aim of this communications and engagement document is to outline and map how ELFT acting with BLMK CCG will engage upon and communicate the proposals and process for Cedar House.

This will cover each stage of the process and will be supported by materials mentioned in this strategy.

The management of communications & engagement will be led by ELFT's in-house communications team in partnership with BLMK CCG communication team.

1c. Stages of the process

A summary of the current model, national guidance and options are to be shared with Overview and Scrutiny Committee (OSC) members for Bedford Borough Council and Central Bedfordshire Council for review and comment in January 2023.

Subject to endorsement by OSC members, a comprehensive six-week engagement programme would then begin in February 2023 and be completed before the period of purdah begins on March 22, ahead of council elections scheduled for both Local Authorities on May 4, 2023 and Bedford Borough Council Mayoral elections scheduled for the same date.

Outcomes from the engagement process would be shared with OSC members at the first available meeting following the elections period.

2. Communications and engagement programme

2a Process

Stage one
Presentation to Bedford Borough Council and Central Bedfordshire Council OSCs
Briefing to ELFT and BLMK ICB boards
Briefing to MPs
Briefing to Healthwatch Bedford Borough and Healthwatch Central Bedfordshire
Briefing with local authority commissioners
Briefing for Local Authority Chief Executives
Briefing for Luton Council OSC (for reference)
Stage two
Engagement with service users, relatives and carers
Engagement with Cedar House staff
Engagement with wider stakeholders
Stage three
Share outcomes of engagement programme with Bedford Borough Council and Central Bedfordshire Council OSC members

2b Tools

- Produce leaflet outlining the current model, reasons for why change is being considered and summary of options (to be also produced in easy read and alternative language formats to provide full accessibility)
- Organise and promote schedule of initial face-to-face meetings with Cedar House staff
- Organise and promote schedule of face-to-face meetings with Cedar House service users, carers and relatives
- Create dedicated public-facing page and news item on ELFT website
- Create dedicated FAQs document for public-facing page on ELFT website

- Promote engagement opportunities through all ELFT social media channels
- Create and promote digital portal for submission of any queries in relation to Cedar House (with account monitored daily and replies to be provided within 24hrs during the working week)
- Produce a high quality PowerPoint presentation pack for use in engaging with stakeholders
- Share and promote engagement opportunities for all ELFT staff via the Trust intranet and internal news bulletins
- Briefing and preparation of media spokespeople

Key stakeholders

- Cedar House staff
- Cedar House service users, service user advocate, carers and relatives
- OSC members (Bedford Borough Council and Central Bedfordshire Council)
- Mayor of Bedford Borough
- Chief executives (Bedford Borough and Central Bedfordshire Council)
- Healthwatch (Bedford Borough and Central Bedfordshire Council)
- MPs (Mohammad Yasin, Richard Fuller, Andrew Selous and Nadine Dorries)
- ELFT Board
- BLMK ICB Board
- Carers in Bedfordshire