

County Durham and Darlington Adult Mental Health (AMH) Rehabilitation and Recovery services; Re provision of Primrose Lodge, Chester le Street inpatient service, report following the outcome of targeted engagement

1.0 Introduction

The purpose of this paper is to provide details of the outcome of the further targeted engagement to support the proposal to relocate Primrose Lodge Inpatient Rehabilitation and Recovery unit from Chester le Street to Shildon. The service is commissioned for Darlington and County Durham residents. The initial paper was presented to the Darlington Health and Housing Scrutiny Committee in January which explained the rationale for the change, the engagement that had taken place up to that point and plan to undertake further targeted engagement in February and March before finalising the relocation. We agreed to bring back a paper detailing the outcome of the engagement to this committee.

2.0 Background

The paper submitted in January outlined the rationale for the change, the key factors are:

- Poor physical environment of Primrose Lodge which does not meet CQC requirements
- Service improvement work which has been undertaken over the last 18 months to review the rehabilitation role, function and pathway. The processes that have been implemented will further improve and support the recovery pathway for people using the service
- Significant investment in the community rehabilitation team and for the voluntary and community sector which has meant additional multi disciplinary staff to expand the service and offer more comprehensive support and to a wider number of service users. The investment has also enabled the service to enhance the community rehabilitation pathway to reduce the duration and reliance on bed-based interventions.
- The accommodation at Shildon meets the required privacy and dignity standards and significantly improves 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 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 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.
- We will retain and continue to develop the existing access to community venues and public transport from the Shildon base and ensure the social, leisure, education and health facilities which are key factors to support each individual's recovery continue to be accessed. The expanded community rehabilitation team will continue to support patients with accessing local amenities and activities within their local/home area. The unit's relocation in Shildon is more accessible for Darlington residents.

3.0 Key Issues

The targeted engagement plan: how we engaged and with whom

How we engaged: We developed a briefing document which explains the proposal, background and rationale and offered the opportunity to contact the TEWV Locality Director to discuss further and /or to provide more detailed information. This is shown in Appendices 1.

We developed bespoke surveys, which were distributed on line and hard copy (postal) with tailored questions in each. The first survey was for service users, families, carers. The 2nd survey was for referring organisations/other organisations who support mental health rehabilitation. The questions sought to get feedback on respective stakeholder views of the current service, what works well and what can improve, from their perspective and role. The survey also asked them to rate their support for the proposal.

The surveys are shown in Appendices 2 , 3 and 4.

The briefing and/or surveys were issued w/c 31 January and 7 February.

The stakeholders: the matrix below details the stakeholders we targeted and identifies if they received the briefing and/or survey. Following the distribution of the briefing we were contacted by a number of organisations with questions and also opportunities to attend forums to explain the proposal further and seek direct feedback via this route. These were:

- Durham VCS resilience forum – 21 February - the proposal was well received and no concerns raised. Engagement with the forum has also helped develop as we were made aware of support organisations in Shildon that can further support the recovery pathway of service users
- County Durham CCG Patient and Public Engagement forum – 25 February
- We also held discussions with Shildon Local Area Action Partnership lead Officer

Stakeholder	Briefing	Patient/Carer/ Family Survey	Referring/Other Organisations Survey
Service users of Primrose Lodge and those supported by the community rehab team	X	X	
Families and carers of rehab service users	X	X	
Durham Community Mental Health Framework (CMHF) steering group members	X	x	x
Darlington CMHF steering group members	x	x	x
Tees Valley MH Alliance (Darlington members)	x		x
TEWV Governors in Durham and Darlington	X		
Shildon Town Council (at the request of Durham OSC)	X		
Healthwatch, Darlington and County Durham	X		
Durham and Darlington MPs	x		
Durham VCS organisations (via Chair of Durham county wide group) - attendance at 21 Feb mtg	X		X
LA housing and rehabilitation leads in County Durham and Darlington	X		
Durham MH Alliance - 8 providers, 6 sub contractors, covers housing, welfare rights, bereavement, women support	X		x
County Durham CCG Patient/Public involvement group - attendance at mtg 24 February	X		X
Durham and Darlington PCN clinical directors/ business leads	X		
Durham Community Foundation	X		X
Police and crime commissioner	X		
Shildon and CLS Area Action Partnerships (AAP), respectively	x		
Shildon councillors and CLS east councillor	x		
TEWV AMH Modern Matron, acute ward managers,	x		x
TEWV AMH Locality Manager, community team managers	x		x
Recovery College - Durham	x	x	x

4.0 Survey feedback and analysis:

We issued 53 surveys to patients and 43 surveys to family/carers. The survey was also made available to the referrers and other organisations mentioned above. We received 22 responses :

Individuals open to rehabilitation service - 9

Family/carers of those open to the rehabilitation service- 9

Other- 1

We received 2 completed surveys from referrer/ other stakeholders:

- Housing.com
- Durham County Council Commissioning Team and MH Strategic Operational Management

The office of the Police & Crime Commissioner responded to advise she had liaised with Durham Constabulary Force Leads on Vulnerability and the Neighbourhood Chief Inspector and there have been no issues raised with this proposal.

A full analysis of survey responses from service users, carer, family can be found in Appendices 5.

As there were only 2 responses from referrers and other organisations we have not completed a separate analysis, these responses have been included in the themes below.

Theme	Who responded with this theme	Comments	Our response
Recognition of the benefits of better facilities in the Shildon facility e.g. ensuites, ground floor access.	-Current/ previous service users -Families/carers -Referrers and other organisations	There was consensus and recognition of the importance of the environment at the Shildon unit.. 'Comfortable environment', 'access to an en-suite' and 'ground floor access' listed as the most important for recovery in the survey answers, with 56% of service users responding that a 'comfortable environment' was most important to them.	Positive to see that the importance of a good environment is noted and recognised
Concerns around reduced bed numbers	- Families/carers -Referrers and other organisations	There were several respondents who expressed concerns around the reduction of beds and the ability of the community teams to manage service users in the community with the bed reduction. One of the referrer organisations questioned whether a more single	The service has established a mobilisation group – overseeing each patient's discharge plan which is reviewed weekly.

		occupancy supported type unit should have been explored to promote greater independence.	There will be a phased bed reduction based on each service users agreed discharge plan – over a number of months. We will agree how we can share with stakeholders on a regular basis the impact of the enhanced community team and their ability to facilitate earlier discharge and support more service users in the community
Request for more activities in the new facility (with a focus on Activity of Daily Living)	-Current/previous service users - Families/carers	The responses from the service user questionnaires showed Activities of Daily Living were the most useful to support recovery. There was a request for more activities in the new facility with 'lifestyle skills' to promote independence and recovery. A response from a service users families advised "Need constant help, activities and support."	This is helpful feedback for the service to continue to develop their rehabilitation and recovery offer and increase provision when necessary to meet individual needs
Praise for clinical staff and the value of the support they provide	- Current/previous service users - Families/carers	There was widespread praise for the clinical staff and the support they provide. "there is always someone to answer my calls I am grateful for the staff." There was recognition from responses that the multi disciplinary staff who support service users are all valued with each discipline receiving a high level of support as aiding their recovery . "Nursing and clinical team very important but the availability of psychology/other support is useful too. "	Positive to receive this feedback and see the impact the staff roles have to service users and their family. We continue to develop new roles with our voluntary sector partners including activity coordinators.
The new location has been recognised as a	-Families/carers -Referrers and other organisations	The survey responses recognised the importance of access to local community resources and therefore the support or concern reflects the home address of each respondent to the current or new	We recognise as a county wide facility that any location will not be ideal for all Durham residents.

<p>positive and a negative change depending on the respondents address in County Durham</p>		<p>unit. Some responses highlighted the good community facilities in Chester le Street and questioned whether there was the same level in Shildon.</p> <p>The Service Manager attended the VCS forum in February to present the proposal and received feedback on the range of community activities that can support the rehabilitation service. This included feedback from Shildon community organisations who gave details of walking and other groups in the area.</p> <p>When asked if service users had been offered support in their area 67% of service users surveyed had been offered support in their local home area.</p>	<p>However, we have very good links with community organisations across county Durham and Darlington, and these have been developed further through this engagement process, in particular for community facilities available in Shildon. We recognise we will need to continue to work hard to ensure we have knowledge of and links with relevant community support, and keep this regularly updated.</p>
<p>Rating the proposal</p>	<ul style="list-style-type: none"> -Current/ previous service users -Families/carers -Referrers and other organisations 	<p>The rating scale for this question was between 1-5; 1 is 'do not support' and 5 is 'fully support'. The average rating for the proposal was 3.9, with 9 respondents rating the proposal as '5- fully support'. 3 respondents rated the proposal as 1 or 2 with limited support.</p>	<p>The responses recognise the importance of environment to aid recovery, with concerns about reduced beds and accessing community facilities. An overall positive rating for the proposal</p>

5.0 Conclusion:

The targeted engagement has been with a range of stakeholders with each provided with a summary of the proposal and the opportunity to provide further feedback, based on their experience of the service, either as a service user, a family member or carer or as a referring organisation via a be-spoke survey. We also invited any stakeholder to get in touch, with the offer of a meeting and provision of further information if required. We attended a CCG involvement meeting and a VCS County wide forum as well as individual discussions with Area Action Partnership leads. The office of the Police and Crime Commissioner has confirmed that the Durham Constabulary Force Leads on Vulnerability and the Neighbourhood Chief Inspector have no issues raised with this proposal.

Analysis of survey responses shows the average rating for the proposal is 3.9 (5 is fully support) with recognition and support of the importance of an improved environment of the Shildon unit and the ability of the staff to continue to support service users recovery. Concerns regarding the bed reduction and the range of community facilities in Shildon were expressed. We have outlined our responses to the feedback and we recognise we need to increase our communication with service users and their families about how the move will be managed, via a phased bed reduction. We recognise we need to provide more information to them and other stakeholders about the range of support the expanded community rehabilitation team provides and the impact they have had on reducing the reliance on beds. We will improve the range of information we have available regarding community facilities and how we share and discuss this with service users and their families and referrer organisations so they have more re-assurance about the level of support available.

On balance, this engagement along with feedback from the previous improvement events, highlights the strength of support and recognition of a good environment to support recovery. The engagement highlighted concerns regarding bed numbers, however we remain confident we can manage the reduction safely and effectively. For those who responded to the engagement there was a high level of rated support for the proposal.

6.0 Recommendations:

- The Local Authority Health and Housing Scrutiny Committee is requested to receive the report detailing the outcome of the targeted engagement to support the proposal to re-provide the Primrose Lodge unit from Chester le Street to Shildon with a reduction from 15 to 8 beds
- The Health and Housing Scrutiny Committee is requested to support the proposal and relocation of the inpatient rehabilitation service to Shildon.

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County Durham and Darlington, TEWV

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Director of Mental Health & Learning Disability
Durham Tees Valley Partnership

Appendix

Appendices 1 – stakeholder briefing

This briefing explains the Trust and County Durham CCG proposal to relocate the TEVV Primrose Lodge Rehabilitation and Recovery Unit from Chester le Street to Shildon as part of our rehabilitation environment and pathway improvements.

The current facility has 15 beds and is commissioned for County Durham and Darlington residents. It provides supportive interventions for service users with mental health needs who need a period of rehabilitation to support them to live safely and well in the community. The Unit offers opportunities for education and skills building, for a period of up to 9 months, allowing for future independent/ supportive living. The current building is located in Chester le Street, however it is no longer fit for purpose and does not meet CQC regulatory standards for privacy and dignity and accessibility (bedrooms are located upstairs). The preferred option is to re-locate the service into a vacant Trust building in Shildon. The facility has 8 en-suite bedrooms, ground floor accommodation with access to good outside space and offers a significantly improved environment for staff and patients. This property has previously been utilised as a rehabilitation facility and most recently a crisis and recovery house. We have experience of being a good neighbour and partner in Shildon and it is important to us that this continues.

TEVV also has a 15 bed rehabilitation unit at West Park Hospital Darlington (Willow Ward) which will remain and is unaffected by this proposal.

There have been significant improvements and investment to the rehabilitation service pathway to strengthen the needs led approach and to enhance rehabilitation community based support in line with national policy. This additional investment will ensure that service users have access to an enhanced multi disciplinary team and can be supported in their local home area. This strengthens the ability of service users to utilise the support mechanisms in their own community which play a vital role in keeping them safe and well in the community. Rehabilitation pathways have been improved to ensure voluntary sector and third sector organisations are embedded within the pathway. Shildon is well located as a county wide inpatient rehabilitation service as well as offering outreach to a range of activities and support organisations across County Durham and Darlington.

These factors mean we will reduce the duration and reliance on inpatient stays and are confident we can manage within the reduced number of beds. For those individuals who need an inpatient stay to support their recovery, the unit at Shildon offers a much improved environment and a modern health facility. We will continue to work collaboratively with service users and our partner organisations to help establish meaningful activities and support mechanisms for each service user as they move from inpatients and to maintain their recovery in their local community.

I hope this briefing has been helpful in explaining the proposal and the reason for the change of location. We want to be a good neighbour and partner and are happy to discuss the proposal further with you if this would be helpful. We are happy to receive any comments and have also developed a short on line survey for patients, families and referrers to complete.

Please provide any comments or to request further information, the survey or a meeting to Jennifer Illingworth, Locality Director, TEWV at jenniferillingworth@nhs.net, or write to me at West Park Hospital, Edward Pease Way, Darlington, County Durham. Please get in touch or provide your comments before the end of February so that they can be included in the report we will submit to the Overview and Scrutiny Committees.

Appendices 2- Families and carer survey :

Q1 please can you indicate your role:

- Carer
- Family member/friend
- Other

Q2. Have you been supported by the rehab service as a family member/carers?

- Yes
- No
- Don't know

Please explain answer

Q3. In your experience what has made the biggest difference to your family member/friend etc

- Activities/community work
- Nursing/Clinical Team
- Other

If other please let us know what this is/was:

Q4: Please can you score your support for the proposal to relocate Primrose Lodge from Chester le Street to Shildon.

Do Not support 1 2 3 4 5 Fully support

Q5. Please provide any other comments you would like us to consider:

Appendices 3- Service user survey :

Q1. Are you a:

- Current service user at Primrose Lodge
- Previous service user in Plodge

Q2. From you experience what would you say is the most important to you to help your recovery, (please choose as many as applicable) :

- Comfortable environment
- Access to an En-suite
- Ground Floor/disabled access
- Access to activities
- Accessing community resources
- Other

Comments:

Q3. From your experience who are you receiving support from:

- Nurses
- HCAs
- OTs
- Psychologists
- Activity coordinators
- Physiotherapist
- Pharmacy
- Physical health nurse

Q4. Following on from the above question, who do you feel is beneficial to your recovery?

- Nurses
- HCAs
- OTs
- Psychologists

-Activity coordinators

-Physiotherapist

-Pharmacy

-Physical health nurse

Comments:

Q5. What do you think is helpful to support your recovery (please tick all that apply to you) :

-Leisure/outdoor/physical activities

-Creative/technology activities

-ADL activities e.g. cooking, personal care etc

-Social/community activities

-Vocational/educational activities

-Faith activities

-Other

Comments:

Q6. Have you been supported in your local home area (area in which you will be discharged to) by rehabilitation staff:

-Yes

-No

-Don't know

Comments:

Q7: Please can you score your support for the proposal to relocate Primrose Lodge from Chester le Street to Shildon.

Do Not support 1 2 3 4 5 Fully support

Q8: Please provide any other comments you would like us to consider.

Appendices 4- Referrers and other organisations survey :

Q1. Please specify what organisation you currently work in:

Q2. How can we ensure that the current pathways into the rehabilitation service from your organisation can be maintained or improved:

Q3. From your professional viewpoint and/or any feedback you have received about the Rehabilitation services, what do you think the main strengths of the service currently based at Primrose Lodge:

- The facilities
- Access to meaningful interventions
- Support from the Multi disciplinary team
- Support from Voluntary/third sector organisations
- Other

Please provide any comments:

Q4. How can we work with your organisation to enhance/improve rehabilitation services for our service users:

Q5. Do you have any other comments you would like us to consider for this proposal:

6. Please can you score your support for the proposal to relocate Primrose Lodge from Chester le Street to Shildon.

Appendices 5- Analysis of responses from the service user, family and carer surveys

These responses are both service users, carers and families combined, as the survey was created under the same entity.

1. Are you a...?

[More Details](#)

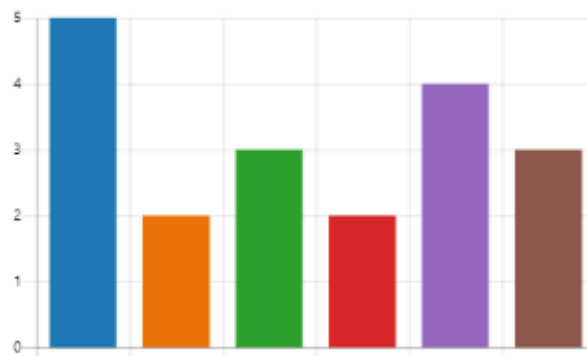
● Current service user of Primro...	6
● Previous service user of Primr...	2
● Carer/advocate	1
● Family Member/friend	8
● Other	1



2. From your experience, what would you say was most important to you to help your recovery? (Please choose as many as applicable)

[More Details](#)

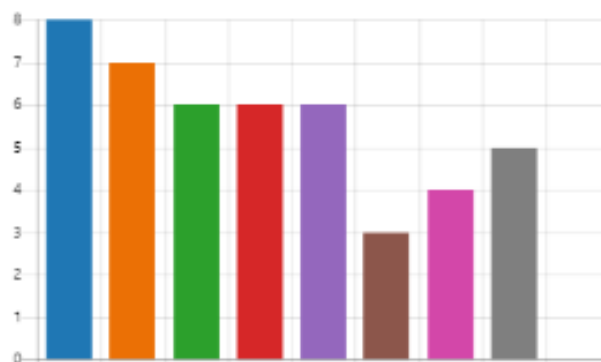
● Comfortable environment	5
● Access to an en-suite	2
● Ground floor/disabled access	3
● Access to activities	2
● Accessing community resources	4
● Other	3



3. From your experience at Primrose Lodge, who did you receive support from?

[More Details](#)

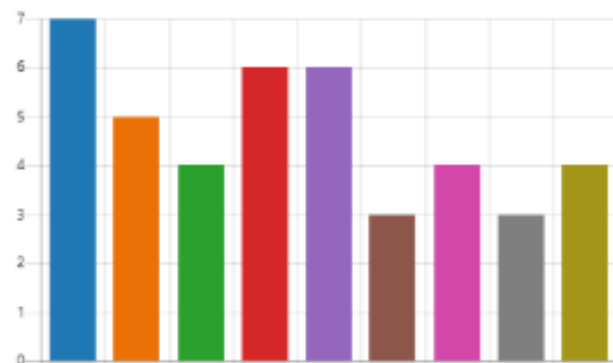
● Nurses	8
● HCAs	7
● OTs	6
● Psychologists	6
● Activity Coordinators	6
● Physiotherapist	3
● Pharmacy	4
● Physical health nurse	5
● Other	0



4. Following on from the above question, who did you feel was beneficial to your recovery at Primrose Lodge?

[More Details](#)

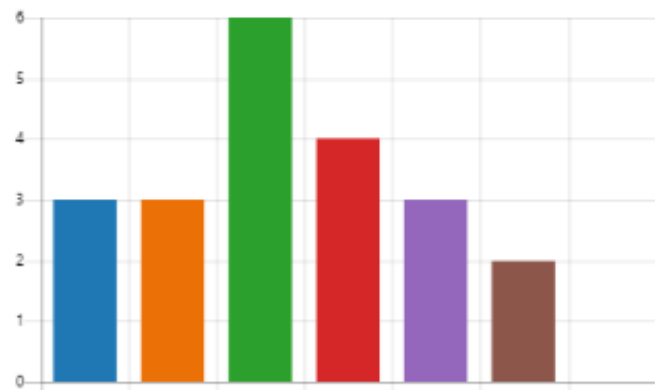
● Nurses	7
● HCAs	5
● OTs	4
● Psychologists	6
● Activity coordinators	6
● Physiotherapists	3
● Pharmacy	4
● Physical health nurse	3
● Other	4



5. What do you think is helpful to support your recovery? (Please tick all that apply to you)

[More Details](#)

● Leisure/outdoor/physical activ...	3
● Creative/technology activities	3
● ADL activities e.g. cooking, pe...	6
● Social/community activities	4
● Vocational/educational activiti...	3
● Faith activities	2
● Other	0



6. Have you been supported in your local home area (the area in which you will be/were discharged to) by rehabilitation staff?

[More Details](#)

● Yes	6
● No	2
● Not sure	1
● Other	0



7. Have you been supported by the rehab service as a family member/carer?

[More Details](#)

● Yes	8
● No	1
● Not Sure	0
● Other	7



Please note the 'other' responses are where respondents provided comments to go alongside their answers, this should not be counted as a separate response.

8. In your experience, what has made the biggest difference to the service user?

[More Details](#)

● Activities/community work	0
● Nursing/Clinical Team	5
● Other	4



9. Please can you score your support for the proposal to relocate Primrose Lodge from Chester le Street to Shildon.

[More Details](#)

Insights

16
Responses

3.81
Average Number

This was rated 1-5, 1 being 'do not support' and 5 being 'fully support'. The number shown above differs from the average rating as shown in the main body of the text as this includes the 2 surveys completed by referrers and other organisations.