Rookery Gardens
Reflections on year one

An evaluation by Merida Associates | December 2018
Acknowledgements

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Introduction

Birmingham and Solihull Mental Health NHS Foundation Trust (the Trust) and Birmingham Mind have been working in partnership to deliver a new recovery service at Rookery Gardens on the NHS Ardenleigh site in Erdington since July 2017.

The service represents a new approach to working with people detained under the Mental Health Act who are moving towards rehabilitation into the community, as part of the Trusts Steps to Recovery Rehabilitation service.

The development of the service involved the closure of two rehabilitation wards and the transfer of people into new on-site accommodation designed to support transition into independent living outside the secured facility.

The range of accommodation at Rookery Gardens includes shared houses, and self-contained single person flats. The service is staffed 24 hours a day by an integrated team with psychiatric and nursing staff employed by the Trust and recovery navigators in a support and community access role employed by Birmingham Mind.

As the service completed its first year, the providers commissioned a snapshot evaluation to take stock of progress in the implementation of the new model of working and to explore whether the fundamental changes to the delivery of a recovery service being piloted at Rookery Gardens were beginning to deliver the anticipated outcomes (see p.5).

Research approach and methodology

The approach to a snapshot evaluation was to:

▪ Set out the context to the new service

▪ Understand the aspirations of the new model of working

▪ Capture reflections from current and former service users and staff members on progress one year in - how things are different in the new model, what is working well and suggestions for further improvements

The ethos is we’re going to sort things out at Rookery.”

Strategic leader
Background contextual information was provided by Birmingham Mind and the Trust and a literature search was conducted to consider the wider landscape in which the service is being piloted.

A mixed methodology was used to provide a range of ways of people to contribute to the research:

- Service user focus group (10 service users / 4 support staff)
- Telephone interviews (2 service users / 1 staff member)
- Staff focus groups x 2 (5 Trust / 4 Birmingham Mind)
- Service user survey – current & former (11 responses)
- Staff survey (3 Birmingham Mind / 4 Trust)
- Strategic leader interviews (3 Trust / 2 Birmingham Mind)

All focus groups and interviews were recorded and key noted prior to being written up for analysis.

The data was analysed using a 4-stage process:

- immersion – the process of organising the data into ideas and concepts to allow the evaluation team to become familiar with the collected data
- coding and indexing the data – the process of identifying commonalities and anomalies to ensure the reliability and validity of the data analysis
- thematic summaries – the process of identifying and building themes and identifying emerging outcomes
- analysis and interpretation – the process of understanding the data and using this to describe findings, draw conclusions and make recommendations

“...it has revealed to us some of the things happen because that’s the way the NHS do it and we really don’t need to...”

Senior leader
About Rookery Gardens

Rookery Gardens replaced two ‘traditional’ in-patient wards deemed no longer fit for purpose. Both had received poor CQC reports, not for the quality of care provided to patients but because the living and recovery environment they offered was not effective. Patient flow was poor, with many patients tending to “get stuck there.”

The Trust wanted to challenge itself to move away from “nursing people as a group” and towards working with people as individuals, with a stronger focus on person-centred planning and responding to individual needs. It wanted to break ‘the revolving door syndrome’ by giving service users more opportunities to connect to the community. The idea was that when people are ready to be discharged from hospital, they would already be familiar with the place and area where they would be living and be linked into groups and activities in their new communities.

In preparation for developing the new service, the Trust invested time and resources into working out what was good about mental health care in the NHS, such as people being safe and having access to medicines and high-quality care; what was important to recovery, such as developing independent living skills and confidence; and what was done simply because it was how it had always been done.

The Trust identified some under-used housing stock on a medium secure facility that could be made available as a pilot site. Although initially there were concerns about creating recovery and rehabilitation beds for people in that location, a pragmatic decision was made and the Trust set about pulling together key people to develop the service.

The Trust worked closely with the Care Quality Commission (CQC) to make sure that they understood what the Trust was seeking to achieve with Rookery Gardens in placing people detained under a section of the MHA in a multipurpose site that included a medium secure hospital.

Patients and staff were consulted about how to best use the houses, what the offer could be and what the service would look like. A business plan was developed and supported by the Trust’s Board and from there a suitable partner was sought.

Birmingham Mind was identified as the partner with the strongest ‘fit’ for the project as an experienced provider of recovery navigation services.
This is a new venture within the NHS and while there are models of NHS and third sector organisations working in partnership in Mental Health, these are often through commissioned ‘step down’ services rather than joint-working to deliver hospital services. There are no other acute trust/third sector partnerships delivering in-patient recovery services in this way and so everything about the concept and the delivery required thought, compromise and a commitment to working together on the part of both organisations.

It took careful planning to operationalise the service. For example, to integrate two staff teams with different grading systems, qualifications, pay and conditions was a major HR task. There was much discussion to design the service and the different staff roles and responsibilities within it. Managers had to consider how they would meld the NHS and third sector working cultures to enable staff to co-deliver effectively, understanding each other’s professional standards and language. Extensive work was done to make sure that the policies of both organisations dovetailed and, where necessary, addendums were made to Trust policies.

The Rookery Gardens model

The ambition for Rookery Gardens was to move away from the highly structured and restrictive environment of a traditional hospital ward, to create a street of houses that where people working towards discharge could experience a sense of independent living.

Service user accommodation route

“…Some have never had their own front door before, never had space to themselves and some have been homeless…”

Senior leader

“…it’s about treating people as people – it’s a common-sense approach…”

Senior leader
The hope was that by being more prepared for looking after themselves, people would be less likely to experience a reoccurrence of symptoms that would result in another stay in hospital – the ‘revolving door’ experienced by many people with mental ill health.

There is a formal ward structure with a ward manager and 4 deputies (3 Trust mental health nurses and 1 Birmingham Mind senior practitioner). The integrated team includes a reduced number of staff nurses than would be the case on a traditional ward who are matched with recovery navigators, clinical housekeepers, night support workers (Birmingham Mind staff do not provide night support), a consultant psychiatrist and team, an occupational therapist, a psychologist and a team secretary.

Recovery navigator / named nurse partnering was designed to provide consistency for service users, so they are supported by the same key workers for the duration of their stay at Rookery Gardens.

When people arrive at Rookery Gardens, they move into the assessment house where staff work with them to find out at what stage of their
recovery they are in, what skills they already have for independent living and identify their goals for the future. They stay in the assessment house until they are ready to progress into a shared flat.

The assessment house offers a more intensive staff presence as people acclimatise from being in a traditional ward. Service users learn to be more responsible for their own meals, personal care and medications but this takes variable amounts of time, depending on each individual. The Rookery Gardens model is designed to respond to the needs and pace of change of each service user.

Because Rookery Gardens is in essence an NHS ward, albeit not a traditional one, risk management is important and new protocols were devised for the more informal setting, for instance around observations. On a traditional ward hourly observations would take place and nursing staff could quite quickly check on patients in the ward space. At Rookery Gardens, staff perform Safe and Well checks every 4 hours and this requires them to visit every house and flat on the site and, in shared and single flats, to knock on the door and wait to be invited in. This is a significant difference in the model, service users have their own front door and they are “not locked in or monitored 24/7.”

Service users are supported by clinical housekeepers to maintain a tidy and clean home. Support/advice is offered to the service user and encouraged to work collectively. Clinical housekeepers help people to things for themselves but do not do it for them.

Service users are supported by the recovery navigators (key-workers) to meal plan, provision shop and prep and cook meals. All staff play a collaborative role with service users to offer advice and support with maintaining a tenancy.

Recovery navigators support service users to access community services become familiar with day-to-day living activities such as shopping, using public transport, connecting with family and friends and attending clubs and activities.

Service users are supported to get bus and leisure passes and are actively encouraged to get involved in physical activity, such as walking in the nearby park or going to the local swimming baths. Those without GPs, dentists or opticians are supported to register and to access those and other mainstream health and social care services.

It is early days for the Rookery Gardens model, roles and responsibilities are still settling down as team members from both organisations refine the model through practice and experiential learning.

“You haven’t got a nurse in the house with you all the time – on the ward you have the nurses making observations all the time...It’s quite an intense experience being in the hospital with the illness as well.”

Service user

“...everyone has their own routine – it’s very person-centred...”

Senior leader
Evaluation findings

As a snapshot of the pilot service after one year, the research was designed to focus on the set up of Rookery Gardens and its early development, including emerging outcomes for service users. There is a general consensus that positive progression for service users has been achieved to a greater extent than was anticipated and that the model has proved effective even at this early stage.

The research was mostly qualitative and aimed to capture evidence from service users and staff members of what has worked well so far, what has been achieved that can be built on and any areas for improvement as the service develops further. Feedback from senior leaders, service users and the staff team have been collated and analysed to highlight key points and learning to date.

What is working well

The environment

Service users and staff agree that the physical environment of Rookery Gardens works well. The quiet, cul-de-sac of houses and flats on the hospital site was fully refurbished to a high standard before anyone moved in. The accommodation includes good quality furniture, fully equipped kitchens and bathrooms and laundry facilities. The space provides more natural opportunities for socialisation and for friendships to form. Service users described it as a nice environment in which to recover and one in which they have gained a real sense of what living in their own home would be like in the future.

“It was like a village. I had peace of mind in Rookery Gardens”

Ex-service user
Privacy

Service users current and former, identified privacy as a major benefit of living at Rookery Gardens. Being able to have their own private space and to be alone was not something service users had anticipated would happen when they moved to Rookery Gardens and many commented that it had been a welcome surprise. The ethos of the service is to treat the houses and flats as people’s homes and, with the exception of the assessment house, to knock or ring the bell to gain admittance. This was something nursing staff had to adapt to as it was a new way of working for those who had previously worked on more traditional wards.

A place of calm and safety

Service users described Rookery Gardens as a calm place to live. They mentioned the positive impact of not having incidents happening all the time and not having the chaos around them that can sometimes exist in a ward environment. Service users and staff appreciate the more peaceful surroundings which they feel are positively beneficial. Service users reported that they felt safer at Rookery Gardens than they had on a traditional ward.

Overall there have been fewer incidents of any kind at Rookery Gardens when compared to a traditional ward environment. Data from the Trust shows serious incidents for 2 traditional wards recorded in the 18 months before Rookery Gardens opened and data for Rookery Gardens in the 18 months it had operated at the time of the research.

Chart 1
The lower rate of incidents could be partly attributed to the selection of service users entering Rookery Gardens, however participants in the research expressed the view that the lower rate was intrinsically related to the environment created by the ethos and approach on the site.

Moreover, staff reflected that had the incidents recorded at Rookery Gardens taken place on a traditional ward, where more people would have witnessed them directly, there could have been a greater likelihood for escalation. They felt that the privacy at Rookery Gardens afforded service users more personal space to ‘bring themselves down’ and therefore more dignity while they were in the process of calming themselves or being calmed, and other people were less likely to be adversely affected by their distress.

**Support with independent living skills**

Service users report that they like the support on offer to prepare them for living independently in the community and that it will help them to maintain their recovery once they leave; a view supported by the two ex-service users who took part in the research.

Service users are learning housekeeping skills, shopping, cooking and cleaning and managing on a budget, something some have never done before. Several reported they were starting to cook from scratch and eating more healthily. Staff members mentioned that there was a genuine friendliness between staff and service users, helped by things like opportunities to cook together that they did not get on a traditional ward. Service users are also gaining life skills such as personal hygiene and communication.

Staff reported that people engage willingly in activities to develop skills and are more motivated compared to those living in a more traditional ward environment where often patients do not want to take part in group activities. This is because they now have a choice whether or not to participate. For instance, service users regularly arrive early for the weekly baking group session that is now delivered by a service user as a volunteer. This is a good example of service users beginning to have more of a role in shaping the activities on offer.

Service users have also engaged well with a gardening project to grow their own vegetables and have more ownership of the communal physical space. Access to fresh air and open spaces is an additional benefit, on site and off site, that service users appreciate and believe is contributing to improvement in their physical and mental wellbeing.

“It has made my recovery smoother.”

Service user

“We did our own shopping and cooking... we was mixing, socialising like. It all helped.”

Ex-service user
**Autonomy**

The Rookery Gardens model gives service users more autonomy over decision making associated with daily life, such as when to get up, what to eat and what to do. Service users and staff reported that this approach was fostering not just independence but also improvements in mental health and general wellbeing. It takes people time to get used to having the freedom to make their own choices, but once they do lose some of their institutionalised behaviour, qualitative evidence suggests tangible benefits are gained.

**Access to community facilities**

Service users are able to leave the hospital site to go shopping and access activities in the local community. They sign in and out of the site and have freedom of movement to come and go within agreed procedures. Initially, people are supported by recovery navigators to identify areas of interest then groups and activities in the community that appeal to them. They are supported to attend off-site activities until they are confident enough to go alone. Some service users have taken on voluntary work roles in the community in preparation for discharge from Rookery Gardens.

“There is a closer relationship [so] patients trust staff.... it’s about two way interactions... patients [here] have taught us how they want to live their lives.”

Staff member
An integrated staff team

Partnership building between the Trust and Birmingham Mind started before Rookery Gardens opened, both at management and operational levels. Recovery navigators spent time on the traditional wards where they met some of the service users they would be working with and the NHS staff who would be moving to the service. This was an opportunity to build relationships and see where people were coming from, to understand their context.

A collaborative approach was created from the start with both organisations contributing to the design of the service. The senior managers had conversations about values and ways of working very early on and modelled the integrated ethos that underpins the service to staff from the start.

Rookery Gardens is a new approach to recovery for Birmingham Mind and the Trust, bringing together medical and social models required open minds, mutual respect and trust. Everyone was in the same position, no-one knew exactly how it was going to work, and that helped to create a sense of camaraderie and shared vision and mission.

Staff have been encouraged to discuss how the service develops, those who took part in the research feel they have been listened to and have a stake in Rookery Gardens. Staff members felt that respect between staff, and between staff and service users, had been a key ingredient in the successful delivery of the service. Staff better understand the strengths and skills that people from different disciplines bring to the integrated team and that the package of support works for service users. They feel comfortable to ask each other for information or advice about medications or building confidence so that they can better support the service users and, for instance, handovers have become more collaborative over time.

The integrated team provides service users with a mixture of support to develop life skills, make connections in the community and clinical support at the same time; they have more freedom but they also still have the security of knowing nursing staff are available in case they are not doing so well, they have help with medication and people are around if they need them so they feel safe as they gain the confidence to leave.
Staff reflections

The staff team have been encouraged to use reflective practice during the pilot service and to embed it as a core way of working at Rookery Gardens.

Managers recognise it is important to celebrate the achievements of the service, and service users, but not to become complacent or stagnant. The service is still young and developing, they have set new goals for year two.

Reflective practice has helped staff members to recognise each other’s strengths and skills and see where they can work even more collaboratively. They have navigated through the differences between the two organisations, for example Birmingham Mind as an organisation feels that physical restraint should be the very last resort and the Trust has worked hard to ensure that service users coming into Rookery Gardens are unlikely to need it.

The team has found reflective practice meetings particularly useful when something is not going well, so they can all discuss the issue openly and look at how things can be improved. Where small misunderstandings have occurred, team members have been able to talk about what is bothering them and think about how to resolve things, rather than keeping quiet.

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It is probable that the reflective approach embedded in the service contributed to staff members’ active participation in the evaluation research. The two themes that came out most strongly from staff feedback are the sense of partnership between Birmingham Mind and Trust staff, and the degree of visible progression amongst service users.

“Both the nurses and the recovery navigators are just wanting to work together to ensure that service users are getting the best service. I can honestly say the people who work at Rookery Gardens are incredibly passionate in care.”

Staff member
There was consensus that relationships with colleagues were better than in other settings and that together they had created a new way of doing things. Staff still have structure and autonomy at Rookery Gardens but of a different kind to more clinical settings. There was agreement that the Rookery Gardens model provides a clearer pathway of support to recovery for service users.

Staff reported that it is rewarding to work in partnership with service users and to see them making progress. Staff observed that service users find it easier to approach them than they would in a traditional ward environment, and with more confidence, and are able to express their needs and wants more effectively.

Staff observed that there was a process that service users went through around understanding their own autonomy, or deinstitutionalisation. One example given was service users not answering the doorbell because they were not used to being asked whether staff could come into their space; another was of service users asking permission to do things when they did not need to.

Staff consider it is an important element of the Rookery Gardens model that support is available all the time, whenever people need it, which the team believes helps to speed up the recovery process for most service users.

Some staff commented on the initial challenges of the unusual ‘street’ setting of Rookery Gardens which they worked to overcome with additional site-specific policies and procedures.

“It’s different because there is more contact with patients, you’re more involved as a clinical housekeeper [than as a domestic] patients need someone to talk to and you see them change”

Staff member
Outcomes achieved

Service users are being successfully discharged

Evaluators receive feedback from 2 out of 5 people who had exited Rookery Gardens to accommodation in the community. Both reported that their experiences at Rookery Gardens prepared and helped them to make a success of living in the community.

One ex-resident maintains friendships with people still living at Rookery Gardens and returns to attend activities on the site as a visitor.

Clear route to successful discharge

Service users and staff identified key factors on the path to independent living that are being achieved:

▪ being better able to cope with basic self-care such as personal hygiene
▪ gaining skills in cooking, cleaning, budgeting and communication
▪ making day-today decisions
▪ venturing off-site to experience the freedom to come and go independently
▪ taking part in community activities and interacting with a wider range of people
▪ being able to find or return to employment – paid or voluntary

Change in attitude

Staff are working with service users to achieve individual agreed goals and there is an emerging sense of service users being readier for change.

Staff have observed a number of positive changes in service users at Rookery Gardens including:

▪ looking and being more relaxed
▪ reporting not feeling trapped
▪ taking part in voluntary work and other outside activities
▪ growing in confidence
▪ getting out, going for walks and engaging in physical activity, realising that fresh air makes a difference

“We saw things straight away – it’s as you start to see them that everything else came together as a team because you thought ‘and that’s why we’re here’.” Staff member

“...This is a really hard-working team (Birmingham Mind and the Trust) and this has really positive impacts on the outcomes for service users” 

Staff member

“The staff are very good indeed – that’s the magic ingredient.” 

Resident
It does take people time to get used to having the freedom to make their own choices, but once they lose some of their institutionalised behaviour the evidence suggests it delivers tangible outcomes for them.

**Responsibility for medication**

At Rookery Gardens service users gradually take responsibility for their medication, developing routines that will support them once they leave. Staff engage them in meaningful and open conversations about compliance with medication and then work with individual service users to find out what supports compliance and how to build a routine.

People who have left concurred that getting into a routine with taking medication was one of the key aspects that supported their sustained recovery. One service user who is a current resident described how he had challenges taking his medication when previously living in the community and now (and this was a big change for him) he had got into a routine and he could not see himself stopping once he was discharged from the service.

**Increased insight into own condition**

Both staff and service users talked about ‘the increased insights into recovery’ that service users were gaining, and many service users had a better understanding of their own mental health and what they can do to maintain it to prevent issues in the future. Service users described how they were learning to talk about their own mental health and wellbeing and take responsibility for it. People commented on the value of learning about the importance of developing routines and socialising to improving their mental health.

**Increased confidence and hopefulness**

Service users report feeling more confident and this is supported by staff observations. Improvements in life and communication skills, socialisation in a ‘community’ setting, and gradual increases in autonomous decision-making all contribute to people having more self-confidence.

Service users feel more hopeful about the future, they feel that Rookery Gardens is giving them a real sense of how to live independently and successful discharge into the community seems to be a more viable option for them.

*I was really ill when I first went in, now I’m a lot better. I’ve got a lot more confidence, I’m all calm. Everything is fine now...”*

Previous resident
The responses from service users about what is different about Rookery Gardens were consistent from all research methods, the summary in Chart 2 captures the key points.

Chart 2: Service user survey

<table>
<thead>
<tr>
<th>What makes Rookery Gardens different from other treatment you may have experienced?</th>
<th>n=11 respondents, people could choose more than one answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helped me understand my condition</td>
<td></td>
</tr>
<tr>
<td>Support from the other inhabitants</td>
<td></td>
</tr>
<tr>
<td>Activities in the community</td>
<td></td>
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<tr>
<td>Able to make own decisions</td>
<td></td>
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<tr>
<td>Support on hand when I need it</td>
<td></td>
</tr>
<tr>
<td>Learning how to look after myself</td>
<td></td>
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<tr>
<td>I have some independence</td>
<td></td>
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<tr>
<td>It doesn’t feel like being in hospital</td>
<td></td>
</tr>
<tr>
<td>Support from a recovery worker</td>
<td></td>
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<tr>
<td>Own front door</td>
<td></td>
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</tbody>
</table>

“Cultural shift

There has been two-way learning between staff members from both organisations that has created a team with a much wider understanding of approaches to recovery for people who have been in hospital. For instance, NHS staff have learned about the importance of tone, expectations and respecting people’s autonomy in communication with service users, and Birmingham Mind staff have learned about the importance of managing risk to keep people safe in what is still a hospital setting.

NHS Trust staff, for example, recognise that Birmingham Mind staff have helped to “de-institutionalise” them and have helped them consider options for doing things differently. Birmingham Mind staff brought with them their ethos of being kind, respectful and friendly and they work to model this approach. Similarly, the recovery navigation role and its connections to the community has brought a new way of working into the Trust.

There is a consensus that Trust nursing staff used to working on traditional wards had to make the most changes to working practices.

“You need to have the confidence to let people get on with their lives.”

“Rookery Gardens is about moving away from the long stay and revolving doors.... a diagnosis can get in the way of getting on with life.”

Staff members (2)
Areas for further development

This learning journey has not been for everyone and some staff members from both Birmingham Mind and the Trust have moved on to new roles elsewhere. Nor is the culture of Rookery Gardens yet fully integrated, for example the strategic and operational thrust of the service is to describe and see the people living there as service users rather than patients and while some staff have implemented this transition, others see it as a semantic change, especially as the project located on a hospital facility.

Creating a shared language is a key part of cultural change and the team has the reflective practice meeting structure to continue these conversations further.

The Birmingham Mind ethos of co-production of services with people has been introduced at Rookery Gardens, there are examples of service users taking the lead on some activities and groups and plans to extend this further.

There is an intention to enable service users to take more responsibility for self-monitoring, to reduce further the number of observations by staff as people become more autonomous and independent, while still adhering to the regulations for a facility subject to CQC assessment and maintaining the safety of all service users and staff.
There are some physical access issues on the site; some staff find working at Rookery Gardens more physically demanding than previous roles in that it is more spread out than a traditional ward with many more stairs, and there is a lack of disabled access for staff with mobility difficulties. Two staff members voiced concerns about a lack of staff facilities and would like the ability to take a break somewhere that was not accessible to service users.

Staff would like to see the Community Psychiatric Nurse (CPN) team more actively engaged with service users before they are discharged. While the pressures on CPNs are well understood, there is a growing recognition that ‘CPN engagement is critical to transition’ into the community and staff would welcome their involvement in planning meetings in particular. Planning meetings are an important element of the Care Programme Approach and staff feel that if CPNs from all Trust Community Mental Health Teams could attend there would be better integration of elements of recovery – medication, social and therapeutic – that could continue once the service user is living in the community.

Overall service users found it difficult to identify what more could be done to support their recovery while at Rookery Gardens. Living there is so far removed from their previous experiences of recovery treatments that they do not know what else they need, or indeed what else may be possible to be provided. When asked what else they might like to see at Rookery Garden, people suggested access to Wifi, access to Sky Sports, more female night staff and more cooking and cleaning sessions.
Conclusions

Whilst the 2009 HM Government New Horizons\textsuperscript{1} document acknowledged ‘the difference between people managing their conditions and recovery’ (P. 4) much of the emphasis in recent mental health policy and practice guidance has focused on prevention and early interventions – rather than recovery in tertiary settings\textsuperscript{2}.

However, the recovery model being developed at Rookery Gardens has a strategic fit with the objectives and intended outcomes of both Government policy and the National Institute for Health and Clinical Excellence best practice guidance in that:

- The overarching aim is that people who have experienced severe and enduring mental health problems will have a ‘greater ability to manage their own lives, stronger social relationships, a greater sense of purpose [and] the skills they need for living…’
- The ‘person [is] at the centre and sharing decision-making’
- Outcomes are agreed with the service user
- The recovery-based focus builds on individual strengths
- Care takes place in the least restrictive settings
- People leaving hospital after inpatient treatment for a mental health problem have a care plan for staying as well as possible in future, that they have helped to put together. The plan includes their recovery goals, how to cope with symptoms, what to do in a crisis, their medicines and treatment, and any work, training, learning or social activities.\textsuperscript{3}


\textsuperscript{3} Adapted from HM Government (2011) No Health Without Mental Health; Delivering better mental health outcomes for people of all ages. HM Government, London and national institute for Health and Clinical Excellence (2017) Quality Statement Three: Communication on Discharge. NICE, Manchester
At the more local level, Rookery Gardens is aligned with Birmingham and Solihull Mental Health Foundation Trust’s principles as outlined in ‘New dawn; a need and value-based model of care’ (2017) in its commitment to a co-design and co-production model of delivery, partnership working, peer support interventions and service design around the concept of ‘a recovery journey’ (P. 57).

The approach at Rookery Gardens shares many of the principles of Assertive Community Treatment (ACT Ghosh and Killaspy, 2010) which notes that the main interventions that should be delivered, through frequent face-to-face contact in the clients’ homes, or elsewhere in the community, include:

- support to manage a tenancy and claim appropriate welfare benefits
- support with daily living skills (shopping, cooking, cleaning, budgeting)
- support to increase social networks
- support to engage in community activities including education, leisure and work
- family/carer support
- medication management

Across the country there are indications of disinvestment by Mental Health Trusts in rehabilitation provision – the approach tends to be people stepping down from one unit into another unit.

The Trust has succeeded in creating a new treatment paradigm at Rookery Gardens. It is delivering outcomes for service users who now report a sense of optimism about the future, many for the first time. It is harder to evidence at this stage, given the relatively low numbers of people discharged from the service so far, and the short time they have been living in the community, to what extent this will lead to longer-term outcomes and the end of the ‘revolving door’ syndrome. However, the early signs are encouraging.

Both staff and service users feel that Rookery Gardens offers a significantly different recovery experience than either a traditional ward or community support. Service users report (and this is strongly supported by staff observations) feeling better able to cope with independent living. There is evidence to show that service users are more involved in their own recovery and have greater insights into their mental health and wellbeing. They have learnt life skills and are more connected to where they will live after leaving Rookery Gardens.

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(Accessed November 2018)

“...teaches you a lot of independence so that when you’re ready to move out you can take care of yourself.

When I was at home my mum did all the washing and things, all the cooking and preparing of food. I’m trying to take care of myself, I try and eat healthy.”

Service user
The partnership with Birmingham Mind is working well. There is a general view that this was the right organisation for the Trust to partner with. The Trust talked initially to several potential partners and through this process identified that working with another organisation who really understood about mental health and person-centred care was important.

Across both organisations there is an extraordinary amount of goodwill and determination to make it work. This has underpinned the impressive progress that has been made to date. There is a strategic shared vision and an emerging operational culture that has seen the blending of two disparate staff teams.

Staff from the two organisations gelled together quickly and got on with getting the service up and running it in a pragmatic way. Staff have got to grips with what it means to work in a multi-disciplinary team and all the staff report some changes to, modification of or adaption of their working behaviours. Staff at all levels from psychiatry and psychology through to housekeeping can articulate the importance of working together to support people’s recovery.

There is good evidence to show that staff are drawing on the skills, knowledge and best practice from both the Trust and Birmingham Mind. They are working together to reach solutions and implement approaches that are based on an enhanced understanding of service user need. There is a clear understanding at both the strategic and operational levels that Rookery Gardens would not work without Birmingham Mind’s input, not only into delivery but into designing and defining the working culture.

Trust staff have adapted to a change in the traditional working dynamic and power relationship between ‘patients’ and ‘clinicians’. At Rookery Gardens, patients are called service users or residents and staff, including consultant psychiatrists, knock on closed doors and wait to be invited inside in order to talk about recovery and medication regimes.

The pairing of nursing and recovery navigators has supported new ways of working. Joint working supports and encourages Trust staff who have overcome initial concerns and embraced a more nuanced approach to risk management, more responsive to individual service users’ circumstances and progress.

The recovery navigation role provided by Birmingham Mind is valued as an essential element that moves service users forward, helping them to see things differently and move away from fixed patterns of thinking and behaviour. Social recovery and building connections within the community are recognised as of equal importance to compliance with medication and psychological recovery in service users’ journeys to a sustainable discharge.

“It was exciting because it was a move away from the restrictiveness of an inpatient ward. It was new for patients as well as staff”

Staff member
and the emphasis on the individual is one of the essential building blocks for the service. Where the joint team have seen positive outcomes for people quite quickly from the change in approach, this has encouraged them further in the new ways of working.

Service users are gradually introduced to a much higher level of autonomy than some have ever experienced. This requires careful planning and support to incrementally build up the skills, knowledge and confidence to make effective and reasonable decisions. The team are using a person-centred planning approach and the Trust is using the pilot project to develop new systems and policies to enable more effective responses to individual needs in a safe and managed way.

Where different approaches to managing risk have been introduced, for instance the signing out/signing in process for service users going into the community, people have been willing to engage and comply with the rules as it facilitates their increased autonomy. In practice, it is a good life skill for service users to let people know where they are and when they will be back, they understand that staff would worry about them and it demonstrates responsibility – this in turn reduces risk and staff can be more relaxed.

An almost unexpected by-product of Rookery Gardens has been that it costs less to deliver than traditional ward-based services. The Trust estimates that for the same number of service users (25) they have reduced staffing and associated costs by around £½ million in the first 12 months at Rookery Gardens. This is not because Birmingham Mind staff are paid less than NHS staff (they are on comparable terms and conditions), it is more to do with the configuration and skill mix of the team that of a traditional rehabilitation ward and the deployment and working hours of the staff group.

Moving forward

At the end of its first year of operation the service at Rookery Gardens has developed more quickly and achieved earlier outcomes than was originally expected. It is still a relatively new service and the team have a lot of ideas for developing it further and creating more opportunities to co-design new activities on the pathway to sustainable discharge with service users.

Co-design takes time and the pace is set by service users so there may be other operational elements that can be further streamlined by the Trust and Birmingham Mind reviewing together what is working and where there are still bumps in the service to be ironed out.

A key area for further development is the on-going support of service users once they leave Rookery Gardens. The pre-discharge social and psychological recovery work ensures they have accommodation and the means and skills to live independently and with social support in the community. People are

“Freedoms caused worries…but most patients follow procedures as requested”
Staff member
prepared to manage their medication and have a greater understanding of self-care but they will have become used to the on-site support of nurses and recovery navigators and there is a risk that once alone in the community they may become vulnerable to relapse. The Rookery Gardens team would like to work much earlier with all Trust Community Mental Health Teams who support service users once they are discharged; to involve CMHTs in the person-centred planning process from the beginning and enable them to build strong relationships with service users before they leave Rookery Gardens so that they have a better understanding of when each individual might need support in the future.