


Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of South West Lincolnshire Clinical Commissioning Group and Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	17 February 2017
Subject:	Learning Disability Services

Summary:

The Health Scrutiny Committee for Lincolnshire is requested to consider the proposed options on the future model of Learning Disability Services for the people of Lincolnshire.

Actions Required:

The Health Scrutiny Committee for Lincolnshire is requested to consider and comment on the options for the future shape of Learning Disability Services in Lincolnshire.

1. Background

Section 242 of the Health and Social Care Act 2016 is the statutory requirement for NHS bodies to consult with overview and scrutiny committees (OSCs), patients, the public and stakeholders when considering a proposal for a substantial development of the health service, or for a substantial variation in the provision of a service.

Prior to 2015, learning disabilities services in Lincolnshire consisted of Long Leys Court (Lincoln), a unit of 16 beds, with eight assessment and treatment beds and eight rehabilitation beds. Community services included a dispersed range of health professionals located across the county.

In June 2015, Long Leys Court was temporarily closed due to concerns relating to the safety of the unit. This was a decision taken by Lincolnshire Partnership NHS Foundation

Trust with Clinical Commissioning Group colleagues in partnership with the patients and carers/families of people in the unit at that time.

This temporary closure meant that progress with the national Transforming Care programme was accelerated allowing a new model of care to be introduced.

Since 1st April 2016, a new fully developed integrated community service has been running effectively, which has stopped waiting times between professionals, ensures most patients are treated in their own home and provides equal services across the county.

The service is delivered across Lincolnshire by a total of five multi professional teams. Four community hubs are aligned with the Clinical Commissioning Groups with satellite bases around the county to reduce travel and ensure local service delivery.

Following the successful implementation of the new model of care, we believe that we no longer have the requirement for an inpatient unit such as Long Leys Court. In order to ensure we have the best service available to people in Lincolnshire we now need to consult with stakeholders on the options for providing inpatient beds for the small number of people who need that level of care.

These improvements to our learning disability services had originally been planned to be a part of the Lincolnshire Health and Care public consultation however due to the successful implementation of the new service model both the Transforming Care Board and Senior Managers from the service provider feel that it would be more appropriate to carry out a focussed consultation with immediate effect.

2. Conclusion

There is a proposal (Appendix A) to proceed with a focused public consultation solely for the learning disability services in Lincolnshire. The proposed questions to be considered by the public and stakeholders as part of the consultation are included in Appendix B. The proposed timeframe is for an eight week consultation period.

3. Consultation

There are issues of public consultation arising from this report.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Learning Disabilities Consultation Proposal
Appendix B	Draft Public Consultation document

5. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Sharon Jeffreys, Head of Mental Health Commissioning at South West Lincolnshire Clinical Commissioning Group and Jane Marshall, Director of Strategy at Lincolnshire Partnership NHS Foundation Trust, who can be contacted on 01529 222244 or jane.marshall@lpft.nhs.uk

**Transforming Care and
Learning Disabilities Consultation Proposal**

26th October 2016

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Version control sheet

Standards of business conduct and conflicts of interest policy (including hospitality, gifts and sponsorship policy)

Version	Date	Author	Status	Comment
0.1	17/10/2016	Diane Hansen	Drafted	
0.2	26 th October 2016	Diane Hansen	Amendments	
0.3	10 th November 2016	Diane Hansen	Amendment to timeframe	
0.4	6 th February 2017	Jane Marshall on behalf of Sharon Jeffries	Amendments to timeframe	Version being considered by Health Scrutiny Committee for Lincolnshire

Contents

Approach to consultation on the proposal to deliver a community based learning disability model of care across Lincolnshire	3
Our commitment to robust consultation	3
Objectives to ensure robust engagement and consultation throughout the project	4
Objective 1: Lincolnshire Transforming Care Partnership Board (TCPB)	4
Objective 2: Stakeholder mapping	5
Objective 3: Engagement opportunities at each stage of the project	5
Objective 4: Raise awareness and gain buy in:	6
Objective 5: Provide robust evidence:	6
Proposal – to activate public consultation	6
Appendix A - Phases of consultation and engagement – Learning Disabilities Consultation – 8 Weeks	7
Appendix B - Key Project Milestones	8
Appendix C - Details of phase 2 consultation: 8 week consultation	9

Approach to consultation on the proposal to deliver a community based learning disability model of care across Lincolnshire

Prior to 2015, learning disabilities services in Lincolnshire, consisted of Long Leys Court, a unit with 16 beds, with eight assessment and treatment beds and eight rehabilitation beds. Community services included a dispersed range of health professionals located across the county.

From the 1st April 2016, a new fully developed integrated community service has been piloted and running effectively, which ensures most patients are treated in their own home and provides equal services across the county. This included the temporary close of Long Leys Court.

Our commitment to robust consultation

This proposed approach to consultation has been developed to ensure robust engagement and consultation activities are included throughout the project and adhere to the following principles and statutory requirements:

- Section 242 of the Health and Social Care Act 2016 which is the statutory requirement for NHS bodies to consult with overview and scrutiny committees (OSCs), patients, the public and stakeholders when considering a proposal for a substantial development of the health service, or for a substantial variation in the provision of a service
- Section 14Z2 which requires CCGs to involve users in the development and consideration of proposals for changes in the commissioning arrangements
- Consultation Principles issued by the Cabinet Office in 2012 and updated in 2016 as set out below

Consultation Principles	How we will achieve these
<ul style="list-style-type: none"> • Consultations should be clear and concise 	Our consultation document will be clear and concise, asking only meaningful questions
<ul style="list-style-type: none"> • Consultations should have a purpose 	We are consulting before a decision has been made and the results will inform the policy change
<ul style="list-style-type: none"> • Consultations should be informative 	Our consultation document will give enough information so those consulted can give informed responses
<ul style="list-style-type: none"> • Consultations are only part of a process of engagement 	Our consultation will form part of a phased approach to involvement and will utilise various methods
<ul style="list-style-type: none"> • Consultations should last for a proportionate amount of time 	We will consult for a period of time which will allow good quality responses but not unnecessarily delay the policy development
<ul style="list-style-type: none"> • Consultations should be targeted 	We will undertake an EIA and stakeholder mapping exercise to identify all groups affected by the policy and target the consultation appropriately
<ul style="list-style-type: none"> • Consultations should take account of the groups being consulted 	We will consult stakeholders in a way that suits them
<ul style="list-style-type: none"> • Consultations should be agreed before publication 	Our Project Board with representatives from key stakeholder groups will agree the consultation
<ul style="list-style-type: none"> • Consultation should facilitate scrutiny 	We will publish the results of the consultation and explain how it has informed the policy
<ul style="list-style-type: none"> • Government responses to consultations should be published in a timely fashion 	We will publish the findings in a timely manner as per the project plan
<ul style="list-style-type: none"> • Consultation exercises should not generally be launched during local or national election periods. 	We are launching our consultation at a time so the CCGs can see the benefits and savings in a timely manner which is not during an election period

Objectives to ensure robust engagement and consultation throughout the project

1. To ensure engagement at a formative stage via appropriate representation of stakeholders on the Transforming Care Partnership Board (TCPB)
2. To identify all stakeholders to involve in the consultation, undertaking mapping and analysis to define their levels of influence and interest and therefore determine levels of engagement required as well as undertaking an EIA to identify those potentially adversely affected.
3. To ensure that key stakeholders have appropriate input into the consultation
4. To raise awareness of the project and gain buy in and support to the implementation
5. To provide robust evidence of stakeholder influence in the decision making process

This plan demonstrates how each of these objectives will be achieved.

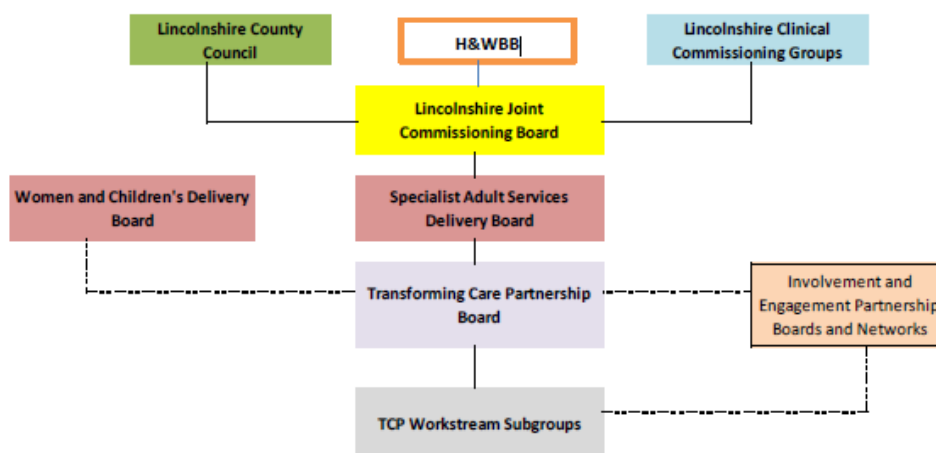
Objective 1: Lincolnshire Transforming Care Partnership Board (TCPB)

The Lincolnshire TCPB includes representatives from all four CCGs and the Local Authority. The TCP Board has the following standing members:

- Executive Nurse South West Lincolnshire CCG (SRO)
- Assistant Director Specialist Adult Services (Deputy SRO), LCC
- Chief Commissioning Officer Children’s Services, LCC
- GP Representation from LW CCG
- Head of Commissioning for Learning Disabilities and Autism, SWL CCG
- County Manager, Learning Disabilities, LCC
- TCP Programme Manager
- IPC & PHB Programme Manager, LCC
- Finance Representative CCG
- Finance Representative LCC
- Consultant in Public Health medicine
- Expert by Experience – Autism, SWL CCG
- Expert by Experience – Learning Disability

Clinical representation is provided by the GP with a special interest and experience in mental health and learning disabilities; the Chief Nurse (SWL CCG); the Head of Commissioning for Learning Disabilities and Autism, who is a registered practitioner.

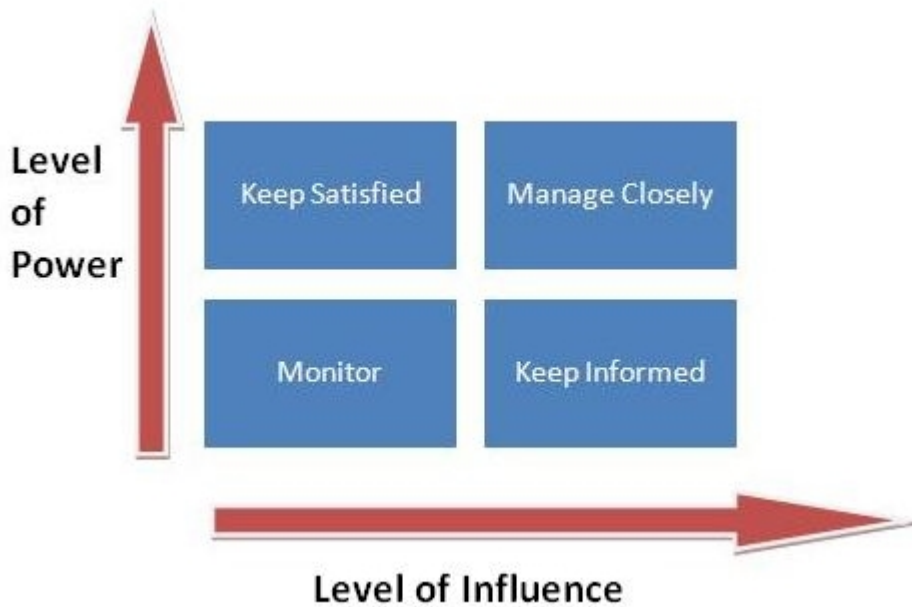
The Transforming Care Partnership Board reports to the Lincolnshire Health and WellBeing Board.



Objective 2: Stakeholder mapping

At each phase of the consultation, it is important to identify the stakeholders who need to be involved and engaged. **Stakeholders are individuals or organisations interested in or who can affect or be affected by the project.**

The Engagement and Consultation working group will identify stakeholders and map them on an influence / interest diagram as below.



The stakeholders with the highest levels of power and interest are the key individuals who need to be fully involved in the project. Those with lower interest and power require information and communication rather than full consultation.

Once stakeholders have been identified, engagement activities can be focussed and personalised, taking into consideration current relationships and where we need to be to ensure project success.

An Equality Impact Assessment will also be undertaken to assess the potential impact on the nine protected characteristics covered under the Equality Act 2010 and consultation focussed with these groups as well as the population as a whole.

Objective 3: Engagement opportunities at each stage of the project

The consultation will be part of a wider engagement process to enable key stakeholder involvement in the initial scoping of the project and proposed policy changes and the implementation phase once a decision has been made following the consultation. Stakeholders should be identified at each stage and given appropriate opportunities for involvement with clear evidence of how their views have shaped each phase and shaped decision making. The following diagram outlines the phased approach to engagement and consultation and the purposes of this.

Engagement opportunities are the crucial element to this consultation and although a consultation document will be available to encourage responses from members all of our communities, our aim is to have specific focussed engagement sessions across the county for service users, carers and families to understand the impacts.

Please see [Appendix A](#) for details of engagement and consultation phases and [Appendix B](#) for project key milestones.

[Appendix C](#) contains the details of the consultation methodology.

Objective 4: Raise awareness and gain buy in:

Communication is essential to the success of the project and to gain buy in to facilitate the implementation. This engagement plan should be considered alongside the communications activities.

Objective 5: Provide robust evidence:

This plan demonstrates a robust approach to the engagement and consultation undertaken throughout the project, based on clinical and stakeholder input to identify options and patient, public and stakeholder input into the consultation. It is clear how the opinions gathered at each stage influence the outcomes and shape further engagement. A report on the consultation will be produced to demonstrate outcomes.

Proposal – to activate public consultation

In June 2015, progress with Lincolnshire's Transforming Care programme was dramatically accelerated due to the temporary closure of Long Leys Court on grounds of safety.

Since 1st April 2016, a new fully developed integrated community service has been running effectively, which has stopped waiting times between professionals, ensures most patients are treated in their own home and provides equal services across the county. The service is delivered across Lincolnshire by a total of five multi professional teams. Four community hubs are aligned with the Clinical Commissioning Groups with satellite bases around the county to reduce travel and ensure local service delivery.

Following the successful implementation of the new model of care, we believe that we no longer have the requirement for an inpatient unit such as Long Leys Court. In order to ensure we have the best service available to people in Lincolnshire we now need to consult with stakeholders on the options for providing inpatient beds for the small number of people who need that level of care.

These improvements to our learning disability services had originally been planned to be a part of the Lincolnshire Health and Care public consultation however due to the successful implementation of the new service model both the Transforming Care Board and Senior Managers from the service provider (LPFT) feel that it would be more appropriate to carry out a focussed consultation with immediate effect.

We are therefore seeking agreement to proceed with a focussed public consultation solely for the learning disability services in Lincolnshire which would propose that there is no longer the need for units such as Long Leys Court.

The proposed timeframe and project key milestones are featured in [Appendix A](#) and [B](#) for information.

Appendix A - Phases of consultation and engagement – Learning Disabilities Consultation – 8 Weeks

October	November	December	January	February	March	April	May	June
	w/c 7 Nov a) Consultation documentation prep b) prep engagement / communications strategy TCP Board meeting	w/c 5 Dec Submit proposal to Clinical Senate (2 weeks)	w/c 2 Jan NHS Improvement submission of Business Case	w/c 6 Feb Consultation period	w/c 6 Mar Consultation period	w/c 3 Apr	w/c 1 May Local elections	w/c 5 June
	w/c 14 Nov	w/c 12 Dec TCP Board meeting	w/c 9 Jan NHS England Submission	w/c 13 Feb Consultation engagement / events	w/c 13 Mar Consultation engagement / events	w/c 10 Apr	w/c 8 May	w/c 12 June
w/c 24 Oct STP submission to NHSE	w/c 21 Nov Learning Disabilities Partnership Board STP Programme Board / SET	w/c 19 Dec Pre-consultation engagement starts HOSC - briefing paper NHS England Submission	w/c 16 Jan Pre-consultation engagement TCP Board meeting Consultation launch	w/c 20 Feb Consultation engagement / events Consultation period	w/c 20 Mar Consultation engagement / events	w/c 17 Apr PURDAH Consultation evaluation & report writing	w/c 15 May Implementation Papers circulated to GB	w/c 19 June
w/c 31 Oct a) Consultation documentation prep b) Refresh EIA	w/c 28 Nov Launch STP - subject to meeting with Simon Stevens, CX NHSE Consultation Document - private GBs	w/c 26 Dec Christmas Break	w/c 23 Jan Consultation period	w/c 27 Feb	w/c 27 Mar PURDAH Review EIA reflecting pending decision	w/c 24 Apr PURDAH GB - decision on consultation & implementation	w/c 22 May Communication and engagement on the decision	w/c 26 June
w/c 30 Jan						w/c 29 May		

**** Many authorities, including Lincolnshire County Council will have elections in May 2017. This influences our decision making timeframe due to the restrictions in the purdah period.**

Appendix B - Key Project Milestones

Key Milestone	Date
Transforming Care Plan signed-off by all 4 CCGs	April 2016
Consultation proposal document drafted	w/c 17 th October 2016
STP submission	
EIA undertaken	w/c 14 th November 2016
CCG Governing Bodies sign off proposed approach	w/c 28 th November 2016
Phase 1: Preparation, agreement and assurance	
Consultation document drafted. SWL CCG working closely with LPFT to write and design consultation	w/c 26 September 2016
Easy Read version of consultation document produced by LPFT and approved by SWL CCG and LDPB	Draft w/c 14 th November 2016 Approve w/c 21 st November 2016
Seek assurance from Clinical Senate (approx. 2 weeks)	w/c 5 th December 2016
Seek assurance from NHS England (approx. 2 weeks)	w/c 2 nd January 2017
Pre-engagement activity on emerging vision and themes with a full range of service users, clinicians and community stakeholders – CCGs and LPFT to engage local communities and service users	w/c 5 th December 2016
Health Scrutiny Committee consulted	TBC
Phase 2: Consultation	
TCP board confirm consultation can go live	TBC
Consultation launch (8 weeks)	TBC
Focussed engagement activities with service users, carers and families to ensure opportunities to respond. Work with LDPB and LAPB to ensure engagement. CCGs and LPFT to engage local communities and service users	w/c 16 th January to w/e 17 th March 2017
Consultation ends	TBC
EIA refreshed and updated following consultation end	TBC
Phase 3: Evaluation and Implementation	
Results input, feedback analysed / evaluated and report produced (2 weeks)	TBC
Reports submitted to GB meetings	TBC
Notice issued to provider	w/c 8 th May 2017
Communication and engagement to support implementation of the changes	w/c 8 th May 2017
Engagement with GPs, Providers and key stakeholders to implement service change- understanding barriers, solutions and actions.	May 2017 onwards
Communications plan developed to advise of changes to the public including schools and nurseries and care homes	May 2017 onwards

Appendix C - Details of phase 2 consultation: 8 week consultation

Stakeholder	Consultation method					
	<i>Paper consultation document and survey</i>	<i>Online consultation document and survey</i>	<i>Targeted consultation</i>	<i>Attendance at partner events and meetings</i>	<i>Briefings</i>	<i>Promotion and information via social media, websites and press releases</i>
Service users	Provided at clinics	Advertised in clinics	Yes	Any clinic events	Staff	All
General public	Can be requested from GP practices, Healthwatch etc	Advertised in various locations - downloaded from CCGs' and LPFT's website;	x	Local events advertised eg, Healthwatch meetings, PPG meetings	x	All
PPGs / Patient Council	Can be requested	Emailed directly to PPG representative for dissemination to group	x	Local events advertised eg, Healthwatch meetings, PPG meetings	x	All
Health Scrutiny Committee	x	x	x	x	Full briefing and opportunity to respond	x
Special interest / support groups	Can be requested	Emailed directly	x	x	Full briefing provided	x
LMC and GPs	x	Emailed directly	x	x	Full briefing provided	x
LPC and Pharmacies	x	Emailed directly	x	x	Full briefing provided	x
Local authorities – LCC, District Council, Parish Councils	x	Emailed directly	x	x	x	x
MPs	Can be requested	Emailed directly	x	x	Full briefing provided	x
Healthwatch, Third Sector etc	Can be requested	Emailed directly	x	Attendance at their events if requested	x	All



*South West Lincolnshire
Clinical Commissioning Group*

DRAFT

Learning Disabilities Consultation

**We would like your views on the future of the
Learning Disabilities Service in Lincolnshire**

**[insert dates of consultation here,
e.g. February 2017 to April 2017]**

DRAFT

1. Who we are

In Lincolnshire we have four Clinical Commissioning Groups (CCGs) that bring together local GPs and health professionals to commission (plan, buy and quality monitor) health services locally on behalf of our patients. CCGs aim to ensure health services – including community health, mental health and hospitals – deliver safe, effective care and treatment when you need them.

South West Lincolnshire CCG is the lead commissioner for planning, organising and buying mental health and learning disability services in Lincolnshire on behalf of all four CCGs in the county.



The four CCGs in Lincolnshire are:

NHS Lincolnshire East CCG -

consists of 30 GP member practices, who serve 240,000+ people living in Boston, East Lindsey, Skegness and Coast

NHS Lincolnshire West CCG -

consists of 37 GP member practices, who serve 230,000+ people living in Lincoln, Gainsborough and surrounding villages

NHS South Lincolnshire CCG -

consists of 15 GP member practices, who serve 134,531 people living in Welland and South Holland

NHS South West Lincolnshire CCG -

consists of 19 GP practices, who service 128,000 + people living in Grantham, Sleaford and surrounding villages.

South West Lincolnshire CCG

commissions Lincolnshire Partnership NHS Foundation Trust (LPFT) as the principal provider of NHS mental health and learning disability services in Lincolnshire. It was one of the first foundation trusts to be established in the country and provide the full spectrum of mental health services and specialist support for people with learning disabilities.

The Trust is committed to working in partnership with our staff, patients and carers to continuously improve the quality of care it provides, delivering safe services with a focus on recovery and ensuring service users are at the heart of everything it does. The organisation recognises the importance of ensuring its services are fair and equitable to all and it celebrates the diversity of its service users, carers and staff.

The four CCGs and LPFT are committed to involving patients, the public, partners and key stakeholders in the development of future services, identifying priorities and understanding the health needs of their population. Therefore, we would like your views on the future of the Learning Disabilities Service in Lincolnshire and we are asking

2 Why do services need to change?

Services for people with learning disabilities have been in the spotlight in recent years and those of us involved in these services have recognised that much could be done to improve the way care and treatment is provided.

Since 2014, the Government and leading organisations across the health and care system have been committed to transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services.

A national Transforming Care Programme was agreed in 2015 and we have been working to make sure we respond to this new agenda. Transforming Care is a national drive to implement a community based learning disability model of care with a significant reduction in inpatient care and increased access to mainstream health services.

In July 2015, progress with this programme in Lincolnshire was dramatically accelerated due to the temporary closure of Long Leys Court, the learning disabilities inpatient unit in Lincoln.

Since then, the community service has been completely transformed so that people with a learning disability can be better supported at home so they do not have to go into hospital.

Long Leys Court remains temporarily closed; however, due to the success of the community services transformation and the national direction from Government through the Transforming Care programme, we believe that we no longer have a need for this type of unit and intend to make this a permanent closure.

This consultation document provides an overview of our proposed service changes and invites interested parties to give views and comments on some key questions about the way services are delivered in the future.

3 Background

Prior to 2015, learning disabilities services in Lincolnshire, consisted of Long Leys Court, a unit with 16 beds, with eight assessment and treatment beds and eight rehabilitation beds. Community services included a dispersed range of health professionals located across the county.

In 2015, a new national agenda was set for learning disabilities services called Transforming Care. This new agenda called for:

- Greater empowerment for people and families
- Less reliance on inpatient care
- Greater emphasis on community services

- Stronger emphasis on personalised care.

We have been working to develop services to meet these new standards by reviewing the way community services work and how people with learning disabilities access mainstream services.

4 New ways of working

In June 2015, progress with this programme was dramatically accelerated due to the temporary closure of Long Leys Court on grounds of safety.

From the 1st April 2016, a new fully developed integrated community service has been running effectively, which has stopped waiting times between professionals, ensures most patients are treated in their own home and provides equal services across the county.

The service is delivered across Lincolnshire by a total of five multi professional teams. Four community hubs are aligned with the Clinical Commissioning Groups with satellite bases around the county to reduce travel and ensure local service delivery.

The four community hub teams provide support for people with learning disabilities to access mainstream physical and mental health services as well as specialist proactive behavioural support, psychiatry, psychology, speech and language therapy, occupational therapy and physiotherapy assessment and care planning for people with a learning disability. The service also offers autism spectrum disorder (ASD) diagnosis pathways and support to help people with autism access mental health and physical health services for people with or without a learning disability. The hub teams are operational through the hours of 9am – 5pm Monday to Friday.

The fifth team is a county wide Crisis Home Assessment and Treatment (CHAT) team, which operates 24 hours a day, seven days a week, to provide intensive support in service users' usual place of residence.

On rare occasions when it is inappropriate to provide intensive support in the home environment, it is proposed that there will be time limited access to beds in specialist care homes, with the CHAT team providing support.

Service users with a learning disability who are able to access mainstream mental health crisis and inpatient services with adjustments and support, can access mainstream mental health services in a crisis with support from the specialist liaison staff.

For service users, who because of the impact of their learning disability, cannot access mainstream mental health services even with extra support and adjustments, and where there is an immediate risk to themselves or others requiring detention under the Mental Health Act, a specialist inpatient bed is identified by the CHAT team.

Before any admission to a mental health or learning disability hospital is agreed a Care and Treatment Review will be held to make sure that the person's care is appropriate, they are safe and future plans are in place. This is also to make sure that people with a learning disability and/or autism only go to hospital if they really need to. This review will involve the person, their family and an independent panel led by the commissioner.

The Mental Health Act

In most cases, when people are treated in hospital or another mental health facility, they have agreed or volunteered to be there. You may be referred to as a "voluntary patient".

However, there are cases when a person can be detained (also known as sectioned) under the Mental Health Act (1983) and treated without their agreement. The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.

People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others. See our guidance about how to deal with a mental health crisis or emergency

5 Benefits of the new way of working

This new community based learning disabilities service will improve health services in Lincolnshire for people with learning disabilities in line with the national agenda for Transforming Care, with the following key benefits:

- A more holistic integrated service ensuring fair and equal access to mainstream physical and mental health services wherever possible.
- The provision of support and training for carers and care providers to enable service users to remain in their home environment.
- 24/7 support to service users with learning disabilities in their home environment.
- Work with other organisations to share knowledge and skill to provide more joined up packages or care and reduce multiple assessments.
- Intensive crisis support and home treatment in the community to prevent unnecessary admissions to hospital and prevent or delayed admission into complex care placements.

6 Impact from the new way of working

The main impact with this change is for those patients with a learning disability and who present as an immediate risk to self or others, requiring detention under the Mental Health Act to a specialist learning disability hospital.

For these patients a specialist inpatient bed is sought in an identified preferred provider by the CHAT team. This could be an out of county placement.

Since the 1st April 2016, when the new community model became fully operational, only three service users have needed to be admitted into a specialist learning disability hospital.

7 Stakeholder engagement and feedback

The CCG and LPFT have been working with patients, carers, staff and the public over the last 18 months to make sure the services being provided are the best they can be. There have been numerous stakeholder engagement events during 2015 across the county and over 80% of participants were either service users or carers. The events explored what worked well in learning disabilities services in Lincolnshire and what

could be better. Feedback from those events was used to inform the current service model.

A 30 day staff consultation was also held at LPFT in early 2016 as part of the workforce changes to implement the new community model described above.

Further engagement activities have been held with patients, carers and stakeholders with five LPFT listening events being held during September 2016, where more than 50 people took the time to share their views and experiences of Lincolnshire's mental health and learning disabilities services. Events in Boston, Sleaford, Gainsborough and Stamford to discuss the new community services and proposed changes with service users and carers were hosted by the CCG.

The feedback received from professionals, patients and carers about the new service has been very positive.....

"I am an Accident and Emergency Mental Health Liaison Nurse and I was on shift when a young lady with a learning disability was admitted. I just want to express my observations of the professionalism and dedication to the young lady and her respite placement staff by the CHAT team. They went far and beyond what we normally see in Accident and Emergency in their care for the young lady and were determined to make sure she was able to receive the best care under the circumstances." Mental Health Liaison Nurse

"The service was fantastic and brilliant" Service user

"The team have been extremely caring whilst working with a service user." Community Mental Health Nurse

"This service is very valuable and provides excellent support to service users, carers and families. I would highly recommend the service" Service user

"K is the most loveliest person. We know that when K is around she will always help. She is a credit" Carer

"I had a very good experience and was well looked after" Service user

8 Summary

Following the successful implementation of the new model of care, we no longer have the requirement for an inpatient unit such as Long Leys Court. In order to ensure we have the best service available to people in Lincolnshire we now need to consult with stakeholders on the options for providing inpatient beds for the small number of people who need that level of care.

At the present time, service users with a learning disability who have a mental health crisis, but are able to access mainstream services with additional support, are placed in mainstream mental health services with support from the Learning Disabilities Liaison Team. Those service users whose needs cannot be met in mainstream services even with extra support, who require detention under the Mental Health Act because of an immediate risk to self or others, are placed in a specialist inpatient bed outside Lincolnshire.

The options for inpatient care are to either place service users with a learning disability in specialist facilities outside of Lincolnshire, or to place service users in a mental

health bed in Lincolnshire with reasonable adjustments and support from the community team.

There is also an option to provide accommodation for one to two people in times of crisis. This accommodation would not be the same as an inpatient admission, but would be somewhere where service users could be supported and assessed during a mental health crisis and could also act as an interim step before admission to an inpatient bed.

9 What happens next?

The consultation will run for eight weeks from **xx xxxxxx 2017**.

The responses received during this consultation will be analysed and a report will be presented to the South West Lincolnshire Clinical Commissioning Group. SWLCCG and Lincolnshire Partnership NHS Foundation Trust will consider the report before taking any decisions on service change. The report will be published. We will continue to gather the views of people until the end of the consultation period. We will then use the feedback we have received to produce a report with recommendations which will be discussed at the **Clinical Commissioning Group Joint Council Meeting**, who will make a final decision on the proposals.

10 How you can have your say

We welcome all responses to this consultation and will provide a range of opportunities for people to have a say.

You can respond by completing the questionnaire at the end of this document. Please cut out the questionnaire, complete and send it to: **To be confirmed**

Alternatively you can visit the website **to be confirmed** where you can fill in the same questionnaire online.

Details of upcoming consultation activities, documents and more information about this consultation can also be found at: **To be confirmed**

If you would like to contact us direct you can call the **to be confirmed** Team on **To be confirmed** or email **To be confirmed**

This document and the questionnaire are available in easy read format. If you would like an easy read copy please contact: **to be confirmed**.

Should you require a copy of this document in another language or format, please contact: **to be confirmed**.

Please tell us your views by completing this short survey

This questionnaire is in two parts. Part One concerns the options for service change described in this consultation document and Part Two concerns your personal circumstances. You are not obliged to answer the questions in Part Two but if you are able to do so it would help us to better understand the impact of any potential service changes upon different groups of people.

Could you please begin by giving us your postcode omitting the last two letters? For example, if your postcode is NG31 6PZ, enter “NG316”; if it is NG32 9EE, enter “NG329”)

My postcode is: _____

Part One

In order to help us make decisions about the future delivery of this service, we would like your views – please provide your answers to the following questions:

1. Do you understand why we need to make the changes proposed in this consultation document?

Yes No Undecided

2. Do you agree that by providing services in the community by treating patients in their own home is a better option than admitting patients into hospital?

Yes No Undecided

3. Do you agree that having four community hubs across the county, together with local satellite bases; will make it easier for services users to access services?

Yes No Undecided

4. Do you agree that having four community hubs across the county, together with local satellite bases; will reduce travel for service users and families?

Yes No Undecided

5. Do you agree that service users with a learning disability should be able to access a mainstream mental health bed in Lincolnshire with support from the learning disabilities community team?

Yes No Undecided

6. Do you agree that if required, it would be preferable for service users with a learning disability (who can access mainstream mental health services with support) should be admitted in Lincolnshire?

Yes No Undecided

7. How far do you feel is reasonable for service users to travel to access a specialist learning disabilities bed?

Under 60 miles 61-80 miles Over 80 miles

8. Do you agree with the proposal to provide residential accommodation for one to two service users to access at a time of crisis? (This accommodation would not be the same as an inpatient admission, but would be somewhere where service users could be supported and assessed during a mental health crisis and could also act as an interim step before admission to an inpatient bed).

Yes No Undecided

9. How far do you consider it reasonable to travel for short-term residential places at times of crisis?

Under 40 miles 41-50 miles Over 50 miles

10. When considering the delivery of the new community services which will help services users access mainstream services (with support) and remain in their own home, to what extent do you agree with the proposal to permanently close the inpatient ward at Long Leys Court.

Strongly agree Agree Disagree Strongly disagree Undecided

11. What other improvements to the community support and services need to be in place to ensure success of the new enhanced community model?

[Click here to enter text.](#)

PART TWO

ABOUT YOU

We would like to understand more about you so that we can be sure we have received responses from the range of different people in our diverse community and so that we can better understand the background to your responses. You can help us by completing this part of the consultation questionnaire but completing this section is entirely voluntary.

We won't share your information with anyone else and will only use it to help us make decisions to improve our services. Please tick appropriate answers for each section. Thank you for completing the form.

<p>Age</p> <p><input type="checkbox"/> 17 or younger</p> <p><input type="checkbox"/> 18-20</p> <p><input type="checkbox"/> 21-29</p> <p><input type="checkbox"/> 30-39</p> <p><input type="checkbox"/> 40-49</p> <p><input type="checkbox"/> 50-64</p> <p><input type="checkbox"/> 65-74</p> <p><input type="checkbox"/> 75-84</p> <p><input type="checkbox"/> 85 and over</p>	<p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Are you the same gender you were assigned at birth?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>Sexual Orientation</p> <p><input type="checkbox"/> Heterosexual / straight</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Gay man</p> <p><input type="checkbox"/> Gay woman</p> <p><input type="checkbox"/> Prefer not to say</p>
<p>The Equality Act 2010 defines a person as Disabled if they have a physical or mental Impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities</p>		
<p>Do you consider yourself to have a disability?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>	<p><i>If yes, please specify:</i></p> <p><input type="checkbox"/> Blind or sight impairment</p> <p><input type="checkbox"/> Deaf or hearing impairment</p> <p><input type="checkbox"/> Mobility e.g. difficulty walking short distances or climbing stairs</p> <p><input type="checkbox"/> Manual dexterity</p> <p><input type="checkbox"/> Learning disability, where a person learns in a different way e.g. dyslexia</p> <p><input type="checkbox"/> Mental illness e.g. schizophrenia, depression</p> <p><input type="checkbox"/> Speech impairment</p> <p><input type="checkbox"/> Cognitive disability e.g. brain injury, autism, attention deficit</p> <p><input type="checkbox"/> Hyperactivity disorder or Asperger's syndrome</p> <p><input type="checkbox"/> Prefer not to say</p> <p><input type="checkbox"/> Other (Please specify)</p>	
<p>Do you consider yourself to have a long term condition?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><i>If yes, please specify:</i></p> <p><input type="checkbox"/> Heart Condition</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> COPD</p>	

<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Cancer <input type="checkbox"/> Coeliac Disease <input type="checkbox"/> Speech impairment <input type="checkbox"/> Cognitive disability e.g. brain injury, autism, attention deficit <input type="checkbox"/> Hyperactivity disorder or Asperger's syndrome <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other (Please specify) _____
What is your ethnicity?	
A - White	<input type="checkbox"/> British, English, Northern Irish, Scottish or Welsh <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy / Irish traveller / Roma <input type="checkbox"/> Any other white background (please specify) _____
B - Mixed or multiple ethnic groups	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed or multiple ethnic background (please specify) _____
C - Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (please specify) _____
D - Black, African, Caribbean Or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any Black British, African or Caribbean background (please specify) _____
E - Other ethnic group	<input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group (please specify) _____
F - Not Stated	<input type="checkbox"/> Prefer not to say
What is your religion?	
<input type="checkbox"/> No religion <input type="checkbox"/> Hindu <input type="checkbox"/> Sikh <input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> Any other religion (please specify) _____ <input type="checkbox"/> Buddhist <input type="checkbox"/> Muslim

<i>Do you have caring responsibilities?</i>		
<input type="checkbox"/> None <input type="checkbox"/> Primary carer of a child or children (under 18 years) <input type="checkbox"/> Primary carer of a disabled child or children	<input type="checkbox"/> Primary carer of a disabled adult (18 years and over) <input type="checkbox"/> Primary carer of older person or people (65 years and over)	<input type="checkbox"/> Secondary carer <input type="checkbox"/> Prefer not to say
<i>What is your employment status?</i>		
<input type="checkbox"/> Employee in full time work (over 30 hrs) <input type="checkbox"/> Employee in part time work (under 30 hrs) <input type="checkbox"/> Retired	<input type="checkbox"/> Permanently sick / disabled <input type="checkbox"/> Full time carer <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed (full or part time)	<input type="checkbox"/> Looking after home <input type="checkbox"/> Full time education (college / university) <input type="checkbox"/> Part time student <input type="checkbox"/> Government supported training
<i>Preferred written language?</i>		<i>Preferred spoken language?</i>
_____		_____

DRAFT

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