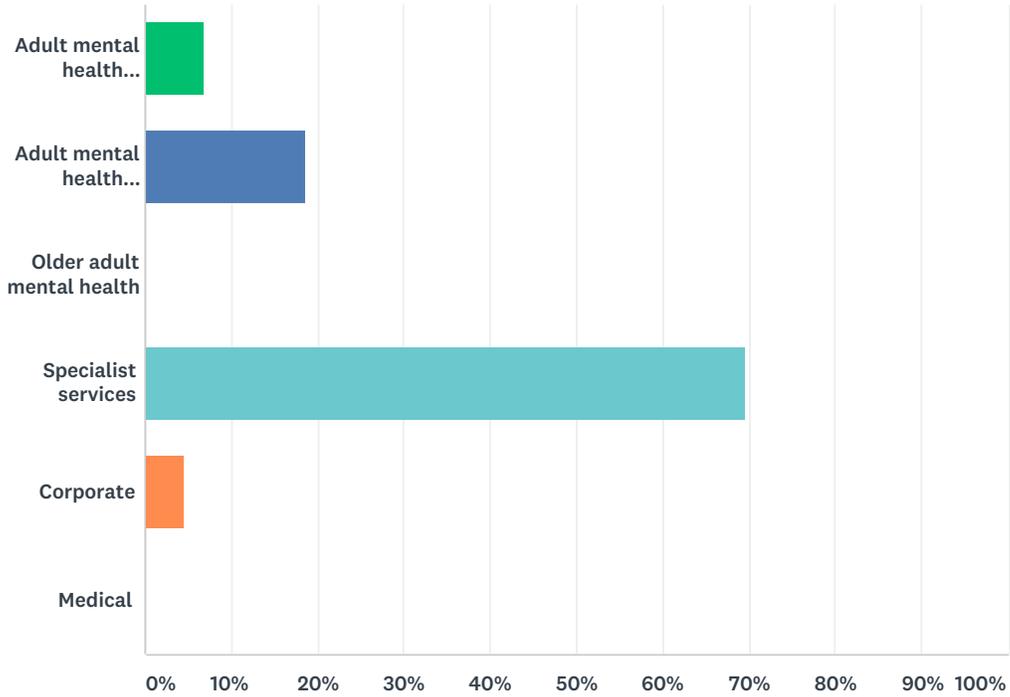


## Q1 Which division do you work for?

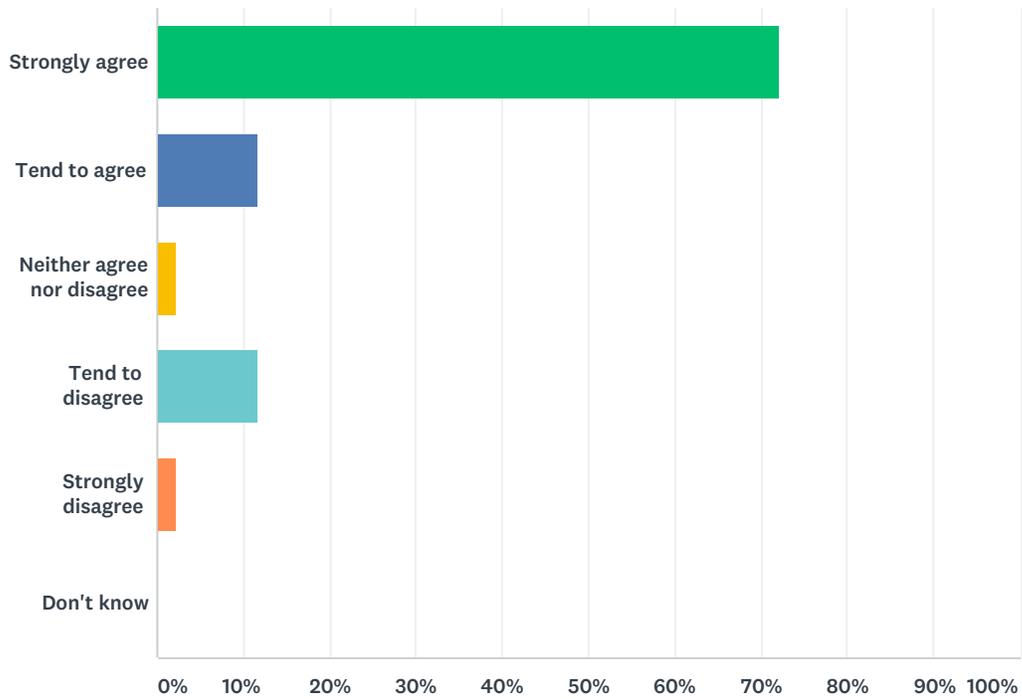
Answered: 43 Skipped: 0



ANSWER CHOICES	RESPONSES	
Adult mental health inpatient	6.98%	3
Adult mental health community	18.60%	8
Older adult mental health	0.00%	0
Specialist services	69.77%	30
Corporate	4.65%	2
Medical	0.00%	0
<b>TOTAL</b>		<b>43</b>

## Q2 To what extent do you agree or disagree with our ambition for caring for people with a learning disability and/or autism spectrum disorder?

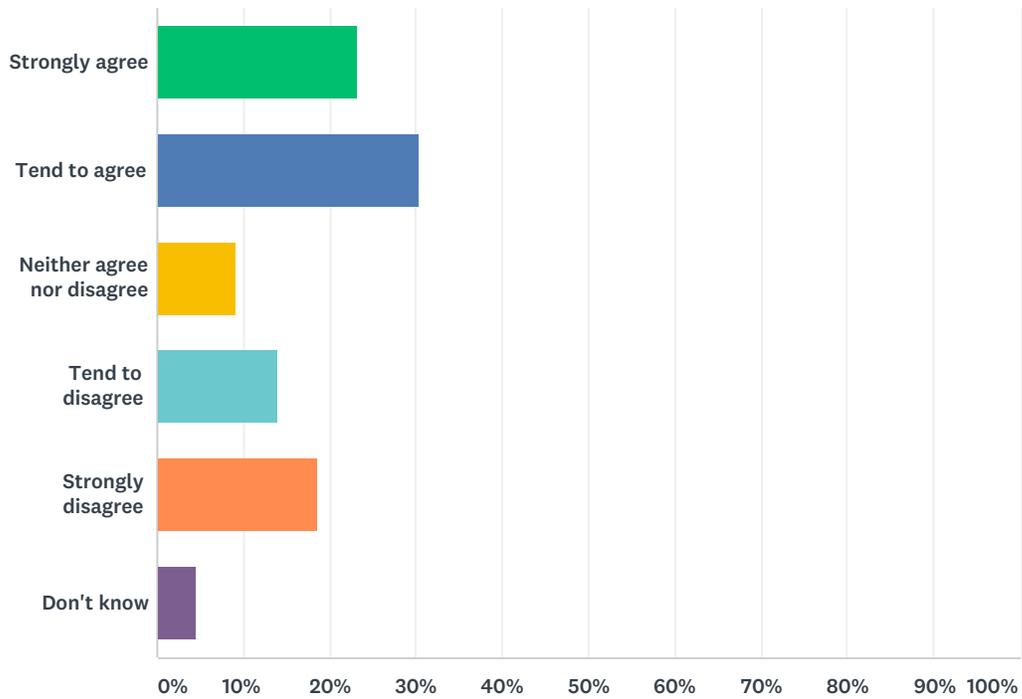
Answered: 43 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	72.09%	31
Tend to agree	11.63%	5
Neither agree nor disagree	2.33%	1
Tend to disagree	11.63%	5
Strongly disagree	2.33%	1
Don't know	0.00%	0
<b>TOTAL</b>		<b>43</b>

### Q3 Based on your experience, do you feel the new community service meets the needs of people with LD and/or ASD?

Answered: 43 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	23.26%	10
Tend to agree	30.23%	13
Neither agree nor disagree	9.30%	4
Tend to disagree	13.95%	6
Strongly disagree	18.60%	8
Don't know	4.65%	2
<b>TOTAL</b>		<b>43</b>

## Q4 Please use the box below to give an explanation or any additional information:

Answered: 34 Skipped: 9

#	RESPONSES	DATE
1	There is a massive gap in support for people who have autism without a learning disability. The service is only providing a diagnostic pathway.	2/22/2018 10:44 PM
2	I work for CAMHS and there is no specialist provision for ASD	2/16/2018 6:45 PM
3	I strongly agree with the new community service meeting the needs of people with Learning Disabilities and I think the new service is absolutely improving the lives of people with LD. I strongly disagree that it is meeting the needs of people with Autism, we only offer a diagnostic service and liaison which is fine as this is all we are commissioned to give. Unfortunately many of our patients who require our diagnostic services require post diagnostic support. All we can do is sign post to any charities that maybe able to offer them some limited support or mental health services if they meet their criteria. Giving someone a diagnosis of Autism is a life long diagnosis that some people find very difficult to come to terms with and others require further interventions to support their access to their own communities and support them with anxiety levels and a range of mental health and physical health issues. We have a very limited mental health service which do not offer behavioural interventions and some of the more in depth exposure work that somebody with Autism may require after diagnosis. This makes diagnosing challenging mainly in the respect that we have to tell patients that we do not offer post diagnostic services and we have to also let them know that it is down to commissioning and not because we do not recognise the need for these services. We certainly have the skills and knowledge in house to be able to offer this type of service and ideally a business plan needs to be put together to be put forward to commissioners to try and better the services that we can give. We also need to work hard on retention and utilization of staff across (and not limited to just specialist services all of LPFT) who are able to diagnose Autism so that we can get the waiting list down to a more reasonable wait.	2/15/2018 9:50 AM
4	Generally, meets needs of people with LD and behaviour problems. PMLD are getting pushed towards generic services which don't meet their needs and people with Autism get a diagnosis but no support if they haven't got a learning disability	2/14/2018 12:49 PM
5	As a team member in the LD services I still see patients being out on waiting lists for long periods especially on the ASD side. Autism is not commissioned and is a massive gap in the service for these people as mental health services struggle with how to support them. The need for chat to be 24 is not required and will result in staff burn out with it being county wide and a small staff team they need to re think the remit of the chat team to ensure clear guidance	2/14/2018 12:19 PM
6	-I would be of the view that you still need some inpatient beds and that the present acute and rehab beds don't meet the needs of people with LD. - it may be claimed that closing of long leys court was carefully handled but there are still patients who have been out of area ever since directly as a result of that closure and it is very very concerning that has not been acknowledged - most of the people are living in privately run residential homes or CSI where the quality of care is variable - is this necessarily better quality of life? -the role of social care vs LPFT staff is confused eg CPA responsibility -the needs with people with ASD and no LD are NOT met at all as care is not commissioned - forensic needs are not commissioned, and need to be	2/14/2018 9:37 AM
7	We need to improve our expertise of dealing with young people with Autism that have mental health problems. The current care pathways do not take this into account.	2/13/2018 9:17 AM
8	At present the community teams provide very client focused, patient centred care for adults with LD. The MDTs work well together and enable a holistic assessment, development of a clinical formulation and subsequent intervention plans.	2/12/2018 10:53 AM
9	I have a relative with a Learning Disability and feel strongly that he should be supported to maintain his independence and links to the community.	2/8/2018 9:26 AM

## Transforming Care in Learning Disability Services - Staff Survey January 2018

10	The current LD services (CHAT) will not work with people with autism or learning disability unless severe. It is extremely difficult to get them to even offer any assessment and other areas are having to placate angry families who want an LD service for their family member They are not helping people with these difficulties or their families. Mainstream Adult services are being expected to pick up complex and vulnerable people who require appropriate support from LD Teams which is not how it should be. As an addition the general attitude of staff at the LD team (CHAT) is poor, defensive and at times rude, they don't seem to want to help and have a ready list of excuses as to why patients don't meet their criteria.	1/26/2018 1:12 PM
11	I feel that the needs of people with a diagnosis of a learning disability are well supported within the community but there is no real service for people with ASD and no LD diagnosis other than an initial diagnostic service and then there is no follow up. This must be very frustrating for those individuals that have nowhere to then go for support and interventions. I feel that mental health services still have a long way to go in offering parity of esteem to those individuals that have either a mild LD or ASD needs coupled with mental health needs. It is still difficult to get main stream mental health services to allow such individuals to access mental health services and instead are referred to the learning disability team for support with at times complex mental health needs that require specialist mental health therapies/treatment/ interventions.	1/25/2018 2:04 PM
12	I have had no experience/contact with the new community service.	1/25/2018 1:29 PM
13	People with an LD are being well supported, however stand alone ASD is diagnostic only, no follow on care.	1/25/2018 1:16 PM
14	People with LD are supported to stay in their own homes.	1/24/2018 1:29 PM
15	Very few people have needed hospital admission	1/24/2018 7:54 AM
16	Issues with lack of support for adults with Aspergers /Autism	1/23/2018 8:30 AM
17	To the best of my knowledge, in Lincolnshire, people receive a diagnosis ONLY, and there is no provision for any ongoing support.	1/22/2018 3:40 PM
18	I feel that the emphasis is correctly on supporting people to remain well in their community; however there are times when an inpatient stay would be helpful and relevant. This is more difficult now due to the red-tape which faces professionals when hospital stays are suggested. I also feel that the CHAT team don't quite provide what I originally thought they were commissioned for.	1/22/2018 3:29 PM
19	I think the service is definitely striving to better meet their needs however we have struggled to have enough staff in the right area. This is partly due to difficulty recruiting certain professional groups nationally and then locally recruiting to rural areas of Lincolnshire. There is still scope to get the right balance of staff and recruitment has taken place to fill the gaps. I also feel we are more distant from out social services team members who are the case managers. I believe treating people in their own home has to be in the best interests of that person. I believe the CHAT team can fill a gap of specialist LD knowledge if they are admitted to an inpatient mental health bed.	1/22/2018 2:34 PM
20	From my experience of the model I feel CHAT should be brought into the hub teams, or work a lot closer to the teams, rather than as a separate team which then passes back to the hub team.	1/22/2018 8:36 AM
21	Patients who have required treatment have been admitted out of county and this is very distressing for family and individual. there is not the facility to make clinical decisions regarding hospital admission as teams do not get the opportunity to support patients at home over a 24 hour period and there is often a massive gap between social care and health.	1/21/2018 9:12 AM
22	i think we meet the needs for LD but feel that ASD needs further work. We are having problems if a service user has no LD but has Autism as Single point of Access thinks a person with Autism falls under the LD service. At present LD service completes the Autism assessments (DISCO) and Autism liaison but this is not enough. There either needs to be a separate Autism team or this should fall under the LD service as i think LD are better equipped to meet the needs of people with Autism than Mental health services are. Mental health services also always direct there referrals for Autism to the LD hub.	1/20/2018 8:51 AM
23	the community model is a good service however it falls short of treating people with ASD as it only provides a diagnosis. It also doesn't provide a service for people with a mild learning disability who are able to access mainstream services. and doesn't diagnose a learning disability despite the fact that there some people with a learning disability with put diagnosis.	1/19/2018 9:44 PM

## Transforming Care in Learning Disability Services - Staff Survey January 2018

24	Whilst I feel on the whole that a community provision is the most appropriate, I do feel that there still needs to be more work on ensuring a fair and seamless access to services. I also feel that staffing has been an issue meaning that resources are not always available to ensure that the interventions required for the patient can be delivered. I also feel that there needs to be smoother transitions between CHAT and the hub teams with the hub teams carrying on the work started by CHAT, to ensure the patient does not go into "crisis" again and end up being re-referred to CHAT. I also feel that some care providers are letting service users down as they are not geared up to meet the individuals they are supporting.	1/19/2018 9:41 PM
25	Mainstream MH staff not trained to recognise,work with and know HOW to adapt self help materials to support the patient in overcoming their difficulties. Despite attempts to gain this nothing of use forthcoming. Staff try their best with patients but outcomes are poor due to the above.	1/19/2018 1:28 PM
26	I feel there is still a need for an NHS LD inpatient unit as I am aware of significant struggles with LD patients not having their needs met properly when in mental health inpatient setting.	1/19/2018 1:13 PM
27	There is currently no service for people who just have asd they will only be seen if they also have a learning disability, they are not seen by mental health services so who provides support and treatment for these people. Staff retention is low therefore this is creating long waiting times for service users as there is not enough staff to fill the roles , there is currently no mental health leads short on SALT therapist and also behavioral support nurses in some areas	1/19/2018 10:39 AM
28	On the whole I think the community service meets the needs of the people but for those where it is necessary to have inpatient treatment I think there should be provision within Lincolnshire as going out of county can cause more trauma for the individual and their families	1/19/2018 10:16 AM
29	This is evidenced by the number of patients actually needing an in-patient stay.	1/19/2018 10:10 AM
30	AS a health community we need more investment and training for all staff in ASD for people without a LD.	1/19/2018 9:43 AM
31	services can be accessed quickly and efficiently. It supports families and carers to solve issues problems and to stay within the home environment and the community. I do feel more services need to be offered to ASD they do get lost in the system and can get forgotten about. They can have complex needs that need to be met but they fall through the net and get stuck because they do not meet the criteria for mental health and do not for Learning Disabilities as well.	1/19/2018 9:04 AM
32	We only provide a diagnostic service for people with ASH without LD. Ideally we should provide a full service to all people with ASD	1/19/2018 9:01 AM
33	I feel more referrals get rejected I feel it is misleading in regard to autism services and currently the service provided to people with autism without LD is extremely limited but I feel the labelling and promotion materials can be misleading in regard to this I feel once fully staffed the service will be better as some areas are not receiving a specific service due to vacancies	1/18/2018 4:32 PM
34	Lack of staff, posts still unfulfilled. Waiting lists still held only difference to service is we turn away more referrals than ever	1/18/2018 3:44 PM

## Q5 In your opinion what have been the benefits of the new community service? Please use the box below to tell us.

Answered: 34 Skipped: 9

#	RESPONSES	DATE
1	More collaborative work with different disciplines.	2/22/2018 10:44 PM
2	Benefits have been reducing the number of admissions. We offer people a very high standard of care and this has proved itself by the amount of admissions since the community service has been in place. We are still always going to have poorly people who will require a bed but with CHAT and the CTR process in place we are now making sure that people are only going to be admitted if they absolutely have to be. With the CTR process this also means that people will be monitored and not end up in hospital for too long. I also feel that it is putting a bigger emphasis on community placements having to step up to the mark and deliver what they have been commissioned to do. Historically our service picked up where they were not delivering the care they were paid to do. I do still think this is an area which needs improving but it certainly I feel is not as bad as 3/4years ago.	2/15/2018 9:50 AM
3	Better team working so service users shouldn't have to wait so long for support from the various team members	2/14/2018 12:49 PM
4	Supporting people in their own homes with outnjacong to access hospital having LD liaison in the hospitals on the wards. Having close worrying Mdt's.	2/14/2018 12:19 PM
5	- localised - 24 hour access with CHAT ( but need evaluation of how much this I utilised)	2/14/2018 9:37 AM
6	An increasing knowledge and experience in this field	2/13/2018 9:17 AM
7	The psychology led MDT approach has helped build on the good work that the community teams were already doing prior to the transformation.	2/12/2018 10:53 AM
8	As above. Also because people are supported whilst remaining in the community this may decrease the amount of stigma. People are not being 'locked away' as if there is something to hide	2/8/2018 9:26 AM
9	The ability to look at people as individuals, recognize their strengths rather than fixate on what they are not able to do	1/29/2018 9:05 AM
10	For the team I work in they have not made any difference as mainstream adult services are expected to work with these patients, they seem to have the biggest exclusion criteria I have ever known and have to question what their referral rates are and how effective they are being as a service.	1/26/2018 1:12 PM
11	The benefits are that the team is made up of many different professionals from various disciplines and thus can offer a multi disciplinary approach to meet needs. Joint working requests are a much quicker process and work well.	1/25/2018 2:04 PM
12	N/A - see answer for 4.	1/25/2018 1:29 PM
13	The multi-disciplinary hub working has been very effective.	1/25/2018 1:16 PM
14	Working closely with other professionals within the hubs, ensures that the service user gets the right treatment in a more timely manner.	1/24/2018 3:34 PM
15	Integrated multi disciplinary working.	1/24/2018 1:29 PM
16	People have not been admitted to hospital as a first action, they have received care in their own homes which has better outcomes	1/24/2018 7:54 AM
17	I don't know	1/22/2018 3:40 PM
18	Greater emphasis on team work; much smoother administrative processes. Staff are motivated and keen to work together. Service users needs are met in a more timely fashion.	1/22/2018 3:29 PM

## Transforming Care in Learning Disability Services - Staff Survey January 2018

19	The new community service allows people to be seen in their own home, community setting and day provision and therefore allows the LD team to get to know them in a more holistic way. LD team members can meet people in their different environments and talk to all staff and family members involved in their care. There is more flexibility to see them to fully appreciate any difficulties they or their carers may have and so have more person-centred / personalised care.	1/22/2018 2:34 PM
20	Joint working with other professionals, no referral waits for internal joint working and in that respect patients are seen quicker.	1/22/2018 8:36 AM
21	feel that immediate response are often made with new services and this can benefit patients, families and cares. Psychiatry do a fantastic service with offering emergency appointments. However there can sometimes be a gap in treatment between handover from CHAT to hub teams and this can impact negatively on the patient.	1/21/2018 9:12 AM
22	Avoid unnecessary hospital admissions. being a positive behaviour model. Not using restrictive interventions. more holistic care.	1/20/2018 8:51 AM
23	benefits of the new service are that there is a team in the four areas of Lincolnshire each holding a range of different professionals that work closely together to provide a valuable service to people with learning disabilities.	1/19/2018 9:44 PM
24	- Reduced inappropriate hospital admissions. - Better liaison between services. - Treating people in their home environments, with familiar faces, causing less distress than an admission to hospital.	1/19/2018 9:41 PM
25	None?? Previous greenlight team were so much more helpful and responsive.	1/19/2018 1:28 PM
26	I believe a community service is great but there still needs to be inpatient provision alongside this	1/19/2018 1:13 PM
27	There is more support as the hub teams have all disciplines available so there is less waiting for service users. However waiting times apply for people who have been see by the community home assessment and treatment team which should not be the case as these people are in or have been in crisis	1/19/2018 10:39 AM
28	Working in a multidisciplinary team gives a more streamlined service	1/19/2018 10:16 AM
29	Better joint working, reduced silo working. More comprehensive and robust joint working between disciplines to the benefit of the patient. Reduced hospital admissions. Treating the patient in their home and not creating additional complexities such as removing patients to unfamiliar environments and staff that will have an effect on behaviours. Developing bespoke management plans for the patient's home environment.	1/19/2018 10:10 AM
30	Closer to home for the individuals. More multi disciplinary working. People not being admitted into hospital unnecessarily when their needs can be met at home with support.	1/19/2018 9:43 AM
31	Team approach. better communication between professionals, carers and families. Good support that can be given when needed. It is helping people with LD to be part of their community.	1/19/2018 9:04 AM
32	Diagnosis only	1/19/2018 9:01 AM
33	better and closer MDT working, patients receiving a full team approach easy access to members MDT for their ideas /thoughts even if they not actively involved Patients not having to wait on various waiting lists	1/18/2018 4:32 PM
34	we have a MDT weekly	1/18/2018 3:44 PM

## Q6 In your opinion what are the challenges of delivering the new community service? Please use the box below to tell us.

Answered: 34 Skipped: 9

#	RESPONSES	DATE
1	The service is new and as such managers cannot seem to agree with how things should be done. Lacks consistency across county.	2/22/2018 10:44 PM
2	One challenge is the vast scale of Lincolnshire which proves challenging but I do think our teams are well spread and this does support access. Already mentioned challenges in regard to Autism services. Staff retention in Lincolnshire is problematic we need to offer people a progressive career pathway and training in the hope to appeal to new staff and retain old ones. Also a better career progression than simply waiting for people to retire or leave so that a high level of job comes available. I think we have within our staff teams some fantastic skills and knowledge that we need to get better at giving the opportunity of sharing. I also feel that offering staff Masters and PHD courses is a good way of retaining staff when there is not a higher level to move up into but would still mean they were furthering their careers and knowledge which can only benefit the service and hopefully retain and invest in current staff.	2/15/2018 9:50 AM
3	Lack of staff, unrealistic staffing levels, not enough emphasis placed on physical health needs and PMLD	2/14/2018 12:49 PM
4	Psychiatry is difficult in some areas resulting in quick discharge's at times when the patient needs to be supported. Supporting patients to access mental health services at times. Out of hours Local area emergency protocols are very difficult to complete when out of hours / weekends	2/14/2018 12:19 PM
5	- not having beds to access means people have to go out of area - it may be said that closing of long leys court was carefully handled but there are still patients who have been out of area ever since directly as a result of that closure and it is very concerning that has not been acknowledged	2/14/2018 9:37 AM
6	Staff skilling up to manage this group of people who need a different approach. Educating others on how to manage young people with Autism and mental health difficulties.	2/13/2018 9:17 AM
7	One of the major challenges has been trying to fill vacancies across the service, while staff try exceptionally hard compensate in some areas it adds additional strain to their workload and they feel like they are spread thinly and sometimes unable to react quickly enough to other demands	2/12/2018 10:53 AM
8	I guess the main challenge will be around different ways of working with and supporting people with a learning disability, and of course adequate funding!	2/8/2018 9:26 AM
9	The geography is not easy- so the ability to meet all individuals needs irrespective of their home needs to be taken into account	1/29/2018 9:05 AM
10	The challenge is to get anyone to fit the stringent criteria.	1/26/2018 1:12 PM
11	That the county of Lincolnshire is vast and rural so travelling can be an issue. The paperwork is still not streamlines and is repetitive. There are many positions that have not been filled and this causes long waiting times and puts staff under pressure. There is a big need for more speech and language therapists, ASD assessors and mental health liaison nurses.	1/25/2018 2:04 PM
12	N/A - see answer for 4.	1/25/2018 1:29 PM
13	Ensuring activity is captured simply and accurately. Streamlining paperwork. Over complication of inputting and where things are. Clarity on MCA and Risk Assessments.	1/25/2018 1:16 PM
14	Not all the posts have been filled. Which has an impact on that Professional having to prioritise their caseload. Extra travel to base, and the cost this has on the individual	1/24/2018 3:34 PM
15	On call cover for CHAT is stressful and can have impact on retaining staff.	1/24/2018 1:29 PM
16	Geography of the county as teams have a large geographical area to cover - good IT systems are needed to support staff	1/24/2018 7:54 AM
17	Volume of clients with ASD	1/22/2018 3:40 PM

## Transforming Care in Learning Disability Services - Staff Survey January 2018

18	Lack of clarity about processes that staff should follow. Changing systems. Staff feeling that their particular skill set isn't valued. Service users risk having multiple professionals involved, when therapeutic relationship should be the key. Autism diagnosis - lacking staff	1/22/2018 3:29 PM
19	I think we are moving away from the links with social services Learning Disability Community Partnership (LDGP) teams which I don't think is in the client's interest as they are the care managers. I think the computer system does not enable easy access or joint sharing of client information with staff working with the client. I find the amount of additional but necessary information required is keeping qualified staff away from more face to face contact.	1/22/2018 2:34 PM
20	Clear direction and pathways which are communicated to staff. Share responsibility to complete shared paperwork such as Risk Assessments.	1/22/2018 8:36 AM
21	Not always a timely response in handover of patients being discharged from CHAT to the Hub teams engaging with patients. No facility to make clinical decision or offer a place of safety when patients are deemed at risk of hospital admission.	1/21/2018 9:12 AM
22	I still believe more work needs to be done around other services working better together. Work needs to be done on when we do need a hospital bed as a last resort in or out of county that hospitals are not declining as the "do not accept emergency admissions". service users are still being put in hospital on occasion inappropriately when care managers can't find them the appropriate placement in the community that would be able to manage them.	1/20/2018 8:51 AM
23	there needs to be better joined up working between the hub teams, waiting times are to long in some instances due to a lack of behavioural nurses and paperwork.	1/19/2018 9:44 PM
24	- Low staffing levels - Consistency within the hubs regarding the way they work - Waiting times - Covering a large geographical area - Providing 24/7 service provision within the CHAT team - small number of qualified nurses to complete the on call function results in staff having to complete a significant number of on calls per month, and are often on shift the following day which can lead to exhaustion.	1/19/2018 9:41 PM
25	as per my points above	1/19/2018 1:28 PM
26	Not having an NHS inpatient facility in Lincolnshire	1/19/2018 1:13 PM
27	Some of the areas are a lot larger than others meaning that staff have to travel long distances meaning less visit or time spent with service users. Retaining good staff within the learning disabilities team keeping waiting times low . No ASD pathways or support for service users who only have a diagnosis of autism Lack of providers with relevant training to support the people in the community Sourcing a out of area bed when one is needed ultimately there will always be some one that can not be supported in the community environment regardless of the support provided	1/19/2018 10:39 AM
28	Care providers, GP's and families not always understanding how our service works and why some referrals are inappropriate	1/19/2018 10:16 AM
29	Recruitment in general and of key disciplines in particular.. Some pathways have very high referral rates and not as responsive as we would like. There remains teams within teams which impede full joint working. Historic practices need to be changed but are difficult to challenge.	1/19/2018 10:10 AM
30	Travel, Geography. Shortage of some specialisms mean they are scarce due to the geography.	1/19/2018 9:43 AM
31	Sometimes needs can be quite complex and service users need specialist help which the team cannot help with. We do not have suitable inpatient places for these people due to some of these places not able to make reasonable adjustments or no beds and this means being sent out of county which can be quite daunting for the person involved.	1/19/2018 9:04 AM
32	Huge number of referrals for ASH assessments	1/19/2018 9:01 AM
33	travel - particularly in the east vacancies	1/18/2018 4:32 PM
34	No staff	1/18/2018 3:44 PM

**Q7 In your opinion is there anything we could do to improve the service or do we need to deliver additional services? Please use the box below to tell us.**

Answered: 31 Skipped: 12

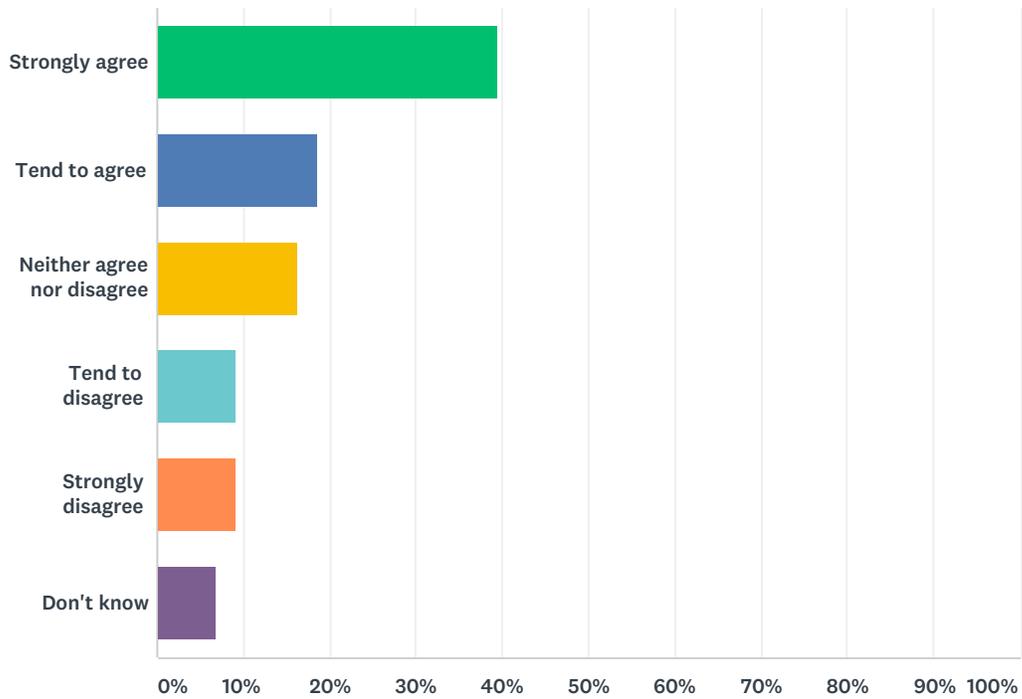
#	RESPONSES	DATE
1	Autism service needs developing. Section 75 money needs to come back to health for any significant change for the better.	2/22/2018 10:44 PM
2	There is a need for post diagnostic work for ASD in child and adolescence	2/16/2018 6:45 PM
3	See box 4 re- better Autism services.	2/15/2018 9:50 AM
4	More support for PMLD Some support for people with Autism	2/14/2018 12:49 PM
5	not have a waiting list in the hub areas Employee people to support people with autism t access mental health services asd needs to be in mainstream as well as LD services. And review the chat teams remit and time frames as they could work with people who need more intensive support for longer rather than it being placed on the hub teams	2/14/2018 12:19 PM
6	- reliance on poorly trained and inexperienced private care providers, where there is little oversight of the care - the role of social care vs LPFT staff is confused eg CPA responsibility -the needs with people with ASD and no LD are NOT met at all as care is not commissioned. Does that need to fall with LD or CMHT? It is a mental disorder and thus they should have access to MH services. - care and input for people coming out of hospital or at risk of admission with forensic needs are not commissioned ( despite the need identified in the new service model) , and need to be as they are in other areas. This should be an additional service	2/14/2018 9:37 AM
7	Dedicated training days to skill up staff and a specific care pathway.	2/13/2018 9:17 AM
8	One area I see that the MDTs may struggle in the future is through the STOMP initiative. While I agree that People with LD should not be on inappropriate antipsychotic medication, I do not think that the teams will be adequately resourced going into the future to manage behavioural problems psychologically/behaviourally due to the current level of demand in service. I also appreciate that this is more of a commissioning issue than Trust level.	2/12/2018 10:53 AM
9	better integration with other services particularly social care and third sector	1/29/2018 9:05 AM
10	As above I believed the CHAT team were set up to provide assessment and home treatment for people with a diagnosis of LD to keep them at home in a safe environment and ensure they were in the best place. As well as offering support to families in managing challenging and difficult behaviours. From my experience they do not provide this as I am constantly quoted when trying to make a referral that the person is to high functioning, this is when they haven't even spoken or seen the person. I feel that the criteria for even an assessment is so inflexible and should be altered. Also a clear understanding for 'us' mainstream adult teams as to what the team will provide.	1/26/2018 1:12 PM
11	A service for people with no diagnosed learning disability but ASD needs and also for those people with learning difficulties, as many referrals are received for people with learning difficulties but with no mental health needs.	1/25/2018 2:04 PM
12	Inform other services about your new community service - I have no information about it.	1/25/2018 1:29 PM
13	It would be good to also have social workers as part of the LPFT teams.	1/24/2018 1:29 PM
14	Recruit peer workers	1/24/2018 7:54 AM
15	Support groups for Autism	1/23/2018 8:30 AM
16	More staff to support people post diagnosis.	1/22/2018 3:40 PM
17	Energetic recruitment strategy. We could use group interventions more effectively. We could support staff to understand their skills are valued. Focus on positives and solutions; not problems.	1/22/2018 3:29 PM

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18	It would be more productive to have a complete team and be co-located with the Learning Disability Community Partnership Teams (social services). It would be good to have more involvement in carers groups, and be able to showcase the new service model continuing improvements to more of our clients carers, family and care home staff. I think more admin support for quailed staff would free up time too be spent on face to face and report writing. I do believe the physical care need to stay a priority and even a specialised enabling/ restraint team for blood taking from the very vulnerable LD clients that do not appear to be getting a service at present. Another gap is the interventions and care for people diagnosed with Autism. They are currently assessed but then there is no staff group commissioned to follow or intervene as needed.	1/22/2018 2:34 PM
19	Additional support/ staff to be able to deliver the ASD pathway would be of benefit. As previously commented above, by bringing CHAT into the hub teams so there can be a more seamless service.	1/22/2018 8:36 AM
20	Better joint working at handover of patients. A more rigorous assessment criteria that can maintain safety of patients when consider at risk of hospital admission.	1/21/2018 9:12 AM
21	additional services needed are another team or LD services to be commissioned to work with people for there Autism. A in county emergency short stay bed for assessment for a period of 48/72 hours.	1/20/2018 8:51 AM
22	- Recruitment drive to fill vacant posts - Revise on call - can this function be performed by all nurses within the LD service and not just the CHAT team to reduce staff fatigue. - Dedicated service for those with Autism as currently people need to have a LD as well as Autism to access services.	1/19/2018 9:41 PM
23	Provide staff with training, knowledge and understanding and resources to enable them to respond to needs of LD/ASD patients effectively. Or ideally have a specific bespoke LD service that sees patients to deliver the interventions	1/19/2018 1:28 PM
24	I believe there still needs to be a NHS inpatient service	1/19/2018 1:13 PM
25	recruit more staff Have a bed somewhere which could be used in a emergency Listen to ground floor staff when they are reporting that there is not enough staff to complete the tasks that are required.	1/19/2018 10:39 AM
26	To provide In-patient provision in Lincolnshire	1/19/2018 10:16 AM
27	It feels that now may be an opportune time to review and change the allocation of staff to target high demand which is higher in certain areas. This is now possible as we now have operational data and experiences. There may be a need to think alternately to boost staffing through the employment of assistants where recruitment of registered staff presents an issue.	1/19/2018 10:10 AM
28	Additional services as an organisation for ASD. Better understanding throughout the trust of the needs of people with an LD.	1/19/2018 9:43 AM
29	A team that can be more hands on when there is times of a crisis and can be more hands on with help and support.	1/19/2018 9:04 AM
30	fill current vacancies! I feel autism services needs looking at, or it being very clear what support the LD services provide to people with autism but without LD	1/18/2018 4:32 PM
31	Employ staff stop managers micro managing staff. Ensure all hubs are working the same as they currently do not	1/18/2018 3:44 PM

### Q8 To what extent do you agree or disagree with our proposal to retain the existing community service in its current form?

Answered: 43 Skipped: 0



ANSWER CHOICES	RESPONSES	
Strongly agree	39.53%	17
Tend to agree	18.60%	8
Neither agree nor disagree	16.28%	7
Tend to disagree	9.30%	4
Strongly disagree	9.30%	4
Don't know	6.98%	3
<b>TOTAL</b>		<b>43</b>

## Q9 Please use the box below to give an explanation or any additional information.

Answered: 24 Skipped: 19

#	RESPONSES	DATE
1	Staffing levels in the discipline where I work are inconsistent across county but expectations are the same. This causes delays in patient assessment and service.	2/22/2018 10:47 PM
2	I think our community service over time can only become stronger. I do feel we are still letting down our patients with Autism but I understand that is due to what we are commissioned to do. An Autism specific services would be better suited to the needs of people with Autism (Sheffield model is a good one which it could be based on should funding ever be granted). I think the work we do with our Learning Disability patients can be very challenging but we have good skills and knowledge within and across the teams that we perhaps need to utilise more.	2/15/2018 9:54 AM
3	The model works well for behaviour problems but the complex health needs of those who have profound and multiple learning disabilities is not well enough identified on the current model. They are in danger of loosing a service altogether and being seen by generic services that do not have the skills to prove the support they require.	2/14/2018 12:56 PM
4	- if the forensic element is strengthened and that joint working with forensic services is funded - if the specialist ASD support is funded - the posts are there but either no one seems to have been in them or no one is doing anything useful in them - if the needs of people with ASD but no LD are considered. I don't think they necessarily fall with LD but staff in CMHTs would need to be confident to do that work or we have an ASD service !!	2/14/2018 10:00 AM
5	I am unsure what impact this has had on CAMHs services. It will probably help with transition to Adult services.	2/13/2018 9:19 AM
6	I believe it is important to maintain and develop the service	2/8/2018 9:30 AM
7	In its current form it is impossible to access and is not treating the people it should be. Other teams are being blocked at every opportunity and the some of the current staff in CHAT don't even know there own role. There is no smooth transition as they refuse to accept anyone back who may have come under mainstream mental health especially if that person/family has accessed crisis team they are then labelled as to high functioning and they wont accept them back and discharge them, its ridiculous. These families are then left without support and as I said mainstream mental health left to deal with the complaints from families about the lack of service provision.	1/26/2018 1:20 PM
8	I have not heard the proposal.	1/25/2018 1:30 PM
9	Value all professions equally.	1/25/2018 1:19 PM
10	Going in to Hospital causes anxiety	1/23/2018 8:30 AM
11	Not extensive enough	1/22/2018 3:40 PM
12	The current service is definitely achieving these aims but as always the more the services meet the needs of clients the more needs are identified and hence a more enhanced and improved service can be developed. I believe the equality of service can be dependent on the staff recruitment in different areas of Lincolnshire. There always seems to be a delay between staff leaving and starting their posts.	1/22/2018 2:47 PM
13	Please see comments from previous questions	1/22/2018 8:37 AM
14	Feel improvements could be made, however the service model is still very immature. I feel that service spec needs clarifying as each team appears to work very differently. In some case with CHAT team it will depend who is on shift as to the response received and this can be a negative experience for people attempting to make referrals.	1/21/2018 9:14 AM
15	The service still needs a bit more work to get the hub teams and the Chat team working more closely.	1/20/2018 8:54 AM

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16	it has reduced the delays between different professionals however it has caused a delay in the times that the hub teams respond to each other in particular the hub teams picking up work from the chat team.	1/19/2018 9:46 PM
17	I agree that delay is reduced between different teams of professionals but not necessarily that there is not a delay between CHAT and the hub teams due to capacity in the hub teams.	1/19/2018 9:43 PM
18	as per my previous points, no benefit from this team to current services - they are not helping, despite attempts to get this.	1/19/2018 1:29 PM
19	There also needs to be a NHS inpatient service	1/19/2018 1:14 PM
20	I agree that the service has it good points and that people will benefit from being treated within their own homes however I do not feel that there is enough staff being retained to completed this as well as it could be. Many staff are leaving the service and it faces challenges to recruit especially finding people who have a learning disability background.	1/19/2018 10:43 AM
21	While the Service is not perfect and needs minor adjustments, if we went back to the provision of in-patient beds then the community service would be decimated without substantial additional resources being made available. In addition, evidence is showing that the number of in-patient stays are not high enough to sustain a viable, cost effective service. The unit would operate with extremely few beds and would not provide an economy of scale that would be viable. It is likely to run on low occupancy levels or patients would be admitted inappropriately to maintain high occupancy levels.	1/19/2018 10:10 AM
22	This service is invaluable to these vulnerable people. The service understands their needs and wants and have the professional skills to help them.	1/19/2018 9:14 AM
23	Situation with ASD needs to be improved greatly.	1/19/2018 9:06 AM
24	It is not working for either staff or service users	1/18/2018 3:46 PM

## Q10 Are there any comments that you would like to make about any aspect of the new community service, or are there any alternatives that you think should be considered?

Answered: 16 Skipped: 27

#	RESPONSES	DATE
1	Already discussed in other boxes.	2/15/2018 9:54 AM
2	It is generally working very well, though, people with Autism require support after diagnosis	2/14/2018 12:56 PM
3	I think managers need to support their teams in order to withhold staff	2/14/2018 12:20 PM
4	- it was originally said that there would be some inpatient beds, somewhere ring-fenced for LPFT patients. When an LD patient is in out acute or rehab their LD need are not met - LD service seem reluctant to help and support these people - needs of people with LD in prison are not well met, again because the LD service like to ignore the very real needs of people with mild LD - strongly consider non medical AC/RC model as learning disability is an ideal field in which to try this. i.e. nurses/OT/psychologists at consultant level trained to do this role as required by the 2007 MHA amendments. This would vastly reduced the service costs (when you compare to 4 full time psychiatrists @£200k a year who are largely unnecessary - you could manage the psychiatric need on 1/2 staff grades and one consultant)	2/14/2018 10:00 AM
5	I would want to know more about the provision.	2/13/2018 9:19 AM
6	As previous comments.	1/26/2018 1:20 PM
7	Overall the community service is working well, however there is always a "threat" hanging over it - more positivity needed at all levels.	1/25/2018 1:19 PM
8	I think we need a more focused approach to working with generic services, particularly adult mental health.	1/22/2018 3:30 PM
9	I believe strongly that in Lincolnshire the LD community teams strive continually to provide the best service possible for people with a Learning Disability. I feel the Autism Service could be served better with more staff to diagnose and offer interventions to improve the lives of people with Autism. to enable them to cope more effectively and easily in their communities. I think the role of the Acute Liaison Nurse in the Lincolnshire Hospitals has helped and supported hospital staff in offering more person centred care for LD clients.	1/22/2018 2:47 PM
10	I believe that Chat team should be split into the hub areas so they work directly in the 4 hub areas as this would build a better relationship between these departments.	1/20/2018 8:54 AM
11	There also needs to be a NHS inpatient service	1/19/2018 1:14 PM
12	There definitely needs to be a service for people with ASD only More work with providers is needed Social services need to be more proactive although tis is improving Sourcing out of area beds needs to be smoother there is often long delays in finding a bed for person who is currently unwell and requires an admission.	1/19/2018 10:43 AM
13	See above.	1/19/2018 10:10 AM
14	The role of the CHAT team needs to reviewed .Their role and what input they can do with supporting families and carers in with a crisis. The old model that was CAST seems to be a different service offered and more positively welcomed from others .	1/19/2018 9:14 AM
15	autism service needs looking at or at the very least autism liaison nurses posts need filling	1/18/2018 4:33 PM
16	Chat should be part of the hub it would allow more people to be seen and a more seamless service.	1/18/2018 3:46 PM