



Mental Health Rehabilitation Transformation Consultation Report

16 January – 31 March 2023



1



Executive Summary

The rehabilitation transformation consultation took place between 16 January to 31 March 2023.



26 patient and public surveys



28 staff surveys



13 attendees at events, both virtual and face to face

These results have been analysed across geographical areas as well as demographics and reported in the following slides.

The aim of the consultation was to understand people’s views on two proposed options, specifically around the future of Ashley House in Grantham, one of two low dependency rehab wards in the county and potential expansion of community rehabilitation services.



2

Consultation promotion

To make accessible to a range of patients, carers, families, public and staff we circulated information regarding the consultation using a wide range of channels and methods. Paying particular attention to existing patients and stakeholders who may already access mental health services, or those organisations that support people who may do in the future.

As well as full explanation of the consultation background and supporting information being available on our website, the Trust also hosted a range of open public events, both virtually and face to face around the county to capture a broad range of views. This also included sharing information in staff meetings and patients currently on our rehabilitation wards.

A survey was provided both electronically and in hard copy and alternative formats were available on request. The Trust's Participation Team also offered support in completing the survey where required.

Information about the consultation was also shared by our wider health and care partners, who shared information with their local staff and wider stakeholder and participation contacts.

- Media release issued to local and regional media
- Paid for and organic social media, targeting local community group pages for specific events.
- LPFT website and staff intranet
- LPFT staff news channels.
- Discussed in local adult mental health ward community meetings and staff meetings.
- Distributed to extensive engagement stakeholder database including contacts for
 - groups supporting: LGBT+, BAME, disability, carers, young people, older people,
 - faith and religious community groups
 - Health and social care partners
 - Mental Health third sector organisations inc Shine Lincolnshire
 - District Councils
 - Local universities and colleges
 - Lincolnshire wide Patient Participation Groups
 - LPFT Membership (circa 9,000 members)
 - GP Practices in Lincolnshire
 - NHS Lincolnshire ICB 'The Contributor' engagement bulletin
 - Lincolnshire Recovery College,
 - LPFT Volunteers and Carers Forums
 - Mental Health Community Transformation Programme and Co-production network.



3

Consultation Patient and Public Feedback

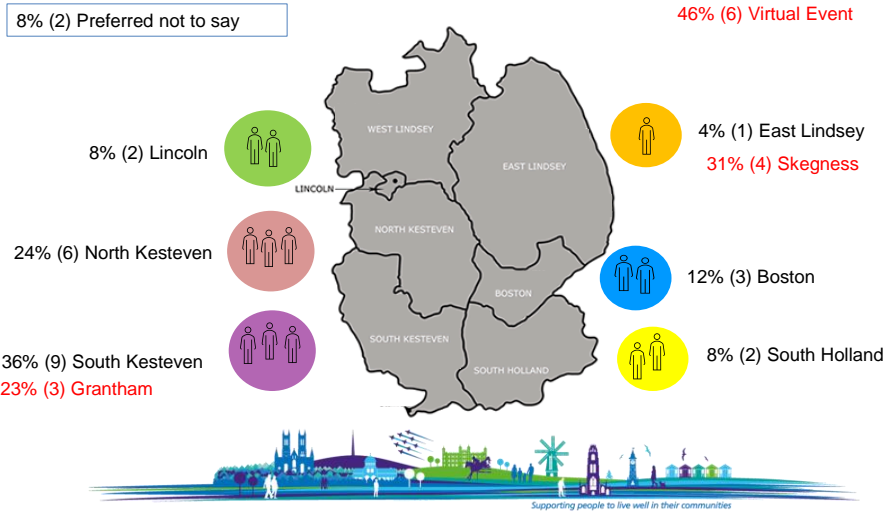


4

Geographical spread

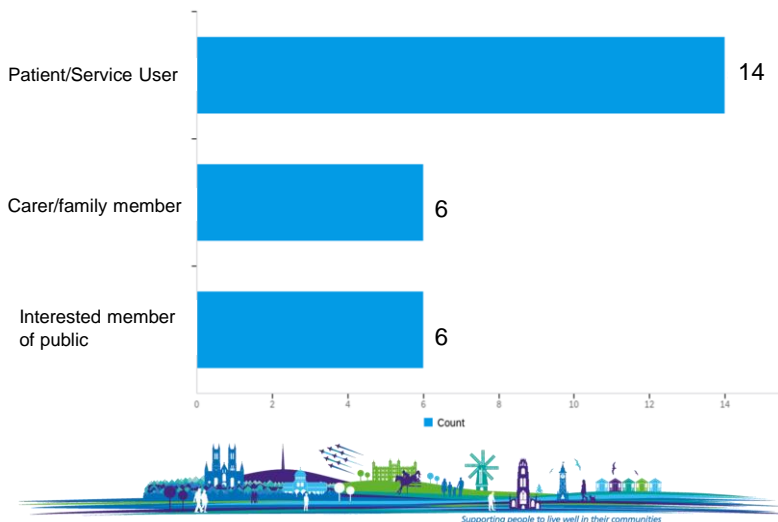
Locations of respondents shown below:

Numbers in red show how many attended the face to face and virtual events



5

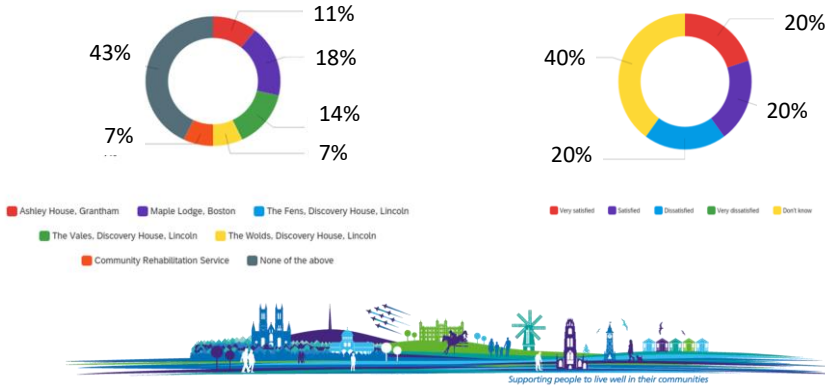
People responding



6

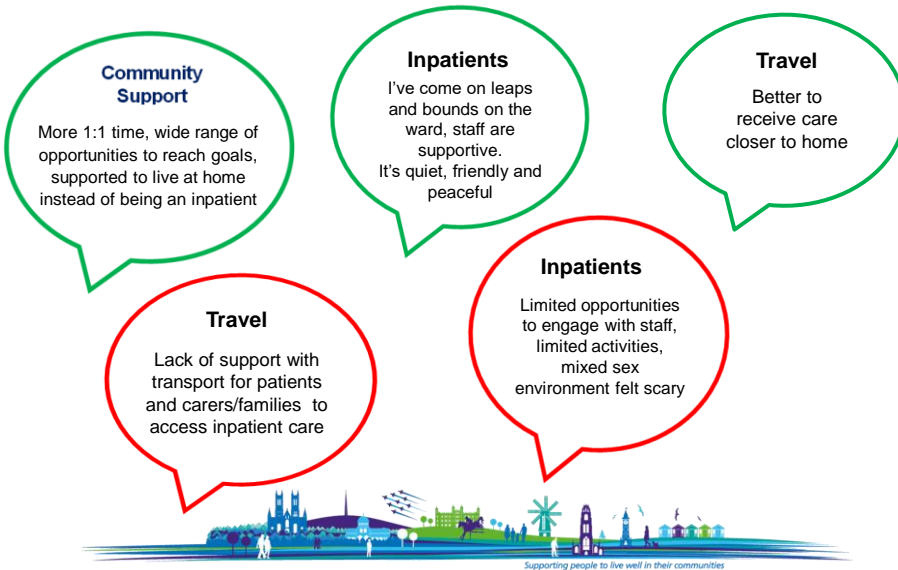
Have you, or a close family member, used any of the following rehabilitation services in the last three years?

If you have, please tell us to what extent you were satisfied with the care you received.



7

Key benefits and concerns of using current services



8

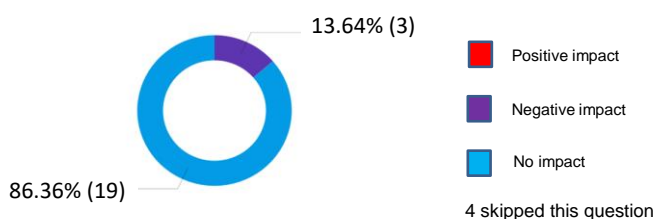
How important or not are the following aspects of rehabilitation care?

	Very Important	Important	Not very important	Not important at all	Don't know	Total
A - Providing support at home based on individual needs	17	8	0	0	0	25
B - Providing long-term rehabilitation care in a hospital setting	8	11	5	1	0	25
C - Accessing rehabilitation inpatient care for a short period of time	13	10	2	0	1	26
D - Having access to care and support in the evenings and at weekends	16	9	1	0	0	26
E - Help with accessing other areas of support i.e housing, benefits, local community groups	20	5	1	0	0	26
F - Enabling people to live well in their communities and preventing re-admission into hospital	23	3	0	0	0	26



9

Has the temporary closure of Ashley House impacted on your care?



- “Frustrating to see Ashley House left empty”
- “Currently not using LPFT services, using peer to peer led support services”
- “If Ashley House was open, I would have been there and this is closer to my house”
- “A short term inpatient stay would be beneficial, as Ashley House is in my home town and would equate to minimal disruption to my life”.



10

Proposal support

2 skipped this question

Proposal one: Reopen Ashley House as a 15 bedded open rehabilitation unit, but not expand the community rehabilitation service to the rest of the county. There is currently not enough resource or demand to have both the countywide community rehabilitation service and two low dependency mental health rehabilitation units in the county.

6 people supported

Proposal two: Permanently close Ashley House as an inpatient unit and reinvest the resource into the community rehabilitation service to provide a countywide service. Patients will either receive their care via the community rehabilitation service in their own homes or at Maple Lodge in Boston where a hospital stay is still required. (This is our preferred option).

18 people supported



11

Other suggestions/comments

Travel

Support with travel if inpatient stay is required.

Travel can be a barrier due to cost of living.

As a Grantham resident, I'm concerned about transport issues, not just for patients but for families visiting too

Future use of Ashley House

Could this support workshops and community groups.

Support for elderly community groups.

Respite care for children and young people to prevent inpatient out of area care.

Carer and respite

Fully staffed and supported Community Rehab Service for most patients is the better option, however inpatient provision must remain for those where this is not the case and for individuals families/carers for who the break away allows them some respite



12

Consultation Events

Date	Venue	Audience	Attendance
19/02/23	Virtual via MS Teams	Patients, carers, families, providers and interested members of public	3
13/02/23	Jubilee Life Centre, GRANTHAM	Patients, carers, families, providers and interested members of public	3
16/02/23	Up-Hill Community Centre, GAINSBOROUGH	Patients, carers, families, providers and interested members of public	0
20/02/23	The Storehouse, SKEGNESS	Patients, carers, families, providers and interested members of public	4
27/02/23	Resource Centre, STAMFORD	Patients, carers, families, providers and interested members of public	0
14/03/23	Virtual via MS Teams	Patients, carers, families, providers and interested members of public	3
16/03/23	Trinity Centre, LOUTH	Patients, carers, families, providers and interested members of public	0
27/03/23	Tonic Health, SPALDING	Patients, carers, families, providers and interested members of public	0



13

Benefits and concerns for permanently closing Ashley House and expanding Community Rehabilitation Team

- Without the Community Rehab Team you wouldn't be able to offer intensive support i.e supporting people to travel to access groups, training and work.
- By permanently closing Ashley House you would have the funding to expand the Community Rehab Team to the entire county.
- Great to see you are encouraging independence, I'd definitely like to know more about the Community Rehab Service.
- I agree with community support with beds still being available for short stays – this is needed for both patients and carers.
- It's encouraging to hear that the CRT are supporting between 60-70 patients and that they are visiting people in hospital before they are discharged.

- If you only have Maple Lodge in Boston as a low-dependency rehab unit how will you support patients, carers and families with travel?
- Grantham feels like the poor relation.
- Your main issue will be staffing – a lot of the success of the CRT will depend on whether you can recruit to the team.
- Public transport still remains a problem for people living in Lincolnshire.
- As a carer my biggest obstacle is maintaining contact with my daughter through the cost of having to travel to support her – anything to support families and carers would be grateful – subsidising to help continuity.

14

Questions from Consultation Events

- If you only have Maple Lodge in Boston as a low-dependency rehab unit how will you support patients, carers and families with travel?
- What other uses are you considering for Ashley House if the decision is to permanently close the ward?
- Would there be an option for Ashley House to be used to support young people? Lots of young people are having to go out of county for treatment, Ashley House could be developed to support them.
- Could Ashley House be used for mental health workshops, skills building groups including cooking, managing money etc?
- Has Maple Lodge ever been at full capacity?
- Will the expansion of CRT be funded by the closure of Ashley House? Have you got enough funding to expand to the entire county?
- Public transport still remains a problem for people living in Lincolnshire.



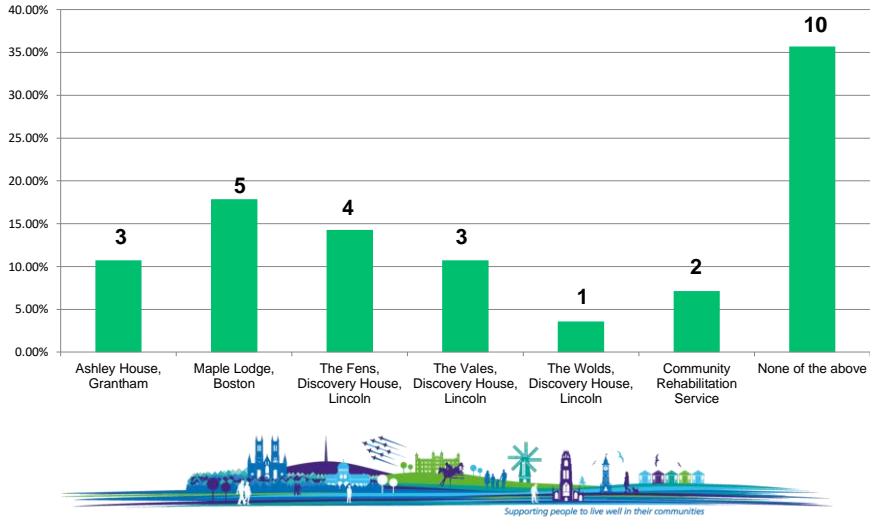
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Consultation Staff Feedback



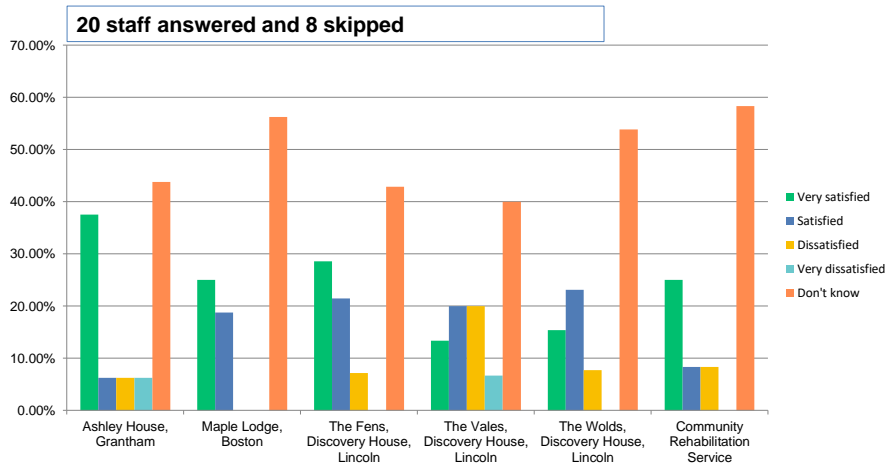
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Which service do you work in?



17

If you have worked in rehabilitation services, please tell how satisfied you were with the level of care and support you were able to deliver to patients and carers



18

Responses on level of care and support they were able to deliver to patients and carers

- Delivering high quality care to empower patients to live well in the community
- Much needed service with a focus on establishing excellent relationships with patients and building community links
- The CRT would support us to free up some beds and give us more time to help people into housing

- Concerns for inpatients not receiving effective and safe services
- No set boundaries for inpatients. Patients not being prepared for the 'real world'
- Multiple patients have been through the same service that was meant to 'rehabilitate them back into the community'
- Majority of patients are in hospital too long



19

How important or not do are the following aspects of rehabilitation care?

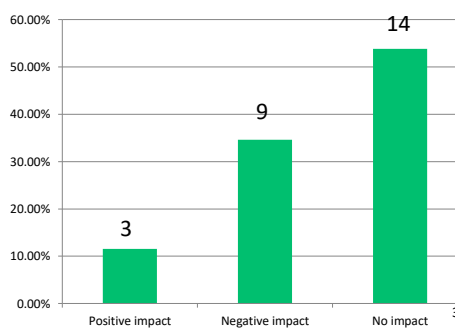
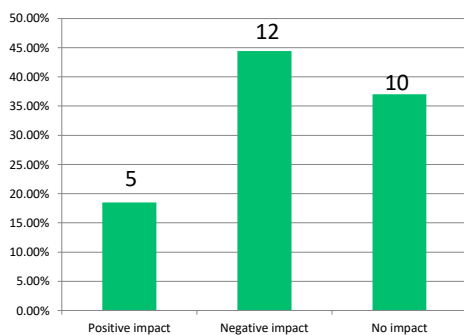
	Very Important	Important	Not very important	Not important at all	Don't know	Total
A - Providing support at home based on individual needs	20	8	0	0	0	28
B - Providing long-term rehabilitation care in a hospital setting	8	9	9	1	1	28
C - Accessing rehabilitation inpatient care for a short period of time	10	15	3	0	0	28
D - Having access to care and support in the evenings and at weekends	16	9	2	0	0	27
E - Help with accessing other areas of support i.e housing, benefits, local community groups	21	7	0	0	0	28
F - Enabling people to live well in their communities and preventing re-admission into hospital	23	5	0	0	0	28



20

What impact do you think the temporary closure of Ashley House has had on patient care?

What impact, if any has the temporary closure of Ashley House had on you as a member of staff?



21

Impact of temporary closure of Ashley House

- Opportunities for the patient to receive care that is meaningful & gives staff confidence in the referral for safe and effective care
- This has allowed the CRT to temporarily expand into other areas of the county, improving our community offer
- Initially there was some anxiety from staff and patients but once the alternate service was provided all felt reassured

- Having worked at Ashley House for a long period of time, I was re-deployed a significant distance from where I live
- We need more rehabilitation units for patients who are ready to be stepped down but not ready for living in the community
- Patients who don't need a 'locked' rehab service are being referred to Discovery House instead of accessing the services they require



22

Proposal support

Proposal one: Reopen Ashley House as a 15 bedded open rehabilitation unit, but not expand the community rehabilitation service to the rest of the county. There is currently not enough resource or demand to have both the countywide community rehabilitation service and two low dependency mental health rehabilitation units in the county.

9 staff supported

Proposal two: Permanently close Ashley House as an inpatient unit and reinvest the resource into the community rehabilitation service to provide a countywide service. Patients will either receive their care via the community rehabilitation service in their own homes or at Maple Lodge in Boston where a hospital stay is still required. (This is our preferred option).

19 staff supported



23

Other suggestions/comments

We appreciate care in the community needs to happen but please don't close Maple Lodge as well.

We need to come up with some options for the most vulnerable in the south of the county

Look at the whole rehab element and put structures in place to help long stay admissions

Consider the use of the Beaconfield estate to support our growing workforce, as well as supporting innovative developments that will support service users (i.e low stimulus areas, changing spaces, sensory rooms and the potential to have adequate space for our learning disabilities community

We don't need new different teams, what we need is improved and efficient community teams that we already have. We have short staffed teams which is not ideal. Ashley House could be used as a stepped down location especially if we have patients who are stuck in acute wards due to housing or other social issues



24

Combined opinion on proposals



25

2 people skipped this question

Proposal one: Reopen Ashley House as a 15 bedded open rehabilitation unit, but not expand the community rehabilitation service to the rest of the county. There is currently not enough resource or demand to have both the countywide community rehabilitation service and two low dependency mental health rehabilitation units in the county.

15 people supported this option

Proposal two: Permanently close Ashley House as an inpatient unit and reinvest the resource into the community rehabilitation service to provide a countywide service. Patients will either receive their care via the community rehabilitation service in their own homes or at Maple Lodge in Boston where a hospital stay is still required. (This is our preferred option).

37 people supported this option



26

Equality Monitoring Patient, carer and public



Supporting people to live well in their communities

27

Respondent Profiling

Ethnicity	Responses		Gender	Responses		Age	Responses	
Bangladeshi	0%	0	Male	31%	8	16 – 24	4%	1
Indian	0%	0	Female	61%	16	25 - 29	12%	3
Pakistani	0%	0	Non-binary	4%	1	30 - 39	19%	5
Any Other Asian Background	0%	0	Intersex	0%	0	40 – 49	15%	4
African	0%	0	Prefer to self identify	0%	0	50– 59	11%	3
Caribbean	0%	0	Prefer not to say	4%	1	60- 69	27%	7
Any Other Black Background	0%	0	Answered	26		70 – 79	8%	2
White and Asian	0%	0				80+	0%	0
White and Black African	0%	0				Rather not say	0%	0
White and Black Caribbean	0%	0				Answered	25	
Any Other Mixed Background	0%	0				Skipped	1	
White British	88%	23						
White Irish	0%	0						
Any Other White Background	4%	1						
Chinese	0%	0						
Gypsies & Travellers	0%	0						
Any Other Ethnic Group	0%	0						
Rather not say	8%	2						
Answered	26							



Supporting people to live well in their communities

28

Are your day to day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months (including any problems related to old age)?

	Responses	
	Yes	40%
No	52%	13
Prefer not say	8%	2
	Answered	25
	Skipped	1



Please indicate your disability – people may experience more than one type of impairment, in which case you may indicate more than one

	Responses	
	Physical impairment	29%
Sensory impairment	6%	1
Mental Health condition	41%	7
Learning Disability/Difficulty	6%	1
Long standing illness	12%	2
Other	6%	1
	Answered	17
	Skipped	9



29

Sexual orientation	Responses	
Bisexual	4%	1
Gay	4%	1
Heterosexual	73%	19
Lesbian	0%	0
Prefer to self -identify	0%	0
Prefer not say	19%	5
	Answered	26
	Skipped	0



Gender reassignment: Have you gone through any part of a process, or do you intend (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

	Responses	
	Yes	0%
No	100%	19
Prefer not to say	0%	0
	Answered	19
	Skipped	7

Religion or beliefs	Responses	
No Religion	46%	12
Buddhist	0%	0
Christian (all denominations)	50%	13
Hinduism	0%	0
Islam	0%	0
Jain	0%	0
Jewish	0%	0
Sikhism	0%	0
Muslim	0%	0
Prefer not to say	4%	1
	Answered	26
	Skipped	0



30

Carer – do you look after or give any help or support to family members, friends, neighbours or others because of long term physical or mental ill health/disability or problems relating to old age?

	Responses	
Yes	35%	9
No	58%	15
Prefer not to say	7%	2
	Answered	26
	Skipped	0

Caring Responsibilities: the amount of time spent in relation to caring responsibilities

	Responses	
Yes, 1-19 hours per week	32%	4
Yes, 20-49 hours per week	15%	2
Yes, 50+ hours per week	15%	2
Prefer not to say	38%	5
	Answered	13
	Skipped	13

Caring Responsibilities: do you have any dependent children under 18?

	Responses	
Yes	21%	5
No	79%	19
Prefer not to say	0%	0
	Answered	24
	Skipped	2

Pregnancy and maternity: are you currently pregnant or providing maternity care for a new born baby?

	Responses	
Yes	0%	0
No	100%	23
Rather not say	0%	0
	Answered	23
	Skipped	3



Supporting people to live well in their communities

31

Equality Monitoring Staff



Supporting people to live well in their communities

32

Sexual orientation	Responses	
Bisexual	4%	1
Gay	0%	0
Heterosexual	81%	21
Lesbian	4%	1
Prefer to self -identify	0%	0
Prefer not say	11%	3
	Answered	26
	Skipped	2

Religion or beliefs	Responses	
No Religion	46%	12
Buddhist	0%	0
Christian (all denominations)	42%	11
Hinduism	0%	0
Islam	0%	0
Jain	0%	0
Jewish	0%	0
Sikhism	0%	0
Muslim	0%	0
Prefer not to say	12%	3
	Answered	26
	Skipped	2

Gender reassignment: Have you gone through any part of a process, or do you intend (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

	Responses	
Yes	0%	0
No	88%	21
Prefer not to say	12%	3
	Answered	24
	Skipped	4



Supporting people to live well in their communities

35

Carer – do you look after or give any help or support to family members, friends, neighbours or others because of long term physical or mental ill health/disability or problems relating to old age?

	Responses	
Yes	31%	8
No	58%	15
Prefer not to say	11%	3
	Answered	26
	Skipped	0

Caring Responsibilities: the amount of time spent in relation to caring responsibilities

	Responses	
Yes, 1-19 hours per week	32%	6
Yes, 20-49 hours per week	16%	3
Yes, 50+ hours per week	5%	1
Prefer not to say	47%	9
	Answered	19
	Skipped	9

Caring Responsibilities: do you have any dependent children under 18?

	Responses	
Yes	38%	10
No	50%	13
Prefer not to say	12%	3
	Answered	26
	Skipped	2

Pregnancy and maternity: are you currently pregnant or providing maternity care for a new born baby?

	Responses	
Yes	0%	0
No	96%	25
Rather not say	4%	1
	Answered	26
	Skipped	2



Supporting people to live well in their communities

36