

Patient, Carer and Public Concerns Raised and Actions Being Taken

Key Concerns Raised During Consultation	Response
<p>If Ashley House closed there was concern from some people that they would have to travel further if they required an inpatient service. As would their family members to stay connected.</p> <p>Respondents asked how they could be supported to keep in contact with relatives when public transport is an issue in Lincolnshire.</p>	<p>The modelling work carried out to inform these proposed service changes identified that approximately five people each year may have to travel further to access low dependency mental health rehabilitation inpatient care.</p> <p>The Trust is currently reviewing how we can best support carers to travel to hospital units not in their local area where hospital admission is required. As part of this we will develop a protocol for supporting those families who will have to travel further, with transport costs, to enable relatives to maintain contact whilst someone is admitted to a hospital unit away from home.</p> <p>There will also be further exploration of additional digital options that might be available to support ongoing regular contact.</p> <p>A case for change has additionally been developed for further investment in carer support across the Trust’s rehabilitation services, which could introduce dedicated carer champions within the rehabilitation wards to be a point of contact for carers and help maintain regular contact. This case for change is just awaiting confirmation of funding to mobilise.</p> <p>It is important to remember that this change will reduce travel for the majority of people in Lincolnshire and reduce a need for people being placed out of Lincolnshire for hospital care.</p>

Key Concerns Raised During Consultation	Response
<p>What would the Ashley House building be used for in the future if closed?</p>	<p>As a Trust we are committed to Ashley House continuing to be used for mental health related activity, however there are several options that will need to be considered together with our partners, to determine the most appropriate use of the building going forward.</p> <p>A full options appraisal will be undertaken involving stakeholders to determine the future use of Ashley House if the decision is to permanently close the current inpatient service.</p>
<p>Respondents agreed that a fully staffed and supported community rehab service for the majority of patients was the better option, however felt inpatient provision must remain for those where this may not be suitable and for individual's family and carers for whom the admission might provide respite.</p>	<p>Inpatient care is an important part of the rehabilitation service offer in Lincolnshire and will remain in place for those patients that need that level of care.</p> <p>There are no current plans to close Maple Lodge as our low dependency open rehabilitation service.</p>

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<p>How will the community rehab team be able to recruit the staffing levels needed to become a county wide service</p>	<p>Due to the nature of the community rehabilitation model, a greater proportion of the workforce can be non-registered professionals, when compared to inpatient services. This, coupled with the Trust's proactive recruitment approach, means we are confident that we will be successful in recruiting the required levels of staff.</p> <p>The Trust has a detailed workforce recruitment and retention plan in place across all areas which will support recruitment.</p> <p>There will be a phased approach to implementation, however we have seen throughout the pilot during Ashley House's current closure that current demand can already be successfully managed with the current team capacity, alongside Maple Lodge in Boston as an inpatient facility when required.</p> <p>The expansion of the service will only further enhance patient experience and allow us to increase our support to people in other areas of the county not already receiving support and further enhance the provision into adult acute wards and other rehabilitation services.</p>
<p>Query that even with the closure of Ashley House, whether there was enough funding to make the community rehabilitation service countywide?</p>	<p>Yes, detailed financial and workforce modelling has been carried out by LPFT to ensure there are sufficient financial resources to deliver a countywide service if Ashley House remains closed.</p> <p>Service demand and capacity will be reviewed annually as part of the Trust's business planning process to ensure the needs of the whole county continue to be met.</p>

Staff Concerns Raised and actions being taken

Key concerns raised during consultation	Response
<p>Concern patients are not receiving effective and safe services in inpatient care.</p>	<p>Inpatient care is an important part of the rehabilitation service offer in Lincolnshire and sufficient capacity will remain in place for those patients that need this level of care.</p> <p>We have regular quality assurance processes in place to ensure services are safe and effective, for example the 15 steps visit, daily review of incidents, monthly quality meetings led by Quality and Assurance Lead, collection and analysis of patient feedback, Friends and Family Test and staff surveys. All feedback received is collected and analysed by the Patient Safety and Experience Committee to ensure our services remain high quality.</p> <p>In the community rehabilitation service, we use the IROC toolkit to measure positive patient outcomes that directly relate to what the patient would like to achieve. To date these are showing the majority of patients are having a positive experience.</p>
<p>No set boundaries for inpatients. Felt patients are not being prepared for the 'real world'.</p>	<p>The community rehabilitation service is designed to bridge the gap between inpatient care and supported/independent living, so patients feel better prepared for living in the community.</p> <p>A case for change has been developed to provide additional occupational therapy capacity on our existing wards, to support patients with transition and meaningful activity whilst admitted to hospital. We await confirmation of funding to be able to implement this.</p> <p>Community Rehabilitation staff are 'in-reaching' into wards to support discharge planning and preparation.</p>

Key concerns raised during consultation	Response
<p>Multiple patients had previously been through the same service meant to 'rehabilitate them back into the community'</p>	<p>Sometimes it is necessary for patients to have to re-enter inpatient care following discharge. However, with the expansion of the community rehabilitation offer we hope to better support patients in their own communities following discharge, so they are able to live well for longer and hopefully reduce or avoid completely further readmission.</p>
<p>Some respondents felt that the majority of patients were in hospital too long</p>	<p>The community rehabilitation service is intended to help patients be discharged earlier than in the past, as the level of support in the community will be enhanced.</p> <p>The team are currently in-reaching to our wards, to form part of discharge planning and identifying goals and options for discharge.</p>
<p>Concern by one staff member who had been redeployed from Ashley House that they had been re-deployed a significant distance from where they lived</p>	<p>A full process in line with organisation's change policy was conducted during the ward temporary closure and as part of this we worked with colleagues on a one-to-one basis to redeploy people to the most suitable alternative role, as close to where they live as we are able to.</p> <p>Excess milage is paid for staff who are required to travel further than usual.</p> <p>Any change process is supported by the Human Resources team, in conjunction with staff side representatives.</p>

Key concerns raised during consultation	Response
<p>Need for more rehabilitation units for patients ready to be stepped down but not ready for living in the community</p>	<p>Much work has been done to understand the rehabilitation needs of the Lincolnshire population and the Trust is confident that the current bed capacity is more than sufficient to meet demand.</p> <p>There is evidence from the two-year Ashley House closure that patients requiring low dependency rehabilitation care have been sufficiently cared for at Maple Lodge in Boston when requiring inpatient care, or by the community rehabilitation team where there is an appropriate need.</p> <p>During this time the bed capacity at Maple Lodge has not been exceeded and no patient has been placed out of area.</p>
<p>Concern that patients who didn't need 'locked' rehab were being referred to Discovery House instead of accessing the services they required.</p>	<p>Every patient admitted to our wards has an individual assessment of their needs to determine the level of care they require.</p> <p>There has been, and continues to be, sufficient bed availability at Maple Lodge to meet all low dependency inpatient rehabilitation need.</p> <p>No patients have been admitted to a high dependency ward because of a lack of low dependency capacity.</p>
<p>Concern regarding the future of Maple Lodge in light of the move to care in the community. Need to come up with some options for the most vulnerable in the south of the county</p>	<p>There are no current plans to close Maple Lodge in Boston as a countywide provision for inpatient low dependency rehabilitation care.</p> <p>The expansion of the community rehabilitation service will also help better support rehabilitation care in the south of the county, by keeping people in their local communities.</p>

Key concerns raised during consultation	Response
<p>Need to look at the whole rehab element and put structures in place to help long stay admissions</p>	<p>The community rehabilitation service is intended to help patients to be discharged from several services earlier than they have in the past, as the level of support available in the community will be enhanced.</p> <p>Regular pathway meetings are in place across all rehab and low secure services, allowing the team to meet regularly to discuss, monitor and support patients move through their most appropriate care pathway as quickly as possible, this includes both those on our local wards and anyone in out of area care.</p>
<p>Consider the use of the Beaconfield estate to support a 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 services)</p>	<p>As a Trust we are committed to continuing to use Ashley House for mental health related activity. There are however several options that will need to be considered together with our partners to determine the most appropriate use of the building going forward.</p>
<p>Ask to improve existing community teams rather than introduce new teams, as current teams were short staffed.</p>	<p>Community rehabilitation is an effective way to support people to live well in their communities and is intended to compliment the work of other community teams.</p> <p>Community rehabilitation is an essential part of the NHS Long Term Plan and the work being rolled out nationally under the community mental health transformation programme.</p> <p>The Trust has a full programme of recruitment and retention work designed to address workforce shortages across all services. This will continue throughout the year and into the future with the impact on staff recruitment carefully monitored at both board and sub-committee level.</p>

Key concerns raised during consultation	Response
Potential for Ashley House to be used as a stepped down facility, especially if we have patients who are stuck in acute wards due to housing or other social issues.	As a Trust we are committed to continuing to use Ashley House for mental health related activity. There are however several options that will need to be considered together with our partners to determine the most appropriate use of the building going forward.

East Midlands Clinical Senate Recommendations and Actions Being Taken

Recommendation	Lincolnshire Response
<p style="text-align: center;">Recommendation 1</p> <p><i>It is recommended that the system ensure that robust and detailed horizon scanning and future planning is undertaken to ensure the service is fit for purpose and capable of expansion to meet the needs of the current and predicted future population. This should be done in collaboration with all partner organisations for whom the service change has implications.</i></p>	<p>The proposal to develop a countywide community rehabilitation team is in line with national strategy and ambitions to support people to live well within their local community, in the least restrictive environment.</p> <p>The community rehabilitation staffing model has been designed to meet the needs of the population both now and predicted in the future.</p> <p>During the temporary closure of Ashley House over the past two year there has been a reduction in low dependency, open rehabilitation beds from 30 (Ashley House & Maple Lodge combined) to 15 beds. However, despite this reduction the introduction of the community rehabilitation pilot in the areas currently covered has meant that any patients still requiring inpatient care have been accommodated at Maple Lodge. Maple Lodge’s occupancy during this time has remained consistently below 100%.</p> <p>No patients have been required to be placed out of area during this period, and no adverse impact on other agencies has been identified during our consultation period with stakeholders.</p> <p>This demonstrates that with the capacity of the community rehabilitation service, in combination with the bed capacity at Maple Lodge, there is currently sufficient capacity to meet demand, even before any planned expansion of the community rehab service.</p> <p>The delivery model and service capacity will be reviewed annually a part of the Trust’s business planning processes if the continuation of the service is approved by LPFT and the ICB.</p> <p>Out of area placements are also continuously monitored by the Trust's Out of Area Reduction Group, which meets regularly. Any indication of increasing out of area placements will be identified quickly and capacity of services reviewed.</p>

Recommendation	Lincolnshire Response
	<p>In addition to the work in rehabilitation services, LPFT has also been transforming community service provision and embedding several new services and support networks for anyone in our local community to access. As part of this development work we have been working closely with local partners in primary care and the voluntary, community and social enterprise sector.</p> <p>Whilst the full impact of this is still to be determined, it is anticipated that these community resources will compliment the community rehabilitation offering and provide further additional community capacity to help and support people stay well in the community and prevent a need for hospital admission.</p> <p>The system is also working with population health management colleagues to model the number of beds required for the system now and in the future, including mental health beds.</p>
<p>Recommendation 2</p> <p><i>It is recommended that the system has clearly documented actions and mitigations to address all of the concerns raised by the patients/carers and staff through the consultation process and other processes which can be presented and robustly tested through the systems internal governance processes to ensure the system is appropriately assured on this service change.</i></p>	<p>The public consultation on the proposed continuation of the community rehabilitation service, as an alternative to Ashley House, has now ended and a full response to the concerns raised is being prepared as part of the proposal for future service delivery.</p> <p>The final business case will be put to LPFT's Board of Directors and the NHS Lincolnshire Integrated Care Board (ICB) for final decision in June 2023, with the outcome of this decision also being presented to the Health Scrutiny Committee for Lincolnshire in July 2023.</p> <p>Should the proposals be approved the Lincolnshire Mental Health and Dementia Joint Delivery Group will oversee the implementation of any actions suggested through the consultation process to address any concerns raised.</p> <p>A full table of feedback received during the consultation and actions being taken will be included in the final business case considered, and we are happy to share this with the clinical senate for oversight.</p>

Recommendation	Lincolnshire Response
<p>Recommendation 3</p> <p><i>It is recommended that the system has a clearly documented risk register with the appropriate level of granularity to describe all of the risks and mitigating actions across the whole service pathway and all partner organisations which are robustly reviewed as a system.</i></p>	<p>The Lincolnshire Mental Health and Dementia Joint Delivery Group (which involves representation from LPFT, Lincolnshire ICB, Lincolnshire County Council, Primary Care Networks, Community and Voluntary Services, and Public Health Lincolnshire) will oversee the implementation of the next steps, following any decision about the future service model. This will include oversight and management of any identified risks associated with the chosen delivery model.</p> <p>The development of the community rehabilitation service is also managed through the Transformation Programme Oversight Group which monitors risks and issues through the programme governance and also includes key partners from local authority, voluntary and community sector as well as other health partners.</p>
<p>Recommendation 4</p> <p>It is recommended that the service carry out a detailed analysis of the population health data and demographics to ensure that it is fully assured that the service takes into account (and meets) the needs of the whole population and vulnerable groups.</p>	<p>Population health data, in the form of Primary Care Network population profiles, are being used as part of the service clinical modelling. This data is being used to inform the distribution of resources across the county, as part of the ongoing community mental health transformation programme and will be used to inform the annual review of the community rehabilitation service.</p> <p>The development of a community rehabilitation service is part of a wider programme of work to transform community mental health services in Lincolnshire which has also completed local analysis.</p> <p>Quality and equality impact assessments have also been completed to assess impact on all sections of the population and ensure that access, outcomes and experience are not negatively impacted.</p> <p>Public Health Lincolnshire, alongside the Health Inequalities team in the ICB, have been asked to carry out a Health Equalities Assessment of the service change to ensure there is no negative impact from a health inequalities perspective.</p>

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