

Redesign of learning disability services across the North West: National Decision Making Group

Title: NHS England consultation on proposals to redesign learning disability services across the North West.

Author: Robert Cornall, Regional Director of Specialised Commissioning - North Region

Date: 27 March 2017

Clearance:

Purpose of paper:

NHS England held a public consultation on options for the re-design of learning disability services across the North West. The options put forward in the consultation aim to ensure that people with a learning disability, Autism Spectrum Disorder (ASD) or both will:

- continue to receive care and treatment, closer to home, at the appropriate level to meet their needs;
- have access to acute assessment services / inpatient provision when needed;
- · receive proactive healthcare to maintain health and wellbeing;
- have greater choice in their pathway of care with equal and fair access to services;
 and
- be able to live in a community setting.

The consultation built on the commitment made in *Building the right support* to reduce reliance on inpatient care by developing community services for people with a learning disability, ASD or both. A process of pre consultation engagement took place to meet our statutory obligations. This included meetings with overview and scrutiny committees in the areas where the majority of service users were affected. We also sent letters to other overview and scrutiny committees, whose areas had a minimal number of service users affected, and inviting them to participate in informing the consultation. Monthly meetings were held pre consultation with other stakeholders via the Strategic Partnership Board to shape the consultation. Mersey Care continued to engage with service users and staff, feeding back to the Strategic Partnership Board as appropriate.

Actions required by committee members:

In light of this consultation, the National Decision Making Group is invited to consider, comment and decide on the recommendation for service redesign, to consider other issues and concerns that have been raised as part of the consultation process and agree next steps.

Purpose

- 1. A National Decision Making Group has been established to consider responses received to the consultation exercise and engagement activities described above and take a final decision on the way forward. Membership of the Group is set out at Annex A.
- 2. The consultation analysis report at Annex B includes details of the number of responses by stakeholder type and a summary of the responses to each consultation statement. The published consultation document is included for reference at Annex C.
- 3. The options set out in the consultation document align with the national direction of travel set out in *Building the right support*, for transforming the lives of people with a learning disability, ASD or both. One of the key objectives of this national plan is that the least restrictive care options are chosen and hospital care is considered only when all other choices have been exhausted.

Consultation

- 4. In December 2016, NHS England published a consultation to redesign learning disability and ASD services across the North West. In summary, the consultation was built around two options and a number of statements for respondents to consider. The responses received to the consultation will assist the National Decision Making Group in reaching a final conclusion as to which option of the two set out in the consultation document is to be implemented. Those options are as follows:
 - Option one to move both medium and low secure services off the Mersey Care Whalley site (formerly known as Calderstones Partnership NHS Foundation Trust), re-providing services in a different way; and
 - Option two to keep some low secure services on the Mersey Care Whalley site.
- 5. The statements we asked for views on, were as follows:

Adults who have a learning disability and/or autism spectrum disorder should have the opportunity to receive their care in a community setting close to their home. Children, young people and adults with a learning disability, ASD or both have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. Wherever possible, they should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives. It is important to note, however, that some people are detained under the Mental Health Act and are therefore, subject to certain limitations because of the risk they may present to themselves or others.

Some people who use services will require forensic services under the Mental Health Act in secure facilities for long periods of time as part of their programme of care. These people where possible, will benefit from accommodation in smaller units that are adaptable to their needs with clear treatment goals. The Mental Health Act is clear that where it is possible to treat a person safely and lawfully without

detaining them, that person should not be detained. A person's independence should be encouraged and supported and families should be fully involved. This respects the full involvement of families and carers in the context of the limitations placed on a person's requirements for care in secure services. The proposed model of care involves a new innovative learning disability service with the added advantage of co-location with general adult mental health medium secure services. This reflects the principle articulated in *Building the right support* as follows: "specialist beds should be increasingly co-located within mainstream hospital settings as part of integrated specialist inpatient services, rather than in isolated stand-alone units".

The proposed model of care would provide assessment pathways to ensure that the least restrictive care options are chosen and hospital care is considered only when all other choices have been exhausted. NHS and local government made a commitment to work together to improve community support and seek to close up to half of the inpatient capacity for people with a learning disability, ASD or both in England. The national plan contained a key objective of developing community services and using inpatient facilities for those people with a learning disability, ASD or both only when absolutely necessary and for short periods of time. Equal treatment and access to services is a key principle in *Building the right support*.

People with longer term needs who use services and require ongoing secure care should receive this in an environment that enhances their quality of life as effectively as possible. The new model of low secure services aims to provide some inpatient capacity supported by community beds and specialist support teams across the North West. The model can be adapted based on the specific clinical needs of the population including transition from childhood to adulthood. There is a need to provide access to low secure services for people requiring high quality assessment and treatment in a safe environment, staying no longer than they need to. It is proposed that this service will be developed in such a way as to provide the necessary treatment programmes that are evidence based and result in positive outcomes for individuals. Particular attention in the proposed model of care is focussed on minimising the time spent in a secure environment.

Based on the 'homes not hospitals' principle of *Building the right support*, institutionalised medium and low secure care should not be delivered on the Mersey Care Whalley site, (formerly Calderstones Partnership NHS Foundation Trust). In 2012, a wide range of organisations including the Department of Health (DH), the Association of Directors of Adult Social Services (ADASS), NHS Confederation and the Royal Colleges signed up to the Winterbourne View Concordat which committed the signatory organisations to "the development of personalised, local, high-quality services" and "the closure of large-scale inpatient services".

6. The consultation ran over a 12-week period. The consultation considered all views received from a broad range of service users, families and carers, and other stakeholders. There have been a variety of methods of consultation to ensure engagement that meets the needs of people with a learning disability, ASD or both, ensuring their voices are heard. 16 events were held by independent advocates who held targeted discussions with 181 service users and their families, regarding the

consultation statements. In addition, we received 22 letters/emailed documents and summaries from the feedback events with a total of 450 participants, which included staff events, attendance at stakeholder meetings and expert groups. There was also the opportunity to give feedback online with 619 responses, however, it should be noted that only 2% of online responses were identified as service users.

- 7. The consultation closed on 23 February 2017 and the responses have now been independently analysed. The full analysis of the consultation responses can be found at Annex B. Responses were analysed into different categories as follows:
 - · Current service users, families and carers.
 - Other people with a learning disability or ASD and their families and carers.
 - Expert groups, such as the Learning Disability Professional Senate, Royal College of Nursing Learning Disability Committee, Mencap and the Challenging Behaviour Foundation (CBF).
 - Other organisations, such as overview and scrutiny committees, local authorities and NHS organisations.
 - Staff and union groups.
 - · Whalley residents.

Preferred option

- 8. As stated in the consultation document, the NHS England preferred option was option one; moving medium and low secure services off the Whalley site (formerly operated by Calderstones Partnership NHS Foundation Trust) and re-providing the services in a different way. This position was based on the principles detailed in *Building the right support* and would involve the re-provision of new, bespoke services across the North West for those with a learning disability, ASD or both. These bespoke services are described in the consultation document (Annex C) and aim to ensure that the specific needs of service users are provided for, in clinically designed environments. The proposed model of care aims to enhance the quality of care with improved integration into local communities, greater proximity to local services and easier access to public transport systems which are accessible across the region.
- 9. The proposed model of care for the North West has been designed to secure a future for people with a learning disability, ASD or both, which ensures that they will:
 - have greater choice in their pathway of care with equal and fair access to services;
 - be able to live in a community setting;
 - continue to receive care and treatment, closer to home, at the appropriate level to meet their needs;
 - receive proactive healthcare to maintain health and wellbeing;
 - have access to acute assessment services/inpatient provision when needed; and
 - be provided with specialist services, where people who lack capacity to make such choices and will never attain that capacity, will have the same opportunities as the wider population.

10. At the start of the consultation, option one was NHS England's preferred option because the Whalley site is the only remaining stand-alone NHS learning disability hospital in England and unlike other sites offering learning disability secure services in the North West, the Whalley site is not co-located with any other health services. The lengths of stay on that site are longer than expected, with 50% of the current inpatient population staying for five years or longer. The Whalley site has a large secure capacity which has been used as part of a historic care pathway, focussing solely on learning disabilities. This pathway has seen people with a learning disability, ASD or both progressing through medium and/or low secure accommodation and in and out of enhanced support services over a number of years, and in some cases for most of their adult life. This is not aligned to modern day health care and does not fit with the current direction of travel and the principles set out in *Building the right support*. In addition, there are no community assessment and treatment units within this model of care, which means that service users are much more likely to be admitted for a period of assessment.

Consideration

11. The following section provides a summary analysis of the responses to each of the statements included in the consultation document and feedback received as a result of the stakeholder engagement process. This paper then takes the feedback into consideration and describes the action we are recommending be taken.

Statement 1 - Adults who have a learning disability and/or autism spectrum disorder should have the opportunity to receive their care in a community setting close to their home.

- 12. Much of the discussion at the events and the consultation responses focused on the proposal in the consultation to move care to a community setting closer to a service user's home. As shown in the consultation analysis (Annex B), there was strong support for this statement across all categories of respondent.
- 13. Overall, it was generally felt by service users and their families/carers that a community setting gives familiarity, which aids wellbeing. However, some respondents expressed the view that there was a key challenge regarding the ability of the current infrastructure to deliver high quality community services, with staff able to meet the needs of service users, including those with a forensic history. This concern was identified across many responses and, whilst supportive of the direction of travel, there is a need to ensure the delivery of high quality community services at pace.
- 14. Feedback received directly from service users who currently reside at Whalley was in support of the hospital setting they are currently living in. Service users talked about how they valued the staff looking after them and the safe environment provided. The hospital was seen as their home environment. Long lengths of stay have resulted in the hospital environment becoming home for those service users.
- 15. In the majority of cases, service users in medium and low secure services will not be affected by the proposed new model of care, as they will already have completed their care and treatment and will have a clear moving on plan prior to the implementation of any change. It is recognised, however, that any change will create uncertainty.

- 16. In light of the above we a therefore recommend that the following steps be taken:
 - Create smaller units across the North West which are co-located with other health services.
 - Increase accountability regarding the pace of community service development in delivering care in 'homes not hospitals' that is being delivered by transforming care partnerships (TCPs).
 - Provide intensive transitional support for service users to enable the move away from the hospital environment.
 - Ensure case management systems have a low tolerance for longer lengths of stay.
 Hospitals should not be viewed as a permanent home, but should be a place for the provision of time-limited assessment and treatment.

Statement 2 - Some people who use services will require forensic services under the Mental Health Act in secure facilities for long periods of time as part of their programme of care. These people, where possible will benefit from accommodation in smaller units that are adaptable to their needs with clear treatment goals.

- 17. There was strong support for this statement from all categories of respondents. Those that agreed expressed the view that smaller units would only be appropriate if sufficient care, with the right staff was provided. It was felt that smaller units could offer more one to one support and a calmer environment. However, respondents stated that the units should be safe and that there should be clear pathways into such units, with the right facilities in place linked to the complementary services needed. Being local to families was also said to be important.
- 18. There were challenges to this statement from staff members currently working in forensic services, who felt that centres of excellence can offer more support and that forensic service users need to be kept secure. Concerns were raised about the potential location of any smaller units and a need to ensure each individual case is considered in line with the needs of the service user and their family (particularly from family/carers of service users).
- 19. Concerns were also expressed as some service users thrive in a bigger setting, with the benefit of centralised care. There was also a perceived lack of specialist provision at a 'local level' and a lack of funding to invest in the community based model.
- 20. In light of the above we therefore recommend that the following steps be taken:
 - Commence the development of smaller units for low secure services across the North West, which will provide approximately 70 low secure beds supported by community beds and specialist support teams. This new model of care has been developed in conjunction with the Transforming Care Partnerships (TCPs) across the North West and would be implemented to support the discharge of a number of service users as outlined in their Care and Treatment Review. In addition, there would be a new community model for forensic support which would enable secure care to be provided in a different way, other than a hospital.

• Commence the development of a medium secure mental health service at the Mersey Care Maghull site, with the inclusion of 40 beds for medium secure learning disability care. This will avoid geographical and clinical isolation from other health services for this group of service users and will enhance the ability to meet effective response times and improve accessibility to clinical support for multi-disciplinary working. In addition, the provider organisation will be able to more effectively manage day to day staffing requirements, sharing of expertise and truly create a centre of excellence around medium secure care.

Statement 3 -The proposed model of care would provide assessment pathways to ensure that the least restrictive care options are chosen and hospital care is considered only when all other choices have been exhausted.

- 21. There was strong support for this statement across all categories of respondents. Although some gave that support on the basis that there are appropriate and flexible resources in places, backed up by the funding needed and trained staff. Some respondents expressed the view that all services should be based as close to service users homes as possible. Some respondents expressed concern as to the availability of staff able to provide the specialised care that people with a learning disability, ASD or both and forensic service need (the definition of forensic service is within the consultation document see Annex C paragraph 2.10). Some respondents commented that less restrictive environments can only work when the safety of the individual and the population around them are given full consideration. Many respondents acknowledged the expertise and experience of the staff currently working in this complex environment.
- 22. Some respondents expressed the view that less restrictive measures do not always work and that the quality of the service provided to service users should be the priority.
- 23. In light of the above we therefore recommend that the following steps be taken:
 - Harness the relevant expertise of Mersey Care Whalley staff and maintain a positive message in terms of opportunities. We need to ensure that we maintain and develop their skills in inpatient and out of hospital settings to deliver the proposed new model of care.
 - Support Mersey Care's approach to tackling staff shortages, via a new innovative fast track education programme. This will prepare the workforce for the future, in addition to those already in post.
 - Not allow the use of the Mental Health Act to preclude people who require a secure level of care from moving into appropriate, safe services that are in communities and are co-located with other primary care services.

Statement 4 - People with longer term needs who use services and require ongoing secure care should receive this in an environment that enhances their quality of life as effectively as possible.

24. There was more support than disagreement for this statement across all respondents in the different categories. There remains a need for a small number of individuals with longer term needs to receive services where the emphasis is on quality of life, a less

restrictive environment and protection for both themselves and others. This need arises because of the longer term nature of risk management, which can remain a constant challenge. Further reduction of risk for these people is difficult, given their inability to manage their own risks outside of a managed environment.

- 25. Comments were made that suggested a holistic approach would be required, being truly person-centred (this view being particularly expressed by families/carers of service users) and ensuring a voice was given to service users and their families and carers.
- 26. In summary, the challenges raised regarding this statement related to a lack of confidence in new community services to deliver a different model of care. There was also concern that smaller units would not be beneficial to this group of people who require longer term services and co-location with healthcare services would afford better integration.
- 27. In light of the above we therefore recommend that the following steps be taken:
 - Implement the new service specification to ensure there is a focus on person-centred care and the quality of services.
 - Provide specific care for some service users where there is a longer term need for secure inpatient care. Progressing to a model that meets the needs of this group, ensuring we are delivering the principles of *Building the right support*.
 - Strengthen work with families and carers in implementing a person centred plan.

Statement 5 - Based on the 'homes not hospitals' principle of Building the right support, institutionalised medium and low secure care should not be delivered on the Mersey Care Whalley site, (formerly Calderstones Partnership NHS Foundation Trust).

- 28. There was strong support for this statement from expert respondents, majority support from other organisations (including providers, with the exception of Mersey Care), balanced support from service users, carers and their families, and particular concern from employees and service users at Whalley and local residents.
- 29. There was a challenge (particularly from staff) that some service users benefit from being in a secure environment and may reoffend in the community; there will be potential staffing issues as staff may leave as they are reluctant to move to other sites (Maghull), plus there will be retraining requirements.
- 30. Some concerns were raised about moving services to Maghull as it is seen as another 'institution', which some saw as risking stigmatising the service. Other respondents expressed the view that this would mean providing medium secure services in a location not geographically central to the people of the North West, and not linked to other local health services.
- 31. A number of respondents (particularly staff and local residents) expressed the view that the Whalley site should remain as it is, and it would be a waste not to use it. It was suggested, particularly by family/carers of current service users that the site could be used for autism related services. There was a concern, particularly from both the Lancashire Councils and clinical commissioning groups (CCGs), that service users

- would need to travel outside the Lancashire area and that employment opportunities for Lancashire residents would be lost.
- 32. Other responses questioned how the voice of the people rather than services would be considered and why the consultation seemed not to recognise improvements in the current service and the Care Quality Commission (CQC) rating of 'Good' that was awarded to the Whalley site in June 2016. There were further questions regarding how the proposed new model of care would work and how it would deliver a shorter length of stay.
- 33. The majority of those that supported option one did so with the caveat that the right community services would be in place. One of the expert groups suggested that those individuals and groups supporting option two may have done so because of a lack of confidence that a robust alternative would be put in place.
- 34. In light of the above we therefore recommend that the following steps be taken:
 - Locate medium secure services at Maghull, near a local community road with its own entrance. This will combine access to the community with all of the co-location clinical benefits of a centre of excellence and expertise. The site is well located for public transport and road infrastructure.
 - Support the provider in working with staff to explore new opportunities, so that we can retain staff and ensure that they are able to support the new model of care.
 - Explore all options for the provision of low secure services, ensuring these are accessible to the local populations of the North West.
 - Whilst acknowledging the good rating received by the CQC, remain committed to the proposed new model of care which reduces the reliance on inpatient services with units that are not clinically isolated, but are co-located with other health services.
 - Introduce the new model of care with the support of Specialised Support Teams who
 will support admission prevention, provide a 24 hour crisis service and provide direct
 forensic support to those recently discharged.
 - Work with Mersey Care to explore options for the use of the remainder or the entire site, depending on the option chosen. Although we have current processes in place the consultation has produced valuable feedback as a result of multiple methods of engagement. We now want to maximise this approach and use all opportunities to continue this work.
- 35. In summary, having considered all responses from all five statements, we have concluded that:
 - Current service users and their families have concerns about the loss of their safe
 and secure setting at Whalley. However, we are confident that by the time the
 change would be implemented, most existing service users would have moved on or
 be in a transition to other settings. In addition, the weight of expert opinion and
 previous consultations with service users supports the direction of travel.
 - Many respondents expressed concerns about the loss of provision in Lancashire and we will look at how low secure services are re-provided in the county.

- Another consistent theme was the previous investment in facilities on the Whalley site, but we are committed to exploring the options for the remainder of the entire site going forward.
- Concerns were raised around Maghull becoming a new institutionalised setting, but
 we have concluded that the benefits of developing a centre of excellence combined
 with careful planning and design, and co-location with other health services will
 resolve these concerns.
- The ability for the system to respond to the changes proposed and develop robust community infrastructure at pace is of great importance to respondents. We are committed to reviewing the current governance systems in relation to the accountability of Transforming Care Partnerships (TCPs).
- 36. Consequently, having considered the responses to the statements and what we recommend is done in response to concerns; we recommend that option one be pursued.

Implementation

- 37. In order to ensure the successful redesign of services for people with a learning disability, ASD or both in the North West as outlined above, irrespective of which option is agreed, we will:
 - Ensure that patient safety remains paramount in all system change, so that as beds reduce community services are developed at the same pace.
 - Provide increased support to service users at Whalley and their families about the
 consultation decision and what it means for them. The support will be provided in the
 short term by NHS England presence and independently through an advocacy
 arrangement. In the longer term, service users and their families will continue to
 receive support throughout their agreed care pathway, to an appropriate discharge to
 the community.
 - Have greater traction to provide robust and sustainable community infrastructure working with the Transforming Care Partnerships (TCPs).
 - Continue monitoring the impact on the services at the Whalley site during the transition. This includes receiving regular information through the Strategic Partnership Board on staffing and the safety of service users currently in the service, and ensuring that appropriate remedial action is taken to prevent a crisis.
 - Support the North Transforming Care Programme Board's clear commitment to evaluate outcomes for service users through robust commissioning.
 - Note the risk that the capital investment required to deliver either option has not yet been secured. This investment was agreed in principle by NHS England prior to the launch of the consultation but, once a final option is decided upon, requires the approval of the NHS England Board (and Investment Committee), NHS Improvement (NHSI), Department of Health (DH) and HM Treasury, based on the production of a full business case by the Trust.
 - Ensure that the implementation plan is robust and can be delivered

Next steps

38. In preparation for the decision, we have put support systems in place via advocacy groups to ensure that service users and their families/carers fully understand the decision made and what it means for them. However, having regard to the views expressed in response to the consultation, we aim to strengthen this approach to ensure that immediate and medium term plans are in place to support service users and carers during their transition. We have a full communications plan in place to ensure roll out of the decision is communicated appropriately and sensitively, recognising the impact on service users, their families/carers and staff.

Conclusion and recommendations

- 39. NHS England considered the responses to five statements within their consultation, to help them decide on which of two options will deliver the best services for people with a learning disability, ASD or both in the future.
- 40. Service users and families gave a range of responses, with some calling for the closure of the Whalley site and others arguing for it to remain. National experts (such as the Learning Disability Professional Senate, Mencap, the Challenging Behaviour Foundation and charities working with people with a learning disability, ASD or both) tended to support option one. Other organisations (local commissioners and providers) gave mixed responses. Staff and unions gave strong support for option two.
- 41. Having analysed the responses from all respondent groups, we recommend that option one, to move both medium and low secure services off the Mersey Care Whalley site (formerly operated by Calderstones Partnership NHS Foundation Trust), re-providing services in a different way should be implemented. The rationale for this recommendation is as follows:
 - Adults who have a learning disability, ASD or both should have the opportunity to receive their care in a community setting close to their home.
 - Some people who use services will require forensic services under the Mental Health Act, in secure facilities for long periods of time, as part of their programme of care. These people, where possible, will benefit from accommodation in smaller units colocated with other healthcare services that are adaptable to their needs, with clear treatment goals.
 - Locating medium secure services at Maghull, near a local community road with its
 own entrance, will combine access to the community with all of the co-location
 clinical benefits of a centre of excellence and expertise catering to people with
 forensic needs. Additionally, Mersey Care's ambition is for the new medium secure
 unit to develop as a leader in the field, and is keen to use technological solutions to
 enhance care delivery.
 - Use of the Mental Health Act does not preclude people who require a secure level of care from moving into appropriate safe services that are in communities and are colocated with other primary care services. The new clinical model will use the same service specification but it does not have to be provided in an inpatient setting.
 - There has been investment into TCP plans and investment has been provided for the double running of services during the transition. There are also plans to implement

pooled budgets and payment of dowries where applicable, to enable people to move out of inpatient settings if this is their plan of care.

42. The NHS England Decision Making Group is invited to consider the recommendation and come to a decision on the preferred option.

Robert Cornall
Regional Director of Specialised Commissioning – North

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact email england.northspecialisedcorporate@nhs.net or telephone 0113 825 4657

Publications Gateway Reference 06563

ANNEX A

Member of NHS England National Decision Making Group

Jane Cummings Chief Nursing Officer

John Stewart Acting Director, Specialised Commissioning
Simon Currie Director of Financial Planning and Delivery
Julie Higgins Director of Learning Disability Transformation

Richard Barker Regional Director – North

Jean O'Hara

National Clinical Director for Learning Disabilities

Robert Cornall

Regional Director of Specialised Commissioning North

Clare Duggan Regional Director of Transformation - North

NHS England Learning Disability & Autism Spectrum Disorders Consultation

Report



Contents

Introduction	4
Methodology	6
Main Findings	9
Analysis of Survey Responses	25
Meetings	54
Social Media	59
Other Responses	61

Introduction

Participate Ltd has been commissioned by NHS England to independently analyse and report upon the data from the consultation 'Consultation on proposed redesign of learning disabilities and autistic spectrum disorders in the North West'. The following summary report sets out the analysed and thematic data from the consultation completed in February 2017.

Context

NHS England consulted for a period of 12 weeks on how low and medium secure services for people with a learning disability and/or autistic spectrum disorders (ASD) should be provided across the North West. The consultation builds on the commitment made in Building the right support to reduce reliance on inpatient care by developing community services for people with a learning disability/and or ASD. The proposals put forward in the consultation aim to ensure that people with a learning disability and/or ASD will:

- have greater choice in their pathway of care with equal and fair access to services;
- be able to live in a community setting;
- continue to receive care and treatment, closer to home, at the appropriate level to meet their needs:
- receive proactive healthcare to maintain health and wellbeing, and;
- have access to acute assessment services / inpatient provision when needed.

This consultation was run through the NHS England consultation hub and elicited qualitative data through the use of text submissions.

The consultation statements that people were asked to comment on are:

- 1. Adults who have a learning disability and/or ASD should have the opportunity to receive their care in a community setting close to their home.
- 2. Some people who use services will require forensic services under the Mental Health Act in secure facilities for long periods of time as part of their programme of care. These people where possible will benefit from accommodation in smaller units that are adaptable to their needs with clear treatment goals.

- 3. The proposed model of care would provide assessment pathways to ensure that the least restrictive care options are chosen and hospital care is considered only when all other choices have been exhausted.
- 4. People with longer term needs who use services and require ongoing secure care should receive this in an environment that enhances their quality of life as effectively as possible.
- 5. Based on the 'homes not hospitals' principle of 'Building the right support', institutionalised medium and low secure care should not be delivered on the Mersey Care Whalley site, (formerly Calderstones Partnership NHS Foundation Trust). As such option one set out in section four is the preferred option.

Consultation Methodology

On 1 December 2016 a 12-week consultation was launched, on how services for people with a learning disability and/or autism are provided across the North West in the future, in line with the commitments set out in *Building the right support*.

The consultation was supported through a programme of active engagement and communication with service users, their families and carers, staff and other stakeholders. A consultation log was established to record all engagement activity.

All those who wanted to respond to the consultation could do so by completing the online survey that was available via the NHS England consultation hub page. Hard copies of the survey were available for completion. Written submissions to the consultation's generic email address were also accepted.

NHS England worked with partner organisations in the North West including: clinical commissioning groups (CCGs); provider Trusts; Transforming Care Partnership (TCP) boards and their members; and Pathways Associates, to identify opportunities to attend face-to-face meetings with service users, their family members, carers and staff. Attendance and feedback from these events was documented in the consultation log and fed in to this analysis report.

NHS England also attended various meetings at Council committees across the North West to discuss the consultation; the notes and key themes from these meetings have formed part of the overall analysis report.

The consultation received a high number of responses. NHS England closely monitored the progress of the consultation. At the end of the consultation all responses were sent securely to Participate for analysis.

Below is the breakdown of the three stages of this process; each section contains more detail of the actions taken to ensure the consultation reached as many people as possible.

Pre consultation launch

- Developed a consultation document and communications plan in conjunction with the Strategic Partnership Board.
- Compiled a list of stakeholders for the North West and at a national level.
- A letter went to key stakeholders prior to the launch to update them on the progress of the pre-consultation phase and to offer face-to-face briefings. Meetings were held with Overview and Scrutiny (OSC) Committees and MPs.
- Ensured that the consultation documents met the requirements of NHS England's This included producing an Easy Read version of the accessibility guidelines. consultation document.
- Updates for service users, carers and family members, through working in partnership with colleagues at the existing providers of learning disability services.

Launch of consultation

- A press release was issued to all media outlets across the North West region.
- A national announcement about the launch of the consultation was posted on the NHS England website.
- An email was sent to all stakeholders with details of the consultation and how to respond, and to encourage them to promote the consultation through their own networks.
- An online survey was launched for responses.
- A generic email address and phone number were established for any queries during the consultation.
- Partner organisations were provided with information so that they could promote the consultation through their own channels.
- Information about the consultation was posted regularly on the NHS England social media channels.
- A launch event was held at the existing Whalley site for service users, family members and carers and for staff. Copies of the consultation documents were distributed and people were encouraged to respond.

During the consultation

• Continued to promote the consultation using social media. Social media monitoring was carried out throughout consultation period to enable responses as necessary and identify emerging themes.

- Face to face meetings were held with staff, families and carers as well as service users. These were supported by members of NHS England staff.
- Additional support sessions were provided for service users, in partnership with Pathways Associates and the Challenging Behaviour Foundation.
- Attendance at key stakeholders meetings such as local OSCs, CCG Forums and Parish Council Meetings. A list of meetings is available in the consultation log. Notes from all the meetings have been included in the analysis.
- Held three open access WebEx sessions, which were publicised via the website. Feedback was recorded in the consultation log and included in the analysis.
- There have also been a number of visits to the Whalley site, including staff drop in sessions with various members of NHS England.

A consultation log was maintained during the consultation. All intelligence received during the consultation has been shared with Participate for the production of this analysis report. A copy of the key stakeholder list is also available on request.

Main Findings

The following sets out the main findings from the consultation data. The body of this report contains frequency tables, which detail the themes to have emerged from the consultation responses and the number of times a theme has been mentioned. The following summary of main findings is based upon 619 consultation online form responses (survey), Pathways activity with 181 participants, 22 letters/emailed documents and summaries from the feedback events with over 450 participants.

PLEASE NOTE: Some respondents may have answered the formal feedback form and emailed a document/sent in letters which mirrors their response in some aspects. Therefore, we have included a summary table for the emailed documents/letters to ensure that responses are not double counted.

It should also be noted that some of the documents from informed stakeholders contain highly detailed suggestions. Therefore, we strongly recommend NHS England review each submission to ensure these suggestions are taken into account.

The thematic tables detailed within the body of this report aim to extract the most common themes to come from the qualitative insight. However, these should not be viewed in isolation as although they infer the most common type of feedback they do not convey the level of detail in some of the responses received. Each response is multi-coded for the number of themes it contains. Therefore, the thematic tables are ranked in terms of prevalence of common themes and the number of themes may exceed the number of responses as each one is multi-coded.

The section below sets out the main findings from all dialogue methods. However, only the survey findings could be quantified in terms of levels of agreement/disagreement through coding of the open-ended responses.

Responses from Service Users/Carers

Due to the sensitivities in terms of collating feedback from service users, NHS England worked in partnership with a number of organisations to undertake focus groups and drop-in sessions. The following sets out the findings from these activities, in addition to emailed responses from service users and site visits.

Service User Engagement

Two additional consultation projects were undertaken to capture the views of Service Users and their families/carers about the options available and to voice any concerns they may have. The findings are summarised below.

1) Consultation for the proposed redesign of learning disability and autistic spectrum disorder services in the North West (Pathways Associates)

Pathways Associates delivered 16 focus groups across the North West which were attended by a total of 161 people. An additional 3 days were spent at the Whalley site in which a further 20 service users participated in the consultation. In total, 181 people were involved in the consultation, 78 service/previous service users, 14 relatives, 41 providers, 47 public sector, 3 not stated (some people identified more than one option).

The following themes represent the views of the service users and families within the consultation;

General comments

- The positive comments about the service received at the hospital included: good staff; good outings and; good treatments/therapies. The negative comments included: not enough staff; not enough outings and; same food every 4 weeks.
- o *Improvements* service users would like to see were: person centred care plans; being closer to family and friends; consistency of staff; speed up discharge and; more things to do
- When considering a transition to the community the importance of having trained, specialist staff in the community was raised. Frequent changes of staff was seen as very disruptive.
- o There is a need for multi-agency working and early intervention. It was felt that wasn't happening at the moment.

Support for Option 1

- Some wanted the complete closure of the Whalley site, seeing the environment as dark, cold and uninviting and the services as institutionalised and restrictive.
- Felt closure may lead to a new start, a new approach, a chance to start again with modern buildings and new staff with new ideas.
- o Felt the 'future is on the outside', that a move to the community would be a positive step forward. Smaller, calmer, modern units were desired with some

- asking for a 'crisis house'/half-way house between hospital and community services.
- Many asked for the community services to be local to family/support networks as long as that is what is wanted by service users/families.
- o Felt any money gained from the closure should be reinvested into building suitable houses across the North West.

Concerns about Option 1

- o Felt it a waste of money to have built on the Whalley site modern, purpose built units that could be reused/invested in.
- o Concerned that any new hospital would be privately run and not subject to inspections. NHS was the preferred management as this would also be less costly and would be accountable.
- Concerned about some community placements failing and where the service user would end up. Also that it was critical that community services were up and running before any discharges took place.
- o Felt 3 years was too short for people with autism to prepare for a move to alternative services.

Concerns about the move to Maghull/Ashworth site

- Felt the move to Ashworth wasn't explicit in the consultation, that it would have *negative connotations* and stigma for service users.
- o Concerned that the medium secure service users had not been consulted about the proposal and should be at the centre of the decision.
- Thought it too far away for families/friends to visit with poor transport links.

Support for Option 2

o Felt that at least some part of the Whalley site should remain open as units are required across the North West and there are staff and service users that are happy there.

Additional comments about the Options/Consultation

- o Some felt that there wasn't enough information in the document to make an informed choice and that service users/families should have been asked for their input before the options were decided.
- o "The options gave us more questions than answers" e.g. what would happen to the staff?, where will the people go?, what will happen to the site?
- o Felt that the service users/families should have been consulted all the way through the process.

o Felt as though the consultation document was steering towards option 1 when it should have presented all the facts to allow the reader to make an informed decision.

2) Consultation for the proposed redesign of learning disability and autistic spectrum disorder services in the North West (Challenging Behaviour Foundation)

The Challenging Behaviour Foundation delivered 4 drop in support surgeries across the North West to which 6 family carers in total attended/requested a phone call. Each of these carers had a relative currently living on the Whalley site in low or step down services.

The key themes were:

General comments

- o Felt the service at Whalley was excellent/brilliant and that senior leadership had improved since Mersey Care took over. Whalley seen as a safe town where Service Users were part of the community.
- There is scope for improvement at the Whalley site; poor clinical leadership, bank staff, some institutionalised/restrictive practices. These are nationwide problems that need addressing.
- o Calderstones is generally used as a *last resort* for people who had multiple failed placements. These Service Users have the most *complex needs* that are unlikely to be met by community services.
- o Individualised single person care was viewed as the optimum model, but concerns were raised about private providers having a high turnover of staff and that community support needs to be established before any Service Users are discharged.

Support for Option 1

- The idea of localised services was welcomed, bringing support closer to families
- Option 1 could work if there was significant support and investment at Whalley over the 3 year transition period to allow a safe transfer to more local units.

Concerns about Option 1

o Concerned about how MDT input would be provided in the community and coordinated across smaller units in the North West

- o Emphasis should be on clinical leadership and quality of care/treatment programmes not the location of services. Option 1 does not resolve this.
- Significant risk to the Service Users
- o The Maghull site is further to travel for some families, placing them further away not closer

Support for Option 2

- o Had a clear view that option 2 was the best option, that their relative's life would be *completely damaged* if the Whalley site were closed.
- o Thought the consultation paper was written in an *unfair* way and gave little positivity for option 2. Furthermore that the Whalley site was not institutionalised nor geographically isolated.
- NHSE should build on existing expertise and have a transformation plan that addresses the leadership, utilises technologies and focuses on improving community services. Invest in option 2 which will be quicker than moving people to other sites.

Service User Responses

The key themes from **Service User #1** (individual emailed response) were:

- "Not everyone with a learning disability and/or autism can be supported in the community"
- "Some people may have to live in locked places like prison because they might be a risk to the public"
- "I don't think people should stay in the community and go into hospital when there is no other choice. If people are going to get ill again, I don't think they should come out of hospital".
- "The option I would prefer is option 2. To keep Woodview and Maplewood and to use some of the buildings for other things".

The key themes from the **Service User #2** (individual emailed response) were:

- "Yes they should be supported in the community"
- "Care Homes should look more like homes".
- "People should stay in the community and only go into hospital when needed".
- "I think option 2 should be picked"

Other Service User Engagement

The key themes from the **Mersey Care Whalley Service User Focus Groups** (5 Service Users, 6 Mersey Care staff, 3 NHS England representatives) were:

- Service Users were concerned about the *geographical location of the Maghull site* and the consequent travel implications for families and staff.
- Service Users were concerned about the involvement of their *friends and staff* in the move, wanting information on whether staff were given reassurances about their jobs
- Some questioned the new clinical model of care and why it couldn't be implemented at the Whalley site. In addition, if the Government's money would be better invested in updating Whalley instead of the community.
- Some service users had concerns about living in the community, recalling past negative experiences.
- Concerned that decisions had already been made without taking Service User opinions into account.
- Some service users were positive about the proposed move to community services.

The key themes from the **Whalley site West Drive Stepdown and Scott House Service Users** (10 Service Users, 3 managers, 5 support workers, 1 therapist, 2 nurses, 1 Healthwatch staff and 3 NHS England representatives) were:

- Service Users were generally in favour of *keeping at least some services on the Whalley* site, particularly as it has had a lot of recent investment. It was felt to be a waste of *money* to close the site completely.
- Service Users wanted *continuity of care*, asking if the same staff who supported them in hospital could then move to the community with them to help settle them.
- Service Users generally *praised the services and staff at Whalley* and had concerns about the proposed closure.
- Whalley was *not thought of as isolated* and instead thought Liverpool too far to travel to.
- Service Users voiced concern about moving out of Whalley and receiving suitable support in the community, particulary in regard to their benefits. Also if they would be returned to prison if there was nowhere else to go.
- A number of Service Users asked about how and when they would get to know the outcome of the consultation.

The key themes from the Whalley site Woodview (medium secure) Service Users (12 Service Users, 3 managers, 7 support workers, 2 therapists, 2 advocates, 1 Mersey Care staff, 3 NHS England representatives) were:

- Service Users generally did not want to move from Whalley, some had previous bad experience in the community, some were worried about what community services were available.
- Whalley staff were praised by Service Users. Many Service Users had concerns about dealing with new staff somewhere else.
- Some disagreement that Whalley was isolated, instead Service Users said they felt safe and accepted by the village. There was concern about the move to Maghull, feeling it was too far from family.
- Some concerns about the wastage of money in moving from new, purpose built units on the Whalley sites to a *new build* near Liverpool.
- General concerns about the *uncertainties within the consultation* when the changes would happen, when the decision would be made, what would happen to the site, where they would go next, etc.

The key themes from the Whalley site Maplewood (low secure) Service Users (16 Service Users, 1 nurse, 8 support workers, 2 advocates, 3 therapists, 2 managers, 3 NHS England representatives) were:

- A mixture of views as to whether Whalley should stay open or shut down. Some felt it should stay open due to the good support they have received, others felt they were ready for a move to the community
- Concerned about the existing staff if the site were to close and whether they would continue to care in the community services. There was a clear preference for their support staff to be *permanent* rather than temporary agency staff.
- Concerned about the amount of money that had been spent on the Whalley site in recent years.
- Some Service Users were concerned about moving to the community due to bad experiences in the past and whether appropriate community support would be in place.

Concerned about the uncertainties within the consultation/closure – getting to know the outcome, how long the process might take.

The key themes from the **Whalley site Informal Visit** were:

- Service Users said they *liked it at Whalley*, they felt *safe* and the staff were good and professional.
- Service Users were concerned that a lot of money has been spent on the new buildings and cannot therefore understand why the new buildings would be closed.
- Service Users said they wanted to go back to their home areas.

Meetings and 'Other Responses'

The feedback from all the meetings undertaken and the other responses (letters and emails) received have been coded for common themes. The detailed tables of themes can be found within the relevant sections of this report. The themes vary with some support for Option 1 and its approach, however, there are also concerns voiced in terms of the community services provision, geographical location of any future services and the fear of losing valued staff. Outlined below are the key themes from a number of expert and clinical stakeholders.

It should also be noted that some of the documents from informed stakeholders contain highly detailed suggestions. Therefore, we strongly recommend NHS England review each submission to ensure these suggestions are taken into account.

The key themes from **The Learning Disability Professional Senate** (brings together a range of professional bodies including The Royal College for Nursing, Royal College for Psychiatry, British Psychology Association, Royal college speech & language therapists, RCGP) were:

- Strongly felt that all people with a learning disability and/or autism should have the right to receive their care in their local community, with as much choice and control over their lives as possible, unless they have the capacity to choose otherwise.
- Felt it was important for community services to recognise the *complex needs* of this group and the level of staff expertise required to support them. Needed assurance that *adequate funding* will be made available to achieve the desired outcomes.

- People requiring forensic services should have support provided in smaller units, but with full multidisciplinary therapeutic support as needed. Investing in community forensic support may help reduce admissions and therefore costs in the long term.
- Partnership working across all relevant services is important to ensure people end up in the least restrictive options. Again, this will need significant investment.
- Felt that the Whalley site should *close in its entirety*, including the Step down services.
- Felt service users/families should be *engaged* at all stages of the process.

The key themes from **RCN Learning Disability Nursing Committee** were:

- Showed support for people with Learning disability/Autism being able to live and contribute in their local communities, but highlighted the need for investment in existing staff and to grow local teams to enable this to happen.
- Felt the size of service needs to be such that it can provide specialist support, but avoid institutionalisation and negative staff attitudes. Their experience showed smaller hospital services met these needs.
- Any assessment pathway considering hospital admission should be considered by all involved parties, this should include families, local services, local clinicians etc.
- Felt the proposal should reflect more on *outcome measures*, once admitted how the person is then supported to be discharged.
- Proposed that Mersey Care Whalley should *fully close*, but this can only happen *once* local services are in place. There was concern that another institution would be built elsewhere, instead of investment in the training of quality, skilled staff.

The key themes from **Mencap/Challenging Behaviour Foundation** were:

- Felt that the Whalley site is a large institutional setting that operates an outdated model, is geographically isolated and *should close*. It should be closed by NHS England to help demonstrate that NHSE intends to deliver on its promises to people with learning disabilities
- There must be a robust, carefully planned and managed closure programme, involving service users and their families as partners. Any new services must be developed in line with best practice.
- Services on the Whalley site must *not be allowed to deteriorate* in the closure period.

• Concerned that community services will need to drastically improve to be able to support the service gap in low and medium secure beds set out in either option 1 or 2.

The key themes from **A Coalition of Charities** (VODG which represents not-for-profit organisations working with disabled people across England, Turning Point, Avenues Trust, Brandon; the learning disability charity, The Disabilities Trust, Voiceability) were:

- Support for option 1, so time spent in forensic services is as short as possible and people can return to supported services in their community. Less institutional care nearer to communities is preferable to services in isolated situations.
- Felt that Calderstone must close in all of its entirety, but that Maghull is *inappropriate* as a medium secure site due to stigmatisation from Ashworth Hospital. An alternative non-institutional modern site was preferred.
- Concerned that the required community services are *not yet in place*, that there needs to be *significant development* in community alternatives and wrap around services.
- Suggested that a reduction in the number of secure beds and time-defined, clear pathways may stimulate the development of effective and robust community services.
- In all parts of the redevelopment, service users and families should have a strong voice.

The key themes from the Local Authority and Health Groups (Greater Manchester Health & Social Care Partnership, Healthwatch, Hyndburn Council, Bolton Council/CCG, Salford Learning disability Service, Lancashire North CCG, Lancashire CC, Lancashire CCB and Ribble Valley Council) were:

- **General comments** from service users and their carers (Healthwatch)
 - Medium secure service users acknowledged the support they have received has helped them and that they are mostly ready to transition back to the community. One female service user felt it would be dangerous to return to a community setting as it offered too much independence.
 - o Families of medium secure service users felt Calderstone staff were hard working and looked after the carers as much as the service users. Acknowledged it was going to be a challenge to move to a more low secure setting and hope the process will be done 'slowly and in stages'.

- o **Relative of enhanced service user** reported a positive experience of Calderstone, feeling involved in the care planning and working with 'fantastic staff'. They voiced grave concern over the transition to community services, the loss of quality staff, risk assessing, support in the community, etc, seeing it as a generally weaker option.
- o **Step-down Service Users** generally reported a positive experience at Calderstones and a desire to move out into the Community, but not to where they had originated – a wish to start a new life. The majority had concerns about closing the Whalley site as community services aren't always available.
- o Families of Step-down/low secure Service Users reported a positive experience for their family members, giving them opportunity to 'have a life'. There was both hope and concern for the future; hope that things could move forward and improve, but concern that a move to the community may be more isolating and unsettling.
- **General comments** from organisations
 - Need for a service in Lancashire
 - o Requested that all voices, including carers, were engaged and involved at all stages. Also concerned about the level of engagement by NHSE, asking for details of when previous meetings had taken place and when future events were planned.
 - Felt the consultation was biased, using 'loaded' questions and displaying inaccurate and misleading information. The pictures did not accurately represent Service Users, inaccurately reporting Whalley to be geographically isolated, not specifying the primary service was forensic and not giving enough information on option 2. Felt there was insufficient information in the consultation to be able to make an informed decision.
 - Some felt the decision to close the hospital had already been made
 - Agreement that people should be supported in the community where possible. This would lead to more independence, quicker recovery and better outcomes. Units should be homely and as close to the service user's local area as possible.
 - Felt there needs to be *clear treatment plans* and *discharge pathways* in place and a focus on outcomes, regardless of the size of the service.
- **Option 1** Some in favour of option 1, but many had concerns about the *costs* involved, seeing it as the more expensive option. There was also concern around the

use of the buildings should option 1 be chosen. Salford Learning Disability Service felt the Whalley site should close completely.

• Option 2 – Some in favour of option 2, feeling option 1 to be too costly and a waste to close new, purpose built facilities on a site that was rate good (CQC).

Concerns -

- Concerned that the community services should be of the highest quality, this means significant investment in training of staff. The units should be spread across the North West to ensure service users can be local to their community.
- o Concerned about *inequality across the communities*, e.g. some communities taking on large numbers of people, costs not falling evenly across Local Authorities.
- Asked what structures were in place to design structures/facilities. A concern that this would be more costly than 1 large unit.
- Concerned about service users being placed in communities with which they had no links or had a problem with in the past.
- o Felt there should be effective joined-up support from all agencies, all parties need to work in partnership.
- o Concerned about having a *suitable skilled workforce* as all expertise is currently centred around the Whalley site and they would be unlikely to travel.
- o Concerned about the *stigma* associated with the Ashworth Hospital site, also not wanting to build another institution elsewhere.

The key themes from the **Trade Unions** (Liverpool Community & Hospitals UNISON Branch, Blackburn & District Trades Union Council) were:

General comments –

- o Felt linking Calderstones with Winterbourne was an insult to staff and that the initial report showed a lack of knowledge about Calderstones offering forensic services in addition to autism (Liverpool Unison), also misrepresenting it as 'Dickensian' and isolated.
- The consultation was biased, incomplete and lacking data/analysis. Concerned that there was *no business case* backing up the options.
- o Further options should have been included in the consultation, combining elements of option 1 and option 2.
- **Option 1** Disagreement with option 1 from all parties

Option 2 – Liverpool Unison preferred option 2 as the low secure units were new, thereby making savings and keeping jobs.

Concerns –

- Service users being discharged into poorer (CQC) settings and into private, not **NHS** hospitals
- o Community services not being in place
- Insufficient risk assessment of service users
- Service users not being managed properly and ending up back in hospital settings
- Impact on the local economy and the need to engage with the local community more widely
- o Uncertainty and delay could lead skilled and dedicated staff to leave and undermine service provision
- What would happen to the site if option 1 is agreed.

Online Survey Findings

The following sets out an overview of the main findings from the 619 survey responses. The survey response section of this report sets out detailed frequency tables of common themes to have emerged.

Respondent Profile	Number	%
Question not asked / Unknown	148	24%
Other - including those responding on behalf of an organisation	123	20%
All combined	91	15%
Member of Staff at Mersey Care NHS Foundation	83	13%
Family member/carer of a person with ALD ASD	74	12%
A person who cares for or supports a person with a ALD ASD	48	8%
Local resident of Whalley	42	7%
Person with a learning disability and/or autism	10	2%
Total	619	100%

Respondents were given the option of selecting their respondent type. In the first few weeks of the consultation the question of respondent type was not asked and therefore these responses are treated as a separate group (not asked/unknown). Some respondents answered more than one response option and these have been grouped together under "All Combined" (this consisted of 21 different combinations with up to 4 categories selected). This process means it is difficult to determine any differentiation of viewpoint by respondent type as around 58% of all responses cannot be defined to one particular respondent type.

However, where there is a particular frequency of theme from one identifiable group it is highlighted in the findings below.

Adults who have a learning disability and/or autistic spectrum disorders (ASD) should have the opportunity to receive their care in a community setting close to their home.

There were strong levels of agreement with this statement in that it was felt a community setting gives familiarity, which aids wellbeing. There was also agreement but with caveats that only if adequate care, support and trained staff are provided. It was also felt that this model is only appropriate for low secure, but not for forensic patients or offenders (particularly from staff and family/carers of service users).

Those that disagreed felt that some patients thrive in a bigger setting, with the benefit of centralised care (particularly from staff and people who support service users). Concerns were also raised in regards to a perceived lack of specialist provision at a 'local level', with worries in regards to travel across the region. It was also felt that the needs of the patient and their family should be key to the approach taken, i.e. in some cases community based care may not be perceived to be the best/right option. Questions were also raised about a lack of funding to invest in the community based model.

The Whalley site was also specifically mentioned (particularly by staff) with statements that it needs to remain because: it is a centre of excellence and; it houses forensic patients/offenders which are stated to be a danger to the community.

Some people who use services will require forensic services under the Mental Health Act in secure facilities for long periods of time as part of their programme of care. These people where possible will benefit from accommodation in smaller units that are adaptable to their needs with clear treatment goals.

There were mixed views with this statement. Those that agreed, felt smaller units would only be appropriate if sufficient care with the right staff is provided. It was felt that smaller units can offer more 1-to-1 support and a calmer environment. However it was reinforced that the units should be safe and that there should clear pathways into such units, with the right facilities in place linked to the complementary services needed. Being local to families was also seen as important.

Reasons for disagreement with this approach centred upon a feeling that centres of excellence can offer more support (particularly from staff) and that forensic patients need to be kept secure. Concerns were again raised about the potential location of any such units and a need to ensure each individual case is considered in line with the needs of the patient and their family (particularly from family/carers of service users).

Statements were made that Whalley already provides this approach, through treatment goals and the provision of smaller units (particularly from staff).

The proposed model of care would provide assessment pathways to ensure that the least restrictive care options are chosen and hospital care is considered only when all other choices have been exhausted.

Around half of the respondents agreed with this statement. However, there was agreement with caveats that only if there are appropriate and flexible resources in places, backed up by the funding needed and trained staff (particularly from staff). It was also felt all services should be considered based as close to the patients home as possible.

Those that disagreed felt that the least restrictive measure doesn't always work (particularly from family/carers of service users) and that the quality of the service should be the priority.

It was also stated that Whalley already provide pathways with least restrictive care where possible (particularly from staff).

People with longer term needs who use services and require ongoing secure care should receive this in an environment that enhances their quality of life as effectively as possible.

Around half of the respondents agreed with this statement, with the caveats that if local community services are available with sufficient, appropriate care. It was also felt that to achieve this a larger low secure unit is better equipped than smaller units (however a lesser number of responses stated the opposite that smaller, less clinical units are better).

Concerns were raised that a holistic approach would be required, taking a truly personcentred approach (particularly from family/carers of service users) and ensuring a voice was given to patients and their carers.

It was reinforced that Whalley already provides this approach (particularly from staff).

Based on the 'homes not hospitals' principle of 'Building the right support', institutionalised medium and low secure care should not be delivered on the Mersey Care Whalley site, (formerly Calderstones Partnership NHS Foundation Trust). As such option one set out in section four is the preferred option.

The majority of the respondents disagreed with this statement (particularly from staff, people who support service users, and local residents). The reasons given were that: some patients benefit from being in a secure environment and may reoffend in the community (particularly from staff); there will be potential staffing issues as they are unlikely to move, plus there will be retraining requirements and; there were concerns about moving to Maghull as it is seen as another 'institution'.

It was felt by many that Calderstone (Whalley) should remain as it is a purpose-built and modern facility (particularly from staff and local residents) with excellent community links and it would therefore be a waste not to use it (particularly staff). Suggestions were made that the site could be used for Autism related services (particularly family/carers). There was also a call to invest in 'step down' services.

Those that agreed with Option 1 did so on the basis that the right community services would be in place.

Analysis of Survey Responses

This section of the report provides a detailed analysis of the responses to the consultation survey hosted on the NHS England hub, with frequency tables to draw out the commonality of theme from the qualitative data (open-ended questions). Each response is multi-coded for themes, meaning the number of themes may exceed the number of responses. The findings have been cross tabulated by respondent group types as set out in the survey to ascertain any differences in viewpoints/perspectives.

Respondent Profile

Respondent Profile	Number	%
Question not asked / Unknown	148	24%
Other - including those responding on behalf of an organisation	123	20%
All combined	91	15%
Member of Staff at Mersey Care NHS Foundation	83	13%
Family member/carer of a person with ALD ASD	74	12%
A person who cares for or supports a person with a ALD ASD	48	8%
Local resident of Whalley	42	7%
Person with a learning disability and/or autism	10	2%
Total	619	100%

A total of 619 responses were received. Respondents were given the option of selecting their respondent type. In the first few weeks of the consultation the question of respondent type was not asked and therefore these responses are treated as a separate group (not asked/unknown). Some respondents answered more than one response option and these have been grouped together under "All Combined" (this consisted of 21 different combinations with up to 4 categories selected).

Adults who have a learning disability and/or autistic spectrum disorders (ASD) should have the opportunity to receive their care in a community setting close to their home -**Comments:**

Although this question did not give a multiple choice option in terms of ascertaining levels of qualitative comments have been coded the agreement/disagreement with the statement. This is followed over the page with the more in-depth coding of the comments for specific themes.

							Nei	ither				
			Agre	ee &			Agr	ee or	N	ot		
	Agr	ee	Disa	gree	Disa	gree	Disa	agree	sta	ted	To	otal
Respondent Type	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Person with a learning disability												
and/or autism	5	50%	0	0%	0	0%	1	10%	4	40%	10	100%
A person who cares for or												
supports a person with a ALD												
ASD	28	58%	0	0%	4	8%	6	13%	10	21%	48	100%
Family member / carer of a												
person with ALD ASD	45	61%	0	0%	2	3%	19	26%	8	11%	74	100%
Member of Staff at Mersey Care												
NHS Foundation	35	42%	1	1%	6	7%	22	27%	19	23%	83	100%
Local resident of Whalley	13	31%	0	0%	1	2%	7	17%	21	50%	42	100%
Other	71	58%	0	0%	3	2%	27	22%	22	18%	123	100%
Question not asked/Unknown	83	56%	1	1%	6	4%	45	30%	13	9%	148	100%
Combined	53	58%	2	2%	2	2%	17	19%	17	19%	91	100%
Total	333	54%	4	1%	24	4%	144	23%	114	18%	619	100%

		Number of Mentions									
Reasons for Agree	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked / Unknown	Combi ned	Total		
No reason given	4	5	16	8	2	25	22	17	99		
Brings familiarity, well-being, settlingall key	0	9	0	21	7	12	30	20	99		
If it is safe for all concerned, for low secure, but not forensic patients or											
offenders	1	6	21	4	1	14	15	13	75		
If adequate care, support and trained staff are											
in place	1	8	8	4	4	24	20	7	76		

		Number of Mentions										
Reasons for Disagree	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked / Unknown	Combi ned	Total			
Some patients												
thrive with a												
bigger setting,												
Centre of												
Excellence,												
centralised care	0	4	1	6	1	3	7	4	26			
Disagree - no												
reason given	0	0	1	1	0	0	0	0	2			

	Number of Mentions									
		Α		Number o	of Mentions					
Concerns Raised	Person with a learning disability and/or autism	person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total	
Should be the										
best care for the										
patient's needs,										
person centred	0	2	9	13	3	14	8	11	60	
There is a lack of										
appropriate, specialist										
provision at a										
local level	0	1	2	5	0	7	17	5	37	
Consider the										
geographical										
distance	0	2	3	6	3	12	6	1	33	
Depends on what										
the patient/family										
wishes are	0	2	6	4	0	10	7	3	32	
There is a lack of										
funding or needs										
greater funding	0	2	1	3	2	6	6	1	21	

				Number	of Mentions	3			
Calderstone Specific	Person with a learning disabilit y and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked / Unknown	Com bined	Total
Calderstone needs									
to remain,									
economies of									
scale, Centre of									
Excellence,									
Quality Care	0	2	2	14	6	6	10	3	43
Calderstones									
forensic									
patients/offenders									
are a danger to									
the community									
and need security	0	3	1	12	2	2	13	8	41
Whalley is a good									
location	0	0	0	3	0	0	0	0	3
Calderstone									
should close	0	0	0	0	0	0	2	0	2
Calderstone is the									
patient's home	0	0	0	1	0	0	0	1	2

				Number o	f Mentions				
Other Responses	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked / Unknown	Com bined	Total
Home care or			_				_	_	
community care	1	1	1	0	0	5	2	2	12
Earlier care/support would help	0	0	0	0	0	1	2	0	3
Adults should not be attached to LD services	0	1	0	0	0	0	1	0	2
Change to Autism Centre	0	0	1	0	0	0	0	1	2
Its not a perfect world	0	0	1	0	0	1	0	0	2
Decision will be reversed	0	0	0	0	0	0	1	0	1
Insufficient local consultant psychiatry	0	0	0	0	0	0	1	0	1
Need good role models	0	0	0	0	0	0	1	0	1
No local LD beds available	0	0	0	0	0	0	1	0	1
Should cover travel costs	0	0	0	1	0	0	0	0	1
Some people will have to travel	0	0	0	0	0	0	1	0	1
This is a cover up Will this be for ASD	0	0	0	0	0	0	1	0	1
cases only?	0	1	0	0	0	0	0	0	1

Some people who use services will require forensic services under the Mental Health Act in secure facilities for long periods of time as part of their programme of care. These people where possible will benefit from accommodation in smaller units that are adaptable to their needs with clear treatment goals. - Comments:

Again, although this question did not give a multiple choice option in terms of ascertaining levels of agreement, the qualitative comments have been coded in terms overall agreement/disagreement with the statement. This is followed over the page with the more in-depth coding of the comments for specific themes.

							Nei	ther				
			Agr	ee &			Agre	ee or				
	Ag	ree	Disa	gree	Disa	gree	Disa	gree	Not st	tated	T	otal
Respondent Type	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Person with a learning												
disability and/or autism	5	50%	0	0%	1	10%	1	10%	3	30%	10	100%
A person who cares for or												
supports a person with a ALD												
ASD	16	33%	1	2%	5	10%	12	25%	14	29%	48	100%
Family member / carer of a												
person with ALD ASD	35	47%	0	0%	6	8%	21	28%	12	16%	74	100%
Member of Staff at Mersey												
Care NHS Foundation	20	24%	5	6%	17	20%	22	27%	19	23%	83	100%
Local resident of Whalley	4	10%	0	0%	5	12%	10	24%	23	55%	42	100%
Other	50	41%	4	3%	24	20%	19	15%	26	21%	123	100%
Question not												
asked/Unknown	64	43%	1	1%	23	16%	40	27%	20	14%	148	100%
Combined	30	33%	2	2%	11	12%	26	29%	22	24%	91	100%
Total	224	36%	13	2%	92	15%	151	24%	139	22%	619	100%

	Number of Mentions											
Reasons for Agree	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundat ion	Local resident of Whalley	Other	Question not asked / Unknown	Comb ined	Total			
Agree - No reason												
given	1	2	20	12	2	15	21	16	89			
Agree if there is sufficient, appropriate care		_										
or staff	0	5	1	3	0	16	12	5	42			
Agree if smaller units bring more 1:1 support or calmer												
environment	2	2	5	2	0	7	10	4	32			
Agree if there are achievable, clear pathway goals	1	5	2	0	0	8	11	1	28			
Agree if facilities or services are in												
place	0	2	1	1	2	9	9	1	25			
Agree if it is safe for all concerned, for low secure, but not for forensic						_						
patients/offenders	0	0	1	6	0	0	9	2	18			
Agree if local to family/home	0	1	1	1	0	5	3	7	18			
Agree if services/units are linked or close to each other	1	1	2	0	0	4	2	1	11			

		Number of Mentions											
Reasons for Disagree	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundat ion	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total				
Bigger can be													
better, less													
isolating, Centre of													
Excellence, more													
support	0	5	3	19	3	19	19	9	77				
Quality of care is													
the priority,													
regardless of size													
of unit	1	0	2	4	2	7	4	0	20				
Forensic patients													
need to be secure,													
community living													
doesn't work	0	1	0	2	0	2	5	5	15				
Disagree - no													
reason given	0	0	1	1	0	2	0	0	4				

				Numbe	r of Mentio	ns			
Concerns Raised	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundat ion	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total
Should be the best									
care for the									
patient's needs,									
person centre	1	6	17	7	0	11	16	9	67
There is a lack of									
funding or needs									
greater funding	0	2	2	4	0	7	7	3	25
Consider the									
geographical									
distance	0	1	1	0	0	3	4	0	9
Depends on what the patient/family									
wishes are	0	0	1	1	0	1	4	0	7

				Numbe	r of Mentio	ns			
Calderstone Specific	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundat ion	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total
Calderstone									
already provides									
treatment goals,									
smaller units and									
is a Centre of									
Excellence	1	10	5	28	12	13	32	22	123
Calderstones									
forensic patients									
or offenders are a									
danger to the									
community and									
need security	0	0	0	1	0	0	1	0	2

		Number of Mentions										
Other Responses	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Membe r of Staff at Mersey Care NSH Founda tion	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total			
Better care in the					_							
community	0	0	2	0	0	1	1	0	4			
Definitions and goals												
required	0	1	1	1	0	0	1	0	4			
Look at better												
models elsewhere	0	0	0	0	0	0	2	0	2			
Advantage of sharing												
support services	0	0	0	0	0	0	0	1	1			
Concern about												
staffing levels	0	0	0	0	0	0	1	0	1			
Didn't work for my												
family	0	0	0	0	0	0	1	0	1			
Difficult conditions in assessment units under MHA	0	0	0	0	0	0	0	1	1			
Good in theory but												
poor in practice	0	0	0	0	0	0	1	0	1			
Homes not hospitals	0	0	0	0	0	0	1	0	1			
Length of stay leads									_			
to institutionalisation	0	0	0	0	0	0	1	0	1			
Need to understand												
Autism	0	0	0	0	0	0	1	0	1			
What about job												
losses	0	0	0	0	0	0	1	0	1			

The proposed model of care would provide assessment pathways to ensure that the least restrictive care options are chosen and hospital care is considered only when all other choices have been exhausted. - Comments:

Although this question did not give a multiple choice option in terms of ascertaining levels of comments have been coded agreement, qualitative agreement/disagreement with the statement. This is followed over the page with the more in-depth coding of the comments for specific themes.

							Neit	ther				
			Agre	ee &			Agre	e or				
	Ag	ree	Disa	gree	Disa	gree	Disa	gree	Not s	tated	To	otal
Respondent Type	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Person with a learning												
disability and/or autism	3	30%	0	0%	1	10%	0	0%	6	60%	10	100%
A person who cares for or												
supports a person with a												
ALD ASD	19	40%	0	0%	3	6%	12	25%	14	29%	48	100%
Family member / carer of a												
person with ALD ASD	39	53%	0	0%	5	7%	18	24%	12	16%	74	100%
Member of Staff at Mersey												
Care NHS Foundation	34	41%	0	0%	5	6%	20	24%	24	29%	83	100%
Local resident of Whalley	8	19%	0	0%	2	5%	6	14%	26	62%	42	100%
Other	68	55%	0	0%	4	3%	17	14%	34	28%	123	100%
Question not												
asked/Unknown	73	49%	1	1%	6	4%	44	30%	24	16%	148	100%
Combined	37	41%	1	1%	4	4%	21	23%	28	31%	91	100%
Total	281	45%	2	0%	30	5%	138	22%	168	27%	619	100%

		with a supports of a Mersey earning a person person Care Local sability with a with NSH resident and/or ALD ALD Founda of not asked/ Cometutism ASD ASD tion Whalley Other Unknown bined To									
Reasons for Agree	Person with a learning disability and/or autism	person who cares for or supports a person with a ALD	member / carer of a person with ALD	r of Staff at Mersey Care NSH Founda	resident of	Other	not asked/		Total		
Agree - No reason											
given	1	9	26	15	3	30	38	23	145		
Agree if appropriate and flexible resources or staff or training or											
funding are in place	1	7	4	11	0	19	22	12	76		
Agree if all types of service are considered											
or hospitals included	1	2	2	4	2	4	5	1	21		
Agree if the right and appropriate care is provided in a timely											
basis	0	1	2	0	2	7	2	4	18		
Agree if services can remain local, close to the patient's home or											
community or family	0	1	2	1	0	7	4	1	16		
Agree if services can remain local, close to the patient's home or											
community or family	0	0	2	3	0	6	2	1	14		
Agree if it is safe for all concerned	0	0	0	1	1	2	7	1	12		

				Numbe	er of Mentions	;			
Reasons for Disagree	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Membe r of Staff at Mersey Care NSH Found ation	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total
Bigger can be better,									
less isolating, Centre									
of Excellence, more									
support	1	1	1	4	0	3	5	3	18
Least restrictive									
measure don't									
always work, quality									
of service should be									
the priority	0	1	4	1	0	1	0	2	9
Disagree - no reason									
given	0	1	0	0	2	0	2	0	5

				Numbe	er of Mentions	,			
Concerns Raised	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Membe r of Staff at Mersey Care NSH Founda tion	Local resident of Whalley	Other	Question not asked/Unk nown	Com bined	Total
Need a person									
centred, holistic									
approach	0	3	14	6	0	4	13	4	44
Some forensic									
patients need to be									
secure, community									
living doesn't always									
work	0	3	2	14	2	7	9	3	40
Depends on what									
the patient/family									
wishes are, patient's									
need a voice	0	0	1	0	0	2	1	0	4

				Numbe	er of Mentions	i			
Calderstone Specific	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Membe r of Staff at Mersey Care NSH Found ation	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total
Calderstone already					-				
provide pathways									
and least restrictive									
care where possible	0	7	1	17	6	10	26	14	81

				Numbe	r of Mentions				
Other Responses	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Membe r of Staff at Mersey Care NSH Founda tion	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total
Don't feel I have									
enough information to									
comment	0	0	0	0	0	1	1	2	4
Good in principle	0	0	1	1	0	0	0	0	2
Need an Autism									
treatment centre	0	0	1	0	0	0	0	1	2
Treat them while they are children to save problems later	0	0	1	0	0	0	1	0	2
•	U	U	1	U	U	U	тт	U	
70% of inpatients at Whalley involved with criminal justice system	0	0	0	1	0	0	0	0	1
Abandon people with mental health issues	0	0	0	0	0	1	0	0	1
All inpatient at Whalley detained under Mental Health									
Act	0	0	0	1	0	0	0	0	1
Community care first	0	0	0	0	0	0	1	0	1
Consideration for provision of non	_	_	_	_	_				
medical RC's	0	0	0	0	0	0	1	0	1

				Numbe	r of Mentions				
Other Responses Continued	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Membe r of Staff at Mersey Care NSH Founda tion	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total
Crisis houses used									
elsewhere	0	0	0	0	0	0	1	0	1
Depends how long assessments take	0	1	0	0	0	0	0	0	1
Hospital beds are									
same as ATU	0	0	1	0	0	0	0	0	1
Hospital stay should									
be short term	0	0	0	0	0	1	0	0	1
Need access to									
specialists	0	0	0	0	0	0	1	0	1
Need early medical intervention	0	0	1	0	0	0	0	0	1
Need to understand									
Autism	0	0	0	0	0	0	1	0	1
No to hospital									
treatment	0	0	0	0	0	0	1	0	1
Residential house used									
as assessment unit									
elsewhere	0	0	0	0	0	0	1	0	1
Restraint reduction is									
paramount	0	0	0	0	0	0	1	0	1
You are Taking away local services	0	0	0	0	0	1	0	0	1

People with longer term needs who use services and require ongoing secure care should receive this in an environment that enhances their quality of life as effectively as possible. -**Comments:**

Although this question did not give a multiple choice option in terms of ascertaining levels of qualitative comments have been coded the agreement/disagreement with the statement. This is followed over the page with the more in-depth coding of the comments for specific themes.

							Nei	ther				
			Agre	e &			Agre	ee or				
	Ag	ree	Disag	ree	Disa	agree	Disa	gree	Not st	tated	To	otal
Respondent Type	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Person with a learning												
disability and/or autism	5	50%	0	0%	0	0%	1	10%	4	40%	10	100%
A person who cares for or												
supports a person with a												
ALD ASD	20	42%	0	0%	0	0%	14	29%	14	29%	48	100%
Family member / carer of												
a person with ALD ASD	40	54%	0	0%	0	0%	20	27%	14	19%	74	100%
Member of Staff at												
Mersey Care NHS												
Foundation	33	40%	1	1%	0	0%	25	30%	24	29%	83	100%
Local resident of Whalley	12	29%	0	0%	0	0%	9	21%	21	50%	42	100%
Other	74	60%	0	0%	0	0%	17	14%	32	26%	123	100%
Question not												
asked/Unknown	93	63%	0	0%	0	0%	30	20%	25	17%	148	100%
Combined	48	53%	0	0%	0	0%	23	25%	20	22%	91	100%
Total	325	53%	1	0%	0	0%	139	22%	154	25%	619	100%

	Number of Mentions										
Reasons for Agree	Person with a learning disability and/or autism	A person who cares for or support s a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundati on	Local resident of Whalley	Other	Question not asked/ Unknown	Combi ned	Total		
Agree - No reason given	2	22	36	25	9	52	57	38	241		
Agree if local, community services are available	1	1	5	1	1	14	7	5	35		
Agree if there is sufficient, appropriate care or staff	1	3	1	3	1	8	9	6	32		
A larger low secure facility is better equipped than smaller units	0	0	3	5	0	3	8	2	21		
Agree if it is safe for all concerned, for low secure, But not for forensic patients/offender s	1	3	0	1	0	6	6	1	18		
Quality of life is important in all size of units	0	1	1	1	1	3	8	1	16		
Smaller, less clinical units are better	0	1	0	1	1	3	1	2	9		

				Number o	of Mentions				
Concerns Raised	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family membe r / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked/ Unknown	Combi ned	Total
Need a person centred, holistic approach	0	5	16	0	0	4	9	3	37
Costs need to be taken into account or significant funding needed	0	0	3	1	1	4	9	1	19
Patients or carers need a voice	1	1	1	0	0	4	3	3	13

				Number o	f Mentions				
Calderstone Specific	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family membe r / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked/ Unknown	Combi ned	Total
Calderstone									
already provides									
this									
environment	1	9	3	32	11	14	27	21	118

	Number of Mentions								
Other Responses	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundati on	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total
Community based best	0	0	0	0	0	2	2	0	4
Must improve their quality of life	0	1	0	1	0	0	1	0	3
Use of positive behaviour support	0	1	0	0	0	0	1	0	2
Against long term secure care	0	0	0	0	0	0	0	1	1
As healthcare professional under constant scrutiny to deliver short term intervention over long									
term	0	0	0	0	0	0	1	0	1
Emphasis on rehab therapies	0	0	0	0	0	0	1	0	1
Money saving and cost cutting	0	0	0	0	0	0	1	0	1
MSU in Maghull - 2 10 bed wards?	0	0	0	0	0	0	1	0	1
Must include education and employment opportunities	0	0	0	0	0	1	0	0	1
Need to address longer term need	0	0	0	0	0	0	1	0	1
Need understanding of Autism	0	0	0	0	0	0	1	0	1
None	0	0	0	0	0	1	0	0	1
Requires multi agency co-operation	0	0	1	0	0	0	0	0	1
Right primary prevention strategies in place	0	0	0	0	0	0	1	0	1
Transparent and robust	0	0	0	0	0	1	0	0	1
Treat them while they are children	0	0	0	0	0	0	1	0	1
Treatment to provide normalisation	0	0	0	0	0	0	0	1	1

				Number	of Mentions	3			
Other Responses Continued	Person with a learning disability and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundati on	Local resident of Whalley	Other	Question not asked/ Unknown	Com bined	Total
Who and how issues are									
determined	0	0	0	0	0	1	0	0	1
With as much									
stimulation as possible	0	0	1	0	0	0	0	0	1
With quality treatments	0	0	0	1	0	0	0	0	1

Based on the 'homes not hospitals' principle of 'Building the right support', institutionalised medium and low secure care should not be delivered on the Mersey Care Whalley site, (formerly Calderstones Partnership NHS Foundation Trust). As such option one set out in section four is the preferred option. - Do you have any other comments?

Although this question did not give a multiple choice option in terms of ascertaining levels of coded the qualitative comments have been agreement/disagreement with the statement. This is followed over the page with the more in-depth coding of the comments for specific themes.

							Nei	ther				
			Agre	ee &			Agre	ee or				
	Ag	ree	Disa	gree	Disa	gree	Disa	gree	Not:	stated	To	otal
Respondent Type	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Person with a learning disability												
and/or autism	2	20%	0	0%	2	20%	2	20%	4	40%	10	100%
A person who cares for or												
supports a person with a ALD ASD	4	8%	1	2%	21	44%	10	21%	12	25%	48	100%
Family member / carer of a												
person with ALD ASD	6	8%	1	1%	20	27%	22	30%	25	34%	74	100%
Member of Staff at Mersey Care												
NHS Foundation	7	8%	0	0%	56	67%	15	18%	5	6%	83	100%
Local resident of Whalley	0	0%	0	0%	32	76%	10	24%	0	0%	42	100%
Other	25	20%	2	2%	66	54%	11	9%	19	15%	123	100%
Question not asked/Unknown	16	11%	7	5%	63	43%	34	23%	28	19%	148	100%
Combined	6	7%	0	0%	42	46%	24	26%	19	21%	91	100%
Total	66	11%	11	2%	302	49%	128	21%	112	18%	619	100%

		Number of Mentions								
Reasons for Agree	Person with a learning disabilit y and/or autism	A person who cares for or support s a person with a ALD ASD	Family membe r / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked/ Unknown	Combi ned	Total	
Agree with option 1	1	3	5	r	0	22	10	5	60	
Agree if Community services will need to be in place	1			5	0	23	18		60	
place	2	2	2	2	0	6	7	2	23	

	Number of Mentions								
Reasons for Disagree	Person with a learning disability and/or autism	A person who cares for or support s a person with a ALD ASD	Family membe r / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked/ Unknown	Combi ned	Total
Disagree with									
option 1	2	17	16	41	25	46	20	34	201
Disagree as some patients are better in a secure environment or would reoffend in the Community	0	6	5	12	3	10	27	6	69
Disagree due to Staffing issues - unlikely to move, retraining cost and time	0	1	1	8	1	10	15	5	41
Disagree because patients will suffer	0	1	0	5	2	7	18	0	33
Disagree as it is moving them from one institution to another	0	1	2	4	4	8	10	4	33

		Number of Mentions							
Concerns Raised	Person with a learning disability and/or autism	A person who cares for or support s a person with a ALD ASD	Family membe r / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked/ Unknown	Combi ned	Total
Appropriate care for the patient is important	0	2	4	4	0	4	6	2	22
Safety of all should be the priority	0	3	1	3	1	1	9	1	19
Calderstone site needs to be used for something autism related	0	4	9	0	0	2	1	1	17
Consider the geographical distance	0	0	1	1	0	10	0	5	17
Take a more person centred or holistic approach	0	1	4	0	0	4	1	5	15
Ask the patients what they think	0	0	0	1	1	3	4	1	10
Invest in Community or Step Down services	0	0	1	0	0	1	0	0	2

	Number of Mentions								
Calderstone Specific	Person with a learning disability and/or autism	A person who cares for or support s a person with a ALD ASD	Family membe r / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked/ Unknown	Combi ned	Total
Support Option 2b as all of Calderstone should remain	3	15	17	46	33	43	51	34	242
Calderstone is modern, purpose built facility not an institution	0	3	4	19	10	13	18	17	84
Waste of money to flatten Calderstone. Should increase funding there	1	3	1	15	4	9	17	11	61
Calderstone has excellent community links and is not isolated	0	3	0	5	1	7	4	6	26

	Number of Mentions								
Other Responses	Person with a learning disabilit y and/or autism	A person who cares for or supports a person with a ALD ASD	Family member / carer of a person with ALD ASD	Member of Staff at Mersey Care NSH Foundation	Local resident of Whalley	Other	Question not asked/ Unknown	Combi ned	Total
I don't have									
enough									
information to									
answer	0	0	0	0	0	1	2	2	5
Community care									
is best	0	1	1	0	0	0	1	1	4
Need to									
understand	_	_	_	_			_		
Autism	0	0	0	0	0	0	2	0	2
Already operating					0	0	0		4
in other areas	0	0	0	0	0	0	0	1	1
Build the right									
support in the									
community	0	0	1	0	0	0	0	0	1
instead	U	U	1	U	U	U	U	U	1
Care for people with these									
conditions is poor	0	0	1	0	0	0	0	0	1
Do not leave any services on this									
site	0	0	0	0	0	1	0	0	1
Don't agree with MSU or LSU but						_			
like rehab model	0	0	0	0	0	1	0	0	1
Early intervention	0	0	1	0	0	0	0	0	1
is key		0	1	0	0	0	0	0	1
It's a done deal	0	0	0	0	1	0	0	0	1
Need smaller	_	_	_	_	_	^	4		4
units Should be at	0	0	0	0	0	0	1	0	1
separate sites	0	0	0	0	0	0	1	0	1
We don't agree	U	U	U	0	U	U	1	U	1
with a specific									
option	0	0	0	0	0	1	0	0	1
Where is the	0	0	0	0	U	1	U	U	тт
evidence that									
implies we deliver									
institutionalised									
care	0	0	0	1	0	0	0	0	1
	ı			I				I -	

Meetings

Feedback from the following meetings and events was provided:

Meeting or Event	Audience	Participants
Mersey Care Whalley Service User Focus Groups	NHSE, Service Users, Staff	14
Manchester Health and Wellbeing Board 18		
January 2017	NHSE, Board	28
Whalley Staff Meeting - 16/01/2017	NHSE, Mersey Care	80-100
Healthwatch Lancashire meeting 9 January 2017	NHSE, Healthwatch Lancs & Blackpool	12
Healthwatch Lancashire 7th Jan 2017	Healthwatch Lancs, Carers, Mersey care	Not stated
Whalley carers meeting 7 January 2017	NHSE, Carers, Mersey Care	18
Notes of Meeting with Unison re Calderstones	NUSE Unican Marsay Cara	Not stated
16/12/16	NHSE, Unison, Mersey Care	Not stated
Whalley site service users West Drive, Stepdown and Scott House, 20th Jan 2017	NHSE, Services Users, Staff	24
Whalley Parish Council 19th Jan 2017	NHSE, Parish, Public, Mersey Care	32
Whally site service users Woodview (medium	NUST Coming Users Staff Marsay Core	21
secure) 20th Jan 2017	NHSE, Service Users, Staff, Mersey Care	31
Whalley site service users Maplewood (low secure) 20th Jan 2017	NHSE, Service Users, Staff, Mersey Care	35
Whalley informal visit 3rd Feb 2017	Service Users, Staff	Not stated
NHS Focus Groups/Pathways Associates (Report		
from 16 focus groups / 3 days at Whalley)	Service Users, Carers	181
Lancashire CCB, 14th Feb 2017	NHSE, Board	15
Webinar Stakeholder Meeting 9th Feb 2017	NHSE, Stakeholders	11

Although attendance numbers were not available for all of the events, it can be evidenced that more than 480 participants took part including: representatives from the NHS; general public; service users and their families; and stakeholder groups.

The large majority of these meetings took place in and around Whalley, making comparison of response by location impractical.

The key themes from all groups can be summarised as:

Themes from meetings overall	Number of Mentions
Financial implications, costs involved, wastage of money	12
Valued, experienced staff will be lost, issues of retraining, usage of bank staff	11
Community living is not for everyone, some prefer a more secure setting	9
Need more information on plans, timings, consultation options	9
Community services need to be up and running before transition	8
Calderstone has an excellent standard of care, highly rated home	7
Patients/carers need a voice, to be asked their opinions	7
Geographical issues, travel and accessibility for carers	6
Decision has already been made	6
Support option 2, retain Calderstone	5
Agree with Option 1	5
Calderstone has new, purpose built units, it's fit for purpose	4
Calderstone/Whalley is not isolated, it has excellent village facilities and a good	
transport network	4
Should be person centred care, ensure continuity of care, the right care	4
Issues over what will happen to the site, could it be utilised for similar services?	4
Service users should transition to the Community when ready, need clear pathways	
and timings	4
Quality of care is more important than size/location of service	2
Bigger can be better, economies of scale	1
Any new services need to be regularly inspected, who will do this?	1
There should be further options available, Hobson's choice	1
Services will need to all work together to achieve desired outcomes	1
Calderstone should close	1
Maghull is an institution, do not agree with move to Maghull	1
Investment is need in Community Services	1
Smaller units, homely, modern flats	1
Smaller units are better, more calming	1
Provision should be through NHS not private providers	1

Themes from meetings – service users only	Number of Mentions
Community services need to be up and running before transition	2
Valued, experienced staff will be lost, issues of retraining, usage of bank staff	2
Need more information on plans, timings, consultation options	2
Patients/carers need a voice, to be asked their opinions	1
Community living is not for everyone, some prefer a more secure setting	1
Quality of care is more important than size/location of service	1
Geographical issues, travel and accessibility for carers	1
There should be further options available, Hobson's choice	1
Calderstone has new, purpose built units, it's fit for purpose	1
Decision has already been made	1
Financial implications, costs involved, wastage of money	1
Agree with Option 1	1
Should be person centred care, ensure continuity of care, the right care	1
Issues over what will happen to the site, could it be utilised for similar services?	1
Service users should transition to the Community when ready, need clear pathways	
and timings	1
Services will need to all work together to achieve desired outcomes	1
Maghull is an institution, do not agree with move to Maghull	1
Investment is need in Community Services	1
Smaller units, homely, modern flats	1
Smaller units are better, more calming	1
Provision should be through NHS not private providers	1

Themes from Meetings – Services Users and Public	Number of Mentions
Support option 2, retain Calderstone	1
Calderstone has an excellent standard of care, highly rated home	1
Financial implications, costs involved, wastage of money	1
Community services need to be up and running before transition	1
Community living is not for everyone, some prefer a more secure setting	1
Calderstone has new, purpose built units, it's fit for purpose	1
Valued, experienced staff will be lost, issues of retraining, usage of bank staff	1

Themes from Meetings – Service Users and Staff	Number of Mentions
Financial implications, costs involved, wastage of money	6
Valued, experienced staff will be lost, issues of retraining, usage of bank staff	5
Support option 2, retain Calderstone	4
Community living is not for everyone, some prefer a more secure setting	4
Geographical issues, travel and accessibility for carers	4
Calderstone has an excellent standard of care, highly rated home	3
Decision has already been made	3
Need more information on plans, timings, consultation options	3
Calderstone/Whalley is not isolated, it has excellent village facilities and a good	
transport network	2
Agree with Option 1	2
Service users should transition to the Community when ready, need clear pathways and	
timings	2
Issues over what will happen to the site, could it be utilised for similar services?	2
Patients/carers need a voice, to be asked their opinions	2
Community services need to be up and running before transition	2
Should be person centred care, ensure continuity of care, the right care	2

Themes from Meetings – Other Stakeholders	Number of Mentions
_	IVIEITUOIIS
Patients/carers need a voice, to be asked their opinions	2
Financial implications, costs involved, wastage of money	2
Community living is not for everyone, some prefer a more secure setting	1
Community services need to be up and running before transition	1
Valued, experienced staff will be lost, issues of retraining, usage of bank staff	1
Calderstone has new, purpose built units, it's fit for purpose	1
Calderstone/Whalley is not isolated, it has excellent village facilities and a good	
transport network	1
Decision has already been made	1

Themes from Meetings – Other Stakeholders and Service Users	Number of Mentions
Community living is not for everyone, some prefer a more secure setting	2
Community services need to be up and running before transition	2
Valued, experienced staff will be lost, issues of retraining, usage of bank staff	2
Financial implications, costs involved, wastage of money	2
Need more information on plans, timings, consultation options	2
Calderstone has an excellent standard of care, highly rated home	1
Patients/carers need a voice, to be asked their opinions	1
Bigger can be better, economies of scale	1
Quality of care is more important than size/location of service	1
Geographical issues, travel and accessibility for carers	1
Any new services need to be regularly inspected, who will do this?	1
Calderstone has new, purpose built units, it's fit for purpose	1
Decision has already been made	1
Agree with Option 1	1
Should be person centred care, ensure continuity of care, the right care	1
Issues over what will happen to the site, could it be utilised for similar services?	1
Service users should transition to the Community when ready, need clear pathways and	
timings	1

Social Media

The following Media and Social Media items relating to the consultation were identified.

The key themes are as follows:

- Campaign to save Calderstones Hospital from Closure
- General promotion of the consultation and where to find it
- Concern about uses for the site (Redrow / Whalley Crematorium)
- Advice on how to complete the survey and save services in Whalley including standard responses
- General objection to closure plans.

Media Platform	Topic	Mentions
(Facebook)	Facebook campaign to Save Whalley Services with 382 members and 55 comments. Includes MP Nigel Evans	
	members and 55 comments. Includes MP Niger Evans	382
Lancashire Telegraph	Article about Calderstones Hospital Closure with comments	13
(Twitter)	Tweet - Save Calderstones Hospital from closure! Turn it into a national autism treatment centre	
(Twitter)	Tweet - Save Calderstones Hospital from closure! Turn it into a national autism treatment centre	11
(Twitter)	Tweet about consultation on Calderstones Closure	9
(Twitter)	Tweet about consultation on redesigned services	
(Twitter) 1 st 4health	Tweet about consultation on Calderstones Closure	
(Twitter)	Twitter) Tweet - Redrow are 'consulting' today on their plans to build in Calderstones Park	
(Twitter)	Tweet about consultation on Calderstones Closure	2
(Twitter)	Tweet about consultation on redesigned services	2
Nursing Times - Article	Details about the consultation	1
2BR Lancashire	Article on protests outside Calderstone Hospital with no comments	1
Uckfield News	Article on funding made available to save the Duke of Edinburgh Scheme in East Sussex	1

Media Platform	Topic	Mentions
North Devon Journal	Article - Gambler with autistic spectrum disorder stole thousands	1
Brief Report	Report on submission of Whalley Crematorium Plans with no comments	1
Clitheroe Advertiser & Times	Report on submission of Whalley Crematorium Plans with no comments	1
2BR	Article about Calderstones Hospital Closure consultation coming to an end with details and link	1
(Twitter)	Tweet about consultation on redesigned services	1
(Twitter)	Tweet about consultation on redesigned services	1
(Twitter)	Tweet about consultation on Calderstones Closure	1
(Twitter)	Tweet about consultation on Calderstones Closure	1
(Twitter)	Tweet about consultation on Calderstones Closure	1
(Twitter) Tweet about consultation on redesigned services		1
(Twitter)	Tweet about consultation on redesigned services	1
(Twitter)	Tweet about consultation on redesigned services	
(Twitter)	Tweet - Save Calderstones Hospital from closure! Turn it into a national autism treatment centre	1
(Twitter) Tweet - Hosting a consultation about what to do when Calderstone closes		1
(Twitter)	Tweet promoting Blackburn TUC response	1
(Twitter)	Tweet from Healthwatch Salford promoting Calderstone Hospital closure consultation	1
Lancashire and Morecambe Citizen	recambe Repeat of Lancashire Telegraph article and comments	
Clitheroe Advertiser	Article about Calderstones Hospital Closure without comments	
National Health Executive	Article about Calderstones Hospital Closure without comments	0
(Web – online)	Campaign Website to Save Whalley with links to the consultation and suggested responses to specific questions	0

Other Responses

The following list of documents/emails/letters to the consultation were received.

Ref	Туре	Document
1	Stakeholder	Trade Union Submission
2	Stakeholder	Staff Submission
3	Stakeholder	Support Group Submission
4	Stakeholder	Council Response
5	Service User	Personal Letter
6	Service User	Personal Letter
7	Carer	Personal Letter
8	Carer	Personal Letter
9	Stakeholder	Staff Submission
10	Stakeholder	Council Response
11	Stakeholder	NHS Trust Response
12	Stakeholder	Trade Union Submission
13	Stakeholder	Support Group Submission
14	Stakeholder	Council Response
15	Stakeholder	Council Response
16	Stakeholder	CCG Submission
17	Stakeholder	Support Group Submission
18	Stakeholder	Support Group Submission
19	Stakeholder	College Response
20	Stakeholder	Support Group Submission
21	Stakeholder	Support Group Submission
22	Stakeholder	College Response

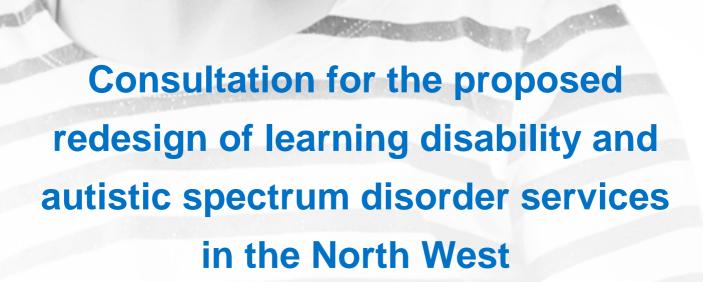
22 documents were received from stakeholders, service users and carers. These were analysed and broken down by type as follows.

Key themes from all other responses	Number of Mentions
Should be person centred care, ensure continuity of care, the right care	12
Services will need to all work together to achieve desired outcomes	12
Support option 2, retain Calderstone	11
Geographical issues, travel and accessibility for carers	11
Service users should transition to the Community when ready, need clear pathways	
and timings	11
Valued, experienced staff will be lost, issues of retraining, usage of bank staff	10
Disagree with option 1	8
Community services need to be up and running before transition	8
Financial implications, costs involved, wastage of money	8
Calderstone has an excellent standard of care, highly rated home	7
Community living is not for everyone, some prefer a more secure setting	7
Calderstone has new, purpose built units, it's fit for purpose	7
Investment is need in Community Services	6
Calderstone/Whalley is not isolated, it has excellent village facilities and a good	
transport network	5
Agree with Option 1	5
Need more information on plans, timings, consultation options	5
Smaller units, homely, modern flats	5
Patients/carers need a voice, to be asked their opinions	5
Quality of care is more important than size/location of service	5
Calderstone should close	5
Smaller units are better, more calming	3
Bigger can be better, economies of scale	2
Any new services need to be regularly inspected, who will do this?	2
There should be further options available, Hobson's choice	2
Decision has already been made	2
Issues over what will happen to the site, could it be utilised for similar services?	2
Calderstone is outdated and has restrictive practises	2
Maghull is an institution, do not agree with move to Maghull	2
Reduce, decommission the step down facilities	2
This will lead to less choice, reduced options of care	1
Early prevention is needed to avoid long stays in secure facilities	1
Provision should be through NHS not private providers	1

	Number of
Service User and Carer Themes	Mentions
Support option 2, retain Calderstone	4
Disagree with option 1	3
Community living is not for everyone, some prefer a more secure setting	3
Calderstone has an excellent standard of care, highly rated home	2
Calderstone has new, purpose built units, it's fit for purpose	2
Patients/carers need a voice, to be asked their opinions	1
Bigger can be better, economies of scale	1
Quality of care is more important than size/location of service	1
Community services need to be up and running before transition	1
Valued, experienced staff will be lost, issues of retraining, usage of bank staff	1
Geographical issues, travel and accessibility for carers	1
Any new services need to be regularly inspected, who will do this?	1
There should be further options available, Hobson's choice	1
Calderstone/Whalley is not isolated, it has excellent village facilities and a good	
transport network	1
Agree with Option 1	1
Should be person centred care, ensure continuity of care, the right care	1
Service users should transition to the Community when ready, need clear pathways	
and timings	1
Smaller units, homely, modern flats	1

Others Responding on Behalf of an Organisation Themes	Number of Mentions
Services will need to all work together to achieve desired outcomes	12
Should be person centred care, ensure continuity of care, the right care	11
Geographical issues, travel and accessibility for carers	10
Service users should transition to the Community when ready, need clear pathways	
and timings	10
Valued, experienced staff will be lost, issues of retraining, usage of bank staff	9
Financial implications, costs involved, wastage of money	8
Support option 2, retain Calderstone	7
Community services need to be up and running before transition	7
Investment is need in Community Services	6
Disagree with option 1	5
Calderstone has an excellent standard of care, highly rated home	5
Calderstone has new, purpose built units, it's fit for purpose	5
Need more information on plans, timings, consultation options	5
Calderstone should close	5
Community living is not for everyone, some prefer a more secure setting	4
Calderstone/Whalley is not isolated, it has excellent village facilities and a good	
transport network	4
Agree with Option 1	4
Smaller units, homely, modern flats	4
Patients/carers need a voice, to be asked their opinions	4
Quality of care is more important than size/location of service	4
Smaller units are better, more calming	3
Decision has already been made	2
Issues over what will happen to the site, could it be utilised for similar services?	2
Calderstone is outdated and has restrictive practises	2
Maghull is an institution, do not agree with move to Maghull	2
Reduce, decommission the step down facilities	2
Bigger can be better, economies of scale	1
Any new services need to be regularly inspected, who will do this?	1
There should be further options available, Hobson's choice	1
This will lead to less choice, reduced options of care	1
Early prevention is needed to avoid long stays in secure facilities	1
Provision should be through NHS not private providers	1





Document Name	Consultations Consultation for the proposed redesign of learning disability and autistic spectrum disorder (ASD) services in the North West.
Document Name	Consultation for the proposed redesign of learning disability and autistic spectrum disorder (ASD) services n the North West.
	disability and autistic spectrum disorder (ASD) services n the North West.
	AULO En elevel
Author	NHS England
Publication Date (01 December 2016
	Patients, carers and families, stakeholder and local earning disability groups, clinical commissioning group (CCG) accountable officers, care trust chief executives, ocal authority chief executives, directors of adult social services, NHS trust board chairs, NHS England directors of commissioning operations, communication eads, NHS trust chief executives across the North West region
	CCG clinical leaders, foundation trust chief executives, directors of finance
	Trade unions, local authority overview and scrutiny committees, health and wellbeing boards, Healthwatch organisations
	'Building the right support' (October 2015) https://www.england.nhs.uk/learningdisabilities/natplan/
Superseded Docs r (if applicable)	n/a
	Responses are requested to the consultation
Timing / Deadlines (if applicable)	12 weeks from the launch of the consultation
further information E	northspecialisedcorporate@nhs.net North Specialised Commissioning Team Bevan House 65, Stephenson Way, Liverpool L13 1HN 0113 8254657

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Proposed redesign of learning disability and autism spectrum disorders (ASD) services in the North West:

Consultation

Version number: DRAFT Version 2016-10-26

First published: 01 December 2016

Updated: (only if this is applicable)

Prepared by: Lesley Patel

Classification: OFFICIAL

Equality and Health Inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Contents

		PAGE NUMBER
	Executive summary	5
1	Introduction	7
2	Background	8
3	The proposed model of care for low and medium secure services	11
4	The options	14
5	Financial details	18
6	Consultation statements	22
7	How to take part	24
8	Feedback and next steps	25
	Appendix 1: Medium Secure supporting information	26

Executive summary

NHS England is consulting for a period of 12 weeks (2 weeks has been added to the original 10 weeks to compensate for the Christmas period) on how low and medium secure services for people with a learning disability and/or autistic spectrum disorders (ASD) should be provided across the North West. The consultation builds on the commitment made in *Building the right support* to reduce reliance on inpatient care by developing community services for people with a learning disability/and or ASD. The proposals put forward in the consultation aim to ensure that people with a learning disability and/or ASD will:

- have greater choice in their pathway of care with equal and fair access to services;
- be able to live in a community setting;
- continue to receive care and treatment, closer to home, at the appropriate level to meet their needs;
- receive proactive healthcare to maintain health and wellbeing, and;
- have access to acute assessment services / inpatient provision when needed.

Focus

The consultation is asking:

How should low and medium secure services for people with a learning disability and/or ASD be provided across the North West in the future?

Current medium and low service provision:

- The Mersey Care Whalley site (formally known as Calderstones Partnership NHS Foundation Trust) provides medium and low secure services and is part of Mersey Care NHS Foundation Trust
- The Alderley Unit provides low secure services and is part of Cheshire and Wirral Partnership NHS Foundation Trust
- The Auden Unit provides low secure services and is part of 5 Boroughs Partnership NHS Foundation Trust.

The scope of the consultation:

The consultation applies to the low and medium secure care pathway for people with a learning disability and/or ASD.

Options

- 1. Option one
 - This option would see the closure of the Mersey Care Whalley site and the provision of a smaller number of low secure beds across the North West. These would be supported by specialist support teams.
 - It is proposed that individuals receiving medium secure care who are currently accommodated on the sites that made up Calderstones Partnership

NHS Foundation Trust will receive medium secure care at the site being developed at Maghull (Merseyside).

This is the preferred option and follows the vision of *Building the right support*.

2. Option two

- This option proposes retaining elements of the Mersey Care Whalley estate to provide low secure services, with a smaller bed base.
- This is not the preferred option as it would involve maintaining services within an institutionalised setting which is geographically isolated (formerly Calderstones Partnership NHS Foundation Trust).

Following the consultation, the results and recommendations for the future will be published on NHS England's public website: www.england.nhs.uk

How to take part

You can take part in this consultation online at https://www.engage.england.nhs.uk/consultation/learning-disability-services or by requesting a printed copy of the consultation document.

- a. For further information or to request printed documents please contact: <u>england.northspecialisedcorporate@nhs.net</u> or telephone 011382 54657
- An easy read version of the document is also available online or via the contacts above. Alternative formats can also be requested from the contacts above.

1 Introduction

- 1.1 This consultation proposes a new model of care for those with a learning disability and/or autistic spectrum disorders (ASD) which will see a move away from inpatient care to care within appropriately designed community services offering a range of options. The proposed model of care reflects the ambition set out in 'Building the right support', as explained further below.
- 1.2 The services to be consulted on are low and medium secure services for people with a learning disability and/or ASD that are currently located at Mersey Care Foundation Trust Whalley Site (part of the Specialist Learning Disabilities Division, Mersey Care). The proposal and options for the future are described in section four of this document.

2. Background

National context

- 2.1 Children, young people and adults with a learning disability and/or ASD have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. Wherever possible, they should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives. It is important to note however, that some people are detained under the Mental Health Act and are therefore subject to certain limitations because of the risk they may present to themselves or others.
- 2.2 For a minority of children, young people and adults with a learning disability and/or ASD who display behaviour that challenges and requires intervention, including those with a mental health condition, nationally we remain too reliant on inpatient hospital care.
- 2.3 In 2012, a wide range of organisations including the Department of Health, the Association of Directors of Adult Social Services (ADASS), NHS Confederation and the Royal Colleges signed up to the Winterbourne View Concordat which committed the signatory organisations to "the development of personalised, local, high-quality services" and "the closure of large-scale inpatient services". Further information regarding the signatories and commitment can be viewed in the following link:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213 217/Concordat.pdf

- 2.4 Progress was, however, slow and many people with a learning disability and/or ASD were frustrated at the pace of change. Listening to these views and acting on them led NHS England in February 2015 to publicly commit to a programme of review of inappropriate and outdated inpatient facilities and of establishing stronger support in the community for people with a learning disability and/or ASD.
- 2.5 This commitment culminated in the publication of a national plan on 30 October 2015 by NHS England, the Local Government Association (LGA) and ADASS ('Building the right support'), which set out how the NHS and local government would work together to improve community support and seek to close up to half of the inpatient capacity for people with a learning disability and/or ASD in England. The national plan contained a key objective of developing community services and using inpatient facilities for those people with a learning disability and/or ASD only when absolutely necessary and for short periods of time. Equal treatment and access to services is a key principle in 'Building the right support.' There are a number of people who require secure services for longer periods and these specialised services are considered later in this consultation.

- 2.6 The framework for the design and provision of new services in the future. Those principles are:
 - people should be supported to have a good and meaningful everyday life
 - care and support should be person centred, planned, proactive and coordinated
 - people with a learning disability and/or ASD should have choice and control
 - people should be supported to live in the community with support from and for their families/carers as well as paid support and care staff
 - people should have a choice about where and with whom they live, with a choice of housing
 - people should get good care and support from mainstream NHS services
 - people should be able to access specialist health and social care support in the community
 - when necessary, people should be able to get support to stay out of trouble; and
 - when necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in hospital.
- 2.7 Three key changes are being developed to implement the principles which are as follows:
 - first, local councils and NHS bodies have joined together to deliver better and more coordinated services 48 new local transforming care partnerships (TCPs) have been formed across the country and will work with people with lived experience of these services, families, carers and key local stakeholders. The TCPs have agreed and are implementing plans which will be delivered over three years. The TCPs are made up of clinical commissioning groups (CCGs), NHS England's specialised commissioners, providers and local authorities which cover the whole of England;
 - second, budgets will be aligned between the NHS and local councils to ensure
 the right care is provided in the right place. A new financial framework will aim
 to speed up discharges, particularly for those who have been in inpatient care
 the longest. For people who have been in hospital for five years or more,
 specific payments will be made by the NHS to local authorities to enable the
 needs of those people to be met in the community; and
 - third, 'Building the right support' sets out what support people and families can
 expect, wherever they live. It describes what good services should look like,
 framed around clear principles devised from the perspective of the people
 using those services. It gives people a clear picture of what they can expect
 from the services they use, while at the same time allowing TCPs the flexibility
 to design and commission services that meet the needs of people in their
 area.

2.8 In order to move forward with the national plan to improve the lives of people with a learning disability and/or ASD, there is a key focus on reducing reliance on inpatient services and providing more care within community settings. Therefore, services providing inpatient care are under review.

Local context

- 2.9 'Building the right support' outlines that, as an alternative to inpatient care, people with a learning disability and/or ASD will be supported to lead more independent lives, and have a greater say about where they live and the support they receive. Central to the process proposed by the plan is that over the next three years there will be new, high quality, community based services for those with a learning disability and/or ASD. The plan envisages that, as these services are put in place, the requirement for low secure inpatient beds will reduce and some units may close altogether. Locally, a key part of the proposals developed for Lancashire and Greater Manchester is to provide a community model for some services currently offered by the Specialist Learning Disability Division of Mersey Care NHS Foundation Trust.
- 2.10 Before it became the Specialised Learning Disability Division of Mersey Care NHS Foundation Trust, the former Calderstones Partnership NHS Foundation Trust operated the only remaining stand-alone NHS learning disability hospital in England, with 223 beds. Its core business is a forensic service. A forensic service provides for those people who require clinical care after being in contact with the legal system. The Specialised Learning Disability Division is commissioned to provide medium secure, low secure and specialist NHS services for adult men and women with a learning disability or other developmental disorders who present with extremes of serious challenging or offending behaviour. The majority of the people who use the forensic services come into NHS care after contact with the legal system or prisons and are supported on a care pathway through secure services and on into community settings.
- 2.11 Greater Manchester and Lancashire commissioners, in line with the changes discussed within this document are developing their own community based models detailed in their published Fast Track Transforming Care Plans.
- 2.12 In addition to the low and medium secure services provided through the Specialised Learning Disability Division, there are two further units in the North West based in Warrington (Auden Unit) and Alderley Edge (Alderley Unit). Both provide low secure services for the population of Cheshire and Merseyside in gender specific services. The Alderley Unit is a new purpose built building that could be used without any additional cost for one of the patient groups referred to in paragraph 3.10 below those with an autistic presentation requiring a low stimulus environment. The Auden Unit would require more significant remedial work to meet the proposed model of care referred to in this consultation.

3. The proposed model of care for low and medium secure services

Secure services - background

- 3.1 The Mental Health Act is clear that where it is possible to treat a person safely and lawfully without detaining them, that person should not be detained. A person's independence should be encouraged and supported and families should be fully involved. The current pathways often see people coming into the system via the Ministry of Justice where they may have been placed in high secure accommodation or mainstream prison, before progressing through medium and low secure services prior to discharge. This respects the full involvement of families and carers in the context of the limitations placed on a person's requirements for care in secure services.
- 3.2 The proposals for the re-provision of learning disability and/or ASD services in the North West can be categorised broadly into two areas for consideration: medium secure services and low secure services. These services both provide different levels of clinical care, and are at different stages in their development within the region.

The proposed local model of care

Medium secure services

- 3.3 A consultation has already been undertaken by Mersey Care in relation to its provision of medium secure mental health services. The proposed model of care described in the previous consultation focused on developing an integrated medium secure service for people with mental health issues and a learning disability and/or ASD, co-located in Maghull (Merseyside). Mersey Care considers that centralising medium secure services will drive improvements in quality across the provision of services for those with a learning disability and/or ASD. The particular relevance of this to the current consultation is that it is proposed that individuals currently accommodated on the sites previously operated by Calderstones Partnership NHS Foundation Trust will receive medium secure services at the site being developed at Maghull (Merseyside) as part of Mersey Care's plans.
- 3.4 Mersey Care is transforming its whole secure provision in mental health services, which will include learning disability beds in line with 'Building the right support, and to also meet the latest guidance and legislation around medium secure care and environmental standards.
- 3.5 The proposed model of care for people requiring medium secure services reflects a commitment to excellence and innovation across the secure pathway and has been designed to improve the experience and outcomes for patients. The development would harness cutting-edge practice both in terms of clinical interventions and in the use of technological advances to support clinical delivery.

- 3.6 Developing technology has potential to empower those who use these services and increase their capacity to be partners in delivering their own clinical care, such as by increasing access to digital devices which allow them to monitor their own emotional state and wellbeing and use adaptive coping strategies between clinical sessions.
- 3.7 The proposed model of care involves a new innovative learning disability service with the added advantage of co-location with general adult mental health medium secure services. This reflects the principle articulated in 'Building the right support' as follows: "specialist beds should be increasingly co-located within mainstream hospital settings as part of integrated specialist inpatient services, rather than in isolated stand-alone units".
- 3.8 The proposed model of care designed by Mersey Care is aimed at providing "Perfect Care" and a summary of its goals are set out in appendix one.

Low secure services

- 3.9 The proposed model of care in low secure services has been discussed with commissioners and national leaders and has gained wide traction and acceptance as innovative, affordable and above all, centred on service users. More locally, over the last 18 months, there has been wide engagement with people who use services, families, carers and staff at sessions to help shape the detail of the proposal.
- 3.10 The new model of low secure services proposed aims to provide approximately 60 low secure beds across the North West, supported by community beds and specialist support teams. The model can be adapted based on the specific clinical needs of the population including transition from childhood to adulthood. The groups under consideration are:

Women

There is a need to meet the growing demand for single sex accommodation to ensure that the best quality assessment and treatment is provided. The aim is for women who need these services to have the best opportunity to improve and progress on the care pathway, and spend the minimum time in a secure setting. Experience shows that single sex accommodation reduces risk and improves safety.

Those with learning disability and/or ASD

There is an increasing demand for specifically designed low stimulus environments that manage this vulnerable group in a distinct way. The purpose is to ensure a structured, safe and empathetic approach to encourage the development of skills balanced with a healthy respect for privacy, in calm environments that reflect the sensory levels required. These services are unique and aim to provide the right opportunity for people to grow and adapt.

• Those with longer term needs

There remains a need for a small number of individuals to provide services where the emphasis is on quality of life, a least restrictive environment and protection for both themselves and others. This need arises because of the longer term nature of risk management which can remain a constant challenge. Further reduction of risk for these people is difficult given their inability to manage their own risks outside of a managed environment.

• Those who require mainstream services

There is a need to provide access to low secure services for people requiring high quality assessment and treatment in a safe environment, staying no longer than they need to. It is proposed that this service will be developed in such a way as to provide the necessary treatment programmes that are evidence based and result in positive outcomes for individuals. Particular attention in the proposed model of care is focussed on minimising the time spent in a secure environment.

Step down provision

3.11 Step down is not included within this consultation document. When we refer to "services" on the Mersey Care Whalley site we are excluding step down for the purposes of this consultation. However, for background information, a number of people with a learning disability and/or ASD currently receive long-term care in houses on the periphery of the main Mersey Care Whalley site. These services are known as step down. Should the Whalley site close, as is proposed in this consultation, where appropriate, these houses would be reviewed with the potential for them to become homes on a case by case basis following consultation with each individual patient. This would include consideration of deregistering and seeking an alternative provider with the support and approval of the CQC.

Economic case for change

3.12 The proposed model of care and closure of the Mersey Care Whalley site is driven by the need to deliver a new community-focussed model of care for people with a learning disability and/or ASD, whilst also avoiding isolated services and improving the quality of service provision and outcomes. Beyond these outcomes, there would also be financial benefits flowing directly from the reconfiguration. Any savings that are achieved would be used to improve care in the new settings in line with 'Building the right support'. More detailed financial information is provided in section five.

4. The options

- 4.1 The proposed model of care has been driven by the joint publication of 'Building the Right Support' with NHS England, the LGA and ADASS. This was consulted on widely and tested before it was finalised to support the development of modern, high quality care provision for those requiring inpatient learning disability and/or ASD services.
- 4.2 As discussed, the proposed model of care envisages a move away from inpatient care to care within appropriately designed community services which provide a range of service options. There are two options to consider:
 - Option 1 Closure of the Mersey Care Whalley site
 - Option 2 Retention of part of Mersey Care Whalley site for some low secure services.

This section of the consultation describes the two options and the rationale for both (as stated in paragraph 3.11 step down is not included in this consultation).

There are two options to consider:

Option one

4.3 The closure of the Mersey Care Whalley site is based on the principles detailed in 'Building the right support' and would involve the re-provision of new services across the North West for those with a learning disability and/or ASD. These bespoke services are described in paragraph 3.10 above and aim to ensure that the specific needs of patients are provided for in clinically designed environments. The proposed model of care aims to enhance the quality of care with improved integration into local communities, greater proximity to local services and easier access to public transport systems which are accessible across the region. This is the preferred option.

Option two

4.4 There is potential to retain elements of the Mersey Care Whalley estate to continue providing some existing low secure services. However, it is not the preferred option given it would involve maintaining services in an institutionalised setting which is geographically isolated.

Why option one?

- 4.5 The proposed model of care for the North West has been designed to secure a future for people with a learning disability and/or ASD which ensures that they will:
 - have greater choice in their pathway of care with equal and fair access to services
 - be able to live in a community setting
 - be part of a community with the same opportunities as everybody else

- continue to receive care and treatment, closer to home, at the appropriate level to meet their needs
- receive proactive healthcare to maintain health and wellbeing
- have access to acute assessment services/ inpatient provision when needed; and
- be provided with specialist services where people who lack capacity to make such choices and will never attain that capacity will have the same opportunities as the wider population.
- 4.6 The clinical benefits of the proposed model of care for people who use services are a reduced length of stay with modern and appropriate clinical interventions. It is envisaged that this model would be delivered in modern environments designed to meet the needs of this diverse patient group.
- 4.7 The proposed model of care supports an overall reduction in inpatient beds and an investment in local provision that is more able to manage complex needs within the wider community. This can be delivered from existing budgets, however transition funding would be required and this would be funded by commissioners if option one is implemented.
- 4.8 The proposed model of care considers the distinct cohorts of patients and their very unique and different needs. A new model for the provision of low secure services in the North West would allow for focussed and appropriate intervention by skilled staff teams to ensure the least possible time is spent in hospital.
- 4.9 The use of sites for secure services across the North West, including the Alderley and Auden Units, would promote greater access to larger surrounding communities with more accessible transport systems and an easier transition for people when they move on.
- 4.10 Engagement undertaken to understand the views of people in relation to 'Building the right support' during 2015 informed us that patients prefer to live their daily lives as part of a community, like everyone else, and do not want to experience care that is remote from local services.
- 4.11 People with a learning disability and/or ASD and their families and carers will continue to be central to the process of change, and the commissioners and providers involved are committed to ensuring that patients and families are always involved in decisions about their care and support.

Why option two?

4.12 Option two would potentially involve reduced capital and redundancy costs. However, while it may be more cost effective, the principles contained in 'Building the right support', as outlined in this document, suggest that it is not appropriate to continue to commission hospital beds in the kind of clinical setting located on the Mersey Care Whalley site. This is because it involves providing care in an institutionalised setting, situated in an isolated geographical area of Lancashire.

4.13 For this reason we have developed the proposed model of care which we think better meets the needs of people who use services and their carers/families.

More about option one - the preferred option

- 4.14 In light of the above it is proposed that all hospital beds on the Mersey Care Whalley Site will, subject to this consultation, close and be re-provided over the next three years, on a case by case basis, in the community or in new purpose built units elsewhere in the North West. This is based on the 'homes not hospitals' principle of 'Building the right support'.
- 4.15 The Mersey Care Whalley site has a large secure capacity which has been used as part of a historic care pathway, focussing solely on learning disabilities. This pathway has seen people with a learning disability and /or ASD progressing through medium and/or low secure accommodation and in and out of enhanced support services over a number of years and in some cases for most of their adult life. This is not aligned to modern day health care and does not fit with the current direction of travel and the principles set out in 'Building the right support'.
- 4.16 The Mersey Care Whalley site is remote and away from a variety of transport options, posing a number of difficulties for both patients and their families and carers. People are often far away from home, making access by their families and carers more difficult. Integration with larger communities is harder in isolated areas and it is equally more difficult to make the links needed to the local teams providing community services. This is articulated in 'Building the right support' as follows:
 - "Assessment and treatment in a hospital should be part of a broader care and support pathway. Admissions should be to hospital services that are as local as possible, and inpatient services should coordinate closely with relevant community services and families/carers (particularly in the case of children) to prepare for discharge. Wherever appropriate, inpatient services should work closely and proactively in partnership with families in the process of assessment, formulation, diagnosis and treatment. Contact and communication with families should be actively supported (unless particular circumstances dictate that this is inappropriate or inadvisable) and as much continuity with life prior to admission as possible".
- 4.17 The retention of secure provision on the Mersey Care Whalley site does not support the change envisaged in 'Building the right support' and may promote the same cycles for people as have been seen in the past, including excessively long lengths of stay with movement around different parts of the Mersey Care Whalley site without a clear plan towards integration into community services. This is articulated in 'Building the right support' as follows:

"Everyone who is admitted to a hospital setting for assessment and treatment should expect this to be integrated into their broader care and support pathway, with hospitals working closely with community mental

health, learning disability/autistic spectrum disorders and other services, including those providing intensive community and/or forensic support".

- 4.18 All service change proposals must comply with the Department of Health's four key tests for service change. These are:
 - strong public and patient engagement
 - consistency with current and prospective need for patient choice
 - a clear clinical evidence base; and
 - support for proposals from clinical commissioners.
- 4.19 We are satisfied that option one meets the four key tests.

5. Financial details

The following section sets out the financial case for change, describing the financial impact of the proposed model of care. This section details the capital and revenue impact of both options. Whilst the proposed changes are not driven by financial considerations, it is none the less important that the costs and benefits of the changes are understood. In broad terms the changes will reduce costs to the provider, thereby eliminating a projected deficit, and yield savings to commissioners, though significant capital investment is needed to achieve this.

5.1 Overall health economy impact

The annual running costs of the combined Calderstones and Mersey Care services relevant to this consultation at the time of the merger totalled £64.0m. Over the next four years, under the "do nothing" scenario, this was projected to increase to £68.4m. By implementing the preferred model of proposed service changes, the total cost base will be reduced to £57.7m over the next four years, a cost reduction of £10.7m compared with the "do nothing" scenario. Against the 2015/16 cost base, costs will be reduced by £6.3m. The reduction in costs will enable Mersey Care to meet its financial obligations to achieve financial balance, and the proposed changes will allow for funding to be diverted into community services to support the discharge of patients.

Bringing the Whalley site and Mersey Care services together by moving some or all of the medium and low secure services off the Whalley site would:

- provide opportunities to integrate services to deliver savings;
- reduce management costs; and
- enable new ways of working which in turn will lead to greater efficiency.

5.2 Mersey Care financial position

Calderstones reported a financial loss for the 2015/16 financial year of £2.0m and did not have a plan to return to financial balance. The financial plans submitted by Calderstones prior to the merger with Mersey Care showed a projected loss for 2016/17 of £3.2m, which without major remedial action is projected to grow to £6.4m by 2019/2020. The reduction in costs that will result from the proposed service changes will eliminate this deficit.

5.3 Commissioner financial position

Over the next four years, the proposed service reconfiguration will allow commissioners to discharge a total of 46 low secure and 18 medium secure patients from inpatient facilities into community-based care settings. The proposed discharges would contribute to the ambition to reduce the typical in-patient population at the Mersey Care Whalley site from 84 to 38 for low secure and 52 to 34 for medium secure, during this period.

Implementing the proposed model of care will allow commissioners to reduce the amount they are paying for learning disability services from £62.0m in 2016/17 to

£57.7m by 2019/20, a saving of £4.3m per annum by year four, without impacting on the level of services provided to patients, nor the financial viability of Mersey Care.

By retaining some services on the Mersey Care Whalley site, but continuing the inpatient reductions, an additional £2m to £3m could be saved.

5.4 Proposed investment in new services

Over the next four years commissioners expect to reduce the amount spent on inpatient services and invest in community-based services. This investment would fund specialist support teams providing discharge planning, admission prevention and wrap around support for patients.

The level of investment in new services would increase steadily over the next four years as patients are discharged, to ensure that appropriate community services are in place to meet their need.

In addition, for any patients discharged after a stay of five years or more, a 'dowry' will support them to move on, paid to the relevant local authority to help with the costs of support packages. Dowry payments will be funded from recurrent savings from inpatient services.

5.5 Transitional funding

The proposed reconfiguration requires that patients be relocated from the Mersey Care Whalley site either to new inpatient facilities or new community-based care settings, over a four year period. During this time the Mersey Care Whalley site would still be in use and so Mersey Care would incur 'double running' costs, as is common to reconfigurations. Commissioners have agreed in principle to fund these costs, totalling £15.5m over four years. The double running costs would be slightly lower under option 2.

In addition, as is typically the case during service reconfiguration projects, Mersey Care would need extra management support to deliver the new model as well as continuing to run its day to day operations. NHS England has agreed in principle to fund costs such as additional finance management, programme management and information technology infrastructure to help with this, totalling £6m.

It is possible that the reconfiguration of services will result in staff redundancies. For option one, maximum redundancy costs have been estimated at £9.3m. Option two may involve reduced redundancy costs as some services would be retained on the Mersey Care Whalley site. The current estimate of redundancy costs arising from option two is between £6.7m and £7.0m.

5.6 Summary of revenue costs

The table below summarises the financial assessment of the two options.

Option 2 has 2 variants based on the number of beds to remain on the Whalley site; whilst not being the preferred option this will be considered further on the outcome of the consultation.

		Option 2a	Option 2b
	Option 1	Some services	Some services
	All services off	remain at Whalley	remain at Whalley
Total transitional support	the Whalley site	(40 beds)	(56 beds)
costs 2016-2020	£m	£m	£m
Redundancy costs	9.3	7.0	6.7
Double running costs	15.5	14.8	14.5
Management support	6.0	6.0	6.0
Total transitional support	30.8	27.8	27.2

		Option 2a	Option 2b
	Option 1	Some services	Some services
	All services off	remain at Whalley	remain at Whalley
Recurrent annual savings	the Whalley site	(40 beds)	(56 beds)
from 2019/10	£m	£m	£m
Commissioner savings	4.3	5.9	7.0
Provider savings	6.4	6.4	6.4
Total financial benefit	10.7	12.3	13.4

5.7 Capital funding

The capital required to fund option one, the removal of all services from the Mersey Care Whalley site, is £63m. This includes the cost of the new medium secure unit (as part of the Maghull development), the development of low secure units and the development of community provision.

For option two, which would see some services remaining on the Mersey Care Whalley site, the capital cost is between £37m and £48m depending on the number of beds which remain. Whilst option two has a lower capital cost, it is not the preferred option, as it will involve maintaining services in an institutional setting which is geographically isolated.

These capital costs are best estimates of the likely capital requirement to provide the new buildings, based upon similar projects across the NHS. It is important to note that approval has not yet been granted for the full amount of capital that may be required, and so those proposals remain contingent on receiving the required approvals.

The capital costs for the two options are summarised below. The table includes the proceeds from the sale of the Whalley site, or partial sale in the case of option 2. The disposal proceeds have been estimated by the District Valuer using a standard methodology taking account of the current use of assets and estimating the fair value of assets not in use.

		Option 2a	Option 2b
	Option 1	Some services	Some services
	All services off	remain at Whalley	remain at Whalley
Capital impact	the Whalley site	(40 beds)	(56 beds)
	£m	£m	£m
Capital costs	£m 63.0	£m 48.0	£m 37.0
Capital costs Proceeds from disposal			

5.8 Summary

This section has described the financial implications of the proposed changes. Option one, with all services off the Mersey Care Whalley site, is not the cheapest option principally because of the higher capital cost. However, this proposal is not about cost and savings but about providing the best quality service to patients and their families.

6. Consultation statements

- 6.1 We would like to hear your views on the issues set out in this document and we would welcome consideration of the statements set out below. It is appreciated that these statements are not extensive and represent a guide to some areas of the consultation that may generate views and opinions that will provide valuable feedback.
- 6.2 In addition to providing views on the statements set out below, please add any additional comments in the box below.
 - 1. Adults who have a learning disability and/or ASD should have the opportunity to receive their care in a community setting close to their home.
 - Some people who use services will require forensic services under the Mental Health Act in secure facilities for long periods of time as part of their programme of care. These people where possible will benefit from accommodation in smaller units that are adaptable to their needs with clear treatment goals.
 - 3. The proposed model of care would provide assessment pathways to ensure that the least restrictive care options are chosen and hospital care is considered only when all other choices have been exhausted.
 - 4. People with longer term needs who use services and require ongoing secure care should receive this in an environment that enhances their quality of life as effectively as possible.
 - 5. Based on the 'homes not hospitals' principle of 'Building the right support', institutionalised medium and low secure care should not be delivered on the Mersey Care Whalley site, (formerly Calderstones Partnership NHS Foundation Trust). As such option one set out in section four is the preferred option.

Please detail any further views you have here	

7. How to take part

- 7.1 You can take part in this consultation online at https://www.engage.england.nhs.uk/consultation/learning-disability-services or by requesting a printed copy of the consultation document.
 - a. For further information or to request printed documents please contact: england.northspecialisedcorporate@nhs.net or telephone 011382 54657
 - b. An easy read version of the document is also available online or via the contacts above. Alternative formats can also be requested from the contacts above.

8. Feedback and next steps

- 8.1 The consultation on the proposed redesign of learning disability and/or ASD services in the North West will be open for 12 weeks from the date the consultation starts.
- 8.2 All feedback received during consultation will be considered by NHS England and its commissioning partners, and key stakeholders. A short report, setting out the consultation feedback, will be published on NHS England's web page with a link to our partners' websites.

Appendix One - Medium Secure Supporting information

The MSU development has described goals and methodology for care and treatment as detailed below:

Our goal is to deliver perfect care to all of our service users all of the time. The pursuit of excellence is fundamental to everything we do. The aspirations, expectations and practice of our staff and management compel the service to set and achieve audacious targets which lead the field internationally. These targets aim to go beyond conventional consensus and embrace the opportunity to ensure care and treatment for service users is the best it can possibly be. It is our aim that no one in our care will commit suicide or die early from preventable illness and complications. The people who use our service will not experience avoidable restrictive and/or coercive practice and the care we provide will be consistent with the principles of No Force First.

A culture of accountability, candour and learning is central to the goal of continuous improvement and developing safer and better services. The care and treatment we provide will be unique for each patient. Our approach recognises the enduring impact of the social and relational adversity many of them encounter and appreciates the complicating influence this can have when they are admitted to a secure hospital.

The service will implement a Trauma Informed Care approach; staff will understand service users in the context of their life history and therefore will recognise and meet all their needs effectively and efficiently.

The care and treatment we provide to service users will be:

- Safe avoiding injuries to people who use services from the care that is intended to help them;
- Effective providing services that are based upon scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse);
- Patient-centred providing care that is respectful of and responsive to individual people who use services preferences, needs and values, and ensuring that patient values guide all clinical decisions;
- Timely reducing waits and sometimes harmful delays for both those who receive and those who give care;
- Efficient avoiding waste in particular waste of equipment, supplies, ideas and energy;
- Equitable providing care according based upon individual need taking into account people who use services from the protected characteristics of Age, Disability, Gender, marriage and Civil Partnership, Maternity and Pregnancy, Race, Religion/belief, Sexuality and Trans/gender reassignment.

The model of care will meet the requirement set out in the Medium Secure Service Specification, and will be delivered and governed under the following statutory frameworks policy and legislation.

- Mental Health Act 1983 (Amended 2007) and Code of Practice
- Human Rights Act 1998
- Mental Capacity Act 2005 and Code of Practice
- Domestic Violence Crime and Victims Act 2004
- Protection of vulnerable adults (2009)
- The Care Programme Approach (1995)
- Valuing People Now (2009)
- Deprivation of Liberty Safeguards

The highest professional and service standards will be maintained through adherence to the process of regulation, governance and guidance from;

- National Institute for Clinical Excellence (NICE)
- Care Quality Commission (CQC)
- General Medical Council
- Health and Care Professionals Council
- Nursing and Midwifery Council
- Ministry of Justice
- Department of Health

The medium secure unit model of care is consistent with Mersey Care's vision and values and built upon the following four key principles enhancing quality and sustainability:

- An emphasis on quality of care.
- Financial responsibility and efficiency.
- Positive and proactive partnerships.
- Investment in our workforce.