

**Transforming Care:
Proposed Redesign of Learning Disability
services in the Northwest**

**Update:
September 2016**



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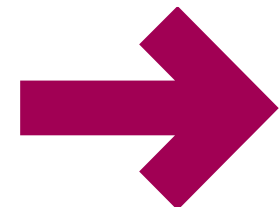
9.0 Consultation Principles

- **1.0 Introduction**

The aim of the presentation is:

To describe the background to the Transforming Care agenda and detail the engagement process that has been undertaken with specific reference to the options for the model of service being proposed

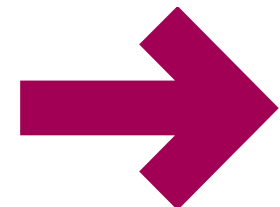
To seek advice and support on the formal consultation process



2.0 Setting the scene for the Consultation

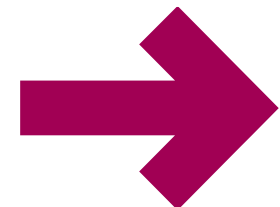
The background to the consultation is based on:

- Building the Right Support
- Homes not Hospitals
- Establishment of transforming Care Partnerships across the North West
- National Guidelines



3.0 Case for Change

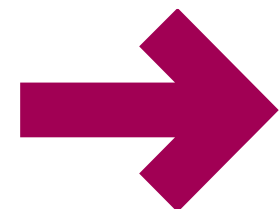
- Winterbourne View Concordat – pace of implementation
- Mersey Care NHS Foundation Trust
- National Plan for Learning Disability
- Reduction in the number of low secure patients
- Greater Manchester, Lancashire, Cheshire and Mersey Fast Track plans
- Redesign of current service provision



4.0 The Proposal

Outline proposal for medium and low secure beds in the north west considers:

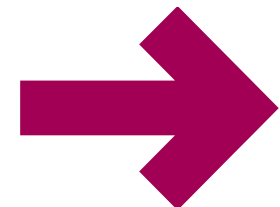
- medium Secure Service and developments so far
- low Secure Services and proposed bed modelling



5.0 Low Secure Unit Proposal

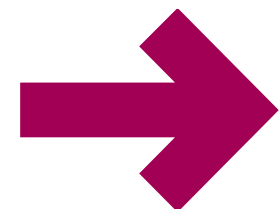
A model to meet specific populations across the North West is planning units for:

- services for women
- autistic Spectrum Disorder and Learning Disability
- enduring needs
- mainstream Services



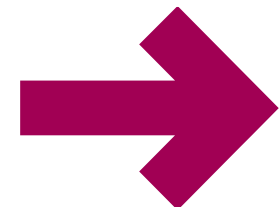
6.0 Community Developments

- Principles
- Consultation
- Greater Manchester Fast Track
- Lancashire Fast Track
- Cheshire and Mersey Fast Track



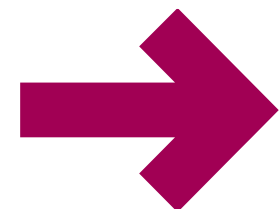
7.0 Proposed Statements:

- Adults who have a learning disability and or autistic spectrum disorder 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.
- The clinical model should 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.
- People who use services with enduring needs who require longer term on-going secure care should receive this in an environment that enhances their quality of life as effectively as possible.
- Based on the 'Homes not Hospitals' principle of Building the right support institutionalised care should not be delivered on the Mersey Care Whalley estate.



8.0 Feedback and next steps

- OSC feedback has been incorporated into the draft consultation document
- The consultation will run for 10 weeks
- All feedback will be considered by NHS England in collaboration with all partners and recommendations will be received at all Boards



9.0 Consultation principles

- The consultation length: 10 weeks suggested
- Press release (to all media in the North West) and news item on NHS England website on launch
- Methodology: 1 large event at Calderstones over a day and evening / to gather carers and service user views. Offers made to meet service users and carers at the other two trusts.
- Easy read version of the consultation guide / web based consultation / hard copy at events and available on request/postage free return/ dedicated phone line for queries.
- On line consultation events for charities support groups and others who wish to attend
- Stakeholder letters to relevant MPs, Local Authority Health and Wellbeing Boards, HOSCs, and Healthwatch organisations to ask them to table the consultation at appropriate meetings plus an offer of NHS England officers to attend meetings to explain and take questions. Letters to OSC areas where patient numbers are minimal

