Service Development/Change
OSC Briefing: Greenfields - for information

Presented by: Gavin Thistlethwaite, Joint Commissioning Manager

1 Purpose of the report

To report to the Overview and Scrutiny Committee (OSC) that we have completed the consultation process relating to our proposal for the future of the service provided from the Greenfields site. The revised proposal outlined in this paper is the option that has been developed following consultation with local clinicians and GPs, patients and members of the public.

2 Decisions/Actions requested

The purpose of this paper is to inform the OSC about the process of consultation and its outcomes and our progress with our plans to improve the quality, safety and access to mental health services for people with learning disabilities.

Information about our plans was first brought to the OSC in June 2010 and this update takes account of the useful questions and suggestions raised by the panel at that time.

The Overview and Scrutiny Committee are asked to:

- Note the results of our options appraisal and consultation on the future of the Greenfields services
- Note the support from patients, users and health care professionals for improving mental health services for people with learning disabilities.
- Support the adoption of the proposed service model and associated service developments

3 Background

Greenfields was commissioned to deliver detailed health assessments of learning disabled people with complex presentations, often complicated by mental health issues, and to generate effective treatment interventions. Admissions are intended to be short term and focused on delivering treatment interventions that can be delivered both in an inpatient environment and then transferred to a community setting.

Despite substantial effort and commitment from services it has become increasingly apparent to the service provider and the commissioners that the service delivered from Greenfields is unable to meet the quality requirements of a modern inpatient facility and is struggling to deliver effective outcomes for service users. There is a particular concern about the length of stay on the unit.

An option appraisal was undertaken by the Mental Health Partnership and considered within the Provider Executive Team. The option appraisal considered four possible options:

- Invest in the unit in order to try and bring it up to the required standard;
- Do nothing, leave the unit operational and provide no extra investment;
- Close the unit and provide no replacement service;
- Close the unit and invest released funds from the unit into community based replacement services.

The option to invest in the Greenfields service was rejected on both financial and policy grounds. The estimated investment requirement was approximately £250,000, which is unachievable in the current climate. This should be seen in the context of a policy drive which moves away from NHS provision of learning disability inpatient services (Valuing People Now, DH 2009).

Maintaining the *status quo* in the service was also rejected on grounds of quality and risk.

The option to close the service and provide no replacement service was rejected on grounds of cost and quality, as it would inevitably lead to an increased use of out of area placements which have been demonstrated to deliver limited benefits to individuals and are frequently extremely expensive.

The final option to close the unit and take some the resources released from the unit to invest into community based services was identified as the most appropriate approach, delivering both an improvement in quality and a commitment to maintaining the mental health and well-being of learning disabled people in their local community.

The review and options appraisal were carried out in the context of:

- Our own Quality Innovation, Productivity and Prevention (QIPP) programme that places an emphasis on care that supports people to remain healthy, whilst maintaining the quality and required level of provision of inpatient care.
- Policy and advice from the Department of Health and guidance like the Mansell Report (DH – 2007, Rev. Ed.)

4 The Engagement process

We had conducted some of our consultation in advance of our previous presentation to the panel and it should be noted that this involved a range of stakeholders, including staff, carers and service users. Subsequently, we held two public engagement events, both open to all

partners and stakeholders including Service Users, Carers, General Practitioners, Trades Unions, the general public and anyone interested in informing the debate on the future of the service. Transcripts of the sessions and a DVD of the service user sessions facilitated by the 'Mirror Mirror' drama group are available for review.

Public and service users were made aware of the events through local media, the Learning Disability Partnership Board and articles on the local radio. Details of all the consultation meetings are included in the attached appendix 1.

5 Consultation findings

The consultation supported the closure of the Greenfields unit and the delivery of intensive community based services.

There were a varied set of responses in the consultation which can be summarised into 5 key points:

- A community based service is favoured
- Where inpatient admission is required, a unit with specialist skills should be used
- Service user choice and empowerment is fundamental to improving services
- Services should focus on crisis avoidance rather than crisis responses
- Close multi-disciplinary and multi-agency working is crucial

6 Revised Proposal

Following the consultation the proposal from the Commissioners and the Service Provider is to close the Greenfield site and instead to develop community based services for the group of patients most likely to be affected by the closure. The priority areas for development we identified as:

- Access to mainstream mental health inpatient service
- Investment in specialist learning disability inpatient staff
- Investment in out-of-hours support for people with learning disabilities
- Improved capacity for challenging behaviour service

The people we consulted indicated that flexibility, accessibility and specialist knowledge are crucial and that investment in the above areas will be needed to deliver the requirements they identified when consulted with. As a result, we will be:

Strengthening mainstream mental health services to ensure that they can provide the care needed by people with learning disabilities by:

- Having a specialist learning disability team within mainstream mental health services
- Introducing compulsory training for all inpatient staff around learning disability awareness
- Developing a detailed shared care planning process between mental health and learning disability specialists services
- Developing adapted environments that can support the care of learning disabled and vulnerable service users
- Detailed and robust discharge planning

Introducing an Out of hours service/Intensive intervention team

- A 7 day service operating into the evening and with the option to work 24 hours a day if required;
- A team of professionals who are skilled at assessing and managing risk as situations change in order to provide an effective response;
- Delivery of focused training to support providers;
- Skilled in the preparation of detailed crisis plans.

Strengthening the existing Challenging behaviour Service

- Invest in process of patient identification;
- Improve crisis planning with the out of hours service;
- Develop crisis avoidance strategies with support providers

This proposal has been approved by the Professional Executive Committee (PEC) of NHS Plymouth and the PCT Board.

7 Timescale for implementation

This proposal is part of the integrated programme of improvement for the whole learning disability service that is underway as part of NHS Plymouth's wider QIPP agenda. The timescale for the implementation of this full model of service for the learning disability provider is scheduled to be agreed by April 2011 and fully implemented by March 2014. In terms of the specific proposal presented here, we are, thanks to the consultative work described above, in a position to be able to have functional teams in place by April 2011.

8 Summary

- Greenfields has been shown to be an inadequate service and there is no available resource to invest in this service to improve it.

- At the time of the consultation there were only two patients on the ward and this reduced to zero during the process.
- The consultation supported the closure of the unit and for it to be replaced with a community based service that is accessible and flexible.
- When admission is required it should be as close to Plymouth as possible – for any kind of mental health presentation or detention under the Act this will be Glenbourne.
- An out of hours service needs to be developed to operate 7 days a week.
- Challenging behaviour services should be enhanced
- The HOSC are asked to note the consultation process and the approval by PEC and the PCT Board.

Appendices

Appendix 1 is the full report to PEC/PCT Board

Appendix 1

Title: **Proposal for the Development of Services Following the Consultation on the Future of Greenfields**

Author: **Gavin Thistlethwaite, Joint Commissioning Manager**

Date: **27th August 2010**

Background

Greenfields is commissioned to deliver detailed health assessments of learning disabled people with complex presentations, often complicated by mental health issues, and generate effective treatment interventions. Admissions are intended to be short term and focused on delivering treatment interventions that can be delivered both in an inpatient environment and then transferred to a community setting.

Despite substantial effort and commitment from services it has become increasingly apparent to the service provider and the commissioners that the service delivered from Greenfields is unable to meet the quality requirements of a modern inpatient facility and is struggling to deliver effective outcomes for service users. There is a particular concern about the length of stay on the unit.

Following an option appraisal undertaken by the provider, a proposal to close the unit and replace it with a community based service was made. This has been consulted upon with a variety of stakeholders and the outcome of that consultation has been used to amend and adapt the proposed service.

This paper will propose a structure of service that will address the requirements for a system that will replace the inpatient service and move towards a situation where admission to services out of area becomes a rarity and where service users are supported to stay in their own homes rather than being moved in the event of a crisis. This will then be place in the wider context of a potential service model for specialist services that will be driven by the QIPP programme. It should be noted that the QIPP programme is at the very earliest stages and there will be a need for much greater analysis and debate before finalising any new structure. The proposed service model to replace Greenfields is suggested in the context of policy and advice from the Department of Health and guidance like the Mansell Report (DH – 2007, Rev. Ed.)

Consultation

An extensive consultation process has been undertaken to discuss the proposed closure of Greenfields and to test the assumptions made in the proposal. **The consultation supported the closure of the Greenfields unit and the delivery of intensive community based services.** There were a

varied set of responses in the consultation which can be summarised into 5 key points:

- A community based service is favoured
- Where inpatient admission is required, a unit with specialist skills should be used
- Service user choice and empowerment is fundamental to improving services
- Services should focus on crisis avoidance rather than crisis responses
- Close multi-disciplinary and multi-agency working is crucial

It should be noted that the consultation involved a range of stakeholders, including staff, carers and service users. Transcripts of the sessions and a DVD of the service user sessions facilitated by the Mirror Mirror drama group are available for review. The full report is attached as appendix 1 of this document.

Revised Proposal

The key concerns about the proposal to close Greenfields centred on the alternatives to admission and the appropriateness of these options. The effective replacement of an inpatient service requires not just the delivery of an alternative service but also a change in the clinical culture of operation. In order to make a community based service work effectively the building blocks for alternatives to inpatient care need to be in place which include revised approaches to assessing, sharing and managing risk; improvements in the management, sharing and control of information; and significantly upgraded partnerships between agencies with a role in meeting the needs of this client group. The primary requirements for a replacement service are:

- A clear focus on assessment, treatment intervention and the planning of robust, achievable and shared crisis plans
- The ability to respond rapidly to crisis situations
- The ability to access up to date information
- The ability to call upon extra resources to support individuals or bolster packages of care
- In the event of an admission to hospital or moving to an alternative supported environment being required for those places to have skilled staff available who can address the issues for learning disabled patients effectively and with confidence
- To ensure that learning disabled people are treated wherever possible at home
- To ensure that providers of support are equipped to implement the intervention requirements of a treatment programme
- An integrated assessment and planning process with key partners but most importantly with Adult Social Care.

The absence of a dedicated unit was a concern to some and the proposed service will address this by ensuring that, in line with the Mansell Report (DH

2007 Rev. Ed.), there are a series of viable options for addressing the needs of learning disabled people who challenge services.

Enhanced Mental Health Service – "Green Light" Compliance

The primary task is to recognise that the majority of those requiring the services of an inpatient facility have mental health issues; indeed Greenfields was a function of mental health services for that reason. There are a range of views regarding the incidence of significant mental health problems for learning disabled people but the Foundation for People with Learning Disabilities (2003) has suggested that an incidence of between 25% – 40% is supported by the available evidence. This compares to an incidence of between 16% - 25% for the wider population.

Any admission for assessment and treatment for mental health issues must go via mainstream mental health services and those services must have both the staff capability and facilities to meet this need. This will require the following:

- A group of staff with specialist skills and experience of working with learning disabled people
- Compulsory training for all inpatient staff in learning disability awareness
- Detailed shared planning between mental health and learning disability specialist services
- Development of adapted environments that can enhance support and treatment of disabled or vulnerable service users
- Detailed and robust discharge planning pathways and shared care arrangements

These steps are a priority for completion and will ensure a suitable service for those with the greatest needs that will be provided by a specialist service that is part of the mainstream of mental health treatment.

The key features of the service should be:

- An adapted inpatient environment that is able to meet the needs of a range of vulnerable people, including learning disabled people, when required. Decisions about the use of this facility will be driven by need and not diagnosis
- A core team of LD professionals or mental health staff with enhanced training who co-ordinate, plan and review the treatment of people with a learning disability in an inpatient service
- A focus on short lengths of stay and supported discharge.

It is proposed that there should be a core team that consists of the following personnel:

Profession	Band	Number (wte)	Cost (£)

Nurse (team leader)	6	1	36,095
Nurse	5	3	105,285
OT	5	1	35,095
STR Worker	3	1	20,695
Total	**-**	**6**	**197,170**

Whilst the primary focus of this exercise is on those with a learning disability this service can also address the needs of a wider group of vulnerable adults who may be admitted to a mental health inpatient ward. One of their key roles will be to ensure that other colleagues are familiar with the issues that make people with a learning disability and other patients vulnerable and have some core skills that will help them address these issues.

Out of Hours Service/Intensive Intervention Team

The other fundamental issue that has lead to the need to admit, the failure of placements and the unchecked escalation of crises is the ability to respond rapidly 7 days a week, 24 hours a day. The LD Partnership currently does not have the capacity to respond out of hours and at weekends. These issues are handed over to duty services that are frequently ill equipped to respond effectively to crises when they develop.

A specialist LD service, as recommended by Professor Mansell (Mansell Report DH 2007 Rev. Ed.), needs to be able to respond effectively 24 hours a day, 7 days a week. It is a not inconsiderable cost to develop this kind of service and it is crucial to consider opportunities to integrate the task with other pre-existing services, of which the Mental Health Home Treatment team provides the greatest level of overlap and is a key part of the bed management and treatment functions of the inpatient service. The out of hours/intensive intervention function requires the following:

- Experienced and skilled professionals that are able to analyse complex situations and deliver interventions that will prevent admission, support providers/carers to manage crisis situations and ensure that service users can remain at home.
- An up to date understanding of the most complex and challenging patients in the community including known indicators of deterioration, planned responses for anticipated issues and previously effective interventions
- Robust relationships with inpatient teams
- An ability to work with support providers that recognises the limitations of these services and provides extra support to sustain support arrangements
- The ability to access detailed care plans and crisis plans that can direct suitable responses
- Clear daily relationships with the Challenging Behaviour Service and community mental health services, including the forensic service

This service should not be a caseload holding service but should be flexible enough to respond at short notice to crises for known service users, i.e. those engaged with the challenging behaviour service, as well as being the first responder to crises for those not previously known to the service or discharged from services.

Providing on-going maintenance interventions that are known to prevent or delay breakdown will be crucial for sustaining the riskier cases in the community, the necessary positive risk taking will require supervision and fine tuning at the early stages of any packages or following a change. All cases supported by the team should be care co-ordinated by either the Challenging Behaviour Service or community mental health services.

It is proposed that this out of hours intervention service would require the following personnel:

Profession	**Band**	**Number (wte)**	**Cost (£)**
Nurse (team leader)	7	1	53,000
Nurse	5	4	144,000
Total	**-**	**5**	**197,000**

At this stage, and in line with the Mansell Report (DH 2007, Rev Ed), it is suggested that integration with the existing mental health Home Treatment Service will provide a suitable infrastructure for the development of the service, allow for the development of robust team working, enhance shared care and bring the needs of learning disabled people into the mainstream. If an argument develops for a more substantial operation over time then separating into an independent team may be a more appropriate response but for the moment integration with an existing service provides significant efficiencies and an operating framework.

Challenging Behaviour Service

The most significant task is to ensure that the specialist LD Service is focused on those patients with the most challenging presentations. The discussions on the future of the specialist LD service are governed by the QIPP programme and the delivery of Transforming Community Services (TCS) agenda. These processes are currently unresolved and will require significant further consultation with key clinical stakeholders, commissioning partners, statutory bodies, providers and, crucially, service users and their families. The proposals below should be seen in the context of an on-going work programme but it should also be noted that they deliver the agenda set out in key policy and guidance documents. Any service model proposed will need to comply with the key tenets of these documents and be able to deliver the outcomes desired for this disadvantaged population.

The NHS has three key responsibilities towards people with learning disabilities:

- To annually check the health learning disabled people and plan for necessary interventions in a way that can be understood by the patient (Valuing People, DH 2001, Valuing People Now, DH 2009)
- To ensure mainstream health and mental health services are accessible to learning disabled people and can deliver equivalent health outcomes to the rest of the population (Healthcare for All, DH 2008)
- Provide detailed assessment, diagnosis and treatment services for people with challenging behaviours.

The final function is described in the Mansell Report (DH – 2007, Rev. Ed.) which places a particular emphasis on the need to ensure that people with challenging behaviours and complex needs are well known to the specialist service, have detailed plans that are regularly reviewed and updated, have plans for how to manage crises when they develop and the most important requirement is the ability to anticipate difficulties and intervene early to prevent crises from developing.

This service will consist of key professionals who will be required to deliver the following:

- Thorough assessments of needs that identify problem behaviours, the causes of these issues and the range of interventions that will mitigate them
- An effective range of treatment interventions that will, over time, deliver resolution to or mitigation of behaviours.
- The ability to respond directly to challenging behaviours and arrest or slow the onset of challenging presentations
- Develop, maintain and implement detailed plans for each person known to the service
- Work alongside mainstream care management teams and providers to ensure that networks and links are established to promote continuity of service provision
- Work closely with the out of hours service to ensure that all service users known to be a risk of breakdown are alerted to the out of hours service and have agreed crisis plans
- Work closely with inpatient services to ensure that they are supported to manage learning disabled people as inpatients and are able to effectively plan and implement effective discharges
- Work with all providers of support whether they are residential homes, domiciliary care providers, family and friends or other types of provider to ensure they understand the issues affecting an individual, understand their role in delivering effective interventions and are familiar with crisis plans.
- Provide individualised training to all stakeholders in meeting the needs of individual patients or groups of patients.
- Monitoring of specialist placements, especially those made out of area.

The LD Partnership can currently identify between 250 and 300 people that might be described as having challenging behaviours or complex needs. It is anticipated that there will be a working caseload of 150 people from this total figure for the team with the remaining patients as part of a “watching brief”. The team will be expected to have detailed knowledge of every patient accompanied by a plan that is accessible 24 hours a day and includes a functional crisis response.

Treatment is the primary responsibility of this service and the team will need to deliver a wide range of interventions from highly skilled professionals including psychologists, speech and language therapists, occupational therapists, nursing and medical staff. Treatment interventions will need to be supported by evidence of effectiveness and should tie into a pathway through the service that promotes independence and a move towards greater self directed care, personal control and a reduction on the reliance on paid support.

The vast majority of day to day support and contact for this group of people is delivered by commissioned service providers who will require significant support and development by the team so that they are able to support the delivery of the necessary interventions to individuals. This will be a key function of the Challenging Behaviour Service and all plans for treatment need to recognise the necessary development of skills and knowledge that will allow commissioned providers to implement appropriate support.

In order to ensure that support provision is good quality, effective and value for money the partnership with social care service provision and commissioning is crucial. The way resources are allocated to packages of care has an impact on both health and social care budgets and it is important that this is seen to be fair, appropriate, allocated according to policy and delivering good value. It is in the interest of the whole community that this happens and is a key plank in the delivery of personalised care for learning disabled people, especially those with profound and complex disabilities (Raising Our Sights, DH 2010)

The development of this service will require a substantial redesign of the existing functions of the LD Partnership and as such is a key deliverable of the QIPP for learning disabilities. This service will require a substantial focus on treatment and all assessments and plans will be focused on interventions that will deliver measurable outcomes and demonstrable improvements in both presentation and quality of life for all patients.

In order to support the process of developing this function it is proposed that extra capacity is brought in to the challenging behaviour service in order to start the process of identifying priority patients and commence the development of working relationships with the new teams identified above. The staff required will be:

Profession	Band	Number (wte)	Cost (£)
Behavioural Advisor	6	1	36,095

Behavioural Advisor	5	1	30,095
Total	**-**	**2**	**66,190**

Commissioning Intentions

The commissioning and funding of these three services will occur via the closure programme for Greenfields and the QIPP and TCS processes.

The development of the enhanced mental health service and the out of hours/intensive intervention service will be funded by some of the released revenue from the closure of Greenfields. The cost of these services will be less than the existing ward budget and will deliver a cost saving.

The redesign of the wider LD service is part of the QIPP programme and is required to deliver efficiencies of £1 million over three years. This will mean a radical redesign of services and will necessitate the refocusing down to a core patient group of those with the most challenging and complex needs.

Additional Services

As part of the whole system for learning disabilities it will be necessary to take advantages of the other services that exist to support learning disabled people. Often the opportunity to intervene creatively will prevent the escalation of crises and can divert service users into appropriate alternative types of support. These options are not always accessible at the moment and a greater emphasis on exploiting them will need to be part of the service development programme for specialist learning disability services.

Some examples of this might be:

- **Housing**

  A great many learning disabled people in Plymouth receive support in residential care settings. Evidence has shown that given an informed choice learning disabled people will choose to live in their own home and it is well recognised that many incidents and difficulties experienced by learning disabled people are caused by sharing accommodation with other vulnerable people and having restrictions placed on their freedom to make life choices by the strictures of residential care settings.

  Enabling the opportunities to have their own home will help many learning disabled people manage or overcome the many difficulties they experience and greatly promote their independence. (Valuing People Now, DH 2009; Raising Our Sights, DH 2010)

- **Links with liaison services**

Ensuring learning disabled people have access to high quality healthcare is a key performance target for the PCT that has been set by the Department of Health and NHS South West. Issues with ill health, unrecognised mental health problems, pain and discomfort have all been linked to challenging behaviours and the development of crises. (Healthcare for All, DH 2008)

- **Access to Forensic interventions and services**

  The specialist skills and knowledge of the mental health forensic service should be readily accessible to work with the LD service to ensure that those with the highest risk behaviours are suitably engaged and can access specialist interventions. The model of the current sex offender treatment programme (SHEALD) provides a template for other similar work with risk groups.

  Consideration will be given to developing LD expertise within the forensic service that will act as an advisor to the LD service, specialist case manager and link to MAPPA. (Bradley Report, DH 2009)

- **Links to criminal justice agencies**

  The police, courts, probation and other agencies have a crucial role in dealing with small but high risk group of service users and effective links with these agencies will ensure a appropriate responses towards learning disabled people in the criminal justice system as well as highlighting the most appropriate ways to help learning disabled victims of crime. (Bradley Report, DH 2009)

- **Specialist hospital providers**

  There are occasionally circumstances when admission to specialist hospital facilities is indicated and in the best interest of the service user. Whilst this might be unusual ensuring that hospital service providers are effective and work well with our services is crucial in delivering high quality outcomes. (Mansell Report, DH 2007, Rev Ed)

Summary

Following a successful consultation exercise it is recommended that the inpatient facility at Greenfields is closed and that the service for people is redesigned to deliver:

- An enhanced mental health service
- An out of hours/intensive intervention service
- An enhanced challenging behaviour service

This redesign will address key weaknesses in existing services, will help address crises, prevent admissions and promote the provision of services in the home and community.

The proposal will deliver an immediate cost saving from the inpatient budget that can be used to support the development of more effective and efficient services.

Number of New Posts (wte)	Total Proposed Spend (£)	Current Spend (£)	Predicted Saving (£)
13	**460,360**	**661,000**	**200,640**

NHS Plymouth

CORPORATE SUMMARY REPORT **Item 5.4**

Name of meeting:	NHS Plymouth Trust Board Meeting
Date of meeting:	24 June 2010
Name of report:	An update on the Greenfield's Consultation Process
Authors:	David McAuley
Approved by:	Steve Waite
Presented by:	Steve Waite

Purpose of the report:	
To update the Board on progress.	
Recommendations:	
That the Board note the progress to date, identify any further actions needed and request a final report at the conclusion of the process.	
Please tick appropriate PCT objective:	
X	In partnership, lead and continuously improve individuals' health and well-being, based on patient and public involvement and encourage personal responsibility.
X	Reduce key health inequalities in the city by working in partnership to deliver the Plymouth health strategy by 2012.
X	Deliver sustainable financial balance and spend NHS Plymouth's money wisely, demonstrating value for money through accurate reporting and benchmarking.
X	Continually provide efficient care, closer to people's homes through an ongoing programme of workforce development and innovation.
X	Increase patient choice by extending the range, accessibility and quality of our integrated health and social care services.
X	Ensure that services are safe, effective and in accordance with best practice through compliance with health and social care regulations.
Please tick as appropriate:	
X	This paper provides assurance for the above objectives.
	This paper presents a risk to achieving the above objective.
If Assurance, what is the nature? Please tick appropriate box:	
X	Progress Report
	Action Plan
	Minutes/notes of meeting
	Strategy
	Protocols/policy/procedure
	Guidance
	Other:

Appendix 1

Care Quality Commission Outcomes[1]:						
1, 4, 5, 7, 12, 13, 16.						
Summary of Financial and Legal Implications:						
None.						
Equality and Diversity and Public & Patient Involvement Implications						
If this paper is a proposal to establish a new service or to change an existing service, or if it is a strategy, policy or procedure, an equality impact assessment (EIA)[2]) must be undertaken. Please indicate whether an EIA has been completed relating to this paper.	yes	X	no		n/a	

[1] Reference only, not full text of Standard. The Standards can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665

[2] The purpose of an EIA is to make sure that the PCT's activities and services do not discriminate and that, where possible, they promote equal opportunities.

AN UPDATE ON THE GREENFIELD'S CONSULTATION PROCESS

1 Introduction

1.1 This paper will describe progress in regard to the temporary closure and consultation on the future of the Greenfields Learning Disability in-patient unit and advise the Board of next steps in the process.

2. Progress to date

2.1 The Mental Health Management Team were informed of the Board's decision to agree a three month consultation period on 29 March 2010. A meeting was arranged with the Greenfields staff advising them of the decision and that the unit would temporarily close, pending the outcome of the consultation process, for 30 March 2010.

2.2 Individual meetings between managers, Human Resource (HR) colleagues, Union Representatives and all those affected by the changes were scheduled for 15 April 2010 and 20 April 2010 and short term redeployment into funded posts was found and agreed with each individual.

2.3 The final service user was discharged from the Greenfield's unit on 21 April and the Unit temporarily closed on 23 April 2010. The following week was used as an opportunity to provide the necessary training and development for the staff in order to prepare them for their redeployed posts. This took place between 26 April and 30 April 2010.

2.4 In order to formally begin the Consultation Process, an option appraisal paper was developed with Learning Disability colleagues, an Equality Impact Assessment (EIA) completed and an easy read version of the consultation papers produced. A briefing was produced for the Provider Executive Team (PET) on 6 May 2010.

2.5 A full presentation was made on 19 May 2010 to the Learning Disability Partnership Board.

2.6 On 20 May, formal letters inviting Greenfield's staff, union officers, LiNKS, the Joint Trade Union Forum (JTUF) and local General Practitioners were sent advising them of the consultation events that had been arranged for 3 June 2010, (staff and employees open forum), 30 June 2010 (public forum) and 12 July 2010 (public forum). This complimented and was in addition to earlier internal e-mails.

2.7 On 19 May 2010 a further briefing took place with the Greenfield's staff to keep them up to date with developments. These have been scheduled at fortnightly intervals throughout the consultation period.

2.8 On 21 May 2010 an article was written and made available to the local media. This was subsequently published in the Plymouth Herald, advising the public that a consultation process had begun in regard to the future of the Greenfield's Unit and making them aware of the open fora available to them should they wish to participate.

2.9 Consultation meetings were scheduled with the Learning Disability Consultant Clinical Psychologist and Head of Feelings Team on 21 May 2010 and the Consultant Psychiatrists Group on 23 May 2010.

2.10 The matter was tabled and discussed at the Joint Committee for Consultation and Negotiation (JCCN) on 26 May 2010.

2.11 Articles appeared in Trust Talk on 23 May and 3 June advising staff and others of the process. This was complimented by the same information being published on "Facebook" on 3 June 2010.

2.12 Further consultation took place with the Highbury Trust on 28 May 2010

2.13 The full open forum for staff employed by NHS Plymouth and Plymouth City Council took place on 3 June 2010. This was attended by 21 individuals. Feedback was collated.

2.14 Further letters were sent to all local independent sector providers inviting them to the public events. Easy read invitation letters were sent to former service users. These were sent on 3 June 2010.

2.15 It was decided that in order to maximise feedback from service users, carers and other stakeholders, external facilitators would be sought. After further consultation and advice from Learning Disability service users and clinicians, the Playback Theatre Company were approached and asked if they would be willing and able to facilitate the open public fora on 30 June and 12 July 2010. A full scoping meeting detailing and outlining the methodology and structure for the events was agreed on 3 June.

2.16 The Health and Adult Social Care Overview and Scrutiny Committee were approached and the Greenfield's Consultation Process was included on the Agenda for 9 June 2010. A full briefing was produced for this meeting. David McAuley and Steve Waite attended the meeting on behalf of NHS Plymouth to answer questions and queries Councillors had. This was followed up by an interview with David McAuley on the consultation process by Radio Plymouth.

3. Next Steps

3.1 The next step is to formally consult with the general public, service users and carers as well as local General Practitioners and other key

stakeholders at the events arranged for 30 June 2010 and 12 July 2010 at the Novotel Hotel in Plymouth.

3.2 Once these events have been concluded a full report, with a proposed preferred service model will be presented to Commissioners for discussion and agreement on the future provision of the service including the delivery model and contract value. It is envisaged that this will be concluded by 31 July 2010.

3.3 A recommendation will then be made to PEC and Board for approval to implement a permanent re-configuration of the service.