



*Blackburn with Darwen*



*Blackpool*



*Central Lancashire*



*East Lancashire*



Lancashire Care  
NHS Foundation Trust



*North Lancashire*

# Lancashire Mental Health Acute Reconfiguration

## Blackburn with Darwen Health Overview & Scrutiny Committee

13<sup>th</sup> July 2010

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Network Director – Mental Health Commissioning

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Project Director – Capital Programme

# Background

- Original consultations 2004 and 2006
- Key Messages
  - Reduce 15 inpatient units to fewer purpose built sites (500 beds on 4 sites)
  - The current estate not fit for purpose
  - Too many people were being treated in hospital
  - A lot of care that was provided in hospital could be treated in community settings
  - Closures would not take place until appropriate alternatives in place

# Key timelines since the consultation

- Strategic Outline Case 2007
- Revised Capacity Assumptions - 2009 (220-280 beds)
- Re-test September 2010-April 2011
  - Evidence base
  - Patient choice
  - Public engagement
  - GP commissioner support



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# Case for Change

September 2010-November 2010

- Quality, innovation, productivity, prevention (QIPP)
- National Clinical Advisory Team (NCAT)
- Clinical Reference Group
- Clinical committees
- Six public meetings
- Service user and carer involvement

# Key messages from the Case for Change

- Significant levels of investment in specialist community teams
- Opportunity to improve and standardise performance across Lancashire
- Require significantly fewer beds than original consultation
- GP and service users' concerned about consistency of crisis response
- Dementia a significant issue

# Technical Appraisal Process

December 2010-April 2011

- Membership
  - GPs
  - Service users and carers
  - Directors of finance
- Evaluation plan
  - Clinical pathways
  - Quality
  - Performance
  - Affordability

## Preferred configuration

	1	2	3	4	Total
Advanced care	36	36			72
Functional	72	36	18	18	144
Picu	16				16
Dementia	30				30
	<b>154</b>	<b>72</b>	<b>18</b>	<b>18</b>	<b>262</b>

1 – Whyndyke Farm (new)

2 – Blackburn (refurbishment)

3 – Lancaster Pathfinders Drive

4 – Central Lancs (site TBC)

*Bed numbers are estimates / planning assumptions*

## Key Messages

- Four sites, although changes to site locations in central and east Lancashire
- Network of specialist inpatient beds supported by specialist community services
- Balance need / demand, reasonable access, affordability, deliverability
- Planning assumptions – fewer beds than original consultation – detailed implementation plans
- Dementia is significant issue – very specialist beds on one site
  - Emerging area since 2006
  - Local pathways important



# Engagement / Consultation

- E-survey March 2011
  - Dementia much more important
  - New innovation and pathways
  - Local models
- (Local) engagement on site selection
  - Central and east Lancashire
- Public consultation for dementia
  - Pathways
  - Service models
  - Timescales

# Telling our story

## The last 12 months...

Re tested proposals for the reconfiguration of acute mental health services and met the 4 tests

Developed a Case for Change which set out the performance requirements for Lancashire and significant reduction of planned bed numbers since original consultation. Direction of travel supported by NCAT review and approved by 5 PCT boards

Robust technical appraisal of LCFT proposals via a process that brought together county wide expertise, locality GP commissioners and patients/carers. Resulted in a recommendation to PCT boards

Rigorous engagement including public meetings and a survey mandated by HOSC

## Currently delivering...

More ambitious plans

Key performance elements from Case for Change in Performance Assessment Framework and contract in CQUIN

Recommendation and joint action plan identifying key risks being put to PCT Boards

Further specification of specialist dementia services and single point of access into crisis services

Planning for further engagement / possible formal consultation after PCT board decision and HOSC steer

## Future...

Lancashire-wide network of beds across 4 sites with an excellent physical environment supported by high quality community services including single point of access

Consistent approach and performance across Lancashire, fewer people access crisis services via A&E, increased number of patient in home treatment services

Planned transition over next 5 years to implement new model of care across 4 sites

