Briefing paper to Overview and Scrutiny
Mental Health Inpatient Re-configuration and Transitional Arrangements

1. Introduction

The Lancashire PCTs have been retesting their proposals to reconfigure acute mental health services across Lancashire. The PCT Boards have recently considered the recommendations of the Technical Appraisal Group (TAG) and agreed to work up the development of four inpatient facilities across Lancashire as follows:

- A new inpatient facility at Whyndyke Farm in Blackpool,
- The redevelopment of the Oaklands Unit on Pathfinders Drive in Lancaster
- The redevelopment of existing facilities at the Royal Blackburn Hospital site
- An inpatient facility in Central Lancashire (location to be confirmed following further engagement work).

The agreed next steps were to develop an action plan to address outstanding areas which include improving affordability, achieving best value for the tax payer, and clinical issues such as the new model of care for dementia services and delivery of consistent and high quality crisis services across Lancashire.

The inpatient reconfiguration will take place over the next five years. This will involve the decommissioning of existing facilities whilst in parallel developing the new ones. This paper presents the first phase of this transitional period up until December 2011 as detailed in the table below.

Ward Name	Proposed closure date	Client Group	Location
L2 Hillview, Blackburn	November 2011	Older Adult Dementia	Royal Blackburn Hospital
Bickerstaffe,Ormskirk	November 2011	Functional High Needs and Older Adult Dementia	West Lancashire
Stirling, Blackpool	November 2011	Adult female	Parkwood Hospital Blackpool
L3 Hillview, Blackburn	December 2011	Older Adult- High Needs Functional	Royal Blackburn Hospital

NB: Functional care refers to all mental disorders except dementia (eg depression, psychosis and schizophrenia.)

Dementia beds provide highly specialist care for people with dementia who have a complex range of needs.

Currently inpatient care is provided on the basis of age. Adults – anyone aged 18 or over and older adults – anyone aged 65 or over. A new model of care has been developed for future inpatient services which will provide care based on a person's condition as opposed to their age. An element of the transitional arrangements will

include the gradual roll out the new model of care in preparation for moving into the new facilities.

It is important to note the current degree of organisational change in which these proposals are being developed and implemented. Most notably the development of Clinical Commissioning Groups (CCGs) whom will be key stakeholders in future decision making, and the commissioning of mental health services across the whole pathway of care. With this in mind they will be critical as both clinicians delivering care on the ground, and as decision makers in assessing the robustness of this transitional plan and providing assurance moving forward. The newly formed Lancashire PCT Cluster will also require oversight of this process and this will be enacted through the Lancashire Quality, Innovation, Productivity and Prevention (QIPP) Programme Board.

2. High Level Summary

The proposals to re-configure inpatient mental health services are as a result of extensive public engagement and statutory public consultations in mental health services throughout Lancashire.

In line with the outcome of the 2006 public consultation, Lancashire Care NHS Foundation Trust (LCFT) has been reducing beds and closing wards continuously since 2007. This is consistent with the 2006 consultation which outlined how inpatient services would close once alternative provision had been put in place.

Since the original consultation the delivery of the QIPP Programme has been a national priority. The need to achieve a financially sustainable public sector requires that all spending on NHS services must ensure best value and high quality for the tax payer. The following proposals for service change/reconfiguration are considered in the context of these principles.

The **Older Adult Service** comprises of a network of care provided by community teams and inpatient services that specialise in dementia and functional mental illness.)

Community services are provided by Community Mental Health Teams (CMHTs), Intermediate Support Teams, Hospital and Nursing Home Liaison services, and Memory Assessment Services. The development of these locality based community services has significantly reduced the number of people being admitted to hospital. As a result, the level of bed occupancy is now consistently about 50% of available beds, which has been sustained over a period of time.

The further development of hospital liaison, and intermediate support teams will support the implementation of the new model of care which is community based with the provision of inpatient facilities for people when they are the most unwell. This continued improvement of community services and less reliance on inpatient services is in line with the Department of Health recommendations and delivers a consistently higher and more person centred approach to care.

In **Adult Services** a stepped model of care has been developed. This is a national approach to providing services used across a number of different specialities including mental health services. The key principle is to provide access to services designed to meet a whole range of mental health and wellbeing needs. This approach focuses on prevention, self-help, and recovery to optimise health and wellbeing. The stepped model of care ensures that specialist expertise is targeted at

the place of greatest need, IE acute in-patient and crisis care (step 5,) complex community care (step 4), and primary mental health care (step 2 and 3.)
See Appendix A10

The redesign of community based services focuses on preventing admissions for those individuals who would normally present in crisis and have a short stay in hospital and facilitating early discharge for those people who have been admitted. These service users may previously have stayed in hospital when they could have been discharged with a community package of care. The changing focus in community mental health is earlier interventions in Step 4 services and the capacity to support patients in the community. These teams support Crisis Resolution and Home Treatment teams, who facilitate early discharge. Patients with longer term needs receive community based support from the recently configured complex care and treatment teams (CCTTs).

GPs and service users will gain access to the appropriate mental health service through a Single Point of Access. This Single Point of Access provides information and advice, screens routine and urgent referrals, and ensures access to the most appropriate service to meet the needs of each person referred. This service enables both GPs and members of the public to understand the range and choice of services available. See Appendix A11.

The paper also summarises the current position with meeting the “Lansley 4 tests” about major service reconfiguration and the subsequent Technical Appraisal Process during the early part of 2011.

3. Background to 2006 statutory public consultation

This is described in more detail in appendix A.

3.1 Consultation proposals – summary

- Reducing 15 inpatient units (that varied in size and condition) to a smaller number of new/re-developed purpose-built inpatient sites.
- The care that most people with mental health problems require can be provided very effectively in communities rather than hospital. Too many people were going into hospital and staying there simply because there were not enough suitable alternatives in their communities.
- That there should be more options and choice in the community for support and treatment when people have mental health crises in their lives.
- That no bed closures would take place until appropriate alternatives were established in the community, in particular community crisis services.
- Support for people to recover from the effects of their mental health problem and support for their carers.
- Over time there would be scope to further reduce the need to use inpatient facilities as community services became embedded.
- Making the best use of available resources.
- Delivering better care to people at risk of mental health problems / crises.
- A small number of people would still need to use hospital services. Specialist mental health NHS hospitals would be improved to make sure

these services are available when people need them, and that they receive the best care possible.

- Outcome was to support 3 sites, and a planning assumption of 450 beds

3.2 Analysis and evaluation of 2006 public consultation

Independent analysis and evaluation of the consultation was undertaken by Salford University, who benchmarked it with other similar consultations, Census 2001 population statistics, Department of Health Best Practice Guidelines and Cabinet Office Consultation Best Practice Guidelines. The university concluded that "a great deal of effort was undertaken to engage across all areas".

3.3 Strategic Outline Case

In 2007 the SOC brought together the proposals from the 2006 consultation, and a previous 2004 consultation in Lancaster & Morecambe Bay. The configuration taken forward was four sites with a planning assumption of 500 beds.

4. The Retest

The five Lancashire PCTs have retested the proposed changes to ensure they are consistent with government's four new tests for service change. All proposed health service reconfiguration must demonstrate:

- support from GP commissioning groups
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with patient choice.

The retest included engagement with a broad range of stakeholders including service users and carers, GPs and other clinicians, the public and partner organisations.

The direction of travel sees the NHS seeking to maintain or improve the quality and safety of the service and service user experience whilst seeing a decrease in real resources overall in the public sector and a renewed focus on value for money and justifying public expenditure.

As well as reviewing the proposals, the PCTs are continuing to examine existing community-based services to learn from best practice and to further improve them to ensure that they are meeting the needs of patients and their families.

As part of the retest the following engagement activities have taken place:

- Meetings with the three Lancashire overview and scrutiny committees
- Letters sent to a very wide range of stakeholders, including MPs, councillors, GPs and voluntary/community groups
- Six public meetings across Lancashire
- Eleven meetings with GP groups and clinical committees across Lancashire
- Press releases, issued to all of the Lancashire media
- A dedicated website, linked from the PCTs' websites
- Briefing a Lancashire wide OSC in January and February 2011. The Lancashire wide OSC has recently approved a further engagement plan, which includes an 'E Survey' throughout March 2011.

Assurance was given around all of the four tests, and was confirmed at NHS North West's board meeting on 1st December 2010.

5. National Clinical Advisory Team (NCAT) review

Part way through the retest, NHS North West published a report by National Clinical Advisory Team (NCAT) which it had commissioned as part of the process. The report supported the proposals to reorganise mental health inpatient services across Lancashire saying they were "in line with good clinical practice". The authors also commended the "huge amount of work that has gone into these plans over several years."

The NCAT review points to fewer beds being required across Lancashire than outlined in the 2006 consultation.

6. 'Case for Change'

A paper describing the 'Case for Change' was approved by the five PCT boards in November/December 2010. The recommendations in the paper included:

- Agreeing to the strategic direction of travel, i.e. continuing to reduce hospital-based capacity, and strengthening the delivery of specialist community services, most specifically crisis resolution and home treatment.
- PCTs accepting the case for standardising the performance of mental health services across Lancashire (and that this drives a range of capacity from 220 to 372 beds across the county – fewer than described in the 2006 consultation – the delivery of efficiency savings, and a required pace of change).
- A Lancashire wide Overview and Scrutiny Committee (OSC) being briefed in December 2010. This is ahead of original intentions but a clear steer is needed now on an engagement plan or consultation due to the conclusions on bed capacity and the outcome of the NCAT report.
- Agreeing to delegate authority to a technical appraisal group to undertake key pieces of work including:
    - Agreeing the pace of change for quality improvement which is standardised across Lancashire. This is essential for appraisal of Lancashire Care NHS Foundation Trust (LCFT) proposals.
    - Re-specifying the acute care pathway, including outstanding NCAT issues such as the inpatient dementia model, alternative crisis and respite facilities and the number and location of sites.
    - Evaluating the affordability of potential options from LCFT.

7. Transitional Arrangements

A Transition Plan has been developed to map out the key activities over the next 5 years to de-commission existing facilities, develop new accommodation and move into it. The next section sets out the units that will be in the first phase of closures and the rationale for that. It is important to note that the following principles underpin all of the proposals for transition:

- Supporting the movement to the new model of care where services are operated as specialist network
- Ensuring quality and consistency across the Lancashire footprint
- Ensuring best value in the use of public sector resources and reducing the requirement for under occupied wards

- In all cases safe, effective, and high quality healthcare will be a key driver

7.1 Key Dates for Ward Closures

The following section provides information about the units which are planned for closure during the next 12 months and the rationale behind this –

Ward Name	Proposed closure date	Client Group	Location
L2 Hillview - Blackburn	November2011	Older Adult Dementia	Royal Blackburn Hospital
Bickerstaffe - Ormskirk	November 2011	Older Adult - High Needs Functional and Dementia	West Lancashire
Stirling - Blackpool	November 2011	Adult Functional female	Parkwood Hospital Blackpool
L3 Hillview - Blackburn	December 2011	Older Adult - High Needs Functional	Royal Blackburn Hospital

7.2 L2 and L3 Hillview, Royal Blackburn Hospital

It is proposed that existing facilities at the Royal Blackburn site should be subject to substantial re-development to provide a modern inpatient facility for East Lancashire. Therefore the gradual de-canting of this facility needs to be undertaken to enable the site to be emptied prior to these major construction works. As part of these closures the Trust will be strengthening the Older Adult Liaison service and increasing consultant time for some dedicated sessions on both the Blackburn and Burnley sites.

Bed occupancy within the older adult network in East Lancashire:

Ward	Function	Current Occupancy Level	PCT
L2 Blackburn	10 beds for people with dementia	62.6%	BwD
L3 Blackburn	18 beds for people with functional illness	71.6%	BwD
19 Burnley	18 beds for people with dementia	56.3%	East
22 Burnley	18 beds for people with functional illness	68.3%	East

Based on the clear evidence that fewer beds are needed it is intended to focus all admissions requiring specialist Older Adult Mental Health Services onto the Burnley General Hospital site in order to free up the Hillview site for development prior to re-occupancy in 2016.

The services offered from the Burnley site will be:-
Ward 19 - 15 beds for people with dementia
Ward 22 - 18 beds for people with advanced care needs

This is a reduction of 10 dementia beds and 18 functional beds shared across the two PCTs in East Lancashire. Whilst beds are under-occupied this bed reduction will also lead to a greater proportion of clients being cared for by Community Services which is in line with all D.O.H. guidelines. Recent developments in community services have already shown the benefits regarding reduced admission and length of stay as previously outlined.

In addition to this it is proposed to further develop the existing Intermediate Support Team which serves the following purpose:

- Prevent admissions by supporting CMHTs to manage very complex cases in the community. The team supplements and enhances care packages that are already in place for up to 8 weeks.
- Work closely with other local care homes by providing advice, training and support in order to increase capacity to manage more challenging behaviour and enable Service Users to be 'stepped down' from care homes
- Work closely with the older adult in-patient units to ensure patients are discharged quickly with high level support if necessary.

This would supplement the existing community services for older people within the East locality which comprise:

- Blackburn with Darwen & Rossendale CMHT
- Pendle & Hyndburn Ribble Valley CMHT
- East Lancashire Intermediate Support Team
- East Lancashire Nursing and Care Home Liaison Team

In addition there is one Band 7 practitioner post picking up Acute Trust liaison referrals for older adults.

There is confidence based on the continuing focus on improvements to community service provision, that the community teams and remaining beds will provide sufficient capacity to support the closure of Wards L2 and L3.

7.3 Bickerstaffe Ward – Ormskirk Hospital

The rationale behind closing this ward is the reduction in bed occupancy and length of stay within the older adult network in the Central Lancashire area (which includes West Lancashire). In March 2010 bed occupancy across the 3 admission units within Central Lancashire was 85.6% but by April 2011 this had fallen to 61.0%. The length of stay has also reduced significantly, in April 2010 it was 82.7 days across the 3 units and by April 2011 this had fallen to 41.4 days.

These service improvements have largely been achieved by improved team working across older adult in-patient and community services in addition to the introduction of a small Specialist Older Adult Intermediate Support Team and the commissioning of 15 higher level need beds for people with Dementia at Buckshaw Village, Chorley. The Lodge, Buckshaw Village specialises in people with challenging behaviour that ordinary care homes are unable to manage. It has enabled this client group to be discharged from hospital and is preventing re-admission.

There is sufficient alternative in-patient provision to close Bickerstaffe which is a 16 bedded older adult high-needs functional admission unit for older adults who reside

in West Lancs. Bed occupancy and average length of stay has steadily reduced and currently only 8 of the available beds are being utilised. The future model of service will separate the functional and dementia client group, in line with best practice, and so closing this ward enables progress with that objective.

Ribbleton in Preston will continue to be used. It provides a resource to manage occupancy across the clinical network and have additional capacity in a central location during this period of change and new service provision. Ribbleton bed numbers have already reduced over the past 18 – 24 months.

Bickerstaff ward is an under-occupied mixed-sex ward on the top floor of a multi-storey building with no access to outdoor space.
National guidance recommends older adult in-patient care is needed for two main groups:

- Older Adults who have an 'organic' brain disorder such as dementia: and
- Older people with 'functional' disorders, the most common of which is depressive illness, but also including people with schizophrenia and other psychoses.

Separate inpatient bed provision for these two groups is therefore regarded as good practice, although the distinction between organic and functional illness is often neither clear nor absolute and many people may have both.

The intention on the closure of its 8 beds is then to admit OA's with a high level need and physical frailty to the 2 remaining specialist in-patient units at Ribbleton and at the same time further strengthen the existing local community teams across the locality. There would also be an option to use the adjacent mental health building (Scarisbrick) as a clinical needs-led inpatient service providing functional care for a range of ages which is consistent with the model of care that has been developed for future inpatient services.

The important issue is to provide appropriate needs based care in a flexible manner. The closure of the 8 beds on Bickerstaff ward will see a change in the service provision that will further strengthen the existing local community teams and use the adjacent mental health building (Scarisbrick) as a clinical needs-led inpatient service providing functional care for a range of ages. Those service users with advanced-care needs with associated physical frailty or dementia will transfer to Ribbleton. This is consistent with the model of care that has been developed for future inpatient services.

A new Extra Care Housing scheme and Dementia Resource Centre Is opening at Brookside, Ormskirk in Spring 2012. This is a £18M scheme supported by Department of Heath funding, which will deliver –

- 111 flats of extra-care housing (including some provision for people with Dementia),
- Enhanced Day Care for people with higher level dementia needs (that is not currently available in West Lancashire)
- Accommodation that draws together Health, Social Care, community support and peer support for people with Dementia and their carers.

It is proposed that once Bickerstaffe closes, beds will be available within the Central locality as follows:

- Ribbleton Hospital Ward 1 – Older Adult 17 bedded Functional Admission Unit
- Ribbleton Hospital Ward 2 - Older Adult 17 bedded Organic Admission Unit
- Ormskirk Hospital Scarisbrick Unit – this will enable the testing out of the new model of care for functional mental illness which is needs led as opposed to age related.
- The Lodge, Buckshaw Village, Chorley – 45 high needs beds

In addition to this it is intended to further develop the existing Intermediate Support Team (IST). The IST serves the following purposes:

- Prevent admissions by supporting CMHTs to manage very complex cases in the community. The team supplements and enhances existing care packages for up to 8 weeks.
- Support the higher level need beds at The Lodge, Buckshaw Village. Work closely with other local care homes by providing advice, training & support in order to increase capacity to manage more challenging behaviour and enable Service Users to be 'stepped down' from The Lodge Buckshaw Village to the West Lancashire locality..
- Work closely with the Older Adult in-patient units to ensure patients are discharged quickly with high level support if necessary.

This development would supplement the existing community services for older people within the Central locality. These are:

- Preston CMHT
- Chorley & South Ribble CMHT
- West Lancs CMHT
- Chorley & West Lancs Memory Assessment Service
- Preston & South Ribble Memory Assessment Service
- Preston & South Ribble Intermediate Support Team
- One Older Adult Hospital Liaison Nurse is available on the Preston & Chorley DGH sites but this service is non-recurrently funded.

The Trust and its commissioners are confident that the community teams and remaining beds will provide sufficient capacity to support the closure of Bickerstaffe Ward, Ormskirk.

7.4 Stirling Ward – Parkwood, Blackpool - adult female ward

The Trust proposes to provide a new inpatient facility at Whyndyke Farm in Blackpool during 2014. It is important to begin the gradual process of moving out of existing facilities on the Fylde Coast and to move towards the functional bed number base planned for the new unit.

The investment in Crisis Teams occurred three years ago in Blackpool and North Lancashire, the latest teams to be established in Lancashire. These teams have matured in their operation and efficiency and can now begin to drive the improved efficiency in inpatient services seen in other parts of the county.

The Trust has established gate keeping to Admission and Early Discharge services which minimise the number of admissions and reduce the length of stay. The home

treatment options available mean additional choice and capacity for patients and relatives in terms of places of care.

We are committed to achieving consistent inpatient performance across Lancashire. Blackpool has a greater number of inpatient admissions per head of population and longer lengths of stay. However for the most complex mental health problems such as psychosis and bi-polar disorder that Blackpool is in the mid-lower quartile of admissions nationally and second lowest in the county. This suggests that community alternatives should be able to address the additional activity and bed use in Blackpool, and the Trust and commissioning partners are working on further clinical re-design.

Recent actions by the clinical and senior management team have seen improvements in outcomes and performance. This has led to reduced occupancy and vacant beds. The focus is on changing to efficient bed management and delivering the newly designed model of care in preparation for occupation of Whyndyke and county-wide beds. Other providers such as Blackpool PCT and council and the North Lancashire PCT have also invested in new locality single points of access and Primary Mental Health services and this has led to early interventions and treatment for patients.

Bed reductions have already occurred in East and Central Lancs - since 2003. There have not been adult bed closures in the Fylde Coast and there has been good investment in recent years in community alternatives. As these community services have improved, the demand for beds for the local population has reduced and some of the vacant beds are now being used by service users from other parts of the county and out of area. This represents the reality of moving to the new in-patient unit at Whyndyke - which will be a county-wide provision within the network of newly provided services.

In April 2011, due to changes in the single-sex accommodation requirements, the Bowland unit (Parkwood PICU) became a male only facility. The ratios for male and female use fluctuate. However, when deciding whether a male or female ward was to close it was felt it was clinically more appropriate to initially maintain male acute beds on the same site as a male PICU facility.

In addition to in-patient services there are also six Crisis Resolution/Home Treatment Teams which carry an average case load of 240 /260 home treatment service users and provide an alternative to admission. The number of episodes in 2010 was 3457 increasing to 3675 in 2011 an increase of 218 episodes which equates to 6.3% increase in activity.

These teams also provide gate keeping for all admissions to adult beds and older adult functional beds and facilitate early discharge. This has reduced the average length of stay from 28.9 days in April 2010 to 23.7 days in April 2011 with a consistent downward trend.

Since 2007-08 adult bed numbers have reduced by 22.5% (378 down to 293) and the number of episodes of Home Treatment has increased by 35.5% (from 2711 to 3675.)

There is confidence based on the continuing focus on improvements to community service provision, that the community teams and remaining beds will provide sufficient capacity to support the closure of Stirling Ward.

Stirling ward provides 22 beds for females with a functional illness. When it closes alterative provision will be available as follows.

- Balmoral Ward, 22 Female Acute Beds, Parkwood, Blackpool
- Lancaster Unit, 7 Female Acute Beds, Ridge Lea, Lancaster
- Yarrow Ward, 17 Female Acute Beds, CDGH, Chorley
- Charnock Ward 5 Female PICU beds, CDGH Chorley
- Scarisbrick Ward, 11 Female Acute Beds, OGH, Ormskirk
- Hyndburn, 20 Female Acute Beds, RBH, Blackburn
- Ward 20, 21 Female Acute beds, BGH, Burnley
- ICU 6 Female PICU beds, BGH, Burnley

8. Summary

- The PCTs' consultation in 2006 supported a service model and reduction in beds based on a service as it was operating at that time. This predicted a future need for approximately 450 beds across Lancashire with an additional 50 beds in Lancaster. Since 2006 both the investments made by commissioners and service changes combined with significant service redesign by Lancashire Care allow us to now operate with a bed usage that is already below the above assumptions. This demand is predicted to reduce further as service changes in the community mean that service users can receive treatment at home and in their communities, and therefore there is less need for the disruption to their lives that a hospital admission causes.

- The future vision of acute mental health services in Lancashire is as a network of high quality care with the following features:
    - High quality specialist community services in Lancashire with a single point of access for people in crisis
    - Four newly developed / re-designed inpatient units that are fit for purpose, offer high quality care, reasonable access and are affordable for the future
    - Local intensive community treatment and therapeutic care for dementia supported by very specialist county-wide inpatient services
    - Value for money and sustainable for the future

- There has been a good investment in community-based services across Lancashire. The Lancashire PCTs now spend over £23 million a year on specialist community mental health services across the county, enabling more people to be treated at home, promoting recovery and independence. The financial 'spend' per head of population on specialist community and crisis mental health services by PCTs and Local Authorities is higher in Lancashire than the England average.

- The investment has worked. More and more people for whom going to hospital was once the only option are now being treated effectively in their own homes. Therefore the demand for inpatient beds has been reducing steadily over time.

- 93% of all contacts with service users are undertaken in community settings. Inpatient services represent only a small proportion of the overall care pathway. There is a large amount of evidence which shows that people have better mental health outcomes when they are supported outside of a hospital and should only be admitted when it is appropriate and necessary for their needs.

- It is recognised that further site specific engagement will need to be undertaken with regard to some aspects of the proposal. The Trust and its PCT partners will take recommendations from the Health OSCs of Lancashire in regards to that.

- There has been considerable investment in community services over the past 5 years. Adult bed usage has decreased in line with investment in community services capacity.

- With the focus by Crisis Resolution Home Treatment Teams (CRHTT) on Home Treatment, Gate keeping and Facilitating Early Discharge the number of home treatment episodes has increased by over 6% and reduced the average length of stay by over 5 days, an 18% improvement.

- Since 2007-08 the number of beds needed / used by adult Functional service users has reduced by 22.5% (378 down to 293) and the number of episodes of Home Treatment has increased by 35.5% (from 2711 to 3675). At the same time Average Length of Stay has dropped from 48 to 36 days, a reduction of 25%

- Lancashire Care's Older Adult Services are in the top quartile of best performing MH Trusts in relation to the management and provision of in-patient beds within the country.

- Admission rates to older adult beds in Central has decreased in line with the re-modelling and redesigning of community services. This has been achieved despite an increase in referrals to Older Adult Mental Health Services, year on year, over the last three years.

- The Trust and its PCT partners will continue to keep the HOSCs informed at key milestones.

Conclusion:

There are compelling reasons to change the current in-patient service to make it more efficient, make better use of improving community services, and incrementally prepare it for new service models that will be provided in the new accommodation planned.

The HOSC is asked to support the proposals contained with this transition plan and the planned engagement activities attached at appendix A 9. It must be noted that this represents work in progress and a central part of the assurance process will be the involvement of the CCGs across Lancashire, as both decision makers and clinicians involved in the delivery of care.

Appendices

A1 Overview – 2004/05

- Nine Primary Care Trusts (PCTs) were responsible for planning and buying mental health services for the people of Lancashire at that time. They were Blackburn with Darwen PCT, Chorley and South Ribble PCT, Fylde PCT, Preston PCT, Burnley, Pendle and Rossendale PCT, Wyre PCT, Blackpool PCT, West Lancashire PCT, Hyndburn and Ribble Valley PCT.
- PCTs looked in detail at the provision of adult mental health services, working closely with partners in local authorities, social care, Lancashire Care NHS Trust and other government and voluntary organisations.
- PCTs talked and listened to service users, carers, staff and members of the public about what they wanted from their mental health services in the future.

A2 Consultation proposals – at a glance

- Replace 15 existing NHS mental health units for adults of working age with three new, purpose built specialist mental health NHS hospital units – one each for east Lancashire, central and west Lancashire and Fylde Coast in order to provide modern inpatient facilities for the small number of people who would need them. Units identified for alternative use/closure in the consultation document were as follows:

    - Avondale Unit, Preston 55 beds
    - Sion Close, Preston 12 beds
    - Ribbleton Hospital, Preston 56 beds
    - Croft House, Preston 17 beds
    - Chorley District Hospital 76 beds
    - Euxton Lane 10 beds
    - Ormskirk District General Hospital 54 beds
    - Lytham Hospital 40 beds
    - Fleetwood Hospital 40 beds
    - Parkwood Unit, Blackpool 94 beds
    - Hillview and Pendle View, Blackburn 85 beds
    - The Mount , Accrington 20 beds
    - Wood Lea, Blackburn 13 beds
    - Burnley General Hospital 85 beds
    - Rossendale Hospital 50 beds

- Reduce overall number of hospital beds available as demand declines.
- Invest savings in more community based alternatives to hospital admission, e.g. home treatment for people experiencing mental health crises.
- Improve support to carers.
- Programme of reprovision of mental health inpatient services would take many years to complete
    - Document stated: *"We would make any changes gradually to create as little disruption as possible. We would also make sure any necessary community support we needed was in place before we closed down existing hospital units."*
- No commitment was given in the document to keeping an existing unit open until a new unit was built.
- No plans could be made for the existing sites until outcome of public consultation was known. Sites could be sold or converted for other healthcare uses.

- Exact costs of providing new facilities could not be given - too early to be clear but would be many millions of pounds. Detailed plans and estimates to be drawn up following the public consultation.
- Improving the current hospital sites was not an option as it would cost more than the price of building new facilities.
- All options evaluated using the priorities identified by people during engagement events in September 2005.
- Three-site option always scored higher compared with the other options:
    - more than three sites would not allow the Trust to make enough savings to develop local community-crisis and respite facilities
    - fewer than three sites would limit access
    - fewer sites would mean larger units and the amount of land needed unlikely to be available
    - easier to find three suitable sites with public transport links.
- Based on analysis of future population changes, the demand for bed numbers was predicted to reduce to around 450 from current 707.
    - Document stated: "*Predicting the numbers of beds needed is not an exact science and the final numbers of beds available in the new sites may be different from this number."*
- Travel issues
    - Document stated: *"If people do need to go into a mental health hospital, we will make sure that support is available to help families and friends keep in touch and visit. Travelling across some parts of Lancashire using public transport can be difficult. We will work hard to tackle these problems because we know that contact with loved ones is very important to people during a stay in hospital."*

A3 Statutory public consultation - 2006

LCFT's proposals for changing mental health hospital services in the 2006 public consultation, which took place between 24th March to 14th July 2006, built on more than 22 months of engagement work carried out by the PCTs with the general public, service users, staff and stakeholder organisations.

The statutory minimum required for public consultation of 12 weeks was extended to 16 weeks to allow for the Easter bank holiday and the local government elections on 4th May.

A4 Overview of consultation

- Public consultation document published by Lancashire Joint Committee of Primary Care Trusts.
- Document title: 'Working to improve mental health in Lancashire – modernising hospital services'.
- Areas affected: East Lancashire, Central and West Lancashire and Fylde Coast (but not Lancaster because Morecambe Bay PCT had already consulted their communities on a set of proposals for improving their mental health services.)
- Consultation did not cover:
    - drug and alcohol services as there were different arrangements for these through local drug and alcohol action teams (DAATs)
    - children's services because those were being improved through the development of children's trusts.

A5 Communicating the 2006 public consultation

- More than 115,000 copies of consultation document sent to GP surgeries, hospitals, clinics and health centres as well as government and voluntary organisations and local town halls and libraries.
- Document also available on Trust website along with online response forms.
- 15 public meetings held across Lancashire – advertised in local media.
- Regularly monitored public consultation hotline (with answerphone service) available for people's views.
- Additional meetings held with, and presentations given to, government and voluntary organisations as well as with staff and groups representing service users, carers and the public.

A6 Analysis and evaluation of 2006 public consultation

Independent analysis and evaluation of the consultation was undertaken by Salford University, who benchmarked it with other similar consultations, Census 2001 population statistics, Department of Health Best Practice Guidelines and Cabinet Office Consultation Best Practice Guidelines. The university concluded that "a great deal of effort was undertaken to engage across all areas".

A7 Deciding on the outcome of the 2006 consultation

The Joint Committee took into account the views of the Lancashire Joint Health Overview and Scrutiny Committee (OSC) on the outcome of the consultation, and approved the consultation proposals taking into account the following conditions:

• PCT and Local Authority commissioners develop plans to ensure that a robust range of crisis and respite services are put in place at an appropriate level to meet need before the newly designated sites are open.
• The planned reinvestment by PCTs, to reduce the number of mental health NHS hospital beds, is not made until such time as the necessary community services are in operation. This is likely to be a ***gradual process*** *and will be outlined in a costed delivery plan by the PCTs.*
• As a consequence of the Board approval for the development of three new units the Board approves the future closure of the units identified in the consultation and that these closures will tie in with the plans identified above.*

A8 What has happened since the 2006 public consultation?

- Introduction of new community based services over the past two years has resulted in lessening demand for hospital admissions.

- Now scope to reduce bed numbers further as health professionals become used to new ways of working and service users and their carers gain confidence in the care provided in the community.

- £32 million of extra money invested in local mental health services between 2003 and 2006 for people with severe and long-term mental health problems (i.e. problems which affect people throughout their lives.)

- New services had been introduced such as assertive outreach, early intervention, primary care graduate workers and the 24 hour crisis resolution and home treatment service in the last two years.

- Older Adult community services have been redesigned in the form of Intermediate Support Teams (IST) – which provide intensive home support with an alternative to a hospital admission.

- The Locality Memory Assessment services have been developed and nationally accredited with **excellence** status.

- There is also an Older Adult Liaison service within Blackpool Victoria Hospital, Royal Lancaster Infirmary and East Lancashire Hospitals which provides assessment, signposting, supports reduction on length of stay in the General Hospitals, and advises on appropriate transfers to mental health units. Moreover the service provides a comprehensive training package to acute care staff, which has developed Mental Health / Dementia Champions across the acute care spectrum.

- The North Locality continues to provide sector Community Mental Health teams in Blackpool, Fylde, and Wyre – Lancaster and Morecambe who support service users with enduring mental health problems. NB – The Blackpool older adult community mental health services are fully integrated with Social Services (as is Lancaster and Morecambe). With regards to Fylde and Wyre integration a project officer is leading on integration with LCC. Community teams in East Lancashire are provided by Blackburn with Darwen and Rossendale CMHT, Pendle and Hyndburn Ribble Valley CMHT, East Lancashire Intermediate Support Team, East Lancashire Nursing and Care Home Liaison Team.

- The New Ways of Working model in older adults supports person centred care that supports social inclusion and aids recovery.

- £15M new capital investment supporting the strengthening of community mental health teams across Lancashire, making services more accessible to local people.

- Oct 2006 – North Lancashire Mental Health Services from Morecambe Bay Primary Care Trust join Lancashire Care creating a whole-county NHS mental health service provider. MBPCT had previous consulted on plans for a new in-patient service that concluded a small replacement in-patient unit was needed in Lancaster. This was incorporated into the plans for three sites resulting in proposals for four sites.

- June – September 2009 – North Lancashire (Lancaster) Public Consultation into the details of the new provision in Lancaster and the ultimate closure of Ridge Lee Hospital.

A9 Planned Engagement Activities

Extensive communication and engagement has already taken place with regards to the inpatient re-configuration and this will be maintained throughout the transitional period via a number of mechanisms:

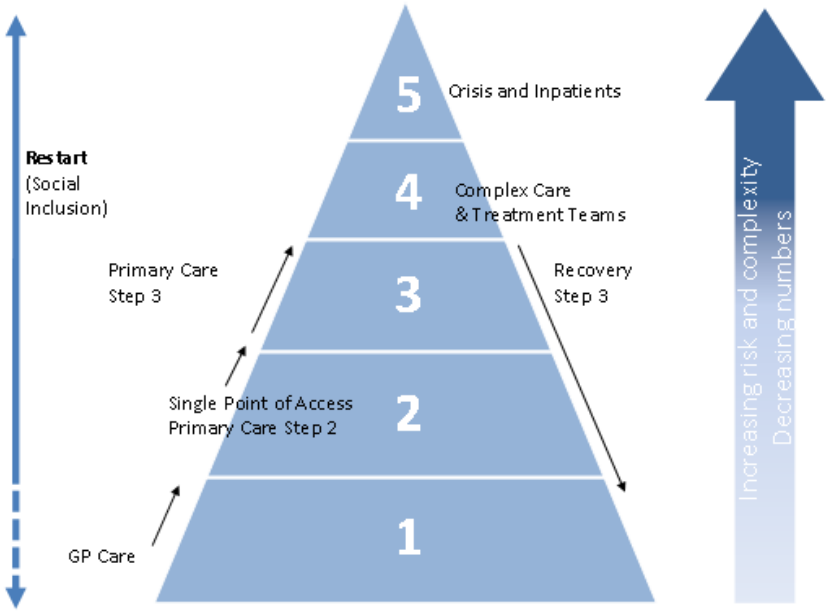
- Regular updates and briefings to key stakeholders including MPs, GPs, LINKs and third sector organisations.

- Meetings with local MPs.
- The involvement and engagement of GPs.
- Regular communication with service users, carers and Foundation Trust members of Lancashire Care NHS Foundation Trust.
- Regular briefings to staff side representatives within Lancashire Care NHS Foundation Trust.
- Regular communication for staff via a range of mediums and to include local engagement meetings.
- PCT led public consultation on dementia provision across Lancashire.
- Engagement activities to be undertaken to identify a suitable site for the Central Lancashire locality.
- Communication and engagement activities to be undertaken in the areas where an inpatient facility is proposed for development.
- Regular progress updates to the three Overview and Scrutiny Committees of Lancashire.

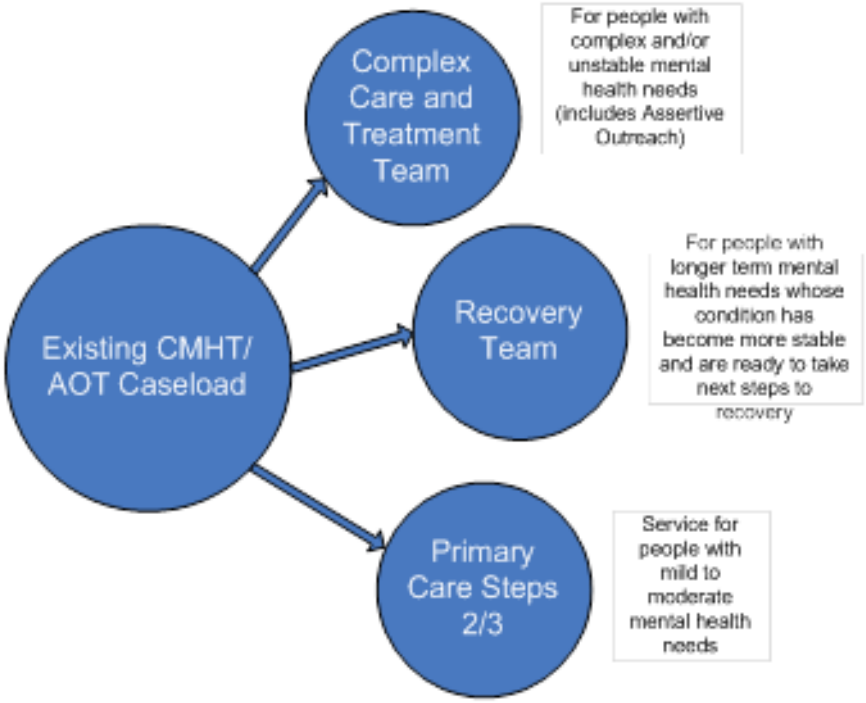
A10 The Stepped Model of Care

The purpose of the model is to develop a more effective service for people with complex and serious mental health needs in order to improve outcomes. The key features of the model are:

- Primary mental health teams to provide care to people with mild to moderate mental health needs and mild to moderate risk.
- Establishment of a Single Point of Access to mental health services to be situated in primary care mental health services.
- Establishment of a recovery service for people with stable, long-term mental health needs and low levels of risk, ultimately situated outside of secondary care and aligned with GP care
- Establishment of a new complex care and treatment service to meet the needs of people currently under assertive outreach and community mental health teams, staffed by a well-trained and clinically effective multi-disciplinary team.
- Establishment of a community restart service that will support people as they move through the steps



The image below shows how current services will be rearranged to provide community mental health services in the future. The principle is to offer intensive support to those who are most unwell and to promote recovery and opportunities for social inclusion at all stages.



A11 Single Point of Access

A point where all referrals for mental health input are received and is based within a primary care mental health team. Referrals are screened and, based on needs indicated, are either seen within the PCMHT or are forwarded on to secondary specialist services or other appropriate community support.