LANCASHIRE ACUTE MENTAL HEALTH RECONFIGURATION

TECHNICAL APPRAISAL PROCESS

REPORT TO PCT BOARDS

1. INTRODUCTION

1.1 Lancashire PCTs have been re-testing their public consultation proposals to reconfigure acute mental health services to ensure that they are consistent with the government's four new tests for service change:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with patient choice

The SHA confirmed that all of the four tests had been met in December 2010.

1.2 The "Case for Change" was approved by all five Lancashire PCTs between 17 November and 08 December 2010. The development of the "Case for Change" included both clinical and service user and carer engagement across Lancashire. Key elements of the "Case for Change" were that community services had made a significant impact on the demand for and use of acute inpatient beds, but there was still room for further improvement and more consistent performance across Lancashire. Out of hours care was a key concern. There were some areas for clinical redesign and improvement.

1.3 The "Case for Change" recognised that since 2009 the NHS has been focusing on the four dimensions of Quality, Innovation, Productivity and Prevention (QIPP). Reconfigurations and service changes need to demonstrate that they meet these principles, which in the present context means that expected outcomes are ambitious, that the service offer is very modern and will meet patient needs in the future, and that the NHS delivers better value for money through increased efficiency and productivity.

1.4 In agreeing the "Case for Change" PCT Boards mandated a Technical Appraisal Group (TAG) to:

- Re-specify the acute care pathway
- Agree the necessary improvements to move to consistent clinical performance and quality across Lancashire
- Evaluate the affordability of potential options from Lancashire Care NHS Foundation Trust (LCFT).

1.5 The purpose of this paper is to report on the Technical Appraisal of LCFT proposals to reconfigure acute mental health services, and make recommendations to the PCT Boards about the way forward.

2. ENGAGEMENT / HEALTH OVERVIEW AND SCRUTINY COMMITTEE

2.1 Since the "Case for Change" was produced and approved, a Lancashire-wide Joint Strategic Need Assessment (JSNA) has been developed. Key themes from this support the direction of travel of the "Case for Change" and are important in considering demand, access and need.

2.2 During October 2010, the Lancashire Mental Health & Social Care Partnership Team ran six listening events across Lancashire. These were attended by members of the public, service users and carers, councillors and others. Key themes to emerge included:

- People want to be supported at home/in their own community
- Crisis care needs to be available around the clock, including face to face contact
- Service responses should be reliable and consistent across all geographical areas
- Access to services is important
- Support to families and carers is vital.

2.3 The Lancashire-wide Health Overview and Scrutiny Committee (HOSC) requested further engagement work. To meet this brief, an online survey entitled Feedback**: Mental Health and Dementia Services in Lancashire** was developed in partnership with the Lancashire Mental Health Partnership Board Service User and Carer Involvement Group. The survey was run throughout the month of March 2011 by Lancashire PCTs, and asked for views from service users, carers, mental health groups, community networks and interested members of the public to help shape the future of mental health and dementia services in Lancashire. Key messages included:

- Accessible, local services are key
- Give carers the respite and support they need and deserve (this was the top priority for dementia services)
- Quality training (for staff) is a high priority in both areas of care
- Individualised support, help and listening are valued highly by both service users and carers.

2.4 Further to consideration of the TAG outcomes and recommendations by PCT Boards, the HOSC will be briefed again in June 2011 with a view to them advising about further engagement or consultation.

3. THE TECHNICAL APPRAISAL PROCESS

3.1 Further to the PCT Boards' approval of the "Case for Change", a Technical Appraisal Group (TAG) was formed comprising non-executive, executive GP and service user and carer membership from across the County. The Group has been chaired by Joe Slater, a Non-Executive Director at NHS Blackburn with Darwen.

3.2 The TAG was supported by three expert groups:

- The Clinical Reference Group including GPs from all PCT localities
- The Lancashire Partnership Board Involvement Group of Service Users and Carers
- The Lancashire PCT Directors of Finance Group.

3.3 In order to achieve its goals, the TAG agreed an Evaluation Plan setting out criteria and requirements, and its specification for the acute care pathway. The purpose of the Evaluation Plan was to specify the priority areas for commissioners, drawn from the "Case for Change", to give *assurance* that the proposals would be viable, would secure the required patient outcomes and benefits, and were affordable. Areas considered included:

- An overview of the pathway and services
- Assurance on service availability out of hours
- Some specific quantitative information about future performance standards that will be achieved if the reconfiguration is implemented, e.g. rates of admission, length of stay
- Access to services in terms of travelling time
- Quality, patient experience, diversity and equality
- Working with other organisations in terms of enabling acute services to focus on acutely ill patients / communication & providing information / flexibility
- Finance and timing

LCFT was asked to put forward a number of options for the inpatient services which included variations on the numbers of beds and sites and whether or not dementia beds were included.

3.4 The TAG used a quantitative scoring system against the criteria / requirements, and all TAG members were involved in this process. This did not result in agreement that one option could be absolutely recommended, but it did enable one of the options for the inpatient configuration to be prioritised. This is described below:

Whyndyke Farm	154 beds
Blackburn Hospital	72 beds
Lancaster Pathfinders Drive	18 beds
Central Lancashire	18 beds

Further explanation and detail is given at Appendix 1.

3.5 The TAG considered the outstanding issues and asked LCFT to provide further clarification on the following:

- The dementia pathway and the interface with local services
- Clinical pathways and the interface with primary care

- Managing the transition and ensuring the balance between value for money and meeting patients needs.

3.6 The Technical Appraisal Process was concluded with a Joint PCT Board Seminar where LCFT presented its preferred options and addressed the issues above. The Board Seminar then considered the issues, including the option of a formal procurement, and reached a conclusion and recommendation. The following paragraphs are key considerations in the rationale:

3.7 A four site option continues to be supported and it is consistent with the consultations in 2004 and 2006. The model should seek to establish a network of inpatient provision for Lancashire which meets the needs of patients across the county, is based on our knowledge of demand for services, access and affordability.

3.8 It was agreed that LCFT's proposals were consistent with QIPP principles and the need to ensure best value for the tax payer. The preferred configuration includes innovative ideas for making the most of current estate as well as building brand new premises where necessary. The preferred configuration includes the remodelling of the existing unit at Blackburn Hospital, which has been built in the last ten years. It is anticipated that the HOSC will require further public engagement to confirm support for this proposal.

3.9 The current proposals are aimed at ensuring best value for money. They represent significant savings on the historic inpatient cost envelope, as would be expected following the significant increase in investment in community-based services. To deliver this level of capacity LCFT would need to move to the top quartile of performance nationally, and this will be monitored closely. Lancashire Directors of Finance are requiring further work if the proposals proceed to site implementation plans to ensure best value and manage the balance of risks, and this will be managed as part of the transition in partnership with LCFT.

3.10 While the proposals recognise that the service will be managed as a network across Lancashire, it is important to note that the two largest sites are in the areas of highest needs – mental health need, deprivation and admissions per population. For example, according to the very recent Lancashire Mental Health Joint Strategic Needs Assessment, in 2009/10 there were 13,332 people on the mental health register in Lancashire, an increase of 6% from 2007/08. While illness prevalence across Lancashire's 12 districts has remained constant, it has increased for both Blackburn with Darwen and Blackpool. It is important to note that the vast majority of people are supported in a community setting rather than in hospital, and that these community services form a comprehensive network of provision, of which inpatient beds are a part.

3.11 The preferred solution continues to use Whyndyke Farm, which means that the delivery of the reconfiguration will be the earliest possible, and so patients will

experience better care sooner. This site has been in development for some time and has already been the subject of a lot of patient and public engagement and investment in technical specifications. The configuration also includes Pathfinders Drive in Lancaster. This was the preferred way forward in a consultation in Lancaster in 2009.

3.12 A site in Central Lancashire has not been proposed. It is expected that the HOSC will require extensive stakeholder engagement in selecting a site. Since this will mean in practical terms that Central Lancashire is the last site of the four to be developed as an implementation plan, it will allow emerging evidence from the earlier parts of the configuration to be factored into the assumptions.

3.13 In all the LCFT proposals considered, the Psychiatric Intensive Care Units (PICU) are on one site. This will mean that a limited number of patients will have to be transferred between sites during their inpatient stay. However, that is what happens now as not all units have a PICU, and each single PICU unit is either for men or women, not both. LCFT are committed to ensuring appropriate transport.

3.14 In all the LCFT proposals put forward it was recommended that dementia beds are on one site. This reflects that in the future mental health dementia inpatient beds are expected to be a very specialist service. Policy on dementia has developed very significantly in the last two/three years since the consultations. For these reasons it is expected that the HOSC will require extensive further public engagement to establish whether this element of the proposal is supported.

3.15 The Board Seminar determined that a formal procurement of the acute care pathway was not a preferred option. However, it judged that commissioners, including GP Consortia, and LCFT would need to develop a work programme to address the following:

- Further work on the pathway for very specialist dementia needs
- Ongoing work on clinical re-design of crisis teams and single point of access into services
- Operational / transport arrangements concerning PICU
- Managing the transition and ensuring best value
- Risk sharing between commissioners and providers
- Robust and ongoing engagement with stakeholders and some likely formal engagement or consultation exercises.

A high level work plan is attached at Appendix 2.

3.16 The Board Seminar's recommendation to PCT Boards is to support the preferred configuration and to ensure delivery of the work plan.

4. GOVERNANCE AND TIMESCALES

4.1 It is envisaged that, if recommendations are agreed by PCT Boards, then assurance on the delivery and implementation Lancashire-wide will be overseen for commissioners by the emerging Lancashire Cluster arrangements for QIPP Programmes.

4.2 PCT commissioners will continue to work closely with GP Consortia across Lancashire to ensure that they are actively engaged and committed to the model. The Consortia themselves will give a steer on how they are involved.

4.2 The key provisional timescales are as follows:

Year	Month	Deliverables
2011 -12	May – June	Report to PCT Boards / Consortia
		Completion of detail requested by TAG
		Further briefing of Health Overview and Scrutiny Committee (HOSC)
	July - December	Engagement work required by HOSC and on Central Lancashire site selection
		Parallel related work on dementia and single point of access pathways
		Any ongoing work not affected by engagement
		Pathfinders Drive implementation plan
	January – March	Whyndyke Farm implementation plan
		Site selection / engagement Central Lancashire
2012 onwards		Blackburn implementation plan
		Central Lancashire implementation plan

5 CONCLUSIONS AND RECOMMENDATIONS

5.1 As mandated by PCT Boards, the Technical Appraisal Group has undertaken a rigorous process to assess the viability and assurance of LCFT's proposals. The TAG had representation from executives and clinicians from all the PCT areas, as well as service users and carers. It had a range of expert support.

5.2 At the conclusion of the Technical Appraisal Process, a joint PCT Board Seminar agreed to recommend to PCT Boards:

- that commissioners continue to work with and support LCFT on a preferred option that includes:
    - an inpatient site at Whyndyke Farm, a refurbishment of the existing recently built unit at the Blackburn District General Hospital site,

the continued development of Lancaster Pathfinders Drive, and a further site in Central Lancashire
    - robust and well aligned community services
    - Services that are affordable and deliver best value for the tax payer.

- that key risks are set out and a clear and detailed action plan of mitigations is developed and implemented.

5.3 The further implementation of the preferred option is subject to regular reporting of key issues and risks to PCT Boards / emerging GP Consortia which may include early resolution on key items noted by the TAG. PCT Boards / emerging GP Consortia will set out how they wish to receive assurance about key risks moving forwards.

5.4 PCT Boards are asked to agree these recommendations.

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Appendix 1

Notes on LCFT's Proposed Inpatient Configuration

A1 LCFT's preferred inpatient configuration includes a new build at Whyndyke Farm, Blackpool; a site in Central Lancashire (location to be determined through further engagement); a refurbishment and remodelling of its units on the Royal Blackburn Hospital site for East Lancashire; and the continued redevelopment of Pathfinders Drive in Lancaster. The total number of beds proposed is 262. All beds would be in single en-suite rooms.

Whyndyke Farm:	36 Advanced care beds (2 wards of 18 m/f) 72 Functional beds (4 wards of 18) 16 PICU beds (2 wards of 8 m/f) 30 dementia beds (2 wards of 15)
Blackburn Hospital	36 Advanced care beds (2 wards of 18 m/f) 36 Functional beds (2 wards of 18)
Lancaster Pathfinders Drive	18 Functional beds
Central Lancashire	18 Functional beds

A2 Inpatient services are not described in terms of age groups, rather functional illness (e.g. psychosis, depression) and dementia. The total bed complement would be run as a network to support the whole of the county.

A3 For patients with functional illnesses, the proposals is that wards would have 18 beds. 18 beds per ward is the best fit between patient quality and safety and efficiency of staffing.

A4 It is proposed that two wards (one male and one female) would be for advanced care functionally ill service users. This would provide a safe environment for a more vulnerable group with physical or medical co-morbidity. This group will generally, although not exclusively, be aged over 55 and will benefit from more physical related care.

A5 It is proposed that the Psychiatric Intensive Care Units (PICU) would be two wards of eight beds each, one male and one female. PICUs are the most resource intensive services due to the level of staffing. LCFT believes that more than eight beds per ward would compromise clinical effectiveness and patient safety. All the PICU beds would be on one site to optimise staff skill mix and expertise, staff cover and flexibility. This means that sometimes patients will have to be transported. Were there to be PICUs on two sites, one would be male and one female meaning that the risk of having to transport a limited number of patients would remain.

A5 For dementia patients, there would be two wards of 15 beds each, one for men and one for women which complies with national policy and standards for the NHS to safeguard privacy and dignity. LCFT proposes to have all of these on one site. This allows the concentration of skill and expertise on one site, particularly in relation to medical and psychological input as a centre of excellence.
The location also allows cross fertilisation of expertise with staff from other specialities, e.g. PICU, who can provide support and advice in relation to service users with severe behavioural problems.

APPENDIX 2

LANCASHIRE ACUTE MENTAL HEALTH RECONFIGURATION HIGH LEVEL PROGRAMME PLAN - DRAFT

Plan				Years / Quarters												
				2011			2012				2013				2014	
Workstream	**Task**	**Linked existing project**	**Lead**	**Apr - Jun**	**Jul - Sep**	**Oct-Dec**	**Jan-Mar**	**Apr - Jun**	**Jul - Sep**	**Oct-Dec**	**Jan-Mar**	**Apr - Jun**	**Jul - Sep**	**Oct-Dec**	**Jan-Mar**	
Clinical Assurance / Redesign	CRHT Review	CDG PID	Tim Mansfield / Rebecca Davis / Mark Hindle	Analysis / Review		Complete specification by Oct	Implementation									
	Single Point of Access	CDG PID	Alex Walker / Mark Hindle	Analysis / Review		Complete specification	Implementation									
	Specify operational / transport arrangements around PICU		LCFT	Set out clear operational proposal												
	Clarification of very specialist dementia provision-model / pathway / client grp		LCFT	Set out clear operational proposal	Engagement (see below)		Implementation									
Dementia	Wider system working around Dementia	QIPP Level 3 PID	Heather Tierney-Moore	Data Collection & Benchmarking best practice	Agree Priorities	Develop commiss. framework	Roll Out									
Contracting / Finance	Payment by Results	CDG	Rebecca Davis			All patients clustered	Work on local prices	Aim for contract year with patient cluster reporting by GP practice and shadow local pricing information								
	CQUIN / PAF	CPM	Rebecca Davis / Janet Barnsley	Agreed												
	Risk Share / Viability under demand changes / VFM / Savings timetable	DOFs work stream	Rebecca Davis	Agreed												
	Contract terms		Howard Lewis / Janet Barnsley?	Drafted / agreed												
Engagement / Consultation	Report to HOSC			Report												
	Further Engagement / Consultation					Outcome										
	Ongoing engagement with GP Consortia		Debbie Nixon / PCT Leads													
Transition Plan	Whyndyke Farm				Preparation and Planning										Open	
	Blackburn Refurb															
	Pathfinders Drive				Preparation and Planning										Open	
	Central Lancashire															