Joint Health Scrutiny Committee - Lancashire County Council, Blackburn with Darwen Council and Blackpool Council.

Wednesday, 25th January, 2012 in Cabinet Room 'B' - County Hall, Preston, at 10.30 am

Agenda

Part 1 (Open to Press and Public)

1. **Appointment of Chair and Deputy Chair**

   The Chair and the Vice Chair shall be elected by the Joint Committee from among the Committee's voting membership (excluding Cumbria representatives if present) on the basis of the elected Chair and Vice Chair being Members of different local authorities.

2. **Constitution, Membership and Terms of Reference** (Pages 1 - 6)

3. **Disclosure of Personal / Prejudicial Interests**

4. **Mental Health Inpatient Reconfiguration** (Pages 7 - 28)

5. **Urgent Business**

6. **Date of Next Meeting**

   To be arranged

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Lancashire County Council

Joint Health Scrutiny Committee
Meeting to be held on 25 January 2012

Electoral Division affected: None

Constitution, Membership and Terms of Reference of the Committee
(Appendix A refers)

Contact for further information:
Wendy Broadley, 01772 532203, Office of the Chief Executive
Wendy.broadley@lancashire.gov.uk

Executive Summary

This report sets out the constitution, membership and terms of reference of the Committee.

Recommendation

The Committee is asked to note the report.

Background

i) Constitution and Membership

The Lancashire County Council Scrutiny Committee, at its meeting on 10 June 2011, agreed that the Joint Health Scrutiny Committee shall comprise 9 County Councillors, 3 councillors each from Blackpool and Blackburn with Darwen councils and 3 non-voting co-opted members from Lancashire District councils

Membership of the Committee, as confirmed by the relevant authorities is as follows:

County Councillors
K Bailey, R Bailey, M Brindle, F Craig-Wilson, C Evans, M Iqbal, P Malpas, J Mein, M Welsh

Blackburn with Darwen Councillors
D Foster, M Law-Riding, R O'Keeffe

Blackpool Councillors
M Mitchell, A Stansfield, S Taylor

Lancashire County Council

Non-voting Co-opted members
J Robinson - Wyre Borough Council, D Wilson - Preston City Council, T Kennedy - Burnley Borough Council

ii) Terms of Reference

The Terms of Reference of the Committee are set out at Appendix 'A' for information.

Consultations - N/A.

Implications

This item has the following implications:

N/A.

Risk Management

There are no risk management implications arising from this item.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Ext
Agenda and minutes of the Scrutiny Committee	10 June 2011	Janet Mulligan, Office of the Chief Executive Ext. 33361

Reason for inclusion in Part II, if appropriate

N/A.

JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE

TERMS OF REFERENCE

1. **TITLE**
   The Committee to be named the Joint Lancashire Health Scrutiny Committee

2. **SCOPE**
   The Committee to consider any future and proposed health service changes that will directly affect all three upper tier local authorities covering the pan Lancashire area and directly affect the citizens in the *Cumbria County Council area.

3. **MEMBERSHIP**
   The Committee to be established on the following basis:
   - 9 elected voting Members from Lancashire County Council.
   - 3 elected voting Members from Blackburn with Darwen Borough Council
   - 3 elected voting Members from Blackpool Borough Council
   - 3 non-voting co-opted Members from Lancashire District Councils

   - *2 Elected voting Members from Cumbria County Council to be invited to attend meetings of the Joint Committee on those occasions when consideration is given to any planned or proposed health service matter that would be likely to directly affect citizens in the Cumbria County Council area.

   The Joint Committee to be appointed on an annual basis prior to its first meeting in each Municipal Year.

   Any member of the Committee may be represented at a meeting of the Joint Committee by a substitute appointed by the appropriate local authority. Substitutes will have the same voting rights as the member they replace and count towards the establishment of a quorum.

   It remains the responsibility of each Member on the Joint Committee to arrange for an appointed substitute to attend on their behalf if they are unable to attend a meeting.

   If any Member or co-opted member ceases to be a Councillor of their local authority they shall no longer be a member of the Joint Committee.

   Each meeting of the Joint Committee shall be advised by the relevant Scrutiny Officer.

4. **CHAIR AND VICE CHAIR**

The Chair and the Vice Chair shall be elected by the Joint Committee from among the Committee's voting membership (excluding Cumbria representatives) at the first meeting in each Municipal Year on the basis of the elected Chair and Vice Chair being Members of different local authorities.

The Chair shall preside at the meetings. In the absence of the Chair, the Vice Chair shall Chair the meeting. In the absence of both the Chair and the Vice Chair, the Joint Committee Members present shall elect a Chair for that meeting from among their number.

5. **FUNCTIONS**

To review and scrutinise issues around health service changes planned or provided that will affect all three upper tier local authority areas to seek health improvements and reduce health inequalities.

To exercise the statutory functions of a health overview and scrutiny committee under the provisions of the National Health Service Act 2006 and the Local Government and Public Involvement in Health Act 2007 and to make reports and recommendations to NHS bodies as appropriate.

Secretary of State Referrals

In the case of contested NHS proposals for substantial service changes or any NHS proposal which the Joint Committee feels has been the subject of inadequate consultation, by majority agreement, the Joint Committee to have delegated authority to directly refer the matter to the relevant Secretary of State.

That in relation to the function described above, any Joint Committee decision on whether or not a referral should be made to the relevant Secretary of State is not required to be approved by the individual Overview and Scrutiny Committees at those local authorities that may be directly affected by the decision. However the Joint Committee's power of referral does not remove, supersede or negate the power and authority of each individual Overview and Scrutiny Committee to make a referral to the Secretary to State should they wish to do so.

Scrutiny Arrangements

Scrutiny of approved topics should be carried out only "in meetings" of the Joint Committee. The need to establish separate working groups should only be implemented as a very last resort.

To require the Chief Executives (or their representatives) of local NHS bodies to attend the Joint Committee to answer questions and to invite the chairs and non-executive directors and officers of local NHS bodies to attend the Joint Committee to answer questions or supply evidence.

To invite to any meeting of the Joint Committee and permit to participate in discussion and debate, but not to vote, any person not an elected Member appointed to the Committee, whom the Joint Committee considers would assist it in carrying out its functions.

To co opt as and when necessary and under such terms as the Joint Committee thinks appropriate, persons with appropriate expertise in relevant health matters, without voting rights.

Review of functions, clerking arrangements and terms of reference
To review at least annually the functions of, and clerking arrangements for meetings of the Joint Committee.

To review the Joint Committee's terms of reference from time to time.

Conduct of Business Meetings
The Clerk to the Committee shall, with the agreement of the Chair and the Vice Chair, arrange meetings of the Joint Committee as and when necessary.

No meetings of the Joint Committee shall be held during the notice of election period for local authority elections

Any scheduled Joint meeting may be cancelled where the Chair and the Vice Chair of the Joint Committee both agree.

The venue for meetings of the Joint Committee shall be rotated between the local authorities and the Secretarial support for the Committee shall be rotated between each of the 3 upper tier Lancashire local authorities either annually or as necessary on an agreed basis between the respective authorities.

Agendas and Items of business
Agendas for meetings of the Joint Committee shall be circulated at least 5 working days in advance of the meetings and in accordance with the provisions of legislation relating to Access to Information.

Other than in very exceptional circumstances, the only business to be considered at any meeting will be that which has been notified.

Decisions
The Joint Committee will seek to make decisions by consensus whenever possible. In the event of any disagreement, the Chair will seek to resolve any differences. In the event any disagreement cannot be resolved, then a vote will be taken. In the case of a tied vote, the Chair will have a second or casting vote.

Declarations of Interest
Any Member having a Personal Interest within the meaning of the national Code of Conduct must disclose that fact and act accordingly.

Those Members declaring a Prejudicial Interest must leave the room and take no part the discussion or influence that particular item.

Quorum
The quorum for the Joint Committee shall be a third of the total membership on the basis of at least one voting Member from each of the local authorities of Lancashire County Council, Blackpool and Blackburn with Darwen being present.

Minutes
The minutes of each Joint meeting shall be submitted for information to the individual Overview and Scrutiny Committees at the respective local authorities.

Updated 01/06/11

Joint Health Scrutiny Committee
Meeting to be held on 25 January 2012

Electoral Division affected:
All

Mental Health Inpatient Reconfiguration
(Appendices A and B refer)

Contact for further information:
Wendy Broadley, 07825 584684, Office of the Chief Executive,
wendy.broadley@lancashire.gov.uk

Executive Summary

In July 2011 Lancashire Care NHS Foundation Trust (LCFT), supported by its PCT partners presented to the Overview and Scrutiny Committees the first year (phase one) of its five year transitional arrangements.

The purpose of this report is to provide assurance that this first phase of transition was achieved and to share future transitional arrangements. This includes details of the phase two plan until October 2013.

LCFT will be in the process of transition for the next four years, until 2016. This involves the de-commissioning of existing mental health inpatient facilities, which are being replaced with alternative community provision and a superior standard of accommodation to be provided from four specialist sites across Lancashire

Recommendation

The Joint Health Scrutiny committee is asked to:

i. consider and comment on the report.
ii. support the proposals contained within the transition plan.

Background and Advice

In response to a Department of Health directive, the Lancashire PCTs retested their proposals to reconfigure acute mental health services across Lancashire. The PCT Boards 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.

Lancashire County Council

- 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 until 2016. This will involve the decommissioning of existing facilities whilst in parallel developing the new ones.

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.

The inpatient re-configuration and transitional arrangements are explained in greater detail in Appendix A.

Also, attached as Appendix B, is a briefing note explaining a proposal for services provision for patients suffering from Huntington's disease.

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) who 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.

Consultations
N/A

Implications:
This item has the following implications, as indicated:

Risk management
N/A

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

Reason for inclusion in Part II, if appropriate

Lancashire Care NHS
NHS Foundation Trust

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

Introduction

In July 2011 Lancashire Care NHS Foundation Trust (LCFT), supported by its PCT partners presented to the Overview and Scrutiny Committees the first year (phase one) of its five year transitional arrangements.

The purpose of this report is to provide assurance that this first phase of transition was achieved and to share future transitional arrangements. This includes details of the phase two plan until October 2013.

LCFT will be in the process of transition for the next four years, until 2016. This involves the de-commissioning of existing mental health inpatient facilities, which are being replaced with alternative community provision and a superior standard of accommodation to be provided from four specialist sites across Lancashire as follows:

- A new development, The Harbour, at Whyndyke Farm in Blackpool **(Spring 2014)**
- A re-development of the Oaklands Unit in Lancaster for North Lancashire **(Autumn 2013)**
- A re-development of the existing Blackburn site for East Lancashire **(estimated timescale 2015)**
- A new unit in Central Lancashire **(location and timescale to be confirmed – estimated 2016)**

Preferred configuration by 2016 – bed numbers are estimates/planning assumptions:

Inpatient service	**The Harbour Blackpool**	**Royal Blackburn**	**Oaklands Lancaster**	**Central Lancashire**	**Total**
Advanced care	36	36			72
Functional	72	36	18	18	144
PICU*	16				16
Dementia	30				30
	154	**72**	**18**	**18**	**262**

*PICU – Psychiatric Intensive Care Unit.

Phase one of transition during 2011 involved the closure of the following inpatient services:

Ward Name	Client Group	Location
L2 Hillview	Older Adult Dementia	Royal Blackburn Hospital
Bickerstaffe	Functional High Needs and Older Adult Dementia	Ormskirk West Lancashire
Stirling	Adult Functional Female	Parkwood Hospital Blackpool
L3 Hillview	Older Adult- High Needs Functional	Royal Blackburn Hospital

The Trust would like to give assurance to members that the de-commissioning of these facilities was managed to ensure a safe level of care was maintained. Extra capacity has been provided by community teams and services. 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. People who still required inpatient services were placed appropriately with the full involvement of their relatives/carers.

Phase Two Plan

The Trust has developed a high level plan to describe how the next phase of transition will be managed. This plan details the sequencing of when existing facilities will close as new accommodation becomes operational. It describes the process that the Trust will follow to achieve the new needs led model of care for adults of all ages.

	June 2012	September 2012	March 2013	October 2013
Capital Schemes	Spring/Summer 2012 start on site at The Harbour, Blackpool	Summer 2012 – Autumn 2013 Oaklands re-development	April 2013 – October 2013 modifications at Burnley General Hospital	2013 –2015 redevelopment at Royal Blackburn Hospital (RBH) site
Adult/ Functional wards	Warwick Ward, Parkwood, Blackpool closes		Burnley wards 18,20 & PICU close for modification work	Blackburn closes for re-development. Blackburn wards move to Burnley whilst re-development at RBH takes place.
Advanced Care wards				Lancaster Unit, Ridge Lea Hospital moves to Oaklands. Ridge Lea Hospital closes.
Older adult wards		Oaklands & Lancaster Unit merge at Ridge Lea Hospital	Burnley Ward 19 closes	
New unit operational				Oaklands Unit opens

The purpose of this plan is to provide indicative timescales. Please note, this could change in response to the needs of the service. The Trust will report any significant changes to its plan to Overview and Scrutiny Committees and will provide detailed information at key milestones.

Transitional arrangements for 2012-13

This section sets out the detailed arrangements for the units that will be de-commissioned or re-provided between 2012 and March 2013. It is important to note that the following principles underpin all of the proposals:

- Supporting the movement to the new needs led model of care for adults of all ages, comprising both community and inpatient services
- Ensuring quality and consistency across the Lancashire footprint
- Ensuring best value in the use of public sector resources
- Delivering safe, effective and high quality healthcare

During the period 2012 – 2013 the following inpatient facilities will be de-commissioned or re-provided from another location or by community services.

Locality	Ward Name	Client Group	Location	Closure Date
Fylde Coast	Warwick Ward	Functional (male)	Parkwood Blackpool Victoria	June 2012
North Lancashire	Oaklands Unit will close for refurbishment. Service to be merged with Lancaster Unit at Ridge Lea Hospital to provide 17 beds.	Functional and advanced care	Lancaster	September 2012
East Lancashire	Wards 18 (female), 20 (male) and PICU (female)	Functional	Burnley General Hospital	March 2013
East Lancashire	Ward 19	Dementia	Burnley General Hospital	March 2013

NB: The date provided is indicative and the actual closure date will be determined by on-going analysis of capacity. A gradual reduction of beds will begin 6-9 months prior to the closure date provided.

Development of Mental Health Services on the Fylde Coast
Warwick Ward

Warwick Ward is located at the Parkwood Unit on the Blackpool Victoria Hospital site. It provides 22 beds for males with a functional mental illness. In anticipation of The Harbour becoming operational in 2014, beds at the Parkwood site are gradually being reduced in readiness for transferring the service to the new accommodation and as a result of alternative provision available in the community.

Facilitating Early Discharge (FED) teams have been set up across Lancashire to plan discharges and develop focused plans to avoid delays in the process. A key role of the FED teams is to engage with service users, carers and community services to ensure discharge

arrangements promote well-being and prevent relapse and re-admission. Relapse prevention training is being undertaken across adult mental health services so that all staff can support people to stay well and maintain recovery.

Through the introduction of the stepped model of care (see appendix for background information) and the development of Crisis Resolution and Home Treatment teams, there is a continued drive to improve gate keeping for admissions and increase early discharges. These actions minimise the number of admissions and reduce the length of stay. Investment in increasing access to home treatment means additional choice and capacity for patients and relatives. The redesign of community services, delivers additional capacity in the system to provide the confidence and assurance that a further reduction in beds can be achieved.

Since 2007-08 adult bed numbers across the Trust 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.)

Complex Care and Treatment Teams now operate from 8am-8pm, 7 days per week, providing more responsive care focused on preventing relapse. The teams are multi-disciplinary and include specialist practitioners skilled to work effectively with service users with the most complex needs. Care planning and crisis contingency planning is at the heart of the service, supporting early intervention and recovery. The Recovery Team supports people with long term mental health conditions, promoting social inclusion and physical health to prevent relapse.

The community services to support this bed reduction are listed below.

Step 5: Acute community home treatment services (Crisis resolution and home treatment teams)

CRHTT, Blackpool, Fylde and Wyre
CRHTT, Lancaster and Morecambe

Step 4: Complex community mental health services (Complex care and treatment teams)

CCTT, Blackpool
CCTT, Fylde and Wyre
CCTT, Lancaster and Morecambe
Recovery Team, North Lancashire

Steps 2&3: Primary care mental health services

PCMHT, Blackpool
PCMHT, Fylde and Wyre
PCMHT, Lancaster and Morecambe

Phoenix Centre – crisis, rehabilitation and respite recovery service for Blackpool residents

The Trust and commissioning partners continue to work on further service re-design to improve quality and efficiency. The continuing focus on improvements to community services will provide sufficient capacity to support the closure of Warwick Ward. Once Warwick Ward closes, beds for male service users will be available across Lancashire as follows.

Blackpool	Conway Ward	22
Lancaster	Lancaster Unit	10
Chorley	Healey Ward	17
Blackburn	Darwen Ward	17
Blackburn	Ribble Ward	17
Burnley	Ward 18	21 (NB closing March 2013 for modification)
Ormskirk	Scarisbrick Unit	11

Psychiatric Intensive Care Units

Blackpool	Bowland Ward	6
Ormskirk	Latham Ward	4
Blackburn	Calder Ward	6

Once The Harbour becomes operational in early 2014, this facility will be the inpatient service for the Fylde Coast. It will also have the capacity to accommodate people from a wider area as part of a Lancashire wide network of specialist mental health beds.

Development of Mental Health Services in North Lancashire
Merging of Oaklands and Lancaster Unit

A public consultation was undertaken in 2009 regarding the future of mental health inpatient services for North Lancashire (Lancaster.) The consultation recommended that the Trust's existing facility for older people, the Oaklands Unit on Pathfinders Drive in Lancaster should be re-developed as an inpatient service for adults aged 18 and over with a functional mental health need in North Lancashire. A business case for the re-development of the Oaklands Unit was produced and subsequently approved in October 2011.

The business case for the Oaklands Unit identified the need for an enabling scheme to re-locate community services currently provided from the Oaklands Unit to a nearby facility on Ashton Road, Lancaster. This development commenced on 3 January 2012 to provide a new resource centre for older adults comprising; Memory Assessment Services, Community Mental Health Team, Intermediate Support Team and enhanced day care run jointly with the local authority. The Ashton Road resource centre will open during summer 2012, at which point the Oaklands Unit will close so that major refurbishment work can begin.

The inpatient beds provided from the Oaklands Unit will merge with the Lancaster Unit (previously called The Halton Unit) at Ridge Lea Hospital in Lancaster. This will provide a temporary service for the North Lancashire locality. At this point the service model changes from an aged based model to a needs led model of care for adults of all ages. This is consistent with the future model of care and prepares for the newly developed Oaklands Unit.

The merging of the two wards represents a reduction in beds from 37 to 17. This will be achieved by gradually reducing the number of beds on each ward from January 2012. Five beds at Oaklands will close in January 2012 as this unit has been under occupied for several months and one bed at the Lancaster Unit will also close. A further one bed per month will close on each ward to facilitate the merger by September 2012.

This reduction in beds can be achieved safely due to the investment that has been made into community services in the area. Within the North Lancashire locality there are a range of community services for both adults of working age and older people that operate 7 days a week to provide a comprehensive package of care to support people to be cared for in their home environment or community setting.

The Trust is working closely with GPs and lead commissioners to ensure that there is sufficient capacity in community services. Additional skilled staff will be employed to meet the needs of the all age client group.

It is anticipated that the re-developed Oaklands Unit will become operational in autumn 2013 and this will provide 18 beds for adults aged 18 and over with a functional mental health need in North Lancashire. At this point Ridge Lea Hospital will close.

Development of Mental Health Services in East Lancashire
Wards 18, 20 and PICU at Burnley General Hospital

Between April – October 2013 modification work will be undertaken on wards 18, 20 and the PICU at Burnley General Hospital. This refurbishment will enable the unit to operate temporarily as the in-patient service for East Lancashire whilst significant re-development work is undertaken at the Royal Blackburn site between 2013 and 2015.

The modification work at Burnley will ensure that the ward environment is of a safe and good standard to accommodate people of all ages until the new unit at Blackburn is operational in 2015. The mental health wards at Burnley are in a multi-storey building with no outdoor space and are not capable of sufficient improvement to provide suitable accommodation for a modern mental health service.

Collectively, wards 18, 20 and the PICU provide 49 beds for adults with a functional mental health need as follows:

- Ward 18: 21 male beds
- Ward 20: 22 female beds
- PICU: 6 female beds

These wards will close in March 2013 to enable the refurbishment to take place. In order to achieve the closure of the Burnley wards by 31 March 2013 it is proposed that from November 2012, two beds per week are closed so that the bed reduction can be achieved over a 20 week period.

The community services to support this bed reduction are listed below.

Step 5: Acute community home treatment services (Crisis resolution and home treatment teams)

CRHTT, Blackburn, Hyndburn & Ribble Valley
CRHTT, Burnley, Pendle & Rossendale

Step 4: Complex community mental health services (Complex care and treatment teams)

Hyndburn, Rossendale & Ribble Valley CCTT
Burnley & Pendle CCTT
Blackburn and Darwen CCTT

Recovery Team, East Lancashire.
Restart Team, East Lancashire.

Steps 2&3: Primary care mental health services

PCMHT, Pendle Healthy Minds
PCMHT, Rossendale Healthy Minds
PCMHT, Burnley Healthy Minds
PCMHT, Hyndburn Healthy Minds
PCMHT, Ribble Valley Healthy Minds
PCMHT, Blackburn with Darwen MindCare

The impact of the introduction of the stepped care model into adult mental health services is described earlier in the paper on page 4.

During the modification work at Burnley General Hospital, Ward 22 will remain open to provide 18 advanced care beds. Mental health wards at Royal Blackburn Hospital will remain open during this period.

Development of Mental Health Services in East Lancashire
Ward 19 – Burnley General Hospital

Ward 19 at Burnley General Hospital is a 15 bed dementia ward that provides a short term assessment function and support for people with challenging behaviour associated with their dementia.

In line with best practice and national guidance there has been considerable investment into providing community services for people with dementia. This is to enable people to be cared for in their own home or usual place of residence such as nursing homes. The following community teams are available in East Lancashire to support people with dementia:

- Memory Assessment Services
- Community Mental Health Teams
- Intermediate Support Team
- Hospital and Nursing Home Liaison
- Dementia Advisors (a named contact that provides people with dementia and their carers with support and advice)
- Dementia Cafes (run in partnership with the Alzheimer's Society to enable people with dementia, their family members or carers to meet with care-giving professionals and volunteers. The aim of the cafes is to show people that there is life after dementia. They aim to provide information, social contacts and emotional support.)

The development of these community teams over the last three years has led to a reduction in the number of people being admitted to mental health wards. The number of dementia beds has reduced from 122 beds in 2007 to 88 beds in 2011 and the average length of stay has reduced from 100 days to 48 days, with a continued downward trend. There has been an increase in referrals to dementia services which has been managed in community settings. Over 97% of activity in relation to dementia is taking place outside a hospital environment.

Therefore, it is proposed that there is sufficient capacity within community services to close ward 19 whilst maintaining a high level of care for people with dementia. The further development of community services continues.

The Trust and its PCT partners are committed to providing a high level of care that meets the needs of local people. The Intermediate Support Team provides care 7 days a week from 8am until 8pm and works closely with community mental health teams and crisis services to provide a comprehensive package of support. The Trust is also engaging with

nursing homes and general hospitals to improve the care of people with dementia in these settings. The number of dementia advisors working in memory services is also set for expansion from 2 full time posts to 4 full time posts working across East Lancashire.

A scheme known as The Butterfly Scheme – for discreetly identifying dementia patients in hospital has been approved and will launch this year. Due to the success of awareness raising campaigns, referrals to the memory assessment service have increased. The service offers assessment, diagnosis and treatment plans as well as memory management following diagnosis. Six Dementia Cafes have been developed by carers and key organisations to offer informal advice and support for people who are worried about their memory. They are also a friendly informal place for carers to visit with the person they care for. There are options of day time support for people including day services, leisure activities with a support worker, accessing a respite centre or residential home to provide a break for the carer. The PCTs and Lancashire County Council are currently engaged with the Alzheimer's Society to identify how best to allocate increased resources to expand the peer support and dementia advisor service.

The Trust is also working with the East Lancashire Hospital Trust and local GPs, commissioners and local authorities to explore providing access to intermediate care beds for people with dementia within the community in East Lancashire.

Once Ward 19 in Burnley closes in March 2013, specialist dementia beds for the very few people assessed as needing admission will be provided in the short term from Ribbleton Hospital in Preston. From 2014, specialist dementia beds will be provided from The Harbour in Blackpool. It is estimated that only a very small number of people with dementia who have very complex needs will need to use this service.

The PCTs will launch a consultation about dementia in early 2012 in order to further strengthen the community services available and ensure that there is consistent service provision for people with dementia and their carers across the county.

In Summary

- The Trust has managed phase one of transition and has robust plans in place for phase two in order to safely move from old wards to new accommodation and to ensure that alternative provision is available in the community to meet people's needs.

- The PCTs' consultation in 2006 supported a service model and reduction in beds. 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 operate with a bed usage that is already below the above assumption. This demand is predicted to reduce further as service changes in the community enable service users to receive treatment at home and in their communities.

- 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 people with dementia supported by very specialist county-wide inpatient services

- Value for money and sustainable for the future

- There has been 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.

- Since 2007-08 the number of beds needed/used by adult functional service users across the Trust 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%.

- Since 2007-08 the number of beds needed/used by older adult service users with dementia has reduced by 28% (122 beds down to 88 beds in 2011.) The average length of stay has reduced by 52% (from 100 days to 48 days.) There has been an increase in referrals to dementia services which have been managed in a community setting. Over 97% of activity in relation to dementia is taking place outside a hospital environment. The Trust's Older Adult Services are in the top quartile of best performing mental health trusts nationally in relation to the management and provision of in-patient beds.

- It is recognised that further site specific engagement will need to be undertaken with regard to some aspects of the proposal, for example transport arrangements to and from inpatient sites require further development. The Trust and its PCT partners will take recommendations from the Health OSCs of Lancashire with regard to such issues.

In Conclusion

- There are compelling reasons to change the current inpatient service to provide a therapeutic environment, deliver high quality care and continue the strengthening of community services. The HOSC is asked to support the proposals contained with this transition plan. 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. The Trust and its PCT partners will continue to keep the HOSCs informed at key milestones.

Appendix - Background/Supporting Information.

This information has been presented to OSCs previously and is re-provided here as useful background information for new members.

In response to a Department of Health directive, the Lancashire PCTs retested their proposals to reconfigure acute mental health services across Lancashire. The PCT Boards 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 until 2016. This will involve the decommissioning of existing facilities whilst in parallel developing the new ones.

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.

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 response to the outcome of the 2006 public consultation, Lancashire Care NHS Foundation Trust (LCFT) has been reducing beds and closing wards 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.)

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.

Summary of 2006 PCT led consultation proposals

- 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

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".

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.

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 approved a further engagement plan, which included 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.

National Clinical Advisory Team (NCAT) review

NHS North West commissioned a review by the National Clinical Advisory Team (NCAT.) The NCAT findings 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.

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).
- 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.

Introduction

Frank Gardham House is an 8 bedded in-patient unit for people suffering with Huntington's disease, located at Guild Park in Preston. This is an inherited progressive, irreversible, degenerative disease of the nervous system, caused by a faulty gene which leads to damaged nerve cells within the brain.

The Trust and its PCT partners have undertaken a review of this service to explore the most appropriate model of care for people with Huntington's Disease. The purpose of this paper is to present the case for change and to describe the alternative arrangements made to replace Frank Gardham House and re-provide the service.

Background

Frank Gardham House opened approximately 14 years ago in 1997 and at that time had contracts with a number of PCTs across the North West Region. The service was commissioned to provide two main functions.

- 2 beds are used to assess people in the early stages of the disease. This assessment function lasts for up to 8 weeks and following this the patient is generally returned home or moves on to more supported living.
- The other 6 beds are for NHS continuing health care.

Commissioning Arrangements

Of the three PCTs who remain part of the contract, two have not used an assessment bed within the last 2 years (East & Blackpool) and one PCT has not used an assessment bed or admitted a patient for continuing care in the same period (Blackpool). The other PCT has had only one admission (East). Of the two continuing care patients remaining on the unit one is from Central Lancashire and one is from East Lancashire.

The Trust and its PCT partners have been working together to review the current service arrangements and to identify the most appropriate way of delivering this service in the future. It is proposed that the most appropriate solution would be a community based model with the use of continuing care beds in nursing homes, for the small number of patients who require this service. A small community based team would be available to support this transition and ensure that patients and their families are supported.

The Case for Change

Over a period of 4 – 5 years the number of PCTs commissioning services has reduced to the current 3 which are Central, East and Blackpool PCT's. There has been a reduction in the number of patients requiring an assessment and on average over the last 12 months only 50% of the assessment beds have been occupied. Admissions have reduced significantly over the last 2 years and at present only two continuing care beds are currently in use. Increasingly, more appropriate and cost effective private independent nursing beds are being used which are often nearer to the main carer.

The continuing health care patients do not require specialist mental health nursing they require full physical end of life care.

Assessments can be provided in the community rather than in an inpatient setting such as Frank Gardham House.

Frank Gardham House, although maintained to a high standard with single rooms, does require investment to bring it up to modern standards with en-suite facilities. The building is small and would require significant investment to make it fit for purpose. Whilst the location is therapeutic it is not particularly accessible being set at the rear of the old Whittingham Hospital site.

The unit also operates an out-patient facility every six weeks and this is led by a Consultant specialising in genetic disorders from Manchester. The facility could be re-provided from alternative LCFT premises such as Ribbleton Hospital.

The unit has strong links with the Huntingdon's Society based in Liverpool. They have attended the relative Carers Support Group which is run from the Frank Gardham House site although this has reduced in frequency and the attendees have dwindled over recent years. Again this could continue with provision from Ribbleton or other venues.

Staffing Implications

Frank Gardham House has a total staffing establishment of 15 whole time equivalents. As a result of retirements and vacancies within the Trust it is anticipated that there are sufficient posts for staff to be re-deployed to other areas. Therefore no compulsory redundancies are anticipated and a formal process will be undertaken in line with the Trust's organisational change policy.

Proposal

It is proposed that the service provided from Frank Gardham House should be re-provided in the community and specialist care homes as described in the case for change. There are several reasons why this is being proposed:

- It does not represent the best use of resources to run a unit at such a low level of occupancy.
- There are more appropriate facilities that are able to provide the continuing healthcare facilities required by the two remaining service users
- The Trust will continue to provide support, care and treatment for people with Huntington's Disease by the alternative arrangements described.

The Trust has spoken to the relatives of the two continuing care patients and they are supportive of the proposal. Patients would be re-located to a nursing home that is equipped to support people with this condition and that is near to the main carers home. There would be no funding issues as the PCT's would continue to fund their care until end of life. A dedicated nurse has been identified to work with the families of the two people remaining in the inpatient service to co-ordinate the smooth transition to nursing home placements.

Transition for these patients would be a high priority. Staff would visit and work alongside nursing home staff to ensure that a high standard care and established routines are maintained. Initially this would be for a period of 2-4 weeks. In addition a dedicated nursing team will be established to work within the community. The role of the team would be to visit these patients on a weekly basis after the initial transfer. The team would also provide community based assessments for new patients and support for those patients with a diagnosis who are living in the community. The carer's support group and consultant led outpatient clinic will also be maintained by the dedicated nursing team from a location in the community.

The Trust will continue to work with the Huntington's Society North West who will act as a critical friend and ensure that a high level of care is maintained during the transition to the alternative provision.

Recommendation

That the above proposal is accepted and Frank Gardham House closes when the alternative provision described is available.

Appendix

Information about Huntington's Disease

If a parent has this disease each child has a 50:50 chance of inheriting the faulty gene. All who inherit the gene will, at some stage, develop the disease which usually manifests itself between 30-50 years of age. Symptoms are classified under three types: Movement, Cognitive impairment and Mental Health.

Individuals require access to early diagnosis, which would involve assessment of symptoms, family history and access to scans such as CT, MRI and PET scans. It is vital that all have access to timely diagnosis including genetic testing/counselling to assist in management of symptoms and planning for the future (both for themselves and family).

Tests will usually determine whether someone has inherited the faulty gene, but it will not indicate the age at which they will develop symptoms. Testing is of particular importance where individuals and family members are planning to have children.

Approximately 50% of people with Huntington's Disease exhibit changes in behaviour to the degree that they give rise to problems. In decreasing order of frequency, the most common problematic behaviour changes are:

- Aggression and violence
- Suspiciousness; and
- Poor temper control.

Frequently, people with HD develop psychiatric symptoms that are often underestimated and unrecognised. The estimated rates of depression and/or psychosis are between 21% and 56% and, for personality and behavioural disorders the rates are between 24% and 70%.

Eventually an affected person will need help with more and more aspects of his or her life and, ultimately he or she will become totally dependent on the help of others. As the disease progresses it is therefore vital that a coordinated multi-disciplinary service is available to address the varied cognitive and mental health symptoms that may arise at any stage of the disease.