

Lancashire County Council

Joint Health Scrutiny Committee

**Tuesday, 13th November, 2012 at 2.00 pm in Cabinet Room 'C' - County Hall,
Preston**

Agenda

Part 1 (Open to Press and Public)

No. Item

1. Apologies

2. Disclosure of Pecuniary and Non-Pecuniary Interests

Members are asked to consider any disclosable pecuniary and non-pecuniary interests they may have to disclose to the meeting in relation to matters under consideration on the agenda.

3. Confirmation of Minutes from the meeting held on 24 July 2012 (Pages 1 - 6)

4. Mental Health Inpatient Reconfiguration Update (Pages 7 - 14)

5. Urgent Business

An item of urgent business may only be considered under this item where, by reason of special circumstances to be recorded in the minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

6. Date of Next Meeting

To be arranged as and when required.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Agenda Item 3

Lancashire County Council

Joint Lancashire Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 24 July 2012 at 10.00 am in Cabinet Room 'C', County Hall, Preston

Present:

Lancashire County Councillors

T Aldridge*	F Craig-Wilson
K Bailey (Chair)	C Evans
R Bailey	J Mein
M Brindle	M Welsh

Blackburn with Darwen Borough Council

Councillor R O'Keeffe
Councillor P Riley

Blackpool Borough Council

Councillor J Jones

Cumbria County Council

County Councillor B Wearing
County Councillor R Wilson

Non-voting Co-opted Members

Councillor T Harrison - Burnley Borough Council
in place of Councillor B Foster for this meeting.

*County Councillor T Aldridge attended in place of County Councillor M Iqbal for this meeting

1. Apologies

Apologies for absence were presented on behalf of Councillor A Stansfield of Blackpool Borough Council.

2. Disclosure of Pecuniary Interests

None disclosed.

3. Confirmation of Minutes from the meeting held 31 May 2012

The minutes of the Joint Lancashire Health Scrutiny Committee meeting held on the 31 May 2012 were presented and agreed.

Resolved: That the minutes of the Joint Lancashire Health Scrutiny Committee held on the 31 May 2012 be confirmed and signed by the Chair.

4. Vascular Services Review

The Chair welcomed guest speakers from the NHS:

- Dr Jim Gardner, Medical Director, Lancashire PCT
- Mr Simon Hardy, Consultant - Vascular Clinical Lead
- Alan Stedman, Associate Director, Cumbria and Lancashire PCTs
- Kathy Blacker, Network Director (Acting) - Cardiac and Stroke Network
- Dr Hugh Reeve, Chair of Cumbria Clinical Commissioning Group
- Mr John Calvey, Consultant Vascular Surgeon
- David Rogers, Associate Director of Engagement and Communications, NHS Lancashire

The report explained that the aim of the service review was to reconfigure vascular services and secure improved outcomes for patients across Lancashire and Cumbria. The Vascular Service Review formed part of the wider review being undertaken simultaneously across England.

It was proposed to provide specialist intervention services for Lancashire and Cumbria from three centres with 24 hour, 7 days a week (24/7) facilities. Bolton, Wigan and Dumfries & Galloway were also included within the review area.

It was explained that bids from five hospitals had been carefully considered and three sites had been recommended. The recommendations of the procurement team had been made in line with recommendations from the Vascular Clinical Advisory Group, following short-listing, interviews and scoring, which included assessment of risks. The approach taken was also supported by the All Parliamentary Select Committee for Vascular Surgery. The three proposed specialist intervention centres were located at Carlisle, Preston and Blackburn.

The Committee received a presentation on the current status of the review which included:

- A summary of the reasons why the review was being undertaken
- The rationale for three specialist centres
- Details of communication and engagement
- The results of a patient and public survey

A copy of the presentation is appended to these minutes.

The Scrutiny Officer drew the Committee's attention to:

- A letter from John Woodcock, MP for Barrow and Furness, which had been received by the Chair of the Committee on 23 July 2012, in which Mr

Woodcock raised concerns about the proposals for vascular services across Cumbria and Lancashire; and

- An email circulated to all members of this Committee which identified key points made in a letter from University Hospitals Morecambe Bay Trust (UHMBT) to Dr Jim Gardner, Medical Director, Lancashire PCT.

Copies of these documents are appended to these minutes

Councillors were invited to ask questions and raise any comments in relation to the report, a summary of which is provided below:

- In response to a suggestion that the procurement model used by the NHS was generic and not appropriate for the geography in the Lancashire / Cumbria area it was explained that special dispensation had had to be obtained from the Vascular Society to have a centre in the north of the area that was smaller than recommended by them. The NHS said that the procurement process had been fair and all factors had been weighed very carefully.
- Members questioned the location of proposed sites commenting that Blackburn and Preston were relatively close and only approximately 20 minutes travelling distance from each other. It was suggested that Lancaster would be a closer, more appropriate option for people living in Cumbria. In response it was explained that decisions had not been taken just on the basis of geography; much careful thought had been given about risk and benefits, and the capacity and capability of the hospital to deliver services in the next 10-20 years to come.
- Regarding statistical information about outcomes after surgery, members were directed to the British Vascular Society's website on which such information had been published earlier this year. These are available via the following link:
<http://www.vascularsociety.org.uk/news-and-press/2012/77-outcomes-after-elective-repair-of-infra-renal-abdominal-aortic-aneurysm.html>
- One member commented that whilst people may be prepared to travel to receive specialist services it was more difficult for those who did not have their own transport, and he sought reassurance that the adequacy of public transport had been considered. Also for those who did have access to a car, the availability of sufficient on site car parking was important.
- The Committee was informed that the need to provide overnight accommodation for visitors who had to travel some distance had been discussed with the proposed specialist centres and would be an agreed part of the service provision. It was also intended that, as part of the implementation, tests would not be repeated at various different centres. It was expected that patients' length of stay would be reduced if they were treated at specialist centres.
- The Committee was reminded that this review was about the arrangements for major inpatient vascular work and that day case vascular care would continue to be available from local hospitals. The need to provide specialist

care from fewer sites had to be balanced against improved outcomes for patients.

- Members were very concerned about the lack of public consultation about these proposals.
- It was suggested also that the questions put to service users in the 'Patient and Public Survey' referred to in the presentation were bound to produce the 'desired' responses. It was also suggested that a survey of 503 people was a very small proportion of the 2.7 million population that would be served by the three units.
- It was explained that there had not been a public consultation nor had that been the intention, but there had been much engagement work over the past 18 months with stakeholders who understood the implications of the proposals. Also the 'Patient and Public Survey' had been largely (80%) drawn from service users as they were "experts by experience"; 503 was considered to be a high sample size which gave patient insight across the area; it had been felt that a broader survey would have been considered as not relevant by many of the general public. It was pointed out that the survey had been conducted and analysed independently. The NHS offered to share the survey data with the Committee.
- The Committee was assured that the statutory requirements for conducting a consultation were fully understood by the NHS.
- The Committee was advised that the approach to the review had been triangulated on the basis of: patient experience; clinical judgement and experience; and research evidence.
- There was concern among councillors that the removal of some services from Royal Lancaster Infirmary could have a negative, knock-on effect on other services. Also there was a population of some 160,000 people in South Cumbria and members asked for more information about how many would be expected to travel to Preston instead of Royal Lancaster Infirmary if these proposals went ahead.
- It was acknowledged that there were geographical challenges for UHMBT. The committee was assured that regular discussions were taking place at executive level.
- It was emphasised to the Committee that there were compelling reasons to establish specialist centres and such arrangements were not new to the NHS, for example, Blackpool Victoria hospital was well known to be the specialist centre for cardiac care which had achieved improved outcomes for heart patients.
- It was confirmed that there had been detailed discussions with Blackpool Victoria Hospital about whether vascular services should be 'married up' with cardiac services and it had been concluded that, whilst there was some overlap, the two teams were doing different things.
- In response to concerns that the NHS should not lose focus on non-urgent services the committee was assured that there was to be a non-recurring investment by the NHS Lancashire Board of £500,000 and also there would be a single integrated Vascular Services Network which would promote vascular services across the whole area. There would be a whole systems approach to up-skill the workforce. It was most important that any element of

'chance' about the level of care was removed and that a standard level of care was available to all patients 24 hours a day, 7 days a week. It was intended to strengthen local delivery of services and pick up patients more quickly.

- The Committee was assured that a crucial element of the procurement for these services was that the local infrastructure did not get diluted.
- The suggestion that, in time, vascular clinics would also be moved to the proposed specialist centres was refuted; indeed the Committee was informed that there was an expectation by the NHS that there would be more, not fewer, local clinics.
- There was some discussion about travel time from Cumbria to the proposed centres and concern that actual travel time could exceed the 90 minutes anticipated. It was suggested in response that the two relevant junctions on the M6 motorway were numbers 32 and 34 and that, depending on the traffic conditions, it could be quicker to get to Preston than to Lancaster from parts of south Cumbria. The point was made also that the vast majority of surgery would be elective and not emergency.
- The Committee was assured that the NHS was aware of transport issues from Burnley to Blackburn. It was suggested that the issue of transport generally was a 'chicken and egg' situation and that it was first necessary to decide where the specialist centres would be and then address access and transport issues. Members did not agree with this view.
- There had recently been some problems regarding the ability of the Northwest Ambulance Service to meet target times and consequently this caused concern about the service's ability to get patients to the specialist centres within the required timescales. Members requested relevant data from the ambulance service.
- The NHS agreed that this was a good opportunity to look at how technology, including Telemedicine, could be used to help deliver services; the implementation fund referred to above could be accessed for this purpose.
- Overall the Committee felt that insufficient background to the proposals had been provided and that more evidence to support them should be made available. Also that a clear vision about all vascular services, including locations, should be made available in order to enable the Committee to fully and properly consider its response.
- The Committee was advised by the NHS that much relevant data and background information was available and would be provided on request. Dr Gardner requested that the Committee's requirements be set out in a letter to him.
- The Committee's attention was also drawn to a detailed and informative document produced by the Vascular Society entitled 'The Provision of Services for Patients with vascular Disease' available to download via the following link: <http://www.vascularsociety.org.uk/library/vascular-society-publications.html>
- The Chair agreed that a letter would be sent on behalf of the Joint Lancashire Health Scrutiny Committee to Dr Gardner, Medical Director, Lancashire PCT setting out the information it wished to receive for its next meeting.

Resolved: That,

- i. The report be received;
- ii. A further report be brought back to the Committee in 6-8 weeks responding to the concerns raised by the Joint Lancashire Health Scrutiny Committee; and
- iii. The information required by the Committee be set out in a letter to Dr Gardner.

5. Urgent Business

No urgent business was reported.

6. Date of Next Meeting

A further meeting of the Joint health Scrutiny Committee would be arranged within the next 6-8 weeks.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Joint Health Scrutiny Committee

Meeting to be held on 13 November 2012

Electoral Division affected: All

Mental Health Inpatient Reconfiguration Update

(Appendix 'A' refers)

Contact for further information:

Wendy Broadley, 07825 584684, Office of the Chief Executive

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Executive Summary

At the meeting of the Joint Health Scrutiny Committee on 31 May 2012 members were presented with an update on the progress made and planned relating to the development of new mental health inpatient services and the transition arrangements for existing services to be de-commissioned. It was agreed that further updates would be presented to the Committee at appropriate stages.

Appendix 'A' is the latest of these updates and specifically relates to the revised timescales of the overall re-configuration of services.

Recommendation

The Joint Health Scrutiny Committee is asked to:

- i. consider and comment on the report.
- ii. support the proposals detailed within Appendix 'A'

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 in Blackpool – The Harbour
- 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 still 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 progress to date and an update on the revised timescales are explained in greater detail in Appendix 'A', together with an overview of the next steps to be taken.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no risk management implications arising from this report.

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

Paper	Date	Contact/Directorate/Tel
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Reason for inclusion in Part II, if appropriate

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

Introduction

The purpose of this paper is to update members on the Trust's transitional arrangements. Specifically, it relates to changes that have been made to the original plan that was presented to Overview and Scrutiny Committees in January 2012 that will slow the pace of the transition plan.

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 re-development of the Oaklands Unit in Lancaster for North Lancashire **(Autumn 2013)**
- A new development, The Harbour, at Whyndyke Farm in Blackpool **(2015)**
- A re-development of the existing Blackburn site for East Lancashire **(estimated timescale 2016)**
- 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.

In **Phase 1** of the transition plan the following inpatient services closed:

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
Warwick Ward	Functional Male	Parkwood Hospital Blackpool

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 of the transition plan (January 2012 – March 2013)

The Trust has developed a high level plan to describe how its transitional plans 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.

Key milestones:

- Autumn 2012. Beds from the Oaklands Unit in Lancaster merge with the Lancaster Unit at Ridge Lea Hospital. This is to enable the Oaklands Unit to close for re-development into the inpatient service for North Lancashire. The new service at Oaklands will be operational by Autumn 2013.
- March 2013: Wards 18 and 19 at Burnley General Hospital close.
- Spring 2013: Development of The Harbour as the inpatient service for the Fylde Coast commences.

These are indicative timescales and 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- March 2013

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:

- Delivering safe, effective and high quality healthcare
- 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

Between January 2012 – March 2013 the inpatient facilities listed below will be de-commissioned or re-provided from another location or by community services. This information was presented to OSCs in January 2012. The reason for this update is due to a revision to the transition timeline that will slow the pace of bed reductions in East Lancashire to assure sufficient capacity, safety and quality. Specifically this means that Ward 19 and Ward 18 remain planned to close in March 13 but the female functional ward (ward 20) and PICU will remain open. Ward 22 was always planned to remain open on the Burnley site and that is unchanged. Wards 20, 22 and PICU will continue to operate on the Burnley site. A closure date has not been set and it has been agreed that this will be determined by the measured reduction in in-patient demand rather than by a pre-determined date.

Locality	Ward Name	Client Group	Location	Closure Date
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	November 2012
East Lancashire	Wards 18 (female) Ward 19	Functional Dementia	Burnley General Hospital	March 2013

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 plans for the new in-patient service in Lancaster identified the need for an enabling scheme to re-locate community services from the Oaklands Unit to a new facility on Ashton Road, Lancaster. This development, De Vitre House opened in August 2012 and provides 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

Oaklands Unit is now being prepared for closure so that major re-development work can begin before the end of 2012.

The inpatient beds provided from the Oaklands Unit will merge with the Lancaster Unit at Ridge Lea Hospital in Lancaster. This will provide a temporary service for the North Lancashire locality that will be providing the new model of needs-based inpatient care in preparation for the move back to Oaklands. To support the transitional period, 8 additional beds for older people with functional mental health needs will be provided at Altham Meadows in Morecambe on an interim basis from October 2012 until June 2013.

This represents a reduction in beds from 37 to 25 which 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. Investment is also being made to provide specialist skilled teams. For example, the Trust has developed a Liaison Team working in care homes in East Lancashire to inform and improve the assessment and care of people with dementia. The Trust has recently secured additional funding to roll-out this service across the county by early 2013.

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 – Closure of Ward 18

Ward 18 in Burnley provides 21 beds for males with a functional mental health problem. In order to achieve the closure 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.

Wards 20, 22 and the Psychiatric Intensive Care Unit at Burnley General Hospital will remain operational. Mental health wards at Royal Blackburn Hospital also remain open as an inpatient service for East Lancashire.

Development of Mental Health Services in East Lancashire – closure of 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.

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 dementia services across Lancashire continues and is subject to public consultation commencing in December 2012.

Once Ward 19 in Burnley closes in March 2013, specialist dementia beds for the few people assessed as needing admission will be provided in the short term from Ribbleton Hospital in Preston. From 2015, it is proposed that specialist dementia beds will be provided from The Harbour in Blackpool. In December 2012, this will be subject to a public consultation led by Lancashire PCTs, setting out proposals to further strengthen the community and hospital 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 robust arrangements in place for managing its transitional plans. This involves safely moving from old wards to new accommodation and ensuring that alternative provision is available in the community to meet people's needs.
- 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
- 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, 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.
 - A public consultation will commence in December 2012 setting out proposals to further strengthen the community and hospital services available and ensure that there is consistent service provision for people with dementia and their carers across the county.

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 within 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.