

NOTES

Health OSC Steering Group Friday 2 May 2014

Present:

- County Councillor Steve Holgate
- County Councillor Mohammed Iqbal
- County Councillor Fabian Craig-Wilson
- County Councillor Margaret Brindle

Notes of last meeting

The notes of the Steering Group meeting held on 4 April were agreed as correct.

Calderstones

Mark Hindle – Chief Executive of Calderstones NHs Trust attended the meeting to update members of the Trust's annual and 5 year plans.

A copy of the annual plan is attached

Mark talked about the services provided by the Trust and the challenges they face, a discussion took place and the main points were:

- An adult with a learning disability is identified as having an IQ lower than 80
- Currently everyone in the facility (with the exception of one) is there for criminal justice reasons
- They are vulnerable adults – had poor outcomes, lots of self abusers, have been abused in the past (physical, sexual and financial). 30/70 female/male split of clients.
- There are more males as they are more likely to be part of the criminal justice system (CJS)
- There is a medium secure unit (50 beds) – clients are challenging, can be violent, have mood swings, have underlying mental health issues and often display high levels of aggression towards staff – consequently there are high levels of sickness absence amongst staff
- Generally come from prison or the CJS
- The Trust is currently asked to assess people from across the country. This is a physical assessment and requires the team to travel wherever the client is and the Trust receives no payment for this (would only receive funding if the person becomes a client of the Trust).
- Mark has been in post for approximately 6 months now and is currently looking at the ways in which things have always been done and whether there are better more efficient ways of working.
- There are up to 250 beds in the organisation in total (Calderstones and Gisburn) – a mixture of low and medium secure facilities. High secure clients are held at Rampton (until they are deemed a medium secure risk and then they are transferred back to Calderstones).

Appendix A

- The Trust is the biggest medium secure facility of its kind in the country (rest of the provision is in the private sector) and the average length of stay is 9 years.
- Have national and international recognition for the therapy provided, in particular the Adaptive Sex Offender Programme – it is very bespoke to individual clients and is one of the strengths of the organisation.
- Although they have very vulnerable and needy clients don't want Calderstones to be an 'institution', but instead what people, who are able, to move on – have very few readmissions
- Deal with a lot of clients that the rest of the system have given up on
- Mark acknowledged that safeguarding issues are always a key concern and following the critical report by the CQC a number of changes have been made to improve the service.
- No issue with the local neighbours – the local village has 'grown up' with the facility
- Step down facilities include a low secure unit (less staffing, lower fences). It is still residential but clients are able to wander around the site, get home leave, go to college, and learn life skills and self development.
- Next stage is a further step down to row of terrace houses on the site where they house share with other clients and a member of staff and begin to lead a more independent life.
- The next stage after that is to either go back home or supported living in the community
- The Trust wants to invest in adaptive programmes to help people move through the system – currently staffing resources cannot enable clients to take part in all the different types of activity that could be provided.
- The future – reconfiguration – the Trust is a small organisation in NHS terms (£60m). Feel that they have got to the end of potential efficiency savings without affecting safeguarding.
- Trust will have a reduced income and need to identify efficiencies. Know this is going to happen within the next 3 years – merger is not the solution
- Mark would like to partner up with a like minded local organisation (particularly one that specialises in high secure facilities) to develop a joint pathway for clients
- This would be part of the wider efficiency savings that need to be achieved but quality and effective therapy and support is more important – scope to merge back office functions with another partner organisation.
- Options for income streams? – could take on 'private 'work. Look at ways for providing services for vulnerable people with challenging behaviours – could maybe take on dementia, autism etc.
- Commissioners are pushing for more low/medium secure facilities – could partner with an organisation to provide, for example, an autism supported living facility – could apply to other service user groups
- Prison in-reach – if the Trust can get the resource to diagnose people with learning difficulties and help provide services once people are released. Lots of ideas for the future but struggle to get the support for required resources
- Organisation is weak in developing itself as a lead organisation within the system.
- Liaison with families – they are encouraged to be part of the care planning, policies, care pathway design, take part in Board meetings and 'tell their story'. Regulators and Inspectors seek out families for feedback.

Appendix A

- The Trust only takes adults (those 18 and over). Under 18s would only appear on their radar because of the CJS – wherever they are within the system with a learning difficulty as soon as they reach 18 they could access the Trust.
- CC Holgate informed Mark that members are happy to help where ever they can and if the Trust has any specific issues the Committee can talk to the commissioners.
- Mark would like to return to Steering Group again sometime to update members on the new ways of working for the future – to liaise with Wendy re timeframes

Lancashire Care Foundation Trust

Alastair Rose and Bev Pickover from the Trust attended the meeting to provide members with the latest update relating to the progression of in-patient facilities in across the county.

- Within the next 2 weeks the new in-patient facility in Lancaster is to open and following that Ridge Lee will then close.
- The Harbour is still on target to open in 2015 (February hopefully)
- Central Lancashire site? – Ribbleson Hospital is a possibility (the Trust own the site) but this will be the final site and won't be finalised until all the other in-patient accommodation is up and running and then the Trust can determine what capacity remains to be required.
- East Lancs site (RBH) – can't redevelop the existing buildings as they aren't owned by LCFT, therefore in the process of buying the land next door (need the proximity of the acute trust). Planning permission needs to be sought, currently it's zoned for employment. Already met with BwD planners and they are aware and unsupportive. BwD own the land. Still on target for a 2016/17 completion/open date (the original timescale for the Blackburn site)
- Within the next 6-8 weeks the Trust will be able to firm up the timescales – potential stumbling blocks include:
 - Planning permission
 - Affordability – both for the commissioners and availability of capital (cost of borrowing)
 - General election – hope to finalise the business case before the election
- All other issues are transactional – the Trust need to promote the fact that the Blackburn site will be a smaller version of the Harbour (i.e. brand new/same facilities)

Its was agreed that Alastair would come back to Steering Group after the summer with further detail and a communications and engagement plan

Public Health work planning workshop – feedback

The Steering Group considered a summary of the feedback that members provided on the draft public health business plan. It was agreed that the feedback be forwarded to the DPH for information and/or action prior to the production of the final business plan

Draft work plan

Steering Group were provided with a list of topics for scrutiny identified at the public health work planning workshop on 22 April.

Appendix A

It was agreed that Wendy would provisionally produce a comprehensive work plan for all Committee and Steering Group dates for the next municipal year and this will then be presented to Committee in June for consideration.

Dates of future meetings

- 23 May – cancelled
- 13 June – hopefully to be ELCCG re proposals for Health Access Centre in Hyndburn
- 4 July – Richard Jones – NHS England (Lancashire)