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)

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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.



- 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
Peacon for inclusion in Part II	if appropriate	
Reason for inclusion in Part II, if appropriate		