

REVIEW OF MENTAL HEALTH INPATIENT SERVICE PROPOSALS

NOTES OF THE PUBLIC MEETING *

The Globe Centre, Accrington

Wednesday 20th October 2010 – 6.30pm to 8.30pm

Facilitators / staff		
Debbie Nixon (DN) (Chair)	Strategic Director for Mental Health	Lancashire
Rebecca Davis (RD)	Network Director – Mental Health Commissioning	Lancashire
Tim Mansfield (TM)	Head of Health Inequalities & Prevention	NHS East Lancashire
Joy Arrandale (JA)	Mental Health and Learning Disability Commissioning Manager	NHS East Lancashire
Pat Rolph (PR)	Senior Project Support Officer	Lancashire Partnership Team

Audience – 14 people in attendance

Staff – 5 members of staff in attendance (*as above*)

Introduction

(DN) welcomed everyone to the meeting and introductions were made. DN explained the purpose of the meeting, advising that although the meeting was scheduled from 6.30pm-8.30pm, there was flexibility on timings to meet the needs of the group. DN acknowledged the short notice of the meetings, but stressed that this was not a formal public consultation but an involvement and engagement exercise. DN noted that she or a member of the team would be happy to come and meet with local groups/networks.

DN advised that a written record of the discussions * would be taken by PR, and a copy of the discussion notes will be made available, along with a report collating themes from all six public meetings held, on the Lancashire Mental Health and Social Care Partnership Board's website by the end of November 2010. Copies could also be forwarded directly to anyone wishing to leave their contact details with PR.

**Every effort has been made to capture the discussion at meeting as fully as possible, especially comments and questions from people attending. However sometimes people spoke softly or quickly, or more than one person spoke at the same time. The notes are not a verbatim transcription or quotation. For clarity of reading the notes are mainly presented as short whole sentences, whereas of course people often spoke in more informal phrases. Acronyms are expanded in the text, where they may not have been at the meeting.*

DN delivered a powerpoint slide presentation (this is available on the website). This included JA talking about investment in local services for East Lancashire.

Debbie welcomed questions and comments from attendees:-

Meeting Notes

Please note comments noted in bold and labelled 'C', were made by members of the public in attendance. Comments labelled 'R' noted responses from members of staff present.

C: What does CALM stand for? (noted in the presentation slides, a locally invested service)

R: 'Campaign Against Living Miserably'. (JA)

R: A most effective campaign directed towards young men. (DN)

C: They use mobile phones to contact people.

C: Service users didn't know about that.

R: You can 'google' CALM, and 'It's a goal' (another locally invested service). (JA)

JA went on to talk about; a national strategy around Dementia, supported accommodation schemes, and a dedicated team for individual packages.

DN noted that it was important to focus on change, and the reduction in beds. A significant number of people are being treated in community services but there is more to be done, and a big issue around the launch of the National Dementia Strategy.

It was agreed the group would continue the following discussion as one group, the details of which were recorded on to a flip chart by PR (*Appendix 1*).

Following the group discussion, DN noted the need to include statistics in a report, and the agreement to try to pull figures together locally including; bed utilisation, 'out of hours' admissions, and 'out of area' admissions.

TM noted the need to log data and to look at the differences across the county for 'out of area' placements.

C: Eight PCTs (Primary Care Trusts) were cut to five.

C: IAPT (Improving Access to Psychological Therapies) Teams were there to get intervention quickly. The waiting list is now up to six months. This is not early intervention!

R: Received the figures ten days ago, I don't know if it was six months. (JA)

C: Step 4, trying to unload people on to step 3, creating a gap.

C: If someone is going onto a waiting list, someone should be assessed straight away. Step 3 is quick intervention, short term. Step 4 sometimes involves waiting one to two years.

RD fed back a summary of the flip chart notes taken.

Q: How many patients are from East Lancashire? I don't know the number of the population.

R: We will look at the way we count patients. (RD)

R: We can predict the need and number of patients; knowing activity, and through 'payment by results'. (DN)

C: There's no accommodation in the Ribble Valley.

C: Video booths in hospitals are brilliant. If you took these out into the community you might get further views.

C: There are positives, we may criticise, but if we compare services now to how they were twelve to fifteen years ago there's no comparison. It's not right, but it's a lot better.

C: Early intervention for children and young people, if we had ten to twenty years ago what we have now, a lot of things would have been better. My son wouldn't have been in hospital eight out of the last eleven years.

C: Travelling to and from areas away from the family, there is no consideration of wages. My daughter was in the Junction in Lancaster, travelling from Bacup is a 100 mile round trip.

C: I used to get half the cost back for petrol, I'm not getting a quarter back now.

DN noted this as a 'massive theme', asking if anyone had any further comments or questions. No further comments were made.

DN then talked about the next steps which would involve including local detail, and advised a collated report should be made available on the Partnership Board's website in November 2010.

DN thanked everyone for their attendance.

Appendix 1

Group Flip Chart Notes - Accrington 20th October 2010

One Group:

- CRHT – community services. Level of response (time taken)
- Need 24 hours
- Consistency – fails to be
- Had to leave message for Crisis support team
- Crisis beds
- Blackburn halfway house (respite)
- Need short stay crisis beds – Not mentioned – was in Consultation
- When it works, it works well
- Phoenix centre (Blackpool) – example of a model of crisis services, been running for over a year – Valued but not impacting on inpatient beds
- Need respite before the crisis
- Respite breaks? – before crisis
- Mon to Fri runs well, out of hours there's not enough staff
- Telephone contact helps but sometimes needs face to face contacts
- Could LCFT produce figures for out of hours admissions?
- Cost of overnight bed stays? – Depends on type of bed
- Re: Audits of CRHT – who are being asked and by who?
- Not good reports on Crisis
- If we keep reducing beds – not going to get a good service?
- Have we invested enough? – Lancs investment is over the national average
- Need a lot of people working in service to work/be effective
- Gannow Lane? – Lack of clarity over services delivered, no decisions made, only internal discussions
- There is a lack of services in the community – we want Tier 4 services locally
- Steps 4/5 to move to Pendle House? – would become a commissioning issue if impacts on service
- Only a discussion – travel issues
- To be seen as citizens/not patients in the community
- SDS scheme (Self Directed Support)
- Ribble Valley services moved
- Public transport major problems
- Gannow lane – site/meeting room issues (lack of space)
- GP commissioning – in debate – working closely with
- Commissioning needs to be much more clinically informed
- Similar themes found in GP discussions
- Choices – what choices does a service user have?
- Access – high quality services

- Range of choices – high quality services
- Beds reducing in areas – people already having to travel
- Reducing now – before new hospitals built
- 280 beds??
- Need well qualified staff – shorter length of stay
- Need more money for more staff in the community
- Discrimination
- Inconsistent demand – reduced demand
- In-balance in system
- Not enough staff to cope when wards are full
- Double running systems – have not been running effectively
- Experience shows Burnley & Blackburn full (sent to Chorley)
- Son in Bradford for 6 months
- Practicalities of distance/moving around
- If known to staff – quality of care better
- Lack of notes – have to explain over and over
- A & E liaison – are they seen within an hour?
- Waiting lists – CMHTS?