

1 Introduction

This document provides a précis of public engagement and statutory public consultation between 2004 and 2006 throughout Lancashire on proposed changes to adult mental health services. It also summarises the key findings of the independent analysis and evaluation, undertaken by the University of Salford, of the statutory public consultation exercise which took place in 2006.

In line with the outcome of the public consultation, Lancashire Care NHS Foundation Trust (LCFT) has been reducing beds and closing wards continuously since 2007. These have included the older adult wards in Chorley and patients now go to Ribblesdale at Preston or Ormskirk. An older adults ward in Fleetwood and a continuing care ward in Lancaster have also been closed in addition to an adult step down unit in Chorley.

Please note:

- “document stated” refers to statements quoted exactly from the documents concerned
- Lancashire Care NHS Trust became an NHS Foundation Trust in 2007 – after the statutory public consultation referred to at point 3 had been carried out.

2 Background to 2006 statutory public consultation

2.1 Overview – 2004/05

- **Nine Primary Care Trusts** (PCTs) were responsible for planning and buying mental health services for the people of Lancashire at that time. They were Blackburn with Darwen PCT, Chorley and South Ribble PCT, Fylde PCT, Preston PCT, Burnley, Pendle and Rossendale PCT, Wyre PCT, Blackpool PCT, West Lancashire PCT, Hyndburn and Ribble Valley PCT.)
- **PCTs looked in detail** at provision of adult mental health services, working closely with partners in local authorities, social care, Lancashire Care NHS Trust and other government and voluntary organisations.
- **PCTs talked and listened** to service users, carers, staff and members of the public about what they wanted from their mental health services in the future.

2.2 Service user and carer involvement events – 2004/05

- **Summer 2004** - the PCTs held three events across Lancashire aimed at seeking views of those involved, including service users and carers, on future of local mental health services.
- **People welcomed** the principles and initial thoughts from the Lancashire Mental Health and Social Care Partnership Board (made up of representatives of all NHS and social-care organisations throughout Lancashire) about how mental health services should be improved. These were to:
 - support people to recover from the effects of their mental health problems
 - place greater emphasis on providing mental health services to people in their homes and communities
 - provide more support to help people with their own development and help them get access to same opportunities everyone should have

- promote positive mental health and wellbeing in all communities
- provide better support to carers.
- **September 2005** – the PCTs held eight further stakeholder events, attend by 243 people from across Lancashire.
- **Partnership Board**, having listened to people’s views:
 - committed to developing proposals for number of mental health hospital sites to be developed in Lancashire on priorities expressed by people who attended these events
 - decided that modernising mental health hospital services should be the next priority area for action.

3 Pledge to improve services - 2005

- **March 2005** - Partnership Board published a document: “Working together to improve mental health.”
- **Document set out proposals** to improve mental health services in Lancashire.
- **Shared aim:** develop ways to improve and modernise mental health services for adults (from 16 years of age) and older people living in east Lancashire, central and west Lancashire and Fylde Coast.

4 Statutory public consultation - 2006

LCFT’s proposals for changing mental health hospital services in the 2006 public consultation, which took place between 24th March to 14th July 2006, built on more than 22 months of engagement work carried out by the PCTs with the general public, service users, staff and stakeholder organisations.

The statutory minimum required for public consultation of 12 weeks was extended to 16 weeks to allow for the Easter bank holiday and the local government elections on 4th May.

4.1 Overview of consultation

- **Public consultation document** published by Lancashire Joint Committee of Primary Care Trusts.
- **Document title:** ‘Working to improve mental health in Lancashire – modernising hospital services’.
- **Areas affected:** East Lancashire, Central and West Lancashire and Fylde Coast **but not Lancaster** because Morecambe Bay PCT had already consulted their communities on a set of proposals for improving their mental health services.
- **Consultation did not cover:**
 - drug and alcohol services as there were different arrangements for these through local drug and alcohol action teams (DAATs)
 - children’s services because those were being improved through the development of children’s trusts.

4.1.1 Consultation questions

- **Question 1** - Do you agree with the general principles for improving mental health services?
- **Question 2** - Do you agree with our proposals to convert or close the existing mental health units, create three new mental health inpatient sites and release funding to provide improved community services such as crisis support and respite services?

- **Question 3** - Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies?
- **Question 4** - Do you have any other ideas for improving and modernising mental health services which you think we should consider?

4.1.2 Communicating the consultation

- More than 115,000 copies of consultation document sent to GP surgeries, hospitals, clinics and health centres as well as government and voluntary organisations and local town halls and libraries.
- Document also available on Trust website along with online response forms.
- 15 public meetings held across Lancashire – advertised in local media.
- Regularly monitored public consultation hotline (with answerphone service) available for people’s views.
- Additional meetings held with, and presentations given to, government and voluntary organisations as well as with staff and groups representing service users, carers and the public.

4.1.3 Deciding on the outcome

- **Joint Committee to take into account** the views of the Lancashire Joint Health Overview and Scrutiny Committee (OSC) on the outcome of the consultation.
- **OSCs to consider all the responses** to the public consultation and any recommendations of the Joint Committee.

4.1.4 Independent analysis and evaluation of consultation

- Undertaken by University of Salford commissioned by Lancashire Joint Primary Care Trust Board Committee (see page 6 for summary.)

4.2 Case for change

- **Limited choice available** to very distressed people or those at risk of harming themselves or others.
- **Hospital admission** often the only option available for people in crisis or needing intensive treatment. (As a result, the numbers of people needing psychiatric hospital beds in Lancashire were high.)
- **Existing mental health hospital services:**
 - in ageing accommodation in poor repair in many sites
 - not conducive to good therapeutic care, access to fresh air or gardens often difficult or impossible, do not offer privacy or give people dignity or self respect
 - **Document stated:**
 - *“We know that the environment in which someone receives inpatient treatment is just as important as the quality of care.”*
 - *“Our proposal to build new mental health hospitals will mean we will no longer need the current units and will consider changing them for another use.”*
 - *“Basically we want to make sure that people only go into hospital when they are experiencing a mental health problem which cannot be treated at home or close to home.”*
- **Introduction of new community based services** in past two years had resulted in lessening demand for hospital admissions.
- **Now scope to reduce bed numbers** further as health professionals become used to new ways of working and service users and their carers gain confidence in the care provided in the community.

- **£32 million of extra money invested** in local mental health services between 2003 and 2006 for people with severe and long-term mental health problems (i.e. problems which affect people throughout their lives.)
- **New services** had been introduced such as assertive outreach, early intervention, primary care graduate workers and the 24 hour crisis resolution and home treatment service in the last two years.
 - **Document stated:**
 - *“Providing these services is vital as described by central government in the National Service Framework for Mental Health. These services are providing more community support to people with mental health problems at home and reducing the need for people to go into hospital as a result of a crisis in their mental health.”*
 - *“As a result, the changes we propose in this document are not about saving money, but about improving the services available to people in crisis by reinvesting savings in community based services.”*
- **LCFT’s commitment to improving mental health services** in the community and avoiding unnecessary hospital stays backed by government White Paper, published on 30 January 2006. Called ‘Our health, our care, our say – a new direction for community services’, this document set out proposals to give people more control over their own health and wellbeing. Also outlined new measures to make sure people had more choice and say over the care they received in the community.
- **Ambitious plans to develop more services** - more than £15 million of new funding to be arranged to create new mental health community resource centres across Lancashire, making services more accessible to local people.

4.3 Consultation proposals – at a glance

- **Replace 15 existing NHS mental health units** for adults of working age with three new, purpose built specialist mental health NHS hospital units – one each for east Lancashire, central and west Lancashire and Fylde Coast in order to provide modern inpatient facilities for the small number of people who would need them.
- **Reduce overall number of hospital beds** available as demand declines.
- **Invest savings in more community based alternatives** to hospital admission, e.g. crisis and respite houses and home treatment for people experiencing mental health crises.
- **Improve support to carers.**
- **Programme of reprovizion** of mental health inpatient services to take between three to six years to complete.
 - **Document stated:** *“We would make any changes gradually to create as little disruption as possible. We would also make sure any necessary community support we needed was in place before we closed down existing hospital units.”*
- **No commitment was given** in the document to keeping an existing unit open until a new unit was built.
- **No plans could be made for the existing sites** until outcome of public consultation was known. Sites could be sold or converted for other healthcare uses.
- **Exact costs of providing new facilities** could not be given - too early to be clear but would be many millions of pounds. Detailed plans and estimates to be drawn up following the public consultation.

- **Improving current hospital sites** was not an option as it would cost more than the price of building new facilities. Trust would not be able to reinvest the savings made from reducing bed numbers into developing extra crisis and respite beds in local communities.
- **All options evaluated** using the priorities identified by people during engagement events in September 2005.
- **Three-site option always scored higher** compared with the other options:
 - more than three sites would not allow the Trust to make enough savings to develop local community-crisis and respite facilities
 - fewer than three sites would limit access
 - fewer sites would mean larger units and the amount of land needed unlikely to be available
 - easier to find three suitable sites with public transport links.
- **Based on analysis of future population changes**, the demand for bed numbers was predicted to reduce to around 450 from current 707.
 - **Document stated:** *“Predicting the numbers of beds needed is not an exact science and the final numbers of beds available in the new sites may be different from this number.”*
- **Travel issues**
 - **Document stated:** *“If people do need to go into a mental health hospital, we will make sure that support is available to help families and friends keep in touch and visit. Travelling across some parts of Lancashire using public transport can be difficult. We will work hard to tackle these problems because we know that contact with loved ones is very important to people during a stay in hospital.”*

4.4 Benefits of proposals

- **Wider choice for patients** of care and treatment through development of services as alternatives to hospital admission including treatment at home and local crisis houses
 - **Document stated:** *“We believe that going into hospital for someone experiencing a mental health problem should only be used when necessary. As a result in the future we want people to be supported in their own homes or as close to home as possible by their local community based mental health services. We also want to make more support available to families and carers, and provide services according to need, rather than based on age, sex or ethnic background.”*
- Better respite facilities and support for carers.
- Modern hospital sites for those people who need to be in hospital, with hotel-quality facilities and a therapeutic environment.
- Safe outdoor spaces and grounds available for people to use when they are in hospital or visiting.
- Rooms within the new sites for families and visitors to use during visits.
- Specialist skills and teams to provide the best treatment that people need.
- Safe units for people who are at risk because they are physically frail or disabled or because they are young or have special needs.
- Better inpatient services for people with eating disorders.
- Services which provide equal opportunities.
- Specialist services for people who have many complex problems like mental health and learning disabilities.

5 Analysis and evaluation of 2006 public consultation

This was an independent process, undertaken by the University of Salford which benchmarked the consultation with other similar consultations, Census 2001 population statistics, Department of Health Best Practice Guidelines and Cabinet Office Consultation Best Practice Guidelines.

Please note: 'document states' in this section refers to the University of Salford evaluation report.

5.1 Analysis of responses to the public consultation document

- **Consultation received a total of 454 responses** via the consultation response form:
 - 389 responses were received from individuals and 65 responses were received from organisations most of which were based in Preston, Burnley, Chorley and South Ribble and Blackburn and Ormskirk/Skelmersdale.
- **74 meetings and events were undertaken** with a total of 1216 people attending, averaging 16 people per meeting.
- **Responses came from 16 different areas**, with most responses coming from:
 - West Lancashire (55, 14.8%), Preston (47, 12.6%) and South Ribble (40, 10.7%).
 - females (231, 61.6%).
 - mental health service users (111, 28.6%) followed by members of NHS staff (98, 25.3%) and members of the public (78, 20.1%)
 - those who classified themselves as White-British (343, 91.7%). Also, seven responses received from respondents with an Asian ethnic group and one from a Chinese respondent
 - respondents aged between 41-60 (200, 53.6%) followed by those aged between 61 - 80 (85, 22.8%) and between 19-40 (81, 21.7%).
- **Document states:**
 - "The results of the benchmarking exercise show that on the whole a great deal of effort was undertaken to engage across all areas, and with a wide range of groups from service user groups and staff to hard to reach groups."
 - The results from the comparison with Census statistics shows that responses from individuals and groups came from all geographical areas involved in the consultation."
 - The level of response by the BME community is an area of concern.
 - The comparison with other similar mental health consultations shows that this consultation has out performed in some areas and underperformed in others. The consultation should share its good practice with other consultations."
 - "In regard to benchmarking the consultation against best practice guidelines the process has performed relatively well. On the whole most guidelines have been fully or partly met which indicates that the process has followed guidelines set out by the Department of Health and the team should be complimented on this."