

Lancashire, Blackpool and Blackburn Joint Mental Health Overview and Scrutiny Committee.

Minutes of the meeting of the Lancashire, Blackpool and Blackburn Joint Mental Health Overview and Scrutiny Committee held on 14th November, 2006 at County Hall, Preston.

Present; Councillors Ormord, Riley and M. Wilson (Lancashire County Council)
Councillors Davies, Humphrys and McGarvey (Blackburn with Darwen Borough Council)
Councillors Clapham, Cresswell and Smith (Blackpool Borough Council)

(Councillor Riley was substitute representing Councillor P.Martin).

Also Present; Janice Horrocks, Lancashire Mental Health and Social Care Project Team.
Finlay Roberston Lancashire Care NHS Trust.
Phil Pye - Patient and Public Involvement Forum.
Pat Pye Patient and Public Involvement - Forum Support.
Rosemary Andrews – Patient and Public Involvement Forum.
Peter Baines Blackpool Borough Council.
Emma Wilkinson Lancashire County Council.

Apologies for Absence; Councillor P Martin.

1. Declarations of Interest

Councillor D. Clapham declared a personal interest in item no. 2 on the agenda the nature of the interest being that he is married to an employee of Blackpool, Fylde and Wyre Hospitals NHS Trust.

Councillor McGarvey declared a personal interest in item no 2. on the agenda, the nature of the interest being that her daughter was an employee of Calderstones NHS Trust.

2. Joint Lancashire Primary Care Trust Decision on Mental Health Services in Lancashire.

Members of the Joint Committee had received copies of the following decision made by the Joint Lancashire Primary Care Trust Board on 21st September, 2006 and were now asked to consider that decision.

The Board approves the principles of improving mental health services across Lancashire and support the development of a range of good mental

health crisis services, provided by a range of health and social care agencies, including the key role of the voluntary sector in these developments.

The Board approves the development of the three newly designated mental health hospital sites for Lancashire, on condition that the actions outlined below are taken to address the concerns raised during the consultation:

Location of the sites is a key issue for respondents and there must be further local consultation on the site options and transport issues for each site, even if options are limited. This will also be subject to further scrutiny through the planning application processes.

PCT and Local Authority commissioners develop plans to ensure that a robust range of crisis and respite services are put in place at an appropriate level to meet need before the newly designated sites are open.

The planned reinvestment by PCTs, to reduce the number of mental health NHS hospital beds, is not made until such time as the necessary community services are in operation (see 2.2.2 also). This is likely to be a gradual process and will be outlined in a costed delivery plan by the PCTs.

Service users, carers and other stakeholders are involved in the development of schemes to ensure that public transport and assisted transport schemes are made available, so that people using the newly designated hospital sites can maintain the same level of contact with their family and friends, as they currently enjoy.

This will also be done in conjunction with the Local Authorities through the development of transport plans.

The Lancashire Mental Health and Social Care Partnership Board build upon the linkages with hard to reach groups such as the BME community (through the BME PACT) to ensure that improvements to mental health services across Lancashire meet the needs of people from different cultures and ethnic backgrounds.

A clear involvement plan is published by Lancashire Care NHS Trust which outlines how stakeholders will be involved in the selection and development of the newly designated hospital sites; and detail how links to local borough councils and any other key partners will be maintained throughout the process.

Service users, carers and clinical involvement will be key to this process. Clinicians from all disciplines must be fully involved, including local GPs, primary care and specialist mental health and social care staff.

As a consequence of the Board approval of recommendation 2.2 above, the Board approves the future closure of the units identified in the consultation and that these closures will tie in with the plans identified above.

The newly formed PCTs of Lancashire, together with Blackburn with Darwen PCT, Blackpool PCT, Lancashire County Council, Blackburn with Darwen Borough Council and Blackpool Borough Council be requested to formally reconstitute the Lancashire Mental Health and Social Care Partnership Board with Lancashire Care Trust, mental health service users and carer's involvement.

The Board requires the Lancashire Mental Health and Social Care Partnership Board to produce an action plan, with timetabled key stages, to implement the above recommendations and monitors progress against the plan. Noting that mental health service users and carers are involved in the membership of Lancashire Mental Health and Social Care Partnership Board.

In addition, the Committee was provided with the original copy of their report which contained their response to the consultation proposals and the response to that report from the Lancashire Mental Health and Social Care Partnership Board.

During the debate and discussion on the decision, members raised the following points;

- The number of beds planned (450) across the 3 sites meeting demand;
- Difficulties in arriving at a view when not knowing where the in-patient sites will be located;
- Accessibility to each site and how that will be addressed;
- The importance of the availability of a full range of specialist services at each in-patient unit;
- Identification of the social care implications and pooled budget arrangements;
- Engaging with BME groups;
- Confirmation that there will be enough mental health community services in place in order to meet demand.

The Patient and Public involvement Forum representatives were invited to comment at the meeting. The representatives raised concerns regarding the pre-consultation process and explained that it was their view that the consultation process was flawed. The issues had been referred to each Health OSC and the Joint Mental Health OSC at the beginning of 2006. Representatives also expressed concerns regarding the financial viability of the proposals, the forecasted bed numbers meeting future demand and the availability of crisis and respite beds.

The Committee were also presented with information submitted within letters from members of the public, the Hyndburn and Ribble Valley Carers Link and

the Preston Carer's link which contained concerns regarding the proposal for 3 in-patient sites and concerns that the level of provision of respite and crisis beds in the community would not meet demand.

At the conclusion of the debate and after the NHS has responded to questions put to them by all parties, the members requested information regarding the following;

- Further details of specific sites identified for selection.
- A clear process which shows how the transport and access issues will be addressed;
- Details of what crisis and respite services will be provided and how equity of provision of these services will be addressed – that is, how will the NHS ensure that sufficient levels of these services are provided in order to meet need?
- Commissioning plans which outline how this will be funded across Lancashire describing the implications for Local Authorities.

The Committee urged the local NHS to seek a mechanism to enable joint funding between health and social care and the Committee requested to see how stakeholders will be involved in the processes.

It was pointed out to the Committee that the recent changes in PCTs and consequent variation in commissioning capacity across organisations would make this a challenging exercise.

Also it was explained that members were asking for the details of the model of care, costings, in-patient site detail and transport plans which were to be considered as part of the next phase of the Business Case development.

Therefore members agreed to meet again on 6th February, 2007 in order to provide time for this information to be submitted to the Joint Health OSC.