

# Lancashire Joint Primary Care Trust

BOARD COMMITTEE

You can ask for extra copies of this consultation document and a public summary at the address overleaf

[www.lancashirementalhealth.org.uk](http://www.lancashirementalhealth.org.uk)



# Lancashire Joint Primary Care Trust

BOARD COMMITTEE

Working together to improve  
mental health services in Lancashire

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Your chance to have your say on the future  
of mental health services in Lancashire



Lancashire Joint Primary Care Trust  
Board Committee  
made up of representation from  
the Local Primary Care Trusts



BLACKBURN WITH DARWEN PCT • CHORLEY AND SOUTH RIBBLE PCT • FYLDE PCT – PRESTON PCT • BURNLEY, PENDLE & ROSSENDALE PCT • WYRE PCT • BLACKPOOL PCT • WEST LANCASHIRE PCT • HYNDBURN & RIBBLE VALLEY PCT

Public Consultation Document

published by Lancashire Joint Board Committee Primary Care Trust

Consultation period: **24th March to 14th July 2006**



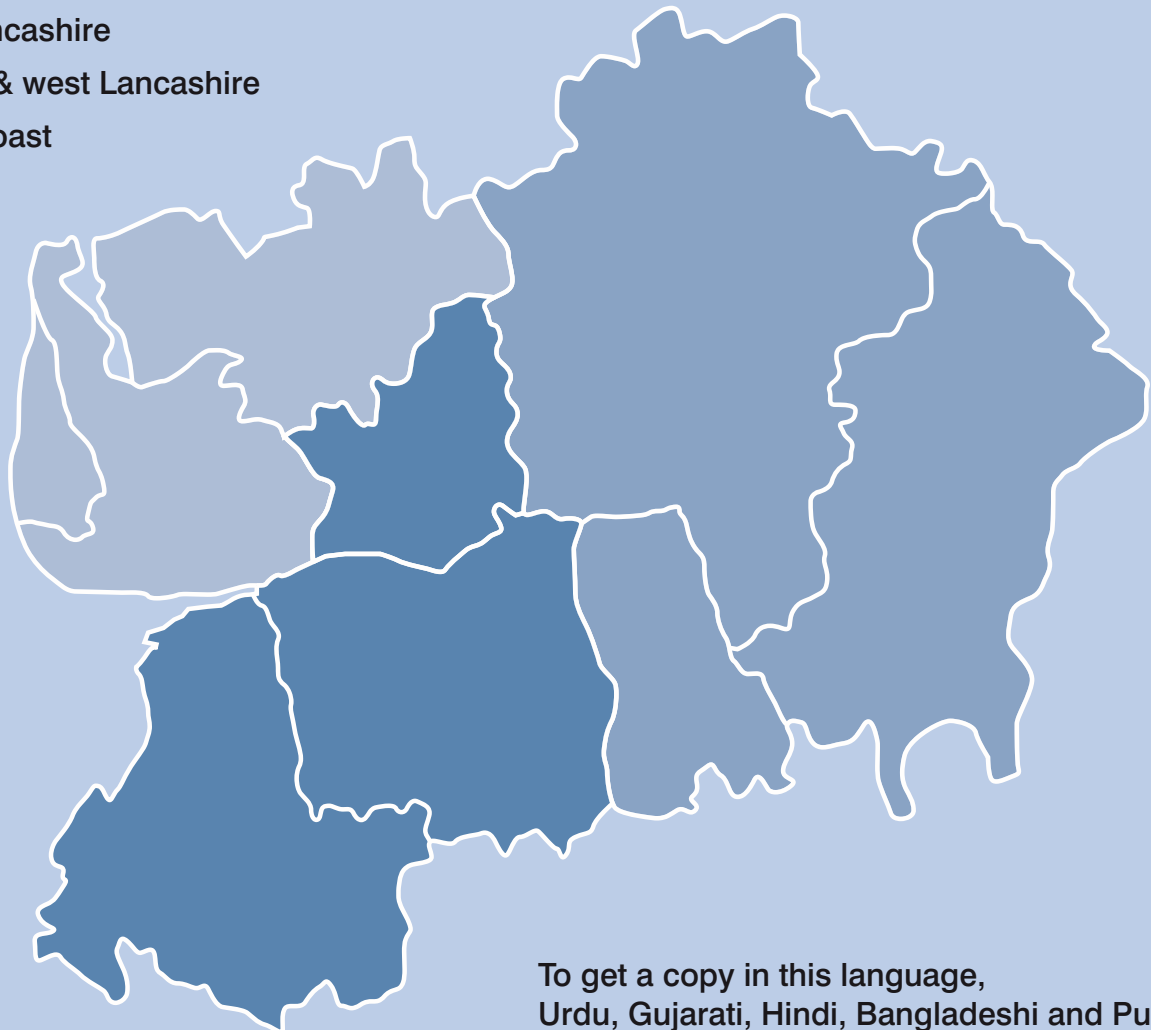
# Working together to improve mental health in Lancashire – modernising hospital services

## Putting Lancashire on the map

Working together to improve mental health in Lancashire  
– modernising hospital services

For the purposes of this public consultation document we refer  
to three particular areas across Lancashire including:

- East Lancashire
- Central & west Lancashire
- Fylde Coast



To get a copy in this language,  
Urdu, Gujarati, Hindi, Bangladeshi and Punjabi,  
please ring 01282 607047.



# Tell us your views

This formal public consultation document has been produced by the NHS **primary care trusts (PCTs)** which are responsible for providing mental health services in Lancashire. It is just one of the ways in which we are asking for **your** views on proposals for changes to the way we provide these services.

The document describes our reasons for believing that changes need to be made to existing services and what our proposals for change are (see page 11). We have also produced a public summary of this document. You can get a copy using the contact details listed on this page.

## How to respond

Please tell us what you think of our proposals. Your views are very important to us and will help to shape the future of mental health services in Lancashire.

We have included a prepaid reply and comments form in the centre pages of this document.

There is also a prepaid response form in the public summary. You do not need a stamp to return your response form to us. **We need to receive responses by 14 July 2006, which is the last day of the public consultation.**

You can also give us feedback through the independent organisations if you are a service user or carer.

You can also give us your views by:

- **replying on-line:** [www.lancashirementalhealth.org.uk](http://www.lancashirementalhealth.org.uk)
- **e-mailing:** [lancashirementalhealth@bprpct.nhs.uk](mailto:lancashirementalhealth@bprpct.nhs.uk)
- **calling:** our public consultation line on 01282 607047; or
- **writing to:** **Freepost RLZT – SGEE - CREL**  
Lancashire Mental Health Project Team  
Suite 171, Bizspace  
Lomeshaye Business Village  
Turner Road  
Nelson BB9 7DR.

### If you are a service user, contact:

- Lancashire Advocacy on **01772 744050.**

### If you are a carer, contact:

- Sam Lawrence at Making Space on **01253 508000.**

## Public meetings

We are holding public meetings throughout Lancashire to tell people about this public consultation and asking for their views on our proposals. You will find a list of dates, times and places for the meetings on page 19 and these will also be widely advertised in the local media.

## Ask for a presentation

If your group or organisation would like a presentation on this public consultation at one of its meetings (daytime or evening), please contact Paul Hopley at Lancashire Mental Health Project Team at the address above.

## Other languages

This document is also available in Urdu, Gujarati, Hindi, Bangladeshi and Punjabi.

## Other formats

If you would like a version of this document on audio cassette or in large print, please phone 01282 607047 between 9am and 5pm, Monday to Friday.

## Comments

If you have any comments on the consultation process, please contact: Carol Fare  
Head of Patient and Public Involvement  
Preston Primary Care Trust on **01772 645509**

## What do those terms mean?

We have explained some terms we use in this document in a glossary on page 21. These words appear in **bold** in the text.

# Working together to improve mental health services in Lancashire

## A public consultation

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# Section 1

## Foreward

Welcome to this formal public consultation on proposals for changes to mental health hospital services across Lancashire. Those of us working in these services see these proposals as a natural next step on a journey we began last summer. The Lancashire Mental Health and Social Care Partnership Board published, in March 2005, a document called 'Working together to improve mental health', which stated how we want to improve mental health services in Lancashire. The changes that we are proposing in this consultation are part of this programme of change.

Our shared aim was to develop ways to improve and modernise mental health services for adults of working age (from 16 years of age) and older people living in east Lancashire, central and west Lancashire and the Fylde Coast.

We set out the proposals, in detail, in section 5. In summary, we are proposing to build three brand new **specialist mental health hospital** sites – one each for the three **health community** areas (the NHS organisations serving a particular area) of east Lancashire, central and west Lancashire and the Fylde Coast. In line with the recommendations of the recently published government White Paper, **Our health, our care, our say – a new direction for**

**community services** (see page 5), we also propose to create more community-based alternatives to going into hospital. Examples would include **crisis** and **respite houses** and **home treatment** for people experiencing mental health crises. We also want to improve the support available to **carers**.

There are currently 15 **specialist mental health hospital** sites across Lancashire for adults and older people, which would be affected by our proposals. In many cases, the accommodation is of a poor standard and designed in a way which does not allow us to provide good therapeutic care. Access to fresh air or gardens, which service users (someone who receives mental health services) tell us is so important to them, is often difficult or impossible. Our proposal to build new mental health hospitals will mean we will no longer need to use the current units and will consider changing them for another use.

Involving local people in developing mental health and social care services is a high priority for all our organisations. We describe on page 9 and 10 the ways in which we have done this over the past nine months.

We now encourage as many people as possible to comment on our proposals. 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.

In line with the **National Service Framework for Mental Health**, published by the Department of Health in 1999, there has been a huge investment in developing local community-based mental health services across Lancashire. In the last three years more than £32 million of extra money has gone into local mental health services and there are plans for further increases in years to come.

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 re-investing savings in community-based services.

Please get involved and play your part in helping to create the modern mental health services which we firmly believe the people of Lancashire have a right to expect.

**Issued by the Lancashire Joint PCT Board Committee**

(See appendix C for membership)

## Section 2

### About this consultation

#### In brief

This section provides a summary of this document. It explains briefly who is consulting you and why. It also outlines the proposals for changes to mental health services in Lancashire on which we want your views. We explain these in more detail in section 5.

The **Lancashire Joint Primary Care Trusts Board Committee** has produced this document to support a 16-week period of formal public consultation from 24 March 2006 to 14 July 2006.

The purpose of this consultation is to gather the views of as many local people as possible on proposals for changes to mental health services across Lancashire.

This consultation does not cover drug and alcohol services as there are different arrangements for these through local drug and alcohol action teams (DAATs). We also do not cover children's services because these services are being improved by developing children's trusts. Finally, we do not include Lancaster either because Morecambe Bay PCT has already consulted their communities on a set of proposals for improving mental health services in the area. As a result, whenever we refer to Lancashire in this document, we do not include Lancaster.

The period set in law for a public consultation of this kind is 12 weeks. However, we have added four weeks

to our consultation to allow for the Easter bank holiday and the local government elections on 4 May.

We have asked a number of questions throughout this document on which we want your comments. This will help us to understand better the way in which you want to see mental health services developing in the future. We would greatly appreciate you taking the time to fill in the pull-out response form in the centre pages and post it back to us using the Freepost addressed envelope supplied with the form.

#### Managing this consultation

This consultation is being managed by a joint committee of **primary care trusts (PCTs)** representing the following NHS organisations.

- Blackpool PCT.
- Blackburn with Darwen PCT.
- Burnley, Pendle and Rossendale PCT.
- Chorley and South Ribble PCT.
- Fylde PCT.
- Hyndburn and Ribble Valley PCT.
- Preston PCT.
- West Lancashire PCT.
- Wyre PCT.

These PCTs have been working closely with a number of other organisations to improve mental health services across Lancashire. Those organisations are:

- Lancashire County Council.
- Blackpool Borough Council.
- Blackburn with Darwen Borough Council.
- Lancashire Care NHS Trust (the health organisation responsible for providing specialist mental health support and treatment).

We have included a list of members of the board of the joint committee in Appendix C.

#### Why do mental health services need modernising?

We are committed to giving the people of Lancashire effective mental health services which meet their needs, and support them so that they can enjoy life and get the best possible results for themselves, their carers and friends. We also aim to provide services which are:

- tailored to individuals, not organisations
- based on evidence of what works
- help people to live the lives they want



## Section 2 (continued)

We believe mental health services cannot stay as they are because they do not allow us to achieve these aims and give everyone the best standard of care possible. Too many people are still going into hospital or staying there simply because there are not enough suitable alternatives in the community - not because they need the care that only hospitals can provide.

We know that the environment in which someone receives inpatient treatment is just as important as the quality of care. However, many mental health NHS hospital buildings are ageing, in poor repair and were not designed to deliver modern mental health services. We also know, from comments from our service users, carers and independent reviews, that these

buildings do not offer privacy or give people dignity or self-respect.

### Changing climate

Our commitment to improving mental health services in the community and avoiding unnecessary stays in hospital is backed up by a government White Paper, published on 30 January 2006. This was called '**Our health, our care, our say – a new direction for community services**'. This paper sets out proposals to give people more control over their own health and wellbeing. It outlines new measures to make sure people have more choice and say over the care they receive in the community, and that there is much closer working and co-ordination between health and social care.

### Better services and more choice for local people

#### The main themes of the White Paper

- Shifting spending from hospitals to spending on care closer to home and on preventative services.
- Placing new responsibilities on local councils and the NHS to work together to provide 'joined-up' care plans for those who need them.
- Introducing a new generation of community hospitals that will provide diagnostics, minor surgery, outpatient facilities and access to social services in one place.
- Providing more support for carers including improved emergency respite arrangements and a new national helpline for carers.
- Extending direct payments and testing individual budgets for social care.

You can get more information on the White Paper from our website at: [www.lancashirementalhealth.org.uk](http://www.lancashirementalhealth.org.uk)  
Or, go to [www.dh.gov.uk](http://www.dh.gov.uk)

### Headlines

#### This consultation is about:

- supporting people to recover from the effects of their mental health problem.
- creating more options for support and treatment when people have crises in their lives or when carers need a break.
- making the best use of money to increase the availability of community-based services.
- delivering better care to people at risk.
- improving the quality of NHS inpatient services and making sure the right services are in place for those who need them.
- promoting positive mental health and well being in all communities.

### Involving our partners and local people

We will work on changes to mental health services with those who use them as well as with their carers, the voluntary and independent sector and partner organisations. We describe in detail in section 4 examples of the way we have done this over the past nine months.

## Section 2 (continued)

### What are your views?

We want your views on the proposals to do the following.

- Provide more services to local communities to support people at home or as near to home as possible.
- Build three new state-of-the-art mental health hospital sites, one in each of the following areas.
  - o Central and west Lancashire.
  - o East Lancashire.
  - o Fylde Coast.
- The 15 existing mental health hospital units provided by Lancashire Care NHS Trust (referred to in the rest of this document as 'the trust') will longer be needed and may be considered for other health-care use or closed.

We explain these proposals more fully in section 5 on page 11.

### Where would these new hospital sites be?

We have not yet identified any possible sites. We want to make sure that everyone with an interest in mental health services, particularly service users themselves and their carers, has the chance to be involved in this important planning and development stage.

We would need to carry out detailed work and develop **business cases** to see where these sites would be.

However, we do know that options are limited. We would also need to look carefully at a range of other factors such as how many beds would be needed and what transport issues there might be for carers, relatives and friends.

Building new hospital sites would take many years and our proposals would take between three to six years to complete. 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.

### What would happen to the existing hospital sites?

We are not able to make any plans for the existing sites until we have consulted you on the proposals in this document. We could sell them or convert them for other healthcare uses.

### How much would all this cost?

It is too early to be clear about the exact costs of providing new facilities, but we do know it would cost many millions of pounds. We will prepare detailed plans and estimates following this public consultation.

### Other public consultations

A number of other important public consultations, described in the following section, are taking place at the same time. Although they are separate from our consultation, we

are working with the leaders of these other consultations to make sure that we take full account of any changes affecting mental health services in Lancashire.

### Other public consultations relating to parts of Lancashire

#### Meeting Patients' Needs

#### Consulting on changes to hospital services for the residents of east Lancashire.

This public consultation is being carried out by the three PCTs in east Lancashire along with East Lancashire Hospitals NHS Trust. The PCTs are Blackburn with Darwen PCT, Burnley Pendle and Rossendale PCT and Hyndburn and Ribble Valley PCT. They are consulting on proposals for separating emergency and planned care between Queen's Park Hospital in Blackburn and Burnley General Hospital. They also propose a range of new developments including urgent-care centres and birthing centres.

The consultation was launched on **21 March 2006** and will end after 16 weeks on **10 July 2006**, which is also the final date for responses. You can get more information and copies of the consultation document and public summary by:



## Section 2 (continued)

- logging onto [www.eastlancs.nhs.uk](http://www.eastlancs.nhs.uk)
- e-mailing: [meetingpatientsneeds@hrvpct.nhs.uk](mailto:meetingpatientsneeds@hrvpct.nhs.uk)
- calling the consultation hotline on: 01254 293855 or
- writing to: FREEPOST RLZU-XHGB-SYYK, Hyndburn and Ribble Valley PCT, Haywood Road, Accrington, BB5 6AS

### Making It Better – Making It Real

Consulting on changes to services for children, young people, parents and babies.

This consultation is being carried out by the Greater Manchester Children's Network. It is to do with proposed changes to some inpatient services for children, young people, parents and babies in Greater Manchester, Eastern Cheshire, High Peak and Rossendale.

The consultation was launched on 12 January 2006 and the final date for responses from the public is 12 May 2006. You can get more information and copies of the public consultation document by:

- calling Freephone 0800 587 2901
- writing to FREEPOST, Making it Better
- e-mailing [consultation.response@gmsa.nhs.uk](mailto:consultation.response@gmsa.nhs.uk)
- logging onto [www.bestforhealth.nhs.uk](http://www.bestforhealth.nhs.uk)

### Best for Health

Consulting on changes to local health services in the north-east of Greater Manchester.

Best for Health is part of the Healthy Futures Programme which is about arranging hospital services differently and depends on expanding community-based services in the areas served by five PCTs. These are in Bury, north Manchester, Rochdale, Heywood and Middleton and Oldham. It also involves Pennine Acute Hospitals NHS Trust and Rossendale in the Burnley, Pendle and Rossendale PCT area.

The Best for Health consultation began on 12 January 2006 and will end on 13 April 2006 which is the closing date for public responses.

You can get more information and copies of the consultation documents are available by:

- calling 0161 655 1449
- writing to Freepost, Healthy Futures
- e-mailing [healthyfutures@hmpct.nhs.uk](mailto:healthyfutures@hmpct.nhs.uk)
- logging onto [www.bestforhealth.nhs.uk](http://www.bestforhealth.nhs.uk)

### What happens next?

At the end of the consultation period, we will analyse all the responses we receive. These meetings are open to the public and dates, times and venues are listed in section 7 and on our website at:

[www.lancashirementalhealth.org.uk](http://www.lancashirementalhealth.org.uk).

In reaching their decision on the way forward, the Joint Committee will take into account the views of the Lancashire Joint Health Overview and Scrutiny Committee (OSC). The OSCs will also consider all the responses to the public consultation and any recommendations of the joint committee. If the OSCs are not satisfied either with the course of action the joint committee propose or the effectiveness of the consultation process and the joint committee still wants to go ahead, the OSCs may refer the matter to the Secretary of State for Health for a final decision.



## Section 3

### Where are we now?

This section outlines the significant improvements that have been made in community-based services in recent years. In contrast, many hospital services are based in ageing buildings which need repairs and which are failing to meet the standards needed under a modern health service.

#### Investing in community-based services

We have made a lot of progress in the past three years in improving and modernising mental health services in the community.

Over £32 million has been invested across Lancashire in a range of new **community mental health services** for people with severe and long-term mental health problems. These are problems which affect people throughout their lives.

Adult community mental health teams (CMHTs) were set up across Lancashire some years ago, providing support to people with severe and long-term mental health problems. These teams are made up of professionals and support staff, such as psychiatrists, mental health nurses, psychologists, social workers, occupational therapists, **support, time and recovery workers** and community support staff. They offer treatment, support with daily living, help people to get work and encourage self development. And, some support is available for relatives and carers when needed.

New community services make it essential that the local CMHTs change

to reflect the investment in new services and different ways of working.

#### New funding

We are planning an ambitious programme to develop services, with a view to arranging more than £15 million of new funding to create new **mental health community resource centres** across Lancashire. This will make our services more accessible to local people.

We have also introduced new services 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. 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.

#### Vulnerable people

However, there are limited choices available to people who are very distressed or at risk of harming themselves or other people.

In the past, going into an NHS hospital was often the only option available for people in crisis or who needed intensive treatment. As a result, the numbers of people needing psychiatric hospital beds in Lancashire have been high. However, in the last two years, with the introduction of the new Community-based services (shown above), we have seen the demand for hospital admissions change. We believe there is more scope to further reduce demand 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.

#### Hospital units not 'fit for purpose'

The standard of many hospital units is increasingly worrying. Many of the wards were built in the 1960s and are laid out in dormitory style with up to 10 beds. There are still some mixed-sex wards and many were not designed for the needs of disabled people. Some rooms have no natural daylight which service users have reported as being very depressing. And, many of the wards do not have a secure outdoor space, especially those built on **acute hospital sites**. This means that service users cannot get fresh air, exercise or a break from the atmosphere of the ward, which can be very stressful at times. In many of the units the older people's wards are on the first floor or even higher. Even if there is a garden or outside area, the distance is too great for frail older people to make use of.



## Section 4

# Developing our proposals for change with local people

Here we describe involving a wide range of people including service users, carers and others in developing the proposals outlined in this document.

Our proposals for changing mental health hospital services build on over 22 months of work carried out by the nine PCTs which are responsible for planning and buying mental health services for the people of Lancashire.

The PCTs began by looking in detail at the way in which these vital services are currently provided. In doing so, they continue to work closely with their partners in local authorities, social care, Lancashire Care NHS Trust, (which provides specialist mental health support and treatment) and other government and voluntary organisations. They also talked and listened carefully to service users, carers, staff and members of the public about what they wanted from their mental health services in the future.

### Pledging to improve services

In March 2005 a document called **Working together to improve Mental Health** was published by Lancashire Mental Health and Social Care Partnership Board, which is made up of representatives of all these NHS and social-care

organisations. (See appendix C for a full list of board members.) The document set out a pledge to improve and change mental health services across Lancashire for people aged 16 and over.

### Getting people's views

In the summer of 2004, we had three events across Lancashire with the aim of getting the views of those involved, including service users and carers, on the future of local mental health services. They welcomed the principles and initial thoughts from the Lancashire Mental Health and Social Care Partnership Board about how mental health services should be improved. These were to:

- support people to recover from the effects of their mental health problems.
- place a 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 the same opportunities everyone should have.
- promote positive mental health and wellbeing in all communities.
- provide better support to carers.

**Question 1 – What are your views on the general principles outlined here? Are there any other things that we should consider?**

**The views expressed by local people in Lancashire were similar to those voiced by the public in the White Paper, Our health, our care, our say – a new direction for community services. They said they wanted mental health services which:**

- are based around their needs, helping them to make choices and take control of their lives and wellbeing.
- help people to understand their own lives and lifestyle better.
- place more emphasis on preventing mental health illness and promoting independence.
- allow easy access to help when needed.
- provide more information about where to get appropriate help.
- treat the whole person and meet all needs.
- support wellbeing and health and do not focus just on sickness or an immediate crisis.
- are safe, effective and provided closer to home.

## Section 4 (continued)

### How we assess proposals for change

We organised eight further events in September 2005 to agree how we would assess the number of options being considered. Below is a summary of what people said they wanted to see in the future.

We organised eight further events in September 2005 to agree how we would assess the number of options being considered. Below is a summary of what people said they wanted to see in the future.

- more choice over methods of treatment and a range of alternatives.
- environments and care that support people who are particularly vulnerable.
- a well-trained, competent workforce.
- services that treat the whole person, are flexible and delivered according to need.
- a full range of interventions (actions designed to help or improve a person's mental health) including alternatives.
- the need for clear, simple access to services.
- easy access to inpatient services for older people and rural communities.
- services organised according to need.
- inpatient mental health services which create a network of specialised areas catering for people who are particularly vulnerable.
- inpatient units designed to be used flexibly to support how therapeutic interventions are delivered.

The Partnership Board made a clear commitment that any proposals for the number of mental health hospital sites to be developed in Lancashire would be based on the priorities expressed by the people who went to these events.

After considering all the issues raised, the Partnership Board decided that modernising mental health hospital services should be the next priority area for action.

You can find a full report of the events on our website at: [www.lancashirementalhealth.org.uk](http://www.lancashirementalhealth.org.uk) or through the contact details on page 1 of this document.



## Section 5

# What are our proposals for change?

In this section we set out reasons for wanting to:

- build three new hospital units in Lancashire.
- reduce the overall number of hospital beds available.
- invest the savings in more services in the community and close to people's homes.

We also describe the benefits of our proposals, as we see them, to service users, carers and health and social care staff.

### New direction for community services

Based on the research and policies available on mental health hospital services and models of best practice, we believe effective therapy and more treatment choices should be made available to local people.

We also 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.

### New direction for hospital services

The significant increase in the community support available to mental health service users and carers has meant that the demand for mental health hospital services is reducing. In particular, providing the 24-hour crisis resolution and home treatment service has resulted in extra support being available to people in their own homes.

However, a small number of people will still need to use NHS hospital services and so we want to improve specialist mental health NHS hospital services to provide modern facilities. In this way, the experience not only of those who use these services but also of the staff who work in them will be improved.

## Case study

### Crisis resolution in mental health

Birmingham and Solihull Mental Health Trust has one of the longest established crisis resolution teams covering 150,000 people in the Yardley/Hodge Hill area. The team is multi-disciplinary, including psychiatrists, nurses and social workers, and works intensively supporting people in their own homes who are experiencing a mental health crisis and who might otherwise have to be admitted to hospital. This can involve several visits per day using a range of medical and psychosocial interventions, as well as working very closely with family carers.

Service users and carers have welcomed this support as an alternative to hospital admission and the service has proved particularly beneficial to people from minority ethnic groups. In terms of impact, impatient bed use in this area dropped by 50 per cent within less than a year of the team commencing in 1996 and admissions have remained at the that level.

## Section 5 (continued)

We have analysed the future changes in the population and predict that the bed numbers we will need are likely to reduce to around 450 beds from the current 707. 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.

We believe that people who need to use mental health hospital services should be given the best-quality care in buildings that:

- are no more than two storeys high with wards which have no more than 20 beds.
- are surrounded by secure, landscaped, outdoor areas for exercise, relaxation and leisure.
- have individual bedrooms with en-suite facilities.
- are easy to get to by public transport.
- are designed to be as flexible as possible to allow services to develop over time.
- provide a safe environment for vulnerable people, such as frail older people, those who are disabled and young people.

We also want to provide services that offer facilities for people to express their faith and practise their customs.

### What are we proposing?

Currently there are 15 specialist adult and older adult mental health service hospital sites across Lancashire which will be directly affected by the proposed changes. You can see opposite the numbers of beds and places where these units are based.

Sites currently have between one and five wards, with each ward providing up to 28 beds. In many cases the accommodation is of poor standard or is designed so that it makes it difficult to provide therapeutic care. As we have said previously, access to fresh air or gardens is often difficult or impossible.

We have analysed and tried to predict the number of hospital mental health beds we may need in the future. We believe that reducing the number of beds on the current sites would not result in the level of improvement that we want to make to these services. There would still not be enough space inside or outside the building.

It would cost more money to improve the current hospital sites than it would to build new facilities. And, we would not be able to reinvest the savings

made from reducing the number of beds into developing extra crisis and respite beds in local communities.

We believe that building three modern hospital sites, one in each health community area of Lancashire, is the best option because providing one or two sites in Lancashire would limit access and run the risk of creating large institutions. Building more than three new inpatient sites is not affordable and would not allow us to develop local crisis and respite facilities.

### Evaluating our options

When we evaluated all options using the priorities identified by people during the events in September 2005, the three-site option always scored higher compared with the other options.

If we are to build new sites in the future, we will make sure that local people and staff are involved in all of the planning and design stages.

We will also need to consider the existing mental health units, which will be converted for other healthcare use (if appropriate) or closed.



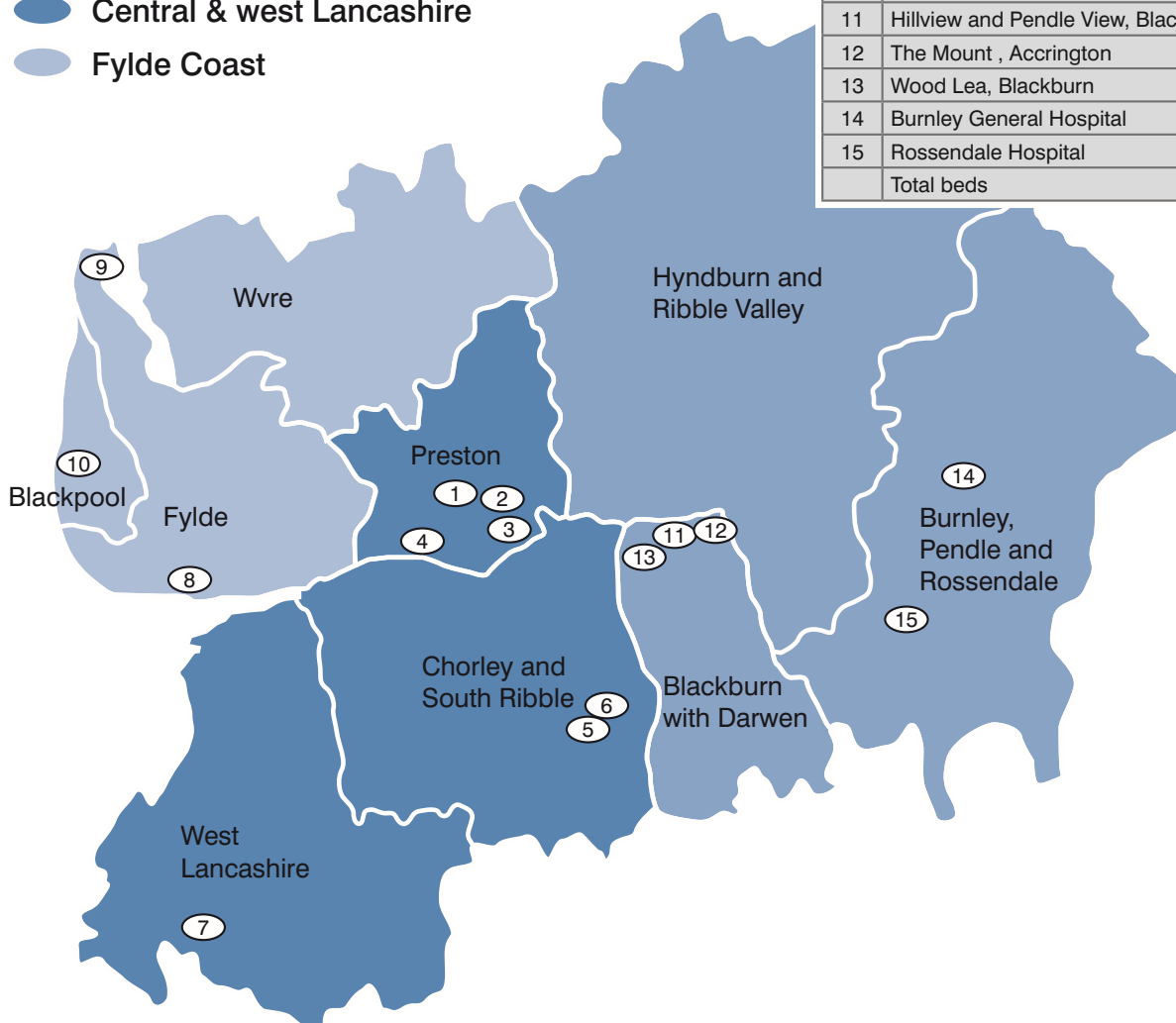
## Section 5 (continued)



# LANCASHIRE NHS MENTAL HEALTH INPATIENT SITES

- East Lancashire
- Central & west Lancashire
- Fylde Coast

	Location	Beds
1	Avondale Unit, Preston	55 beds
2	Sion Close, Preston	12 beds
3	Ribbleton Hospital, Preston	56 beds
4	Croft House, Preston	17 beds
5	Chorley District Hospital	76 beds
6	Euxton Lane	10 beds
7	Ormskirk District General Hospital	54 beds
8	Lytham Hospital	40 beds
9	Fleetwood Hospital	40 beds
10	Parkwood Unit, Blackpool	94 beds
11	Hillview and Pendle View, Blackburn	85 beds
12	The Mount , Accrington	20 beds
13	Wood Lea, Blackburn	13 beds
14	Burnley General Hospital	85 beds
15	Rosendale Hospital	50 beds
	<b>Total beds</b>	<b>707 beds</b>



## Section 5 (continued)

**Question 2 - Do you agree with our proposals to convert or the close 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?**

### What does this mean for your local services?

This section describes how we want to develop crisis services across Lancashire and it identifies any issues for local areas when we consider where the new sites might be.

We want to further improve local community mental health services. We want to develop local facilities that people can use if they are experiencing a mental health crisis or if carers need respite care.

This means that fewer people will need hospital services. 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.

The new community services we described earlier were created, at first, for people aged 16 to 64 years. We want to make these services available to all people who need them.

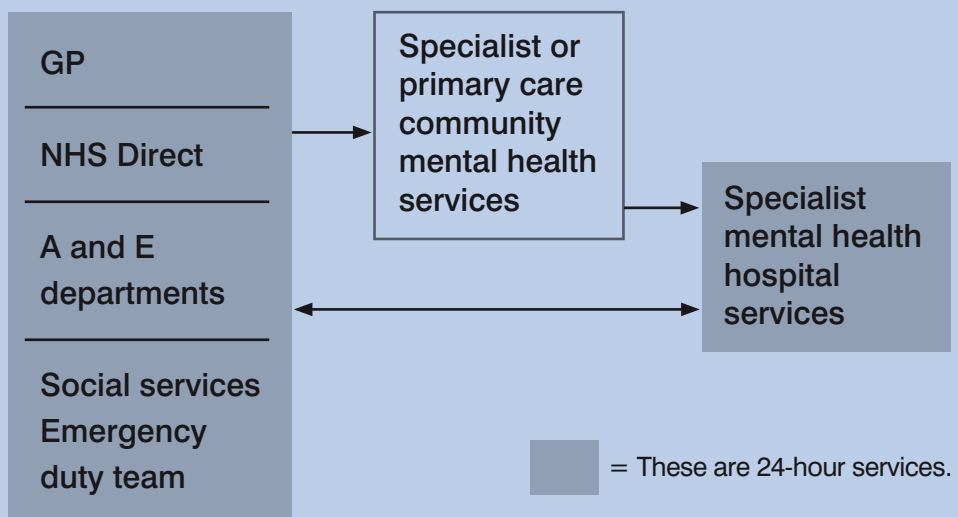
#### How people currently access mental health services

At the moment people who experience mental health problems access services through a number

of different routes, usually by seeing their GP. People cannot access these services direct, even when they are experiencing a mental health crisis. The diagram below shows the pathways into mental health services.

We have identified a number of important elements for a mental health crisis service provided by a range of professionals from different health and social-care agencies. These elements are shown below.

- Simple access points for people who have a mental health crisis, which are available 24 hours a day throughout the year.
- A joint health and social care assessment carried out by appropriately trained mental health professionals.



# Pull-out form



## Working together to improve mental health in Lancashire – modernising hospital services

### Reply and comments form

#### Please send us your views

We would like your comments and views on our proposals for changes to mental health services in Lancashire. We would also like to know your opinions on the questions we have asked throughout the document and which we have reprinted here.

Please use this prepaid, pull-out form to register your comments and views no later than 14 July 2006. You do not need a stamp. The address for your reply is given at the end of this questionnaire.

If you prefer, you may respond on-line by visiting our website at: [www.lancashirementalhealth.org.uk](http://www.lancashirementalhealth.org.uk)

#### Question 1

Do you agree with the general principles for improving mental health services (outlined on page 5)

Yes     No     Don't know

Are there any other things that we should consider? Please give details.

#### 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? See page 12

Yes     No     Don't know

Please provide any further comments below.

# Lancashire Joint Primary Care Trust

BOARD COMMITTEE

## form

### 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 (outlined on page 15)

Yes     No     Don't know

Are there other things that we should also consider?

### Question 4

Do you have any other ideas for improving and modernising mental health services which you think we should consider?

Yes     No     Don't know

Please outline your ideas below.

### Question 5

If you would prefer not to give your name and address please leave these questions blank and go to question 7.

Name: .....

Address: .....  
.....

### Question 6

(Please tick one box only.)    Are you responding as:

an organisation (please go to question 7)     an individual (please go to question 9)

### Question 7

Which organisation do you belong to? .....



## Question 8

Where is your organisation based? .....

## Question 9

(Please tick one box only.) How would you describe yourself?

- |                                                            |                                                       |
|------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> A member of NHS staff             | <input type="checkbox"/> A mental health service user |
| <input type="checkbox"/> An unpaid carer                   | <input type="checkbox"/> A member of the public       |
| <input type="checkbox"/> Other (please give details below) |                                                       |
- .....

## Question 10

Which area do you live in? (Please tick one box only.)

- |                                                            |                                          |                                     |
|------------------------------------------------------------|------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Blackburn                         | <input type="checkbox"/> Blackpool       | <input type="checkbox"/> Burnley    |
| <input type="checkbox"/> Chorley                           | <input type="checkbox"/> Darwen          | <input type="checkbox"/> Fylde      |
| <input type="checkbox"/> Hyndburn                          | <input type="checkbox"/> Longridge       | <input type="checkbox"/> Pendle     |
| <input type="checkbox"/> Preston                           | <input type="checkbox"/> Ribble Valley   | <input type="checkbox"/> Rossendale |
| <input type="checkbox"/> South Ribble                      | <input type="checkbox"/> West Lancashire | <input type="checkbox"/> Wyre       |
| <input type="checkbox"/> Other (please give details below) |                                          |                                     |
- .....

## Question 11

Are you:  Male?  Female?

## Question 12

What age group are you in?  18 or under  19 to 40  41 to 60  61 to 80  81 or over

## Question 13

What is your ethnic group?

- |                                                               |                                                             |                                                             |
|---------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> White-British                        | <input type="checkbox"/> White – Irish                      | <input type="checkbox"/> White – Other                      |
| <input type="checkbox"/> Mixed – White and Black Caribbean    | <input type="checkbox"/> Mixed – White and Asian            | <input type="checkbox"/> Mixed – White and Black African    |
| <input type="checkbox"/> Mixed – Other                        | <input type="checkbox"/> Black or Black British – Caribbean | <input type="checkbox"/> Black or Black British – African   |
| <input type="checkbox"/> Black or Black British – Other       | <input type="checkbox"/> Asian or Asian British – Indian    | <input type="checkbox"/> Asian or Asian British – Pakistani |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Asian or Asian British – Other     | <input type="checkbox"/> Chinese                            |
| <input type="checkbox"/> Other (please specify) .....         |                                                             |                                                             |

# Lancashire Joint Primary Care Trust

BOARD COMMITTEE

## form

### Question 14

It would help us if you could take a little time to tell us how you heard about this public consultation?  
(Please tick the appropriate boxes).

- |                                          |                                                                          |
|------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Local newspaper | <input type="checkbox"/> Word of mouth                                   |
| <input type="checkbox"/> Website         | <input type="checkbox"/> Poster in GP surgery, clinic, library and so on |
| <input type="checkbox"/> Public notices  | <input type="checkbox"/> Group or organisation                           |

If you would like to be included on our electronic mailing list for updates on **modernising mental health services in Lancashire**, please provide your e-mail address below.

.....  
If you do not want your comments and views to be made public, please put an X in the box provided.

We are bound by the rules of the Freedom of Information Act (2000). This means that we may publish or release all information contained in your response, including personal information. If you ask us to keep information you give us confidential, we can only do so in line with our obligations under the act.

**Please feel free to add further comments here or on a separate sheet of paper.**

### Thank you

Thank you for taking the time to respond to this public consultation. Your views are very important to us and will help to shape the future of mental health services in Lancashire.

We will read all the responses, and we will publish a summary of all those received up to **14 July 2006** and they will be taken into account by the Joint Committee of PCTs.

Unfortunately we cannot acknowledge that we have received your responses.


**Freepost RLZT – SGEE – CREL**  
Lancashire Mental Health Project Team  
Suite 171, Bizspace  
Lomeshaye Business Village  
Turner Road  
Nelson BB9 7DR.

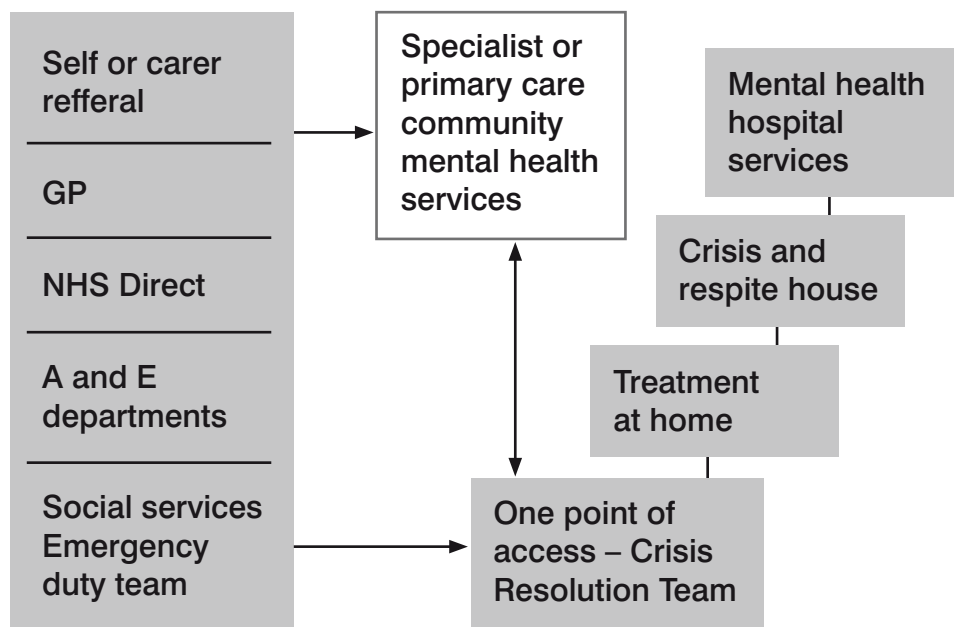
You do not need a stamp to return this form.  
Please fill it in, pull-out and put it in an envelope addressed to:

## Section 5 (continued)

- Appropriate support choices offered by the Crisis Resolution Service. The starting point will always be support for people in their own homes and developing individual coping strategies. Access would be made available to more intensive support, if needed, such as home treatment, crisis or respite support, and hospital care.
- Local crisis and respite houses, working to the same standards across Lancashire, provided by the voluntary sector.
- People going into hospital or receiving crisis support and respite houses co-ordinated by the Crisis Resolution and Home Treatment Service which would also support people and carers through the process of going into hospital.
- Clear information about these services being made available.
- Staff from all the agencies trained to a high level, to make sure that they can provide the best-quality support and treatment.
- We will evaluate who uses the services and the outcomes for crisis services for all elements of the service each year.

This will result in people experiencing a mental health crisis or their carers being able to go to the crisis resolution team to get the help they need quickly. There will also be an increased number of local services available to help people in their local communities. More services will be available 24 hours a day, throughout the year. The diagram below shows how the pathways into services will be improved.

 = These are 24-hour services.



Crisis services will need to develop close links with accident and emergency departments, social services emergency duty teams and other agencies who may come into contact with people who are experiencing a mental health crisis.

**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, are there other things that we should also consider?**

## Section 6

### A review of services – area by area

#### Central and west Lancashire



The aim has always been to improve mental health services, making them more accessible and easy to use for everyone who needs them. These have been delivered in line with national targets and are focused on supporting people to stay in their own homes or near their families.

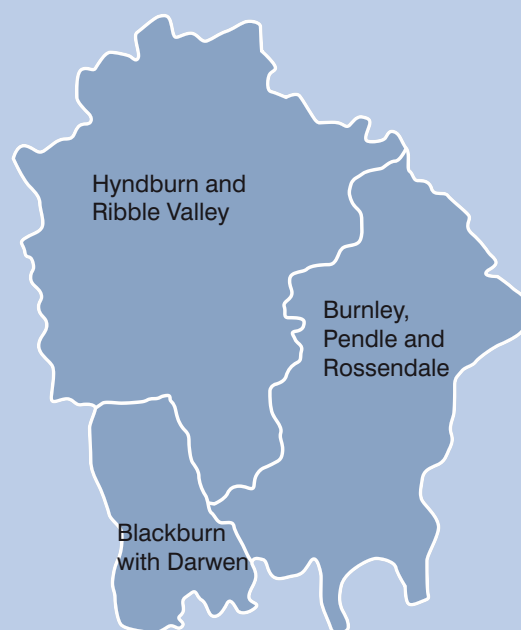
The current mental health units provide a range of services for adults of all ages. Most of these wards are designed to the same layout as the general medical hospital services and are not fit for modern mental health services. Some areas, like the unit on the Chorley District Hospital site, do not have enough natural light. Other areas have recently been upgraded

to a high standard, such as the unit on the Ormskirk Hospital site, but these still do not offer enough space for emergency assessments.

The next stage and one of our biggest challenges is to develop new modern units that will provide specialist services for people with mental health needs. This will mean reducing the number of hospital sites across Lancashire and replacing them with new modern units that would offer patients a facility and environment that follows the principles of best practice. This presents an exciting opportunity to redesign hospitals to reflect age and people's different backgrounds and emphasise services provided in the community. Developing specialist inpatient services such as younger people or **dual diagnosis** will be an important part of redesigning this service.

At the moment, there is land available in Preston on the old Sharoe Green Hospital site. However, we are not sure that this will be big enough. Access by public transport to any possible new site will be a high priority. These changes will allow locally-based respite and recovery support services, which are available 24 hours a day, to be developed.

#### East Lancashire



The current acute mental health hospital services in East Lancashire are of poor standard. Burnley General and Rossendale General Hospitals need renovating to meet basic standards of privacy and dignity. Although the unit at Queen's Park Hospital in Blackburn is relatively new, it does not provide enough recreational and leisure space for people who need to use it. And the unit at Queen's Park Hospital does not provide appropriate space for visitors and families to use.



## Section 6 (continued)

We clearly need a purpose-built unit to bring the mental health hospital accommodation up to modern-day standards. None of the current units have the land needed for a single unit of the size we need.

Deciding on where to base a single east-Lancashire mental health hospital site is going to be a challenge. East Lancashire is quite a long area and some communities have poor public transport links.

The current clinical services review that the East Lancashire Acute Hospital NHS Trust is carrying out could provide some opportunity for land on either the Burnley General or Queen's Park Hospital sites. As a result, it is difficult for us to be clear about possible sites at this point.

### Fylde Coast



Currently the acute mental health hospital facilities across the Fylde Coast are very cramped with Parkwood Hospital, on the Blackpool Victoria Hospital site, needing significant changes and modernisation to meet basic

standards of privacy and dignity. There are isolated inpatient units for older people who have mental health problems at Lytham and Fleetwood Hospitals. Providing this type of service in these settings is no longer considered to be best practice and these services need to be provided alongside other mental health hospital facilities. Moving to one mental health hospital site will also give people access to specialist **clinicians**, nurses and medical staff.

It is possible that the Devonshire Road Hospital site may be available, but we are not sure at this stage whether this site will provide enough land for the kind of facility and grounds that we want to develop.

### How long will it take to build the new sites?

The process to plan and build new NHS hospitals takes many years. We have estimated the likely timescales for the different stages below. However, we must point out that these are only estimates and the timescales may vary.

### What we are aiming to achieve - at a glance

- Modern mental health services for service users and their carers.
- Mental health services that support people to recover.
- Less use of hospital services and fewer hospital beds.
- More investment in services that support service users in the community and closer to their homes.
- Better support for carers.
- State-of-the art modern hospital units for those who need them with access to secure grounds and outside spaces.
- More privacy and dignity for service users, so they can express their faith and practise their customs.
- A safe place for vulnerable people such as frail elderly people, those who are disabled and young people.

Consultation process	March – July 2006
Decision on the outcome of the consultation	Later in 2006
Produce a business case	We have already started to explore the issues in more detail. This work is likely to finish in 2007/ 2008.
Approve the business case	2009/ 2010
Building work	2010/ 2011

## Section 6 (continued)

### Why have we chosen three sites?

We believe our proposal for three new hospital sites is the best option for Lancashire because they would deliver the essential elements of a good mental health hospital service identified by those involved in the process.

**Question 4 - Do you have any other ideas for improving and modernising mental health services which you think we should consider?**

Our reasons at a glance.

- We should place greater emphasis on local community mental health services, with alternatives to hospital admissions and more respite care in the future.
- The existing buildings are not of an acceptable standard and do not allow us to deliver modern mental health care and treatment, even if these sites were refurbished.
- More than three sites would not allow us to make enough savings to develop local community-crisis and respite facilities.
- Fewer than three sites would limit access and we believe that these are not realistic options, as land of the size we need is not likely to be available.
- We believe that it will be easier to find three suitable sites that have public transport links.

#### What are the benefits of these proposals?

We believe our proposals would bring the following benefits for service users and carers.

- More choice to support people who are experiencing a mental health crisis, which will include treatment at home and local crisis houses.
- 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.



## Section 7



### Summary and next steps

The consultation period lasts for 16 weeks from the week beginning 24 March 2006 until 14 July 2006, during which time the different NHS organisations involved will pass on the information contained here as widely as possible.

The Joint Committee of PCTs plans to make a decision, based on the outcome of the consultation, on these proposals in August or September 2006.

#### Public meetings

We will hold a series of public consultation meetings on the following dates.

Date	Time	Borough	Where?
Monday 8 May 06	2pm to 5pm	West Lancashire	Skelmersdale Ecumenical Centre, Northway, WN8 6LU
Tuesday 9 May 06	2pm to 5pm	South Ribble	Best Western Leyland Hotel, Leyland Way, Leyland, PR25 4JX
Wednesday 10 May 06	10am to 1pm	Preston	Gujarat Centre, South Meadow Lane, Preston, PR1 8JN
Wednesday 10 May 06	2pm to 5pm	Fylde	Kirkham Community Centre, Mill Street, Kirkham, PR4 2AN
Thursday 11 May 06	2pm to 5pm	Blackpool	Winter Gardens, Renaissance Suite, 97 Church Street, Blackpool, FY1 1HL
Monday 15 May 06	10am to 1pm	Burnley	Turf Moor, Burnley Football Club, Albert Maddox Suite, Harry Potts Way, Burnley, BB10 4BX
Monday 15 May 06	2pm to 5pm	Hyndburn	Accrington Town Hall, Blackburn Road, Accrington, BB5 1LA
Tuesday 16 May 06	10am to 1pm	Blackburn	Blackburn Central Library, The Hornby Lecture Theatre, Town Hall Street, Blackburn, BB2 1AG
Tuesday 16 May 06	2pm to 5pm	Pendle	Northern Technologies Conference & Exhibit Centre, Netherfield Road Nelson, BB9 9AR
Wednesday 17 May 06	2pm to 5pm	Longridge	Longridge Civic Hall, Calder Avenue (off Berry Lane) Longridge, Preston PR3 3AN
Thursday 18 May 06	2.30pm to 5.30pm	Ribble Valley	St Mary's Centre, Church Street, Clitheroe, BB7 2DG
Friday 19 May 06	2pm to 5pm	Darwen	Darwen Library Theatre, Knotts Street, Darwen, BB3 3BU
Monday 22 May 06	6.30pm to 9pm	Wyre	Poulton Youth & Community Centre, Breck Road, Poulton-le-Fylde, FY6 7PU (Next to civic centre)
Wednesday 24 May 06	6.30pm to 9pm	Rossendale	St Mary's Chambers, Haslingden Road, Rawtenstall, Rossendale, BB4 6QX
Thursday 25 May 06	6.30pm to 9pm	Chorley	St Mary's Parish Centre, West Street, (off Devonshire Rd) Chorley, PR7 2SR

## Section 7 (continued)

**Please note that the closing date for comments is 14 July 2006.**

At the end of the consultation process, we will produce a summary of the responses and you can ask for a copy of this using the contact details given in this document or by going on the website.

### Publicising this consultation and gathering your views

- We are producing over 130k copies of the public consultation document in various formats, the distribution will include GP surgeries, hospitals, clinics and health centres as well as to government and voluntary organisations and local town halls and libraries. You can read or download the document on our website at: [www.lancashirementalhealthservices.org.uk](http://www.lancashirementalhealthservices.org.uk)
- We will issue a press release to the local media.
- We will hold public meetings, details of which are given on page 19. These meetings will be open to everyone and will also be advertised in local newspapers.
- Our website provides information about this public consultation, and you may use it to provide your response.
- A public consultation hotline (with answerphone service) is available for people's views and we will regularly monitor it.
- We are holding meetings and presentations with government and voluntary organisations as well as with staff and groups representing service users, carers and the public.

# Appendix A



## Glossary

### What do those terms mean?

**Acute hospital site** – An NHS hospital that provides medical and surgical services.

**Assertive outreach** – These teams aim to support people who do not naturally reach out for help themselves, but who may be a significant risk to themselves or others. Generally people who need this service may have social problems to do with their mental illness, such as difficulties staying in one place for any length of time and managing their money. They may use alcohol or drugs regularly and may not be happy to accept treatment from mental health services.

**Business case** – A detailed and technical document which explains why services need to change and considers the various options for achieving the necessary changes. This work takes place when the **strategic outline case** has been approved.

**Carer** – Someone who provides a great deal of unpaid, regular support to a person with health problems. This could be a husband or wife, parent, partner, friend or neighbour.

**Clinician** - a nurse, social worker or occupational therapist who has received special training in one or more areas of mental health and provides direct care.

**Crisis resolution and home treatment** – There are two separate parts to this service, although both parts have a flexible approach to people who take risks and ways of managing this behaviour. The first aim of these services is to help people find better ways of coping in the future.

Crisis resolution deals with the specific parts of a mental health crisis. It offers a great deal of support to the service user to try to make sure that no more harm is done, if at all possible. It also aims to help the service user and their carers to being able to cope with their lives in a way which is acceptable to them. Crises are often triggered suddenly by a difficult event for someone who has been in a vulnerable position in the past. This involves a very quick response to avoid further harm or the service user's condition getting worse.

Treatment may be given in the service user's home during a crisis even though in the past this sort of treatment may have been provided in hospital.

**Dual diagnosis** - A person who has complicated problems, such as, an alcohol or drug problem, a learning disability as well as an emotional or mental health problem.

**Early intervention** – These teams work across Lancashire to meet

needs of those between 14 and 35 who experience psychotic symptoms (for example, hearing voices) for the first time or during the first three years of their illness. Research has shown that if concentrated treatment and support is given to people and their families in the early years of their illness, the chances of recovery and improved mental health in the future are greatly improved.

**Health community** – this term is used to describe the NHS organisations serving a particular area.

**Lancashire Joint Primary Care Trusts Board Committee** – The body managing this public consultation and representing the nine PCTs in Lancashire. These are Blackpool PCT, Blackburn with Darwen PCT, Burnley, Pendle and Rossendale PCT, Chorley and South Ribble PCT, Fylde PCT, Hyndburn and Ribble Valley PCT, Preston PCT, West Lancashire PCT and Wyre PCT.

**Mental health community resource centre** – A community-based facility which provides accommodation for mental health workers and space for service users and community members to use. These centres will usually be open during office hours, but could be used out of office hours.

## Appendix A (continued)

### **National Service Framework (NSF) for Mental Health**

– A policy document produced by the Government setting out standards and targets for mental health services which local NHS services must achieve.

### **Primary care graduate workers**

– Working under the supervision of the GP and with help from a specialist mental health practitioner, these new workers are trained to provide short-term treatment programmes for people who are depressed, anxious or who experience other mental health problems.

### **Primary care trusts (PCTs)**

– the organisations responsible for deciding which services local populations need and taking an overview of primary care services provided for example, GPs and pharmacists.

**Respite facilities** – Short-term or temporary care for the service user to provide some time off for the regular, unpaid caregiver. This is usually a partner, family member or friend.

**Service user** – Someone who receives mental health services. Some people prefer to be known as patients, but in recent years many people who receive mental health services have preferred the term ‘service user’. They feel this shows the more active role they play in their own health and wellbeing.

**Specialist mental health hospital** – Specialised mental health services for people who become unwell suddenly or who have been ill for some time but their health has got worse.

### **Specialist or primary care community mental health services**

- these include many different teams, working in local communities. The services may operate during office or longer hours, provided by Lancashire Care NHS Trust, Social Services or the local PCT.

### **Support, time and recovery worker**

-A main part of the role is to promote the idea that people can recover from mental health problems. Recovery is seen as a process carried out by individuals with support from others. The workers encourage people to come up with their own definition of recovery and to regain a sense of hope, meaning, control, responsibility and enjoyment. It is important that the support a support, time and recovery worker offers recognises that people have the skills to play a major role in their own recovery. These workers will have small numbers of people to support and because of this can spend significant amounts of time with them.

**Strategic outline case** - This is the document produced to gain approval to proposals involving large-scale investment in NHS buildings.

**Therapeutic interventions** – Support designed to have a positive effect on an individual’s health. This may be one-to-one talking, medication to treat particular conditions or symptoms, or group work.



# Appendix B

## Frequently asked questions

### **How will I access these new services?**

The crisis-intervention and home-treatment teams work 24 hours a day throughout the year and offer joint mental health and social care assessment to people who may be experiencing a mental health crisis. This local team will discuss the support and treatment choices available. Local support will be offered in your home or alternatives to hospital, such as a local crisis house or respite facility. You will only be offered a hospital admission if you are in severe need or if you present a risk to yourselves or others.

The Lancashire Mental Health and Social Care Partnership Board will make sure local public transport providers provide transport links to all new sites. It is not possible to reassure you fully at this stage because we do not know where these sites might be. We will also consider support for families and carers to visit people while they are in hospital will because we recognise how important it is for people to keep in touch with loved ones during their stay in hospital.

### **How will my care be different and improved in these new units?**

You can expect a very different and improved experience of care in the new units. At the moment you will probably be sharing a ward with up to 27 other people with a wide variety of needs. This may result in very unpleasant experiences for some

people and their visitors. We want to provide smaller ward areas, which you would share with no more than 19 other people who have similar problems.

Making sure you receive privacy and keep your dignity will be easier with bedrooms with en-suite facilities, women-only units and space to practise your religious and cultural beliefs.

In the current units it is often difficult to find rooms to see therapists and take part in the therapeutic group activities that modern mental health services should provide. The new sites will have enough high-quality spaces for these activities to take place. The designs will mean that natural light, furnishings and decorations provide a place in which you can relax. We also want to make it possible for you to go out into gardens and other open spaces.

### **Will there be facilities for my family to visit and if necessary stay overnight?**

Every site will offer private rooms for families and other visitors and play areas for visitors and children. In some circumstances close family members may need to stay overnight and the new sites will have rooms available.

### **What will happen to the existing patients?**

We will ask existing patients and their relatives about changes to the services that they use. People will

transfer into the new units as the new units open and start working. We do not expect that any transfers to the new sites will take place for a number of years. We think that it will take between five and ten years before the new sites are open.

### **Will adult mental health and older adult people's inpatient facilities be shared?**

Sites will support services for adults and older people, sharing the benefits and facilities available. However, we will design the services to meet the needs of a range of people.

### **How does this affect community drug teams and other services provided in the community?**

Any new sites will need to consider if it is appropriate to include other services provided by the trust and we will consider these factors in detail when we draw up our business case.

### **As a member of staff at the trust, will my job be affected?**

Anyone working for the trust in the current inpatient units will keep their jobs. It is impossible to say at this moment how many staff will be affected and to what degree. We plan to involve staff in designing the new sites.

Many experienced staff have left inpatient services to work in the new community-based teams. We see this development as an exciting opportunity to allow staff to develop their skills and specialise.

# Lancashire Joint Primary Care Trust

BOARD COMMITTEE

## Appendix C

### Membership of boards and committees

#### Lancashire Joint Primary Care Trusts Board Committee membership

Sandra Beswick	Non-executive Director	Chorley and South Ribble Primary Care Trust
Hazel Boardman	Non-executive Director	Wyre Primary Care Trust
Ellis Friedman	Director of Public Health	Burnley, Pendle and Rossendale Primary Care Trust
Julie Goulding	Chief Executive	Fylde Primary Care Trust
Simon Kenton	Director of Partnership and Public Participation	West Lancashire Primary Care Trust
Janet Ledward	Director of Commissioning	Blackburn with Darwen Primary Care Trust
Jeanette Newman	Director of Finance	Hyndburn and Ribble Valley Primary Care Trust
Wendy Swift	Chief Executive	Blackpool Primary Care Trust
Richard Thomas	Non – Executive Director	Preston Primary Care Trust
Paul Hopley – non-voting member	Project Manager	Lancashire Mental Health Project Team
Janice Horrocks – non-voting member	Director of Mental Health Strategic Development for Lancashire	Lancashire Mental Health Project Team
David Peat – non-voting member	Chief Executive	Burnley, Pendle and Rossendale Primary Care Trust
Eileen Riley – non-voting member		Joint Patient and Public Involvement Forum



## Appendix C (continued)



### Lancashire Mental Health and Social Care Partnership Board

Daniel Cavallo		Service user
Judith Faux	Chorley and South Ribble Trust	Chief Executive
Martin Goldberg		Service user
Julie Goulding	Fylde Trust	Chief Executive
Jan Hewitt	Preston Trust	Chief Executive
Richard Jones	Lancashire County Council	Executive Director of Community and Adult Social Services <b>(Chair)</b>
Simon Kenton	West Lancashire Trust	Director of Partnership and Public Participation
Janet Ledward	Blackburn with Darwen Trust	Director of Commissioning
Bernard McDermott		Carer
Paul Negus		Service user
David Peat	Burnley, Pendle and Rossendale Trust	Chief Executive <b>(Co-Chair)</b>
Stephen Pullan	Blackpool Borough Council	Director of Housing and Social Services
Finlay Robertson	Lancashire Care NHS Trust	Chief Executive
Stephen Sloss	Blackburn with Darwen Borough Council	Director of Social Services
Doug Soper	Wyre Trust	Chief Executive
Wendy Swift	Blackpool Trust	Chief Executive
Mark Wilkinson	Hyndburn and Ribble Valley Trust	Chief Executive
Marie Wilson		Carer
Phil Pye – non-voting member		Chair of Joint Patient and Public Involvement Forum

## Appendix D

### Policy documents and major events

A number of relevant policies and major events have helped to shape the ideas and proposals in this document. We have listed these are below.

- **National Service Framework for Mental Health Services** (Department of Health, 1999) This set out for the first time a set of minimum standards which mental health services should meet.
- **Mental Health Policy Implementation Guide** (Department of Health, 2001) This described what crisis resolution and home-treatment teams, assertive outreach teams and early intervention teams would do.
- **A comprehensive mental health and social care strategy for adults of working and older age residing in Lancashire.** This was carried out by the National Institute of Mental Health in England North West Development Centre (2004). It gave an overview of mental health services across Lancashire and made suggestions for improvement.
- **Stakeholder events** in summer 2004 gave those involved an opportunity to comment on our mental health strategy and contribute to the overall planning process.
- **Best Practice Model for Modern Mental Health Inpatient Services** (Lancashire Mental Health and Social Care Partnership Board 2004) This document describes a Lancashire-wide set of standards for modern mental health inpatient services, identifying the different aspects that go to make up a best-practice model for caring for adults and older people. It mapped out what is currently provided in Lancashire and recommended the main standards, principles and aims against which we should measure existing and future inpatient services.
- **A review of current mental health NHS inpatient beds used** and an analysis of the effect on beds of the full range of community mental health services. This included analysing the effects that changes in the population across different age groups might have on the demand for inpatient beds.
- **Securing better mental health for older adults, 2005.** This document marked the start of a new project and provided a vision for how all mainstream and specialist health and social-care services should work together to provide better mental health services for older people. This is the first time that central government have used this type of strategic, joined-up approach, to influence change and improve services for older people with mental illness.



## Appendix D (continued)

- **Stakeholder events** across Lancashire in September 2005 were used to gather views on mental health NHS inpatient services. The aim of these events was to let people know about developments in mental health services, discuss future plans and agree conditions we can use to assess options for proposals to improve NHS inpatient care. It was also an opportunity to hear people's views and ideas for improvement.
- **Web-based resource, Everybody's Business**, launched November 2005. The guide is the next step in improving mental health and care services for older people. It built on the service models outlined in the **National Service Framework** for Older People (May 2001) and supported the principles promoted in **Securing Better Mental Health for Older Adults (June 2005)**. It did this by describing the main elements of a wide-ranging service for older people with mental health needs.
- **Our health, our care, our say: a new direction for community services** – A White Paper published by the Department of Health in January 2006. The paper aimed to give people more choice and say over the care they receive in the community, and much closer working and co-ordination between health and social care. This will include:
  - improved access to GPs by increasing the choice of practices for everyone and extending opening hours.
  - more support for people with long-term conditions.
  - local partnerships between local authorities and PCTs to produce joint teams and common assessments.
  - a new generation of community hospitals and health centres that provide health and care services in the heart of the community.

You can see copies of all these documents on our website at:

[www.lancashirementalhealth.org.uk](http://www.lancashirementalhealth.org.uk)

## Appendix E

### Circulation list

We are sending copies of this public consultation document to about 200 organisations and groups. We provide a summary here and you can ask us for a full list.

- **Service users**
- **Carers**
- **Patient and public involvement (PPI) forums**
- **Lancashire Care NHS Trust**
- **trusts throughout Lancashire**
- **Social services across Lancashire**
- **Voluntary groups**
- **Staff organisations and trade unions, for example, the Royal College of Nursing and Unison**
- **Interest groups**
- **Members of Parliament (MPs)**
- **Local authorities**
- **Local county, borough and district councils**
- **Health overview and scrutiny committees (OSCs)**
- **General practitioners (GPs)**
- **General community groups**
- **Local strategic partnerships**
- **Nearby boroughs**
- **Service providers in boroughs nearby**
- **Accident and emergency departments within and next to Lancashire**



# Public consultation guidelines

We are holding this public consultation in line with the six consultation principles summarised below and set out in the Cabinet Office Code of Practice on consultation.

1 We will consult widely throughout the process, allowing at least 12 weeks for written consultation at least once when developing the policy.

2 We will be clear about what our proposals are, who may be affected, what questions we are asking and the timescale for responses.

3 We will make sure that the consultation is clear, concise and widely accessible.

4 We will give you feedback on the responses received and how the consultation process influenced our policy.

5 We will monitor our effectiveness at consultation, by using a designated consultation co-ordinator.

6 We will make sure our consultation follows better regulation best practice, including carrying out a regulatory impact assessment if appropriate.

You can get more information from: [www.cabinetoffice.gov.uk/regulation/consultation/consultation\\_guidance/intro.asp](http://www.cabinetoffice.gov.uk/regulation/consultation/consultation_guidance/intro.asp)

We would like to acknowledge Lancashire Images who have provided all of the photos throughout this document.

[www.lancashireimages.co.uk](http://www.lancashireimages.co.uk)

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You can ask for extra copies of this consultation document and a public summary from:

Freepost RLZT – SGEE - CREL  
Mental Health Project Team,  
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Bizspace, Lomeshaye Business Village,  
Turner Road,  
BB9 7DR.  
Phone: 01282 607047  
E-mail: [lancashirementalhealth@bprpct.nhs.uk](mailto:lancashirementalhealth@bprpct.nhs.uk)

Or you can download a copy from the website:  
[www.lancashirementalhealth.org.uk](http://www.lancashirementalhealth.org.uk)