Central Bedfordshire Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ

please ask for Martha Clampitt
direct line 0300 300 4032
date 7 October 2010

NOTICE OF MEETING

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Date & Time
Friday, 15 October 2010 10.00 a.m.

Venue at
Room 14, Priory House, Monks Walk, Shefford

Richard Carr
Chief Executive

MEMBERS OF THE PRESS AND PUBLIC ARE WELCOME TO ATTEND THIS MEETING

AGENDA

1. **Apologies for Absence**

To receive any apologies for absence and notification of substitute members.

2. **Minutes**

To approve as a correct record the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 3 September 2010 and to note actions taken since that meeting.

3. **Members' Interests**

To receive from Members any declarations and the nature thereof in relation to:-

(a) personal interests in any agenda item

(b) personal and prejudicial interests in any agenda item

(c) any political whip in relation to any agenda item.

Reports and Presentations

Item	Subject		Page Nos.
4	**NHS Bedfordshire consultation process on premises development for Mental Health Services in Bedford Borough, Central Bedfordshire and Luton** To consider the proposed consultation.	*	11 - 58
5	**Joint Health Scrutiny Committee scope and planning for future meetings** To consider the draft scope and briefing note to assist in the development of further stages of the JHOSC.	*	59 - 64

AT AN INFORMAL MEETING
of the
BEDFORDSHIRE AND LUTON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE ON MENTAL HEALTH SERVICES

held on the 3rd day of September 2010 at 2.00pm

PRESENT:

Bedford Borough Council
Councillor Bagchi

Central Bedfordshire Council
Councillor Goodchild
Councillor Sparrow
Councillor Turner

Luton Borough Council
Councillor Pedersen
Councillor Simons

Also Present:

Mr C Bernard, Bedford LINk
Ms A Brown, Luton LINk
Ms A Fraser, Luton Borough Council
Mr P Geoghegan, South Essex Partnership NHS Foundation Trust (SEPT)
Mrs J Gray, Bedford Borough Council
Mr S Jayalath, SEPT
Mr R Jennings, SEPT
Mr P Jerred, Luton LINk
Mr S Krishnan, SEPT
Mr D Levitt, NHS Bedfordshire
Ms K Malone, NHS Luton
Mr T O'Donovan, NHS Bedfordshire
Ms C Powell, Central Bedfordshire Council
Mr H Schoebridge, NHS Bedfordshire
Mr P Wadun-Bahl
Ms L Willis, NHS Bedfordshire

Apologies for absence were received from Councillor Cunningham (Bedford Borough Council), Councillor Kane (Central Bedfordshire Council), Councillor Meader (Bedford Borough Council) and Mr G Wycroft (Luton Borough Council)

1. ELECTION OF CHAIR FOR THE MEETING

Agreed:

That Councillor Bagchi be elected Chair for the meeting.

2. DISCLOSURES OF INTEREST

There were no disclosures of interest.

3. PRESENTATION FROM NHS BEDFORDSHIRE AND SOUTH ESSEX PARTERNSHIP NHS FOUNDATION TRUST

The Joint Committee received a presentation from representatives of NHS Bedfordshire and South Essex Partnership NHS Foundation Trust (SEPT) on the proposed transformation of mental health services in Luton, Central Bedfordshire and Bedford Borough.

SEPT had been appointed as the provider of mental health services in Bedfordshire from 1 April 2010. The proposals had been through a robust national competitive process and had been subject to extensive external checks and approvals. In addition, Government now required that any service reconfiguration proposals passed four tests locally: support from GP Commissioners; clarity on the clinical evidence base; strengthened public and patient engagement and consistency with current and prospective patient choice.

The emerging proposals and a focus on recovery would enable SEPT to deliver patient safety, service quality and efficiencies in relation to three key service transformation objectives: introducing a service model that is supported by strong clinical evidence and best practice; clustering key inpatient services together and more effective use of scarce resources.

Members noted that over 200 meetings with stakeholders had already taken place regarding the proposals and SEPT had committed approximately £15 million over the next two years to the capital projects set out in the proposals. A further £1.56 million had been earmarked for this financial year, subject to the results of the consultation. The proposals were affordable within the available resources and had been backed by the Trust Board.

The proposals were as follows:

Proposals for inpatient services in Central Bedfordshire and Luton

1. Transfer adult admission services from Townsend Court in Houghton Regis to a refurbished existing facility on the Luton and Dunstable acute hospital site.

2. Transfer adult admission services from Oakley Court in Luton to refurbished existing facilities on the nearby Luton and Dunstable acute hospital site.

3. Transfer older people's inpatient assessment services (non-dementia) from Poplar Ward in Houghton Regis to refurbished facilities on the nearby Luton and Dunstable acute hospital site.

4. Transfer older people with dementia or Alzheimer's disease from Beech Ward in Luton to Townsend Court in Houghton Regis.

Proposals for inpatient services in Bedford Borough

1. To transfer older people with dementia or Alzheimer's disease from Milton Ward in Weller Wing to a refurbished facility within Fountains Court clustering older people's services at Bedford Health Village.

2. To transfer older people inpatient services (non-dementia) from Chaucer Ward in Weller Wing to Cedar Ward at Bedford Health Village.

3. To develop a purpose-built facility at Bedford Health Village for a Mental Health Act Section 136 suite and adult assessment and admission beds.

The above proposals would strengthen community services and improve the safety and environment of service users.

In relation to the model of care, recovery was based around the individual's potential for recovery and sought to support the journey through life in helping the individual understand his/her condition, and the cause and treatment/management of the condition. This model of care empowered individuals to take control of their condition and treatment. The recovery model would not work properly if community services were not adequate, and SEPT would work with the Primary Care Trust and third sector partners to improve community services. In that respect, the inpatient care provided at the refurbished and new facilities would focus on providing services within the least restrictive environment.

The clustering of in-patient care would allow staff to utilise the experience, expertise and support of colleagues as opposed to the present situation where many of the mental health services were isolated. The proposals would allow SEPT, in partnership with NHS Bedfordshire and NHS Luton, to locate existing services closer to patients and restructure to support the recovery model.

In Central Bedfordshire and Luton, acute services and services for functional older people would be clustered to improve the quality of the services provided.

In response to questions on the proposals for Central Bedfordshire and Luton, the Joint Committee was advised that:

- The unit for dementia patients was not a long stay unit and had a capacity of 15 beds.

- Transport and parking studies had been undertaken in relation to the relocation of services to Luton and Dunstable Hospital.

- The introduction of a new IT system would enable staff to increase community work and work more flexibly, decreasing demand for car parking at Charter House and other locations.

- Outpatient services would be relocated to Charter House.

- The catchment areas for individuals from Central Bedfordshire was dependent on their GPs. The proposals would facilitate choice so that individuals would be able to access the most appropriate care.

- Consultants would undertake more community work and may see patients at GP surgeries.

- There would be a conscious shift to community based and primary care, with only the most serious cases requiring hospital admission.

- These proposals would be delivered in 2011/12, subject to the results of the consultation.

In relation to the proposals for Bedford Borough, the Joint Committee was advised that:

- There were currently 24 acute admission beds on Keats Ward that would transfer to new, ground floor facilities at Bedford Health Village.

- It was hoped to provide the facilities in 2012/13, subject to the results of the consultation.

The Joint Committee noted that the formal consultation process had not yet commenced. However, a number of pre-consultation meetings had taken place and an Equality Impact Assessment had been completed.. The proposals had received overwhelming support from senior mental health clinician and there was a large body of clinical evidence that supported the proposals. For example, the benefits of ligature free environments and the provision of single rooms had been clinically proven to aid recovery and created a safer, more pleasant environment.

The consultation document had not yet been finalised. It was noted that in Luton and Bedford, there were large communities of non-English speaking communities and that these communities and other hard-to reach and marginalised groups must be engaged during the consultation process.

Concern was expressed that the consultation questions in their present form would not encourage a large response.

The Joint Committee was advised that the consultation would be carried out using a variety of methods including the distribution of the consultation document itself as well as the production of leaflets. It was envisaged that

drop-in sessions would be held and that LINks and community leaders would be approached to assist in engaging marginalised groups. It was hoped to maximise face-to-face engagement and to begin building enduring relationships with both service users and carers.

The important role undertaken by carers and the third sector in supporting individuals who needed to access mental health services was recognised and it was noted that carers would be consulted during the consultation process.

Members of the Joint Committee suggested that the consultation leaflets should be made available to local authorities to display in their buildings.

In future, it was hoped to introduce 'mystery shopper' exercises of the new services and to develop a protocol for 16-18 year olds and their transition to adult mental health services.

NHS Bedfordshire and SEPT requested the Joint Committee's agreement to a 30 day, rather than the statutory 90 day, consultation period, as any delay in the implementation of the proposals may result in the loss of the £1.56 million earmarked for this financial year. Views on the consultation process from Members of the Joint Committee would be welcomed.

The meeting ended at 3.30pm

Central Bedfordshire Council, Luton Borough Council and Bedford Borough Council Joint Health Scrutiny Committee

3 September 2010, 4pm

Planning Session Notes

Those present:
Cllr Apu Bagchi, Bedford Borough Council
Cllr Simons, Luton Borough Council
Cllr Ann Sparrow, Central Bedfordshire Council
Cllr Andrew Turner, Central Bedfordshire Council
Cllr Susan Goodchild, Central Bedfordshire Council
Carl Bernard, Bedford LINk

Also:
Cheryl Powell, Overview & Scrutiny Officer, Central Bedfordshire Council
Angela Fraser, Overview and Scrutiny Coordinator, Luton Borough Council
Jacqueline Gray, Principal Scrutiny and Overview Support Officer, Bedford Borough Council

Notes

Following the informal JHOSC meeting with representatives from NHS Bedfordshire, NHS Luton, and South Essex Partnership University NHS Foundation Trust, members of the Committee met to discuss the way forward with the JHOSC.

The following was discussed and agreed:

1. **Terms of Reference (ToR)** – Members raised the issue that the bullet points under 1.1 were too broad, compared to the proposals that had been set out in the presentation that afternoon. It was agreed that these may need to be revised. It was also noted that the list of evidence under 1.2 would also need to be revised.

Action: Scrutiny officers to review ToR/scope and consult Members.

2. **Timeframe of the consultation** – Members were concerned about the lack of information about the timescale for the consultation. Members were also concerned about the timeframe for the consultation period of 30 days set out in the presentation. As the NHS was concerned about the timeframe within which the work was to be completed, it was suggested that they should work backwards from the target date. It was felt that there were not enough details about the nature and content of the consultation to be able to reach a view on whether 30 days would be long enough for this consultation. In essence Members wanted to know 'who, what, when, where and how' with regards to the consultation. At this time, Members thought that 60 days would be better.

Action: JG to contact NHS Bedfordshire on behalf of the JHOSC to ask for more details about the timetable and process, content etc for the consultation.

3. **What can the JHOSC offer that is unique**? Members agreed that it would be a light-touch JHOSC. However, although Members were happy with the proposals as set out for service development, they were concerned about the lack of information about who was to be consulted. Members and LINk representatives felt that they could offer a view on who should be involved in the process.

4. **Avoiding duplication with the NHS consultation process –** Members agreed to a light-touch JHOSC, but felt that they had not had enough information about the consultation process (see above).

5. **Key questions –** has anything arisen from the briefing that should be part of the review? Members agreed to consider any key questions that could be included in the scope and feedback to their respective Scrutiny support officers over the next 2 weeks. These would then be collated and included in the scope.

Action: Members to provide Scrutiny officers with their key questions in next 2 to 3 weeks, which will be collated by the Scrutiny officers and circulated. Aim to complete within 4 weeks.

6. **Evidence Base -** That this would be developed once the key questions had been agreed.

LOGISTICS

7. **Number/frequency of meetings** – given the potential scope, how many meetings do Members think are needed within the timeframe? Members agreed to a minimal number of meetings. However, it was agreed that a meeting may be needed in the next few weeks to consider the consultation process, once more information has been made available.

Action: Consider arranging a meeting of the JHOSC to review the consultation process in more detail. Scrutiny team to consult on this with NHS Bedfordshire as lead commissioner.

8. **What publicity is needed?** - the committee terms of reference sets out a process for this. Members agreed to a minimal level of publicity, but wanted more information about how the consultation would be publicised.

9. **Location of meetings –** Members agreed that the meeting location rotates between the three councils.

10. **Chairing of meetings** – Members agreed that this follows the location of meetings – chair would be elected for one meeting only.

11. **Support –** Members agreed that committee support would follow location of meetings. The three authorities' scrutiny support would all contribute to the planning and running of the committee's work.

NHS Bedfordshire

Transforming Mental Health Services

Consultation Management and Communications Plan October 2010

Contents

1 Background

1.1 This document sets out the arrangements and processes required to ensure effective and inclusive public consultation on proposals to transform mental health services in Luton, Central Bedfordshire and Bedford Borough.

1.3 NHS Bedfordshire and our partner agencies must ensure that any consultation work undertaken meets statutory requirements and legislation, under Section 242 of the NHS Act 2006. National legislation states:

> *Prepare a report on any consultations taken out by a person, or proposed to be carried out by any person, before it makes a commissioning decision outlining how that consultation has influenced the PCT's commissioning decisions.*

In addition, during any consultation process, NHS Bedfordshire must ensure compliance with consultation and audit processes. Public consultation will be undertaken following the completion of and Office for Government Commerce (OGC) Gateway review. A National Clinical Assessment Team (NCAT) review was completed on 23 September, which strongly supported the service transformation proposals.

1.4 This consultation management plan was approved by the NHS Bedfordshire Board on 29 September 2010.

2 Objectives

2.1 The objectives of the plan are to outline:

- How the consultation will be planned and managed to meet legislative requirements
- How and where consultation developments and outcomes are reported
- Timescales for the consultation process
- An approach for the consultation
- Consultation methods
- Evaluation mechanisms of the consultation

3 Planning, reporting and consultation management processes

3.1 This consultation management plan has been written in line with the following documentation:

- Real Involvement - Guidance for NHS organisations on section 242 (1B), Department of Health, Department of Health, October 2008
- A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services, Department of Health, July 2006
- Code of Practice on Consultation, Cabinet Office, September 2005
- Guidance on four service reconfiguration tests, DH July 2010.

3.2 As part of the consultation process and to meet local and national codes of good practice, the following external organisations have been notified of the consultation to independently scrutinise and approve the proposed consultation process:

- East of England Strategic Health Authority (Simon Wood, Programme Director, Service Reconfiguration)
- Bedford Borough Adult Social Care and Health Policy Review Development Committee (PRD)
- Central Bedfordshire Social Care, Health and Housing Overview and Scrutiny Committee (OSC)
- Luton Health Overview and Scrutiny Committee (OSC)

As a result, Bedford Borough, Central Bedfordshire and Luton Borough have established a Joint Health Overview and Scrutiny Committee (JHOSC).

3.3 As part of national good practice, each consultation must identify a clinical lead to provide expertise and support for every formal consultation. For this consultation, the clinical lead is Dr Hameen Markar, Medical Director of South Essex Partnership Trust (SEPT).

The roles and responsibilities of the clinical lead will involve:

- Providing clinical expertise to ensure that the clinical benefits and the infrastructure that are needed to deliver the changes are understood
- Acting as a media spokesperson for the project, as required
- Ensuring that appropriate clinical staff are involved throughout the process

3.4 The development of the Mental Health Services Transformation Strategy is being led by SEPT, in partnership with NHS Bedfordshire. The project has clear and well defined reporting and governance processes.

4 Timescales

4.1 The proposals to transform mental health services do not involve withdrawing any services, but will involve developing and relocating some services and reproviding some services in a new build facility. As this is a highly targeted consultation and to avoid undue delay, we propose to conduct an intensive shorter consultation of up to a maximum duration of 60 days and are seeking approval from the JHOSC for this course of action.

4.2 The consultation timetable, including activity to date, is outlined below:

SHA (Service reconfiguration proforma and supporting documents / four tests)	02/09/10
NHS Bedfordshire PEC approval	07/07/10
PBCs / GPs	July 2010 ongoing
JHOSC initial presentation	03/09/10
NCAT review	23/09/10
Consultation proposal approved by NHS Bedfordshire Board	29/09/10
Consultation proposal presented to JHOSC	15/10/10

OGC Gateway review	13-15/10/10
Formal public consultation	22/10-20/12 TBC
Consultation report and summary implementation plan to NHS Bedfordshire Board for decision	26/01/11 TBC
Consultation report and decision published on NHSB website	27/01/11 TBC
Further revision / implementation	TBA

5 Consultation approach

5.1 The proposals being consulted on are for inpatient treatment and assessment mental health services for adults and older people in Bedfordshire and Luton. As such, most value will be gained from focusing consultation activities on these service users, their families and carers as well as those involved in delivering services.

Although it should be noted that these are services for people with severe mental illness, it is nevertheless important that the general population is given the opportunity to participate in the consultation on the broader key aims that underlie the service transformation proposals as well as on any of specific proposals in which they may have an interest. It will also seek to gather the views of harder to hear and easily overlooked groups, such as rough sleepers, gypsies and travelers and people from minority ethnic communities.

Monitoring of responses during the consultation will enable us to identify any additional actions that may be required to ensure that responses are representative of the demographic profile of the population.

5.2 The consultation approach should therefore be:

- Targeted to current service users and carers in the first instance
- Actively taken to user/patient/community groups and organisations
- Structured to encourage input from other members of the public who may access future services
- Creative to maximise the possible coverage by media and gain the interest of consultees.

5.3 To ensure that the consultation engages with consultees, we need to ensure that those being consulted are:

- Aware that the consultation is taking place
- Aware of what the proposals mean for services

- Understand why changes are being proposed
- Aware that their comments are welcome
- Confident that their opinions count
- Clear about how they can get involved and what they can and cannot influence
- Aware of the different ways they can make their views known
- Knowledgeable about where they can obtain further information.

5.4 To do this we must:

- Explain the proposals in the right amount of detail for the respective audiences
- Focus on the benefits and implications for patients
- Inform and educate the general public
- Ensure a local focus by making full use of the expertise of local community and faith groups and networks.
- Consult consistently and widely throughout the process
- Be clear about what is proposed
- Provide consultation material that is clear, concise and widely available
- Record all comments and questions posed by those being consulted
- Provide prompt feedback
- Monitor and continue the momentum of the consultation
- Follow best practice and build on successful techniques from previous consultations.

6 Consultation methods

6.1 Consultation methods fall into four areas of activity:

a) Giving information
b) Getting information
c) Forums for debate
d) Participation

a) Giving information
Information on the consultation and ways for people to be engaged will be undertaken in the following ways:

Summary leaflet
This will provide a succinct overview of the proposals and incorporate a

sealable questionnaire/feedback form with a freepost address. It will be sent out by post, published on the NHS Bedfordshire, NHS Luton and SEPT websites and be available on request. It will also be displayed in a range of public locations, such as:

- GP practices
- Health centres
- Mental health facilities
- Dental practices
- Libraries
- Community centres
- Places of worship
- Clinics
- Council offices

Direct mail
We will write to all SEPT FT members (approximately 4,000) in Bedfordshire and Luton, enclosing the summary leaflet and freepost response form.

Consultation document
The full consultation document will be published on websites, displayed in a range of public locations, posted to key stakeholders and made available on request.

Staff
We will work with partner organisations to ensure consultation information is made available through appropriate internal communications channels.

Media relations
Media support will be provided by the media relations manager at NHS Bedfordshire, working closely with communications colleagues in NHS Luton and SEPT, to promote the public consultation and publicise the outcomes. Various local community publications and media channels will be utilised, as appropriate.

Magazines and newsletters
A special Bedfordshire and Luton edition of SEPT's members' magazine, 'One in Four' will be produced and distributed to all FT members in November with consultation information. Internal staff publications will be used to raise awareness of the consultation. We will also seek to place information local authority magazines and newsletters sent to the public during the consultation.

Translation
All consultation materials will be available on request in alternative formats and languages. The most prevalent community languages are: Bengali, Farsi, Gujerati, Hindi, Italian, Pashto, Polish, Punjabi and Urdu.

b) Getting information
There will be several channels for receiving feedback from consultees:

- Completing and returning freepost response form
- Complete the questionnaire online at www.bedfordshire.nhs.uk
- Writing to NHS Bedfordshire
- Emailing NHS Bedfordshire at mhconsultation@bedfordshire.nhs.uk
- One-to-one interviews with service users and carers
- Interviews and/or focus groups with seldom heard individuals/groups
- Involvement in community events
- Support to individuals requiring assistance in completing response forms due to language, literacy or time barriers.

Workers in the community
SEPT has a network of eight community development workers (CDWs) established within communities across Bedfordshire and Luton. The CDWs will engage with community groups, particularly with harder to hear and easily overlooked groups and individuals to promote the consultation and encourage their involvement and feedback. NHS Bedfordshire funds 14 Health Champions who work in disadvantaged communities and these will also be utilised to promote and encourage involvement in these areas.

c) Forums for debate
Consultation forums within local communities will include:

- Three public meetings in Bedford, Luton and Central
- SEPT service user 'take it to the top' forums
- Attending drop-in sessions in local community locations
- Presenting at external meetings on request
- Attendance at appropriate community events that take place during the consultation
- Discussion groups at service user stakeholder meetings

d) Participation
Where possible, the engagement team will explore opportunities for community leaders/lobbyists to be involved and supported to undertake the consultation.

6.2 Consultation stakeholders

A matrix setting out how we will consult with the identified stakeholders is attached as appendix 1.

6.3 **Promoting equality and diversity**

The NHS has a statutory duty to assess the impact of its work on local populations. We are aware that some people may experience more difficulties in accessing local health services as a direct result of their race, disability or gender.

As part of this consultation, we will assess the impact of the options in relation to equality and diversity. This will form part of the information that the NHS Bedfordshire Board will consider at an open Board meeting in making a decision on the proposals.

6.4 **Consultation collation and analysis**

Responses to the consultation will be inputted into the Keypoint consultation software package. This enables real time analysis of responses to monitor issues such as inclusiveness in relation to the nine protected characteristics of the Equality Act 2010.

Full independent analysis of the responses will be commissioned from an experienced market research consultancy.

6.5 **Feedback post consultation**

The consultation report, any subsequent decisions taken and how the views expressed through consultation have informed these decisions will be published on the NHS Bedfordshire website and publicised through a news release.

6.6 The consultation is fully costed and funded.

7 Evaluation

7.1 This effectiveness of the consultation approach will be reviewed and evaluated using the assessment template and criteria attached as appendix 2.

David Levitt
Deputy Director of Communications and Public Engagement, NHS Bedfordshire
(06/10/10)

APPENDIX 1

Stakeholder consultation matrix: who we will consult with; how we will provide information; and receive feedback

STAKEHOLDER	CONSULTATION DOCUMENT	LEAFLET / FREEPOST	ONLINE FORM	EMAIL	PUBLIC MEETING	ATTEND STAKEHOLDER MEETING / BRIEFING ON REQUEST	FOCUS GROUP	INTERVIEW
FT members		X	X	X	X			
Service users and carers		X	X	X	X	X	X	X
Third sector	X	X	X	X	X	X		
LINks	X	X	X	X	X	X		
BHT / L&D Chair, CEO, Medical and Nursing Directors	X	X	X	X	X	X		
GPs / PBCs	X	X	X	X	X	X		
SEPT staff		X	X	X	X	X		
Beds and Luton Community Services Chair, COO	X	X	X	X	X	X		
Social Services Lead Directors	X	X	X	X	X	X		
Partnership Boards	X	X	X	X	X	X		
JHOSC	X	X	X	X	X	X		
NHSB and NHSL PEC/CLEX Chairs	X	X	X	X	X	X		
LMC	X	X	X	X	X	X		
Local MPs	X	X	X	X	X	X		
Ambulance Trust CEO	X	X	X	X	X	X		
SHA CEO	X	X	X	X	X	X		
Beds Police	X	X	X	X	X	X		
Probation Service	X	X	X	X	X	X		
Community Safety Forums	X	X	X	X	X	X		
B:DAAT	X	X	X	X	X	X		
Criminal Justice Service Head	X	X	X	X	X	X		
HMP Bedford Governor	X	X	X	X	X	X		

APPENDIX 2

Consultation Evaluation

NHS Bedfordshire

Consultation:
Date:

	Theme	Evidence	Actions/Recommendations (when and by whom)	Date completed
1. Preparation				
a	Consultation entered onto database			
b	Did everyone understand the objectives			
c	Transparent process and timescale			
d	Was the level of resources and support from all partners appropriate?			
e	Costs: adequate budget? (overspend/underspend) actual costs unforseen costs			
2. Audience				
a	Were the right stakeholders involved			
b	Were all stakeholders successfully reached			
c	Were hard to reach group successfully involved			
3. Publicity Methods (specific feedback/input required from consultees)				
a	Was the level of information right? (easy to access, relevant, language used, easily understood)			
b	Was the information provided in accessible formats and languages			
c	Were venues used throughout the consultation accessible - did the layout and format encourage participation			
d	Were the methods used appropriate for the objectives			

e	Did some methods work better with particular stakeholders			
f	Did some methods work better than others			
g	was there the right balance of qualitative and quantitative methods used			
h	Were any additional methids identified for use			
g	Where any additional methods identified for use in futture consultations			
4. Outcomes (essential input here from service leads/commissioning lead/PBC)				
a	What decisions did the consultation inform and was this achieved?			
b	Did the consultation assist changes to a service in line with the needs of service users			
c	were all relevant stakeholders i.e. commissioning etc. informed of outcomes of the consultation with recommendations			
d	How many people will be affected by the changes through the consultation			
e	What positive or negative effects did the consulation have on the relationship betwee the organisation and the public?			
f	Were the results of the consultation and next steps communicated to all consultees and affected service users/members of the public?			
5. Stakeholder feedback on the consultation process - observation and comments				
a	What feedback was collected from the consultees - within what time scale of the consultation ending was this completed?			
b	What feedback was collected from the partners of the consultation (internal or external) - within what time scale of the consultation ending was this completed/			
6. Other Comments about the consultation requiring action/attention				

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NHS Bedfordshire

Transforming Mental Health Services in Bedfordshire and Luton

A public consultation on proposals to transform assessment and admission inpatient mental health services for adults and older people

22 October – 20 December 2010

This consultation is being run by NHS Bedfordshire, in partnership with NHS Luton and South Essex Partnership University NHS Foundation Trust (SEPT)

Document to be professionally designed

Foreword

Welcome to this consultation on proposals to transform mental health services in Bedfordshire and Luton

NHS Bedfordshire and NHS Luton are responsible for making sure people in Bedfordshire and Luton have healthcare services and support to meet their health needs and improve their health.

NHS Bedfordshire, as the lead commissioner for mental health, plans and funds mental health services across Bedfordshire and Luton. That is why we are leading this public consultation on mental health services. We work very closely with NHS Luton to ensure that people living in Bedfordshire and Luton have high quality mental health services when they need them. We also work very closely with South Essex Partnership University NHS Foundation Trust (SEPT), who provide mental health services for our residents. This includes a range of residential inpatient, day care, community services and intensive out-of-hours support and treatment services.

The aim of the proposals described in this consultation booklet is to improve significantly where and how assessment and admission inpatient mental health services for adults (aged 18 to 64) and older people (aged 65 and over) are provided. They have been developed with the involvement of clinicians, service users and others. It is now vital that we gather the views of all who have an interest in their local mental health services. I urge you to read the information in this booklet, come along to meetings and above all, take the opportunity to have your say.

Mark McColl
Interim Chief Executive, NHS Bedfordshire

Clinical viewpoint

A message from Dr Ash Paul, Medical Director, NHS Bedfordshire; Dr Baz Barhey, Clinical Executive Chair, NHS Luton; and Dr Hameen Markar, Medical Director, (Bedfordshire and Luton) South Essex Partnership University NHS Foundation Trust.

We are delighted that the long-awaited transformation of mental health services for local people in Luton and Bedfordshire is closer to becoming a reality.

The proposed new clinical model of care is the absolute key to the success of this transformation. This is a brand new way of approaching mental health care locally. Quite simply, it means putting the recovery of every person with mental health needs at the heart of everything we do. It means moving away from hospital-based long term care and investing more money into looking

after people in their own homes. This doesn't mean that people can't come into hospital when there is a clinical need. In fact, this new way of working may mean that more people than now spend short periods of time being assessed or intensively treated in hospital. But we know that people who get consistently high quality care at home and in their local community, for as long as they need it, recover better from their mental illness than people who don't get this care.

We can all agree that we need modern, up-to-date buildings in which our most vulnerable service users can be treated effectively. It is also essential that the NHS makes the best possible use of its funding. These proposals include innovative ideas for making the most of what we already have by investing in bringing current premises up to scratch, as well as building brand new premises, where necessary. We believe that this sensible mixture of improvement and new building will have a really positive impact on providing the sort of modern premises local people have a right to expect when they receive mental health care.

Well planned buildings are a great start, but it is also vital to find ways in which clinicians can work more closely with their colleagues within mental health, in acute hospitals, in GP surgeries and in social care services and in the third sector. The proposals in this booklet mean that clinicians will all be sited closer together at their work bases, making it much easier and quicker for them to communicate with one another about individual care. This means that local people who need mental health services will get better access to the best possible care from the whole team of local health professionals.

Senior medical colleagues at SEPT are in full agreement with the need to make the changes needed to improve patient safety and clinical effectiveness. Local GPs have also been involved in the discussions to improve local mental health services.

We are pleased to pledge our full support for the proposals in this booklet and with our fellow clinicians, we are all looking forward to a brighter future for our local mental health services.

Dr Ash Paul Dr Baz Barhey Dr Hameen Markar

1. Introduction

Since 2005, mental health services had been provided by the former Bedfordshire and Luton Health and Social Care Partnership NHS Trust (BLPT). However, during 2009, a new provider was sought through a robust procurement process run by the NHS East of England Strategic Health Authority to ensure that mental health services could be developed and delivered to the highest standards and quality and provide best value for money.

After a national competitive process and extensive external checks and approvals, South Essex Partnership University NHS Foundation Trust (SEPT), was appointed to take over the provision of mental health services in Luton and Bedfordshire from 1 April 2010.

A key element of the process to find a new provider of local mental health services was the ability of that provider to respond to the requirements of the health commissioners (NHS Bedfordshire and NHS Luton) to transform local mental health services over the next two years to improve patient safety and clinical effectiveness and to make savings to be reinvested in community mental health care.

SEPT has developed these proposals in response to those commissioning requirements. The proposals are designed to meet the commissioners' wish to put the recovery of people with mental health needs at the heart of the services they receive and to deliver improved patient safety, service quality and efficiencies, against a backdrop of rising demand for mental health services and tighter funding for NHS services nationally.

Most of the funding needed to bring about these essential changes will come from savings made by taking the money currently spent on expensive commercial leases for inappropriate buildings and using it to refurbish existing buildings. Savings will also be made by changing the way staff work so that high quality services are provided more cost effectively.

As well as meeting our commissioning requirements, the proposals also link in with our long term aim of strengthening the focus on prevention, early intervention and community mental health services. They also fit with national strategies for developing 'person-centred' care and focusing on recovery. This includes the Department of Health's *New Horizons* strategy, which is a programme of action by 10 national Government departments to improve the mental well being of people in England and drive up the quality of mental health care.

The proposals in this document are solely for assessment and admission inpatient services for adults and older people with more severe mental health conditions, such as schizophrenia, bipolar disorder and dementia. They do not include services for children or for adults and older people with mild to moderate mental health conditions, such as mild depression and anxiety, which are treated in primary care.

What do we mean by recovery?

In mental health, 'recovery' has a range of meanings and does not always refer to the process of complete recovery from a mental health problem in the way that we may recover from a physical health problem.

For many people, the concept of recovery is about staying in control of their life, despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking.

The key idea is one of hope that it is possible for meaningful life to be restored, despite serious mental illness. Recovery is often referred to as a process, outlook, vision, conceptual framework, or guiding principle.

The recovery model aims to help people with mental health problems to move beyond mere survival and existence, encouraging them to move forward and carry out activities and develop relationships that give their lives meaning.

Recovery emphasises that, while people may not have full control over their symptoms, they can have full control over their lives. Recovery is not about 'getting rid' of problems. It is about seeing people beyond their problems, recognising and fostering the opportunities that harness their abilities, interests and dreams. Mental illness and social attitudes to mental illness often impose limits on people experiencing ill health. Recovery looks beyond these limits to help people achieve their own goals and aspirations.

Recovery can be a voyage of self-discovery and personal growth. Experiences of mental illness can provide opportunities for change, reflection and discovery of new values, skills and interests.

While coming up with the proposals detailed in this document, other options were considered. These included refurbishing Weller Wing at Bedford Hospital instead of building a new facility. This was rejected on the grounds of the excessive cost of keeping an old, outdated building maintained and because Weller Wing is a multi-storey building and this poses significant safety risks to people with mental health needs. In addition, the proposed option was heavily influenced by the wide stakeholder formal option appraisal process undertaken in 2005, which included service users and carers. This resulted in the overwhelming approval of plans to close Weller Wing and reprovide on the currently proposed Bedford Health Village site.

Another option considered was to continue with the current arrangements, which focuses the majority of resources on inpatient care. This was rejected as it does not meet current commissioning requirements, or match with commissioners' long term aim of moving from a bed-based service. In addition, local clinicians believe that treating people closer to their homes helps with their successful recovery.

Currently, mental health staff are scattered over a range of locations in the county and clinicians can find it difficult to communicate effectively with each other when a person's care requires more or different input from other healthcare professionals or colleagues in other areas such as primary care, social care, housing and employment services.

This consultation booklet describes the changes that we wish to make to improve the safety and effectiveness of local mental health services and how we would like to hear your views on these proposed changes.

2. About this consultation

As the organisation responsible for commissioning mental health services in Bedfordshire and Luton, NHS Bedfordshire is leading this public consultation with the support and involvement of NHS Luton and SEPT.

The consultation runs from Friday 22 October 2010 to Monday 20 December 2010. Section 11 on page 20 explains how you can tell us what you think.

The key aims of our proposals are to:

1. **Improve mental health assessment and admission inpatient services for adults and older people by clustering services more closely together in more suitable buildings on or close to acute local hospital sites, or in new or refurbished existing facilities in the local community, where appropriate.** This will provide higher quality care and treatment and more joined-up services that are nearer to one another.

2. **Encourage and enable health and other care staff to work in a more joined-up way to make services safer and more patient focused.** This will deliver better safeguarding and better services for vulnerable people and their families by focusing on patient and public safety and promoting closer working with other professionals involved in the individual's care

3. **Focus on each individual patient's recovery and on how involving a broader range of services beyond health and social care can help to support this.** This is about putting the recovery of each person with mental health needs at the centre of the all services they may need. This includes more joined-up working with services such as employment and housing, which can contribute to a person's successful recovery and increased well being.

4. **Deliver assessment and admission inpatient services in a more cost-effective way to ensure best use of NHS money.** We know that NHS funding will be much tighter in the years ahead at a time when demand for services continues to grow. This makes it essential that we

get the most out of every pound we spend so we can protect services and improve quality.

We have set out in this consultation booklet the seven specific proposals that would be phased in over the next two years to achieve these aims. The first four cover inpatient services for people in Luton and Central Bedfordshire. The last three cover inpatient services for people in Bedford Borough.

The major change would be the reprovision of the services currently provided in Weller Wing at Bedford Hospital. This involves closing the current unsuitable building and moving services by the end of 2012 into a new, purpose-built facility just less than two miles away at Bedford Health Village, which is the former north wing site of Bedford Hospital.

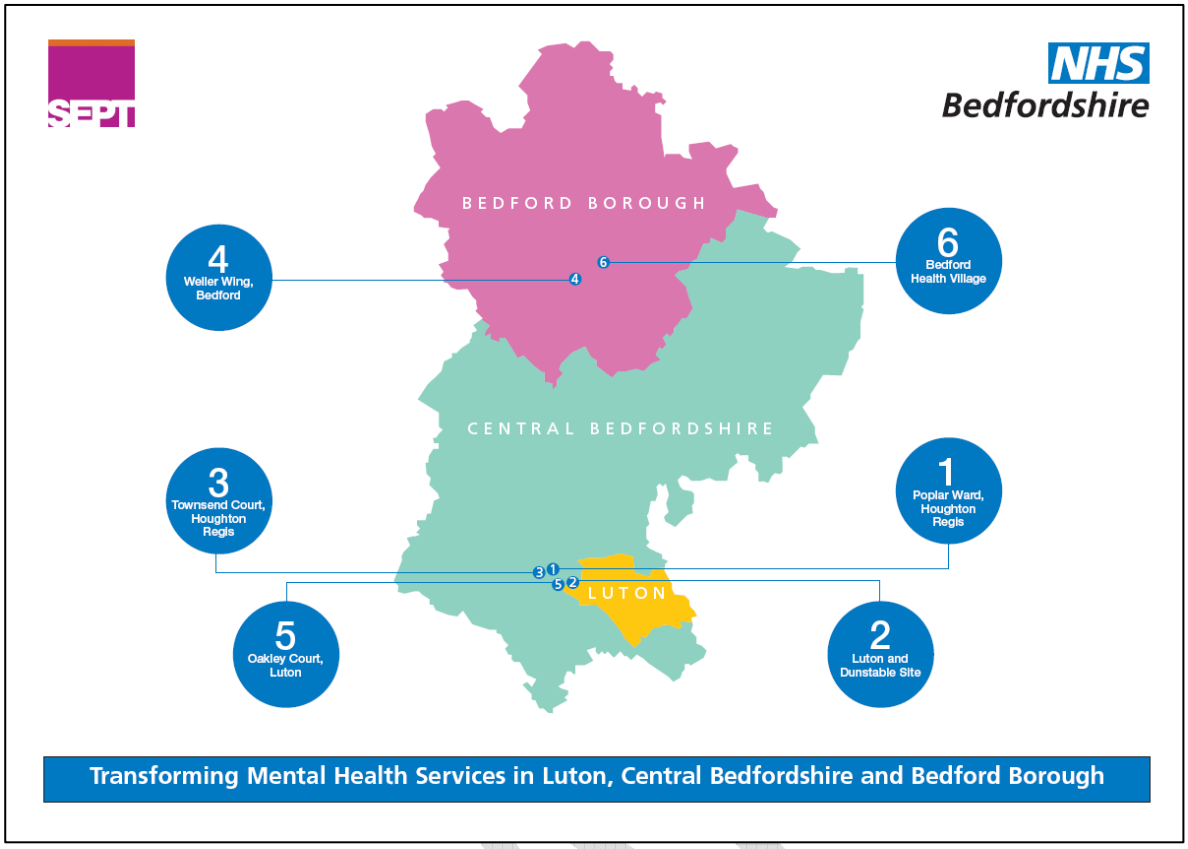
We would like to know:

- Whether you agree with the four key aims that underpin our proposals; and
- Whether you agree with each of the seven proposals we are putting forward to achieve our key aims.

You will find the proposals in section 6 on pages 13 to 17. You will find all of the consultation questions on which we'd like your views in section 14 on pages 23 to 29. Please complete this section as fully as you are able to, or wish to, and return it to NHS Bedfordshire (details in section 11 on page 20) **by 20 December 2010.**

The map below shows the location of mental health services in Bedfordshire and Luton that are included in the proposals. Each is numbered and referred to in the individual proposals set out in section 6.

You can also find more information on our website www.bedfordshire.nhs.uk



3. Mental health services today

Currently, people in Bedfordshire and Luton have a range of mental health inpatient, day care, community and out-of-hours support services. These include:

Services for people of working age (18-64)

Inpatient services

People may be admitted to an inpatient facility for an assessment of their mental health needs following a crisis, or for longer-term treatment and care that will help them recover and regain their well being and independence. The inpatient facilities for adults are at Townsend Court in Houghton Regis, Oakley Court in Luton and Weller Wing in Bedford Hospital.

The Robin Pinto Unit in Luton provides intensive care to people whose illnesses require a secure and safe environment. There is also a community service that cares for mentally disordered offenders.

Community services

There is a wide range of community mental health services provided for local people. The main services are provided by the community mental health teams (CMHTs). These are multi-disciplinary teams of doctors, nurses,

psychologists, social workers and support workers. Their aim is to support people who are recovering from mental illnesses to become part of their local community again and to improve their well being. Other mental health care professionals work in the community, providing more specialised care. These include: crisis resolution and home treatment teams (CRHTs), assertive outreach teams (AOTs), the complex needs service, day centres, residential recovery teams, drug and alcohol services, prison in-reach team, eating disorders service and a psychology service.

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Services for older people (65 and over)

Inpatient services

There are five facilities across Bedfordshire and Luton for older people who have ongoing mental health problems: Chaucer and Milton wards in the Weller Wing; Poplar Ward in Houghton Regis; Beech Ward in Luton; and Limetrees in Luton. They provide multidisciplinary assessment, treatment and care. One of the units provides long-term nursing care for older people with illnesses affecting their memory and other functions. Limetrees is not affected by the proposals in this consultation.

Community services

There are four community mental health teams (CMHTs) for older people based across Luton and Bedfordshire. These are multi-disciplinary teams of doctors, nurses, psychologists, social workers and support workers. Their aim is to support older people who are recovering from mental illnesses to become part of their local community again and to improve their well being.

You can find out more about the work of these services in the glossary in Appendix A of this document.

4. The challenges we are facing

People in Bedfordshire and Luton have the right to expect their local mental health services to be safe, clinically effective and consistently excellent for all service users and carers. This means we need to improve the physical environment of hospital services, improve how people can get services, raise the satisfaction of service users and carers with services, make treatment and care more effective and increase the standards of patient and public safety.

Currently, services are largely bed-based. This means that most of the scarce NHS resources (including staff and skills, as well as money) are focused on the inpatient services. Service users, carers and our clinicians tell us that they feel there is a lack of joined-up working between inpatient and community-based services. Our colleagues in social care and in doctors' surgeries also tell us that they sometimes feel "out-of-the-loop" when it comes to letting them know about the needs of service users or carers.

The proposals will also address NHS Bedfordshire's requirement of raising standards – especially safety standards – across the board and improving how people from all services communicate with each other and with people outside their services, so that care appears seamless to people who use the services and their carers.

The NHS has a duty to make the best use of its public funding. We must continue to find the best ways of providing high quality services during times of very tight spending restraint. The proposals in this document to improve mental health services will save money that is currently spent on maintaining or leasing a large number of costly buildings and this will help to protect frontline clinical services.

Demand for mental health services is likely to keep rising and we will need more mental health services in the community and better organised inpatient services. Already, Luton has one of the highest levels of need in the East of England, when you look at poverty, unemployment and social isolation. This is a strong indicator that we need to develop services that work together better. If we are to treat most effectively someone for a mental illness related to or affected by their poor housing or their lack of a job, we need to work closely with our colleagues in those services too. In addition, we are getting older and living longer, which increases the need for and demand on services to help people with illnesses affecting their memory, such as dementia and Alzheimer's disease.

Locally and nationally, the case for change is compelling. We believe these proposals will make local mental health services better able to meet local people's needs now and in the future.

5. The thinking behind the proposals

The key to the proposed transformation is a new modern clinical services model. Quite simply, this means a new way of working that would bring people together and make the recovery of each person with mental health needs the main focus of their care. By doing that, we would also deliver improved patient and public safety, increase the quality of services and make them more cost-effective.

To put the proposals into practice, we would need to move assessment and admission inpatient mental health services for adults and older people from their existing buildings. This is because either the current building is unsafe clinically, or because the current location is inappropriate for the services provided.

The proposals involve bringing these services closer together and ensuring that they are moved close to acute hospital sites or, for some older people's services, into more appropriate facilities in the local community. Each proposed move would significantly increase patient and public safety, as well

as improving access for staff, service users and carers to a range of mental health and related services.

Most of the current inpatient services are provided in isolated premises across the county. The proposals to bring them closer together are based on the need to improve the poor environment in many inpatient services. This would increase patient safety, ensure we comply with national standards for the segregation of mixed sex accommodation and enable us to make the move from a bed-based service, to a modern 21st century model of care which would better meet local people's needs now and in the future.

Clustering these services together close to acute hospital sites would help clinicians to communicate with colleagues for the benefit of their service users and carers. It would also help service users and carers and staff to access several services, if those services are located on the same site.

These proposals would free up money currently spent on maintaining or leasing costly buildings in residential areas, which would be used to improve frontline clinical services, especially community services.

More of the beds would be used for assessment and admission inpatients services as primary, community and social care services would work more closely and effectively together to better manage and support service users within their local community.

Our proposals received an independent clinical review by the National Clinical Assessment Team (NCAT) in September 2010. The report concluded that: "these proposals are clinically sound, and promote patient choice. They are of high quality, modern and forward-looking… On that basis, the proposals should be supported." The full report is attached as Appendix B.

How patients, carers and other stakeholders have informed our plans

The aims of these proposals are supported by the outcome of the *Investing in Your Mental Health* public consultation in Bedfordshire and Hertfordshire in 2005. Bedfordshire and Luton PCTs supported that consultation with major engagement events and activities. Key themes that emerged were:

- Reducing reliance on traditional acute bed provision for the management of acute mental illness in adults and managing care through new types of specialist teams

- Reducing reliance on acute provision for older people and further developing the role of community teams for older people

- Reducing reliance on traditional long-term residential care and moving individuals into supported housing and participation in robust social inclusion programmes

- Modernising the organisation and focus of Community Mental Health Teams

- Modernising day services for those with mental health problems

- Reducing reliance on distant providers of residential and nursing care and maximising local provision, ensuring regular review and appropriate placements.

The reprovision of services from Weller Wing is a key plank of our service transformation proposals. A workshop with a wide range and large number of stakeholders in 2005 considered three options for Weller Wing:

- Remain at Weller Wing
- Reprovide Weller Wing at Bedford Health Village in Bedford as the main site
- Reprovide Weller Wing at Twinwoods Health Resource Centre in Clapham as the main site.

Each was scored on six criteria: clinical model of care; accessibility; risk management; physical environment; acceptability; and flexibility.

This options appraisal concluded that reprovision at Bedford Health Village was the best option, scoring 85% efficiency against clinical standards set for the scheme compared with 80% for reproviding at Twinwoods and 36% for remaining at Weller Wing.

More recently, we have sought the views of service users, carers and members of the public at a number of stakeholder meetings, including Mental Health Partnership Boards, which includes representation from our local authorities, SEPT, Mind, service users, carers, the Local Involvement Network (LINk) and Apex Care Homes. NHS Bedfordshire has also engaged with service user and carer groups and attended discussion meetings with these stakeholder groups.

We have held evening workshops with practice based commissioners (PBCs), GPs and SEPT to discuss the potential redesign of primary care mental health services and community mental health teams.

We also ran six workshops with 150 different stakeholders on dementia care, including one specifically for service users and carers in partnership with the Alzheimer's Society.

Our engagement with service users and a range of other key stakeholders has informed and will continue to inform our thinking and proposals to transform mental health services going forward.

SEPT's Chief Executive, senior clinicians and service directors have met with local GPs and PBCs over the past few months to discuss how to change the model of service locally to better meet the needs of local people and GPs. The response has been enthusiastic and the GPs expressed strong support

for improving patient safety and clinical effectiveness. Further meetings with GPs and PBCs have been organised to ensure that they are kept fully engaged.

In discussions with SEPT's Chief Executive, service users and carers have welcomed intentions to improve the environments in which services are provided and the aims of making care more 'joined up' and centred on their needs.

A full programme of direct engagement with service users and carers is under way, including more discussions at service users and carers meetings and at the new constituency meetings for members and governors of SEPT in Bedfordshire and Luton.

6. What we are proposing

The seven proposals in this document aim to:

1. Improve mental health assessment and admission inpatient services for adults and older people by clustering services more closely together in more suitable buildings on or close to acute local hospital sites, or in new or refurbished existing facilities in the local community, where appropriate.

2. Encourage and enable health and other care staff to work in a more joined-up way to make services safer and more patient focused.

3. Focus on each individual patient's recovery and on how involving a broader range of services beyond health and social care can help to support this.

4. Deliver assessment and admission inpatient services in a more cost-effective way to ensure best use of NHS money.

It is important to realise that these proposals are all dependent upon one another. This means that each proposal would need to be agreed in order for the overall service transformation to take place.

Please look also at the map on page 8, which shows where the different services are located and are moving to under these proposals.

Modernising inpatient services in Central Bedfordshire and Luton (Proposals 1 to 4)

Proposal One

To transfer adult admission services from a residential area (Townsend Court) in Houghton Regis to a refurbished existing facility on the nearby

Luton and Dunstable acute hospital site by July 2011 ***(from location 3 to location 2 on the map).***

By doing this we would be:

- Improving the management of clinical risks, for example by enabling the immediate transfer of people who need high clinical intervention and by the rapid deployment of staff during psychiatric emergencies
- Enhancing patient care by promoting recovery towards physical and mental well being
- Improving staff cover and deployment by bringing together essential clinical services on a single acute hospital site
- Making best use of a building that is already 'fit for purpose'
- Improving access for service users and their carers by relocation to a site that is better served by public transport
- Providing a separate dedicated entrance for visitors into a single reception area.

Proposal Two

To transfer adult admission services from a residential area (Oakley Court) in Luton to refurbished existing facilities on the nearby Luton and Dunstable acute hospital site by March 2012 ***(from location 5 to location 2 on the map).***

By doing this we would be:

- Improving the management of clinical risks, for example by enabling the immediate transfer of people who need high clinical intervention and by the rapid deployment of staff during psychiatric emergencies
- Improving clinical care and avoiding inappropriate admissions.
- Bringing together inpatient services on a single acute hospital site
- Bringing together appropriate assessment and admission services for inpatients, such as older people's assessment with adult assessment and treatment services
- Enhancing patient care by promoting recovery towards physical and mental well being
- Improving staff cover and deployment by bringing together essential clinical services on a single site
- Making best use of a building that is already 'fit for purpose'
- Improving access for service users and carers by moving to a site that is better served by public transport
- Improving building efficiencies and the management of clinical resources by maintaining optimal ward size for the number of inpatients.

Proposal Three

To transfer older people inpatient services (non-dementia) in Houghton Regis (Poplar Ward) to refurbished facilities on the nearby Luton and Dunstable acute hospital site by July 2011 *(from location 1 to location 2 on the map).*

By doing this we would be:

- Providing more appropriate facilities for people with these conditions
- Enhancing patient care by promoting recovery towards physical and mental well being
- Improving staff cover and deployment by bringing together essential clinical services on a single acute hospital site
- Making best use of a building that is already broadly 'fit for purpose'
- Improving access for service users and their carers by moving to a site that is better served by public transport
- Moving vulnerable service users from Houghton Regis to Luton, which would need to be carefully and sensitively managed.

Proposal Four

To transfer older people with Alzheimer's disease (dementia) from Beech Ward in Luton to Townsend Court in nearby Houghton Regis by September 2011 *(from location 2 to location 3 on the map).*

By doing this we would be:

- Significantly improving quality and safety for patients. Beech Ward is an outdated facility, inappropriate for older people. Townsend Court has been refurbished recently to a very high standard, including major patient safety improvements. It is situated in a quiet residential area
- Retaining services within the boundaries of the borough council, where it is currently situated. This will assist greatly in developing close working relationships with services such as housing and social care, which contribute significantly to recovery for service users and are essential in assisting their carers
- Making best use of current suitable premises
- Enabling more health professionals to be involved in the care of people with dementia by supporting plans by GPs to co-ordinate and improve dementia care across Luton
- Establishing a multi-disciplinary team for dedicated care and support for people with dementia or Alzheimer's disease and their carers.

Modernising inpatient services in Bedford Borough (Proposals 5 to 7)

Proposal Five

To transfer older people with Alzheimer's disease (dementia) from Milton Ward in Weller Wing at Bedford Hospita to a refurbished facility within Fountains Court close to Bedford Health Village (formerly Bedford Hospital's north wing site) by December 2011 *(from location 4 to location 6 on the map).*

By doing this we would be:

- Significantly improving quality and safety for patients. Milton Ward is in the basement of Weller Wing with restricted space, very little natural light and with limited access to outside space. The proposed new facility will be refurbished to a high standard; it is situated on the ground floor and has access to a significant amount of outside space
- Retaining services within the boundaries of the borough council where it is currently situated. This will assist greatly in developing close working relationships with services such as housing and social care, which contribute significantly to recovery for service users and are essential in assisting their carers
- Making best use of current suitable premises
- Enabling more health professionals to be involved in the care of people with dementia by supporting plans by GPs to co-ordinate and improve a dementia care across Bedfordshire.
- Establishing a multi-disciplinary team for dedicated care and support for people with dementia or Alzheimer's disease and their carers.

Proposal Six

To transfer older people inpatient services (non-dementia) from Chaucer Ward in Weller Wing to Cedar Ward at Bedford Health Village (formerly Bedford Hospital's north wing site) by September 2012 *(from location 4 to location 6 on the map).*

By doing this we would be:

- Improving patient safety. Chaucer Ward is located on the third floor of Weller Wing, which poses significant patient safety risks. The proposed new site is on the ground floor, with access to suitable outside space
- Responding to views expressed by a wide range of stakeholders. Chaucer Ward was already scheduled for reprovision to an alternative site in Bedford Health Village, after agreement from a wide range of stakeholders in 2005

- Bringing relevant inpatient services together on a single hospital site just over a mile away from current location and equally well served by public transport
- Bringing appropriate assessment and admission inpatient services together on a single site
- Enhancing patient care by promoting recovery towards physical and mental well being
- Improving staff cover and deployment by bringing together essential clinical services on a single site
- Making best us of a building that is already 'fit for purpose'.

Proposal Seven

To develop a purpose-built unit at Bedford Health Village (formerly Bedford Hospital's north wing site) for a Mental Health Act Section 136 suite, adult assessment and admission inpatient services by December 2012 *(from location 4 to location 6 on the map),* subject to receiving full planning consent).

By doing this we would be:

- Delivering patient care in an environment that is more conducive to well being and recovery. This is the main part of the planned reprovision of services from Weller Wing. It involves relocating Keats Ward, the mental health assessment unit and the Section 136 Suite. These services in Weller Wing currently have restricted space, with limited access to outside space and natural lighting
- Clustering and co-locating appropriate assessment and admission inpatient services, such as older people's assessment and adult assessment and treatment services at Bedford Health Village, less than two miles from Bedford Hospital
- Saving money by giving up the expensive lease agreement on Weller Wing
- Enhancing patient care by promoting recovery towards physical and mental well being
- Improving staff cover and deployment by bringing together essential clinical services on a single site
- Improving the management of clinical risks, for example by enabling the immediate transfer of people who need high clinical intervention and by the rapid deployment of staff during psychiatric emergencies
- Improving the patient environment – especially addressing the significant risks to patient safety by the tower block construction of Weller Wing
- Improving parking facilities for service users and their carers, while maintaining the good links for public transport.

7. When will change happen if the proposals to transform services go ahead?

The proposals would be phased over a two year period up to December 2012.

A timeline diagram showing the implementation milestones will be added to the document

8. How will things get better if the proposals to transform services go ahead?

We believe that these plans to transform hospital-based mental health services will bring a range of benefits for patients and carers by improving significantly patient safety; enhancing clinical effectiveness; and offering better value for money to ensure the best use of public funding. The benefits of the proposals set out in this document are summarised below.

- Improve patient and public safety.
- Put the recovery of each person at the heart of all mental health services.
- Fast-track the long-promised reprovision of Weller Wing into new, purpose built premises.
- Increase direct patient care as a result of staff being located nearer to one another and more able to work together.
- Enable care to be more 'joined-up' so that people can move seamlessly through mental health services and other services important to their recovery.
- Improve access to services, making it easier for people to get to and receive the services they need by clustering appropriate services together on or close to acute hospital sites, or appropriate facilities in local communities.
- Enable development of a modern model of community-based care.
- Involve more healthcare and other professionals in the care and recovery of service users and support for carers.
- Make best use of some current under-utilised buildings and provide modern, up-to-date facilities for service users, carers and staff.
- Ensure facilities can be used flexibly to meet the changing future mental health needs of local people.

- Ensure better value for money by giving up expensive leases and making buildings more cost effective to run.
- Reduce staff costs on travel.
- Reduce carbon footprints through more efficient buildings and deployment of staff.

9. How will services be affected if the proposals to transform services do not go ahead?

The risks to services if these mental health services transformation plans do not go ahead have been highlighted throughout this document. They are summarised below.

- There will be continuing significant clinical and environmental safety risks to staff and service users in inpatient facilities.
- Service users will continue to have to be treated in outdated and unsuitable facilities.
- Local people will have to continue to travel to a number of locations to use different services.
- The lack of joined-up working between mental health services and other professionals involved in patient care (as identified by service users, carers and clinicians) will continue.
- Colleagues in social care and in doctors' surgeries will continue to feel 'out-of-the-loop' with service users or carers' changing needs, to the detriment of patient care.
- Facilities will not be modern or flexible enough to meet the changing mental health needs of local people in the future.
- The efficiency savings essential to meet new national funding requirements will not be met and might start to affect significantly the provision of frontline clinical services.
- Any further delay in the reprovision of services at Weller Wing will mean more money been spent on maintaining an expensive, inefficient and inappropriate building.
- Staff costs will continue to rise as travel costs increase and the environmental benefits of reduced car use will not be realised.

10. How we would fund it

These proposals would be paid for by a combination of one-off investment to refurbish existing buildings and to build new facilities and by savings in day-to-day running costs by having more cost effective buildings and by redesigning working patterns.

In straightforward terms, this means that by no longer having to find the money for expensive commercial leases on buildings or having to fund costly repairs and maintenance bills for outdate buildings, we could invest these savings in improving frontline clinical services.

Changing the way staff work together would not only benefit service users by releasing more time for direct patient care and ensuring that services work more closely together, but would also cut back on inefficiencies in the system like the cost of travelling from place to place each day. The money saved would also be used to improve frontline clinical services.

Overall, it is estimated that these measures would save around £3.2 million over three years to help fund the transformation of services.

The Trust itself has committed to invest around £6.2 million to refurbish buildings and build new facilities.

11. What happens next?

We are asking members of the public and people with an interest in or experience of mental health care to comment on our proposals through this consultation, which starts on **Friday 22 October 2010** and ends on **Monday 20 December 2010.**

We will commission an independent market research company to collate and analyse all responses submitted and produce a consultation report. The report and recommendations will be considered by the Board of NHS Bedfordshire at a meeting held in public in January 2011.

We will publish he consultation report and subsequent decisions our website www.bedfordshire.nhs.uk, in the local media and make it available on request.

12. How to have your say

We want to hear from everyone who has an interest in mental health care services – the public, service users, carers, people working in mental health and social care services, people working in other health areas, from community and voluntary organisations and others.

We want to know what you think about these proposed changes and whether they will achieve the service transformation we have described.

We would also like to know if there is anything else you would wish to see from mental health care provision that we have not addressed here.

Please answer the questions in section 14 as fully as you are able and return it to us by **Monday 20 December 2010.**

There are a number of ways for you to tell us what you think. You can:

- Complete the questionnaire in section14 of this consultation booklet, or with the consultation leaflet, and return it to:

  Mental Health Services Transformation
  NHS Bedfordshire
  Freepost NAT 16245
  Bedford MK40 2BR

- Complete the questionnaire online at www.bedfordshire.nhs.uk
- Come along to the public meetings in
  - Central Bedfordshire at the Rufus Centre, Flitwick on 22 October
  - Bedford Borough at venue to be confirmed on 5 November
  - Luton at venue to be confirmed on 19 November
- Write to us at the above address
- Email NHS Bedfordshire with your comments to mhconsultation@bedfordshire.nhs.uk

We shall be happy to arrange to meet with groups or organisations on request. Please contact David Levitt on 01234 897204 or email david.levitt@bedfordshire.nhs.uk

Consultation information

We will be placing consultation leaflets summarising the proposals and with freepost response forms in a range of public and other locations, including:

- GP practices
- Health centres
- Mental health facilities
- Dental practices
- Libraries
- Community centres
- Places of worship
- Council offices

This consultation booklet and summary leaflet is published on the NHS Bedfordshire website and on the SEPT and NHS Luton websites and sent out to key stakeholders. The consultation summary leaflets are being sent to SEPT's 4,000 foundation trust members and distributed by community development workers and health champions working in local communities. The consultation booklet and summary leaflet are available to the wider public on request.

13. Promoting equality and diversity

The NHS has a statutory duty to assess the impact of its work on local populations. We are aware that some people may experience more difficulties in accessing local health services as a direct result of their race, disability or gender.

As part of this consultation, we will assess the impact of the proposals in relation to equality and diversity. This will form part of the information that the NHS Bedfordshire Board will consider at an open Board meeting in making a decision on the proposals.

To help us to do this, we would like you to state your gender, age and ethnic group when you complete the consultation questionnaire. All information will remain anonymous.

14. The consultation questions

The consultation questions are divided into to parts:

Part 1

The first four questions ask for your views on the key aims that underpin the specific proposals in this consultation:

1. To improve mental health assessment and admission inpatient services by clustering services more closely together in in more suitable buildings on or close to acute local hospital sites, or in new or refurbished existing facilities in the local community, where appropriate.
2. To encourage and enable health and other care staff to work in a more joined-up way to make services safer and more patient focused.
3. To focus on each individual patient's recovery and on how involving a broader range of services beyond health and social care can help to support this.
4. To deliver assessment and admission inpatient services in a more cost-effective way to ensure best use of NHS money.

1. **To what extent do you agree or disagree that it would benefit patients by bringing mental health assessment and inpatient admission services more closely together?**

Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
☐	☐	☐	☐	☐	☐

Please tell us why you think this

2. **To what extent do you agree or disagree that services would be safer and more patient focused if they were arranged in a way that encouraged and enabled health and other care professionals to work more closely together?**

Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
☐	☐	☐	☐	☐	☐

Please tell us why you think this

3. **To what extent do you agree or disagree with the aim of making the recovery of each person with mental health needs the main focus of their care and putting it at the centre for all of the services they may need?** This includes working more closely with services such as employment and housing, which can contribute to a person's successful recovery and increased well being.

Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
☐	☐	☐	☐	☐	☐

Please tell us why you think this

4. **To what extent do you agree or disagree with the aim of making services more cost-effective to ensure the best use of NHS funding? This is about organising services in a more productive way that will improve services within the constraints of limited funding.**

Agree strongly	Agree	Neither agree nor disagree	Disagree	Disagree strongly	Don't know
☐	☐	☐	☐	☐	☐

Please tell us why you think this

Part 2

If you wish to comment on any of the specific proposals that arise from the four key aims above, please complete the questions below, as appropriate.

5. **Proposal One:** To transfer adult admission services from a residential area in Houghton Regis to a refurbished existing facility on the nearby Luton and Dunstable acute hospital site by July 2011 *(from location 3 to location 2 on the map).*

5a. Do you agree with this proposal?

☐ Yes ☐ No ☐ Don't know ☐ No opinion

5b. Please tell us why you think this.

6. **Proposal Two:** To transfer adult admission services from a residential area in Luton to refurbished existing facilities on the nearby Luton and Dunstable acute hospital site by March 2012 *(from location 5 to location 2 on the map)*

6a. Do you agree with this proposal?

☐ Yes ☐ No ☐ Don't know ☐ No opinion

6b. Please tell us why you think this.

7. **Proposal Three:** To transfer older people inpatient services (non-dementia) in Houghton Regis to refurbished facilities on the nearby Luton and Dunstable acute hospital site by July 2011 *(from location 1 to location 2 on the map).*

7a. Do you agree with this proposal?

☐ Yes ☐ No ☐ Don't know ☐ No opinion

7b. Please tell us why you think this.

8. **Proposal Four:** To transfer older people with Alzheimer's disease (dementia) from Beech Ward in Luton to Townsend Court in nearby Houghton Regis by September 2011 *(from location 2 to location 3 on the map).*

8a. Do you agree with this proposal?

☐ Yes ☐ No ☐ Don't know ☐ No opinion

8b. Please tell us why you think this.

9. **Proposal Five:** To transfer older people with Alzheimer's disease (dementia) from Milton Ward in Weller Wing at Bedford Hospital's to a refurbished facility within Fountains Court close to Bedford Health Village (formerly Bedford Hospital's north wing site) by December 2011 *(from location 4 to location 6 on the map).*

9a. Do you agree with this proposal?

☐ Yes ☐ No ☐ Don't know ☐ No opinion

9b. Please tell us why you think this.

10. **Proposal Six:** To transfer older people inpatient services (non-dementia) from Chaucer Ward in Weller Wing to Cedar Ward at Bedford Health Village (formerly Bedford Hospital's north wing site) by September 2012 *(from location 4 to location 6 on the map).*

10a. Do you agree with this proposal?

☐ Yes ☐ No ☐ Don't know ☐ No opinion

10b. Please tell us why you think this.

11. **Proposal Seven:** To develop a purpose-built unit at Bedford Health Village (formerly Bedford Hospital's north wing site) for a Mental Health Act Section 136 suite, adult assessment and admission inpatient services by December 2012 *(from location 4 to location 6 on the map subject to receiving a full planning consent).*

11a. Do you agree with this proposal?

☐ Yes ☐ No ☐ Don't know ☐ No opinion

11b. Please tell us why you think this.

12. We would also welcome your views on this consultation.

	Yes	No
Was it easy to find this consultation information?		
Was this information easy to understand		
Was there enough information for you to answer the questions we asked?		
Did we ask the right questions?		

Do you have any other comments about this consultation?

15. About you

Please tell us if you are:

☐ A SERVICE USER

☐ A CARER

☐ WORKING FOR THE NHS

☐ REPRESENTING A GROUP OR ORGANISATION (PLEASE STATE WHICH IN THE BOX)

☐ NONE OF THE ABOVE

If you are not responding on behalf of a group or organisation, please complete this section to help us ensure we have feedback from a wide range of people.

Are you: ☐ A man ☐ A woman ☐ Prefer not to say

What is your age group?

☐ Under 21 ☐ 21-44 ☐ 45-64 ☐ 65 and over ☐ Prefer not to say

What is your ethnic group?

(a) WHITE: ☐ British ☐ Irish ☐ Other white
(b) MIXED: ☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Other mixed
(c) ASIAN OR ASIAN BRITISH: ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian
☐ **(d) BLACK OR BLACK BRITISH:** ☐ Caribbean ☐ African ☐ Other black background
(e) OTHER ETHNIC GROUPS: ☐ Chinese ☐ Other ethnic group
☐ Prefer not to say

Do you consider yourself to have a disability?

☐ Yes ☐ No ☐ Prefer not to say

What is the first part of your postcode (eg MK40)? ☐

Thank you for completing this questionnaire.

*Please return to our freepost address by **20 December 2010.***

The consultation booklet and other information is also available from our website www.bedfordshire.nhs.uk and in hard copy on request to David Levitt on 01234 897204 or by email to mhconsultation@bedfordshire.nhs.uk

It is also available in large print, Braille, audiocassette and other languages on request to NHS Bedfordshire.

Appendix A: Glossary

Here are brief explanations of some of the technical and clinical terms used in this consultation booklet

Acute - order or symptom that develops suddenly. Acute conditions may or may not be severe and they are usually, but not always, of short duration.

A&E - Accident and Emergency. A walk-in centre at hospitals for when urgent or immediate treatment is necessary.

Assertive Outreach Teams (AOTs) - multi-disciplinary teams of community staff to support people who have long term enduring mental illnesses with their recovery. Care and support may be offered in the service user's home or some other community setting, at times suited to the service user.

Assessment - a process to identify the needs of an individual and evaluate the impact of those needs on their daily living and quality of life.

Carers - relatives or friends who voluntarily look after individuals who are sick, disabled, vulnerable or frail, on a part-time or full-time basis.

Commissioners - team of people who purchase mental health care services from providers such as SEPT for the local community.

Commissioning - the process by which commissioners decide which services to purchase and which provider to purchase them from.

Complex Needs Service – a service that works closely with Community Mental Health Teams to improve the care delivered to service users with diagnoses of personality disorder and complex needs.

Crisis - a mental health crisis is a sudden and intense period of severe mental distress that may require urgent help at home or admission to hospital.

Crisis Resolution and Home Treatment Teams (CRHTs) - a team of mental health professionals who assess and manage all patients who are in crisis and need urgent mental health care. All admissions to hospital are also reviewed by this team.

Day Centres - provide services that promote the use of community resources. Ashanti / Roshni Services in Luton and Bedford provide specific social care support to people from the African-Caribbean and Asian communities with mental health problems. There are two other day resource centres in Bedford. In addition, there are services based in Luton and Bedford providing specific

support for people with mental health problems who are seeking work or training opportunities.

Dementia - a condition characterised by a gradual loss of memory function. Dementia can be due to several causes but the commonest is Alzheimer's disease. The main symptoms of dementia are progressive memory loss for recent events.

Drug and Alcohol Services - two teams offer drug and alcohol dependency treatment, outreach into the community to support people with alcohol, drug, poly-drug abuse and people with a dual diagnosis of mental health problems and substance misuse. There are also inpatient beds for detoxification treatment on Keats Ward in Weller Wing at Bedford Hospital and at Townsend Court in Houghton Regis.

Foundation Trusts - NHS Foundation Trusts are a new type of NHS Trust in England. They were created to devolve decision-making from central Government control to local organisations and communities, via local people signing up as Members and being elected as Foundation Trust Governors, so they are more responsive to the needs and wishes of their local people.

GPs (General Practitioners) - family doctors who provide general health services to a local community. They are usually based in a GP surgery or practice and are often the first place patients go to with a health concern.

Inpatient Services - services provided by the NHS where the patients/service users are accommodated on a ward and receive treatment there from specialist health professionals.

Mental Health - refers to a broad array of activities directly or indirectly related to the mental well-being component included in the World Health Organisation's definition of health, which is: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

Mental Health Act 1983 - the legislation under which individuals can be assessed and admitted to hospital compulsorily. Patients can be admitted for assessment and treatment under Section 2 of the Act for 28 days or specifically for treatment for six months under Section 3. All assessments are undertaken by a social worker and two medical practitioners, one of whom will have special expertise in psychiatry and is approved under Section 12(2) of the Act.

The Mental Health Act lays out a number of duties and responsibilities. Under section 17 leave arrangements, individuals in hospital can go on periods of leave if agreed by the Responsible Medical Officer (usually the consultant). Under section 136, the police can bring an individual from a public place to a place of safety, if the Police consider it necessary, for a mental health assessment.

Outpatient Services - services for patients to be seen by professional staff on a same-day basis in a hospital or clinic.

Practice Base Commissioner (PBC) - GP practices and other primary care professionals working together to commission local, patient focused services.

Primary Care - services provided by family doctors (GPs), dentists, pharmacists, optometrists and ophthalmic medical practitioners together with district nurses, health visitors and practice nurses, with administrative support.

Primary Care Mental Health Services - these could include:

- counselling services based in GP practices
- psycho-educational groups psychological therapies provided by graduate mental health workers
- access to computerised psychological therapies
- in-reach to primary care by community mental health teams

Prison In-Reach Team - this team helps to support prisoners in Bedford prison with mental health problems.

Psychiatrist - a medical doctor specialising in the prevention, assessment, diagnosis, treatment, and rehabilitation of mental illness.

Psychiatric Intensive Care - services to support mental health service users in a very severe acute phase of illness

Psychologist - a mental health professional who specialises in talking therapies such as cognitive behavioural therapy.

Rehabilitation - a programme of therapy and help designed to restore independence and confidence and reduce disability. It may include occupational therapy to help with domestic and vocational skills that people will need when they return to living independently.

Service Users - patients – people who need health and social care for their mental health problems. They may be individuals who live in their own homes, are staying in care, or are being treated in hospital.

Social Care - personal care for vulnerable people, including individuals with special needs because of their age or physical or mental abilities and children who need care and protection.

Social Inclusion - the state whereby vulnerable or disadvantaged people are able to access all of the activities and benefits available to anyone living in the community.

Appendix B: NCAT Report

NCAT Review: Luton and Bedfordshire MH services

Date: October 2010

Reviewer Details

Name: Dr Pete Sudbury
Qualifications: MA (Cantab), BM, BCh, MRCPsych, MBA
Current Post: Medical Director, Barnet, Enfield and Haringey MHT
Previous Experience: Formerly Medical Director, Berkshire Healthcare FT

Introduction

This report is based on a table-top review of evidence submitted by the South Essex Partnership University NHS Foundation Trust (SEPT), regarding the proposed changes in Bedfordshire and Luton. It proved impossible to organise a visit within the timeframe required, and the evidence was sufficiently extensive to permit an assessment of the quality of the proposals. In addition to documents submitted, I also discussed the service changes and consultation process with Dr Hameen Markar, Medical Director of SEPT. The evidence has been assessed regarding compliance with the four tests set out by the health secretary for service changes, viz: clinical evidence; public / service user support; GP support; promoting choice.

Evidence provided:

- MH services transformation – public consultation document
- Service transformation summary brief
- Transforming mental health services presentation
- Transformation bed changes v3
- Bed comparison chart by category
- Evidence on support from GP commissioners and senior clinicians

Reconfiguration Criteria

Clinical evidence base

The clinical case for change is incontrovertible. There is widespread evidence that treatment delivered in less institutional settings is more effective, with better outcomes, particularly psychologically and socially.

The proposed number of adult MH beds will put the Trust around the top of the lower quartile in the UK for bed numbers per 100k weighted average population[1]. This is very much in line with the other Trusts in the SHA.

[1] Data from Audit Commission MH benchmarking club.

Large numbers of “rehabilitation” beds, in reality long stay wards, have no place in modern mental health services, and reproviding them with private or third sector providers often allows much greater freedom for the development of homely, less institutional accommodation, better integrated into the community and focused on recovery.

For older people, the case for admission avoidance is if anything even more compelling. Older people, especially those in early stages of dementia, with a low functional reserve, are very vulnerable when taken out of familiar environments. They may cope well with support at home, but tend to decompensate when admitted to an unfamiliar environment, particularly large, relatively impersonal wards, and it frequently proves impossible to return them to the community. Within the UK, there are examples of services using very low assessment bed numbers for older people, combined with strong home treatment teams. The Trust may wish to explore the possibility of further reducing numbers of older peoples beds in the context of even further development of home treatment.

An additional consideration is the gain from clustering in-patient facilities.

Although it is possible to support isolated in-patient units, there are significant diseconomies in doing so, as clustered units are able to provide staffing and other logistical support to each other. Particularly in the current economic climate, services should wherever possible be grouped together, provided that they remain reasonably accessible to the populations they serve. In this regard, it is encouraging that the plans for older older people’s units have recently been amended so that they will now be moved only 2 miles, to sites in Bedford. Given the changes to community teams, which should result in many fewer patients needing in-patient assessment, this should result in much higher standard of service delivery.

The Trust is also taking the opportunity to rationalise its out-patient facilities and office space, bringing services onto fewer sites, and reducing the number of bases from which it operates. The combined changes release very significant savings from capital charges, at the same time as improving the quality of the estate.

The other clinical changes introduced by the Trust, particularly around much closer integration with primary care, are forward-looking, and support the general drive away from institutional care.

GP support

From the evidence presented, it is clear the trust has consulted widely with GPs, particularly GP commissioning clusters, and there appears to be support for the general approach followed by the Trust, and positive enthusiasm for the primary care integration which is not part of this consultation, but which will provide the support and “upskilling” of primary care that will facilitate the significant deinstitutionalisation proposed. Where possible problems have been raised, the Trust responses have been highly collaborative, and indicate a willingness to work to gain GP support.

Patient and Public involvement

These proposals have been widely consulted over a number of years, beginning in 2005 with a PCT-led consultation, *Investing in your mental health*, from which the following themes emerged:

- Reducing reliance on traditional acute bed provision for the management of acute mental illness in adults and managing care through new types of specialist teams
- Reducing reliance on acute provision for older people and further developing the role of community teams for older people
- Reducing reliance on traditional long-term residential care and moving individuals into supported housing and participation in robust social inclusion programmes
- Modernising the organisation and focus of Community Mental Health Teams
- Modernising day services for those with mental health problems
- Reducing reliance on distant providers of residential and nursing care and maximising local provision, ensuring regular review and appropriate placements.

It is my understanding that these themes formed the basis for the subsequent (2009) tender of the Beds and Luton services, won by SEPT.

Both SEPT and NHS Bedfordshire have more recently consulted widely with service users and service user organisations, SEPT via local Mental

Health Partnership Boards, which include representation from local

authorities, Mind, service users, carers, the LINks and Apex Care Homes. NHS Bedfordshire has separately also engaged with service user and carer groups and attended discussion meetings with these stakeholder groups. Given the prior process that derived the blueprint, there has not surprisingly been widespread agreement on the proposals. On the proposals for dementia care, workshops involving 150 stakeholders have informed the proposals.

From my discussion with Dr Markar, I was impressed by the degree to which service user groups are involved in service design, to the extent that a local service user group sends a representative to his clinical directors' meeting. This gives direct access to patient influence at strategic and top operational level, and ensures that the time between aspiration and operationalisation is informed by patients.

Promoting patient choice.

Moving away from bed-based, institutional models of care vastly increases patient choice and flexibility in meeting their needs. In-patient environments are inherently rigid and enforce conformity to a particular regime. Moving to home treatment-based models (for adult / elderly acute care) with a strong recovery / social inclusion model of care across the board transforms the

treatment paradigm away from a top-down medical model of care to one giving patients as much control over their treatment as possible. This is consistent, and even synergistic with the personalisation agenda that is a central component of government policy. It is also possibly the case that some of the savings from capital expenditure will be reinvested, including developing services for poorly served groups such as adults with ADHD and Aspergers, further extending patient choice.

Conclusions

From the evidence I have been provided with, these proposals are clinically sound, and promote patient choice. They are of high quality, modern and forward-looking, and are widely supported by both the public and GPs. On that basis, the proposals should be supported.

Dr Pete Sudbury
MRCPsych, MBA.
Medical Director
Barnet, Enfield and Haringey MH Trust

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Joint Health Scrutiny Committee of Bedford Borough Council, Central Bedfordshire Council and Luton Borough Council

NHS Consultation on Mental Health Services in Bedford Borough, Central Bedfordshire and Luton

SCOPING DOCUMENT

This table is designed as a framework to focus the work of the JHOSC in more detail, within the context of the agreed terms of reference for the Committee.

Topic	NHS Consultation on Mental Health Services in Bedford Borough, Central Bedfordshire and Luton
Rationale	A joint health scrutiny committee is required where NHS consultation on service reconfiguration/redesign covers more than one local authority area.
Objective	To allow the Joint Health Scrutiny Committee the opportunity to be consulted and comment on the proposals for service reconfiguration/redesign for Mental Health Services in Bedford Borough, Central Bedfordshire and Luton.
Scope of the review	To focus on the premises development and redesign for Mental Health services in Bedford Borough, Central Bedfordshire and Luton.
Key questions	1. The implications/ impact of the proposals for premises development in the three local authority areas. 2. The implications/ impact of the proposed redesign for Mental Health services in the three local authority areas. 3. Details of Patients and Public Engagement, including Equality Impact Assessment(s) by the NHS on the proposals for change

	4. More details about the nature and content of the consultation to be able to reach a view on whether 30 days would be long enough for this consultation.
Exclusions	Broader issues of mental health service provision beyond the proposals set out in the NHS consultation document.
Method/approach	• Meetings with NHS Bedfordshire as lead commissioner, as well as other NHS bodies, including South Essex Partnership University NHS Foundation Trust (SEPT) as the service provider. • Involvement of LINk as observers to ensure that there is additional input about the consultation process. • Taking evidence from representative(s) of people who use mental health services.
Evidence	• Consultation documents from NHS Bedfordshire as lead commissioner • Presentations • Meetings – opportunity for Q&A • Input from the Adult Services Directorates of the three councils • Input from LINKs • Views of representative(s) of people who use mental health services.
Outcomes/measures of success	1. That the Joint Committee is able to complete its work within the time available 2. That the Joint Committee is able to make comments/ recommendations on the proposals for change and contribute to the NHS consultation process
Risks/barriers	That there is not enough time to make an input into the consultation process
Members	**Bedford Borough Council** • Bagchi • Cunningham • Meader • M Smith

	Central Bedfordshire Council • Goodchild • Kane • Sparrow • Turner
	Luton Borough Council • Bullock • Dolling • Gale • Simons ***NB: Invitations to observe have also been sent to the three LINk organisations.***
Officers	**Scrutiny Support** • Jacqueline Gray, BBC • Cheryl Powell, CBC • Bert Siong, LBC **NHS** • David Levitt, Deputy Director of Communications and Public Engagement

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MEMBERS' BRIEFING NOTE

Date: **15 October 2010**

Subject: **Scoping Document and Planning for future meetings**

To: **All Members of the Bedford Borough Council, Central Bedfordshire Council and Luton Borough Council Joint Health Scrutiny Committee**

From: **Cheryl Powell, Overview & Scrutiny Officer**

Bert Siong, Overview and Scrutiny Coordinator

Jacqueline Gray, Principal Scrutiny and Overview Support Officer

Summary

At the informal meeting of the JHOSC, Members asked that the Terms of Reference be reviewed as they were considered to be very broad.

Attached is a copy of a scoping document that can be used to focus the Committee's work and assist with planning work going forward.

Options

1. **That the Joint Committee considers using the attached scoping document as a tool to focus its work within the agreed terms of reference.**

2. **That the Joint Committee consider any comments or changes that it wishes to make about the attached scoping document to inform the work of the Committee going forward.**

Details

Members noted that the Terms of Reference considered at the JHOSC planning session on the 3rd September 2010 were very broad and needed to be refined.

A change to the Terms of Reference would require agreement by Full Council at each of the three authorities.

Therefore we suggest that the Committee uses the attached scoping document as a framework for agreeing its focus for the review of the consultation proposals and to plan its future work.

Attached: Draft Scoping Template

Contact: *Jacqueline Gray*
Principal Scrutiny & Overview Support Officer
01234 228486
Ext: 42486

Minutes: *JHOSC, 3 September 2010*

Background Papers: *Nil*