

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

held on the 3<sup>rd</sup> 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 PARTNERSHIP 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.