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WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

**Notes of the PCT Public Board meeting
held on Thursday 15th December 2005 at 9.30 am
at Highnam Business Centre**

Present:	Hugh Annett Derek Harbottle Mark Hendry Anny Reid Susanne Noblett Fred Simpson Mike Theelke	Director of Public Health Non-Executive Director Non-Executive Director Non-Executive Director Professional Executive Committee member Non-Executive Director (Chair) Director of Finance
In attendance:	John Ford Hilary Fairfield Jenny Kirkby Jan Marriott	Director of Service Delivery Older Peoples Project Manager Personal Assistant to Director of Performance and Corporate Development Director of Clinical Development

159/05 APOLOGIES FOR ABSENCE

Apologies were received from Ahmed Bham, Liz Boait, Amanda Fisk, Stephen Gollodge, Ann McCluskey and Dr Mike Roberts.

160/05 CONSULTATION ON PROPOSALS TO DEVELOP OLDER PEOPLE'S MENTAL HEALTH SERVICES IN GLOUCESTERSHIRE

Fred Simpson brought to the Board's attention the Consultation document for board approval.

Hilary Fairfield introduced this agenda item.

The draft consultation document represents the outcome of the second phase of the review of Older People's mental health services. The review had been taking place over the last two years, led by West Gloucestershire PCT on behalf of the Gloucestershire health and social care community.

The aim of the review is to ensure that these services are fit for purpose in light of the National Service Framework for Older People, a number of Government documents relating to the standards and guidelines for Older People's Mental Health services and the increasing number of older people predicted in the county over the next few years.

The proposals demonstrate a shift from specialist to primary and community care, and a decreased reliance on specialist inpatient beds.

Hilary Fairfield also pointed out that the current services are inefficient; only 86 of the total 122 specialist inpatient beds are currently available for use, and of these approximately 18 are occupied by people who no longer require specialist hospital care. Some of the remainder could be cared for better within community settings.

Anny Reid expressed disappointment that the proposals would result in some people from the Forest of Dean having to travel further for specialist inpatient care.

Hilary Fairfield replied that the consultation process would allow for all views across the county to be heard in respect of location of specialist inpatient beds.

Mark Hendry made a number of points:

1. The transition between the current and the new models would incur additional resources;
2. There may be some risks during the transition period in respect of continuity of care. These will need to be handled carefully to avoid adverse press coverage;
3. The proposals will require additional investment which may be difficult to find in the current financial climate;
4. Investment should not perpetuate historical patterns of investment, but be based on need;
5. Public sign-up to these proposals and the timescale will be important.

Mike Theelke agreed that there would be some transitional costs, as community services will need to be developed before beds can be formally closed. Implementation would take 3-4 years and the necessary investment would be staged over this period.

It was agreed that it may be helpful to have more detail about the implementation plan and risks within the consultation document.

Hilary Fairfield pointed out that there is a good communication strategy already in place; this will be reviewed regularly. The proposals would not be implemented if the consultation does not show overall support for these developments.

Susanne Noblett reiterated the importance of the communication with the population in the Forest of Dean, particularly in light of the community hospital review.

John Ford stated his support for the paper and the strategy, particularly as many other areas had already developed their services along these lines. He felt that more detailed work should be done on reducing the length of stay in the specialist inpatient beds, but this should not hold up the consultation document. Also there will be a need to be further information about the impact of the intermediate care beds on the community hospital beds, and the carer response to reduction day places.

John Ford also noted the balance of skill mix within the community mental health teams, which appeared to be heavily weighted in psychiatrist and psychologist time. He also advised that the impact of the independent sector on these proposals should be considered.

Hugh Annett also made a few comments that he thought should be considered during the next phase of the project:

1. Care must be taken to ensure the figures quoted in the document are right;
2. It may be difficult to move away from a historical basis for service provision to the new model; nonetheless, this would have to be done. Although data in the document is given at a PCT level, the needs of smaller communities would need to be considered when looking at developing some of the day services and community services which are proposed, i.e. the service must be needs-based;
3. He was supportive of the references in the consultation document to providing for all the needs of older people in a co-ordinated way, whether the needs are physical or mental or both, rather than perpetuate a differing level of service depending on the type of need.
4. A proactive approach to gaining the views of BME groups within the consultation process would be necessary.

Hilary Fairfield agreed to consider the detailed points raised by the Board. She also indicated that the feedback form was under review.

Fred Simpson summarised that during the discussion some of the Board members had alluded to this tension within the new model between freedom and choice for individuals, versus risk-avoidance. He felt that it may be useful to make more reference to this within the consultation document.

The Board unanimously agreed to endorse the direction of travel in developing these services, and to support the next phase of the review, the public consultation, on these proposals.