

## **COUNCILLOR PETER STEEN MAYOR**

**MINUTES OF: THE SPECIAL MEETING OF THE COUNCIL OF THE  
BOROUGH OF ROSSENDALE**

**Date of Meeting: 29<sup>th</sup> June 2006**

**PRESENT: The Mayor Councillor P. Steen (in the Chair)  
Councillors Alcroft, A. Barnes, Challinor, Cheetham,  
Crosta, Entwistle, Forshaw, Graham, Lamb, Lynskey,  
Morris, Neal, Ormerod, Robertson, Sandiford, Smith, H.  
Steen, Thorne and Unsworth**

**IN ATTENDANCE: Carolyn Wilkins, Chief Executive  
George Graham, Executive Director of Resources  
Linda Fisher, Head of Legal and Democratic Services  
Lesley Noble, Head of Policy and Change Management  
Julian Joinson, Democratic Services Manager**

**ALSO PRESENT: Dr Ellis Friedman, Director of Public Health, Burnley,  
Pendle and Rossendale PCT  
Val Bertenshaw, Project Director, East Lancashire  
Hospitals NHS Trust  
Dr Rineke Schram, Medical Director, East Lancashire  
Hospitals NHS Trust  
David Ingham, Chair of Local Strategic Partnership**

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### **1. APOLOGIES FOR ABSENCE**

Apologies for absence were submitted on behalf of Councillors D Barnes, L Barnes, Challinor, Dickinson, Driver, Eaton, Essex, Farquharson, Gill, Hancock, Haworth, J Pawson, S Pawson, Ruddick, Starkey and Swain.

### **2. DECLARATIONS OF INTEREST**

No declarations of interest were made.

### **3. COMMUNICATIONS FROM THE MAYOR, THE LEADER AND THE HEAD OF THE PAID SERVICE**

The Mayor announced that the Mayor's Charity Committee had met and a bank account had now been set up. A sum of money had already been deposited as a result of a charitable donations made by staff to enable them to wear England football shirts at work during the World Cup 2006. For 2006/07, 50% of the money raised would be set aside for the hospice and 50% would be distributed between smaller local charities and organisations. Two fund-raising events had already been set as follows:- a coffee morning at the A, B and D Centre on 9<sup>th</sup> September 2006 and an evening at Mario's on 18<sup>th</sup> September 2006.

The Mayor indicated that he had attended the AGM of the Red Cross a few weeks ago and had been asked to arrange Member and Officer participation in 'heart start' training. It was hoped that this would reduce fatalities, which could be avoided by simple treatment.

The Mayor reported that he had met Councillor Hancock while attended the Mela at Marl Pitts on Saturday. He was pleased to report that Councillor Hancock's recovery from his illness was progressing well.

He also reported that Councillor Dickinson had recently undergone a minor operation and was currently recuperating. The Mayor would forward the best wishes of the Council to her.

There were no communications from the Leader or from the Head of the Paid Service.

### **SPECIAL ITEMS OF BUSINESS**

The following two items were taken together:-

#### **4. MEETING PATIENTS NEEDS CONSULTATION**

The Chief Executive gave a presentation on the Consultation by the Joint Committee of Primary Care Trusts and the East Lancashire Hospitals Trust on 'Meeting Patients' Needs'. The presentation provided a summary of the main issues within the consultation (based upon two main options); the comments received from Area Forums and from the Overview and Scrutiny Committee; and the response of the LSP (in support Option A). Full details of the response from the LSP and comments raised at Area Forums were circulated at the meeting.

The main concerns locally had centred around:- transport; the lack of Accident and Emergency provision in Rossendale; the condition of the current hospital building; and better health education. Members were reminded that at the first Special Meeting on Health Issues held in January 2006, the Council was invited to consider what services it wished to see in Rossendale. The East Lancashire Hospitals Trust and Burnley, Pendle and Rossendale PCT had been understanding of residents' concerns about not wishing to travel too far, but also had to balance this against the need for specialist services at one location.

Members asked a number of questions which were answered by representatives of the two Trusts present. The following is a summary of the issues raised and responses given.

- The level of response to the consultations had been disappointing to date, given the amount of publicity and number of meetings held locally. It was felt that this apathy might be the result of people's past experience at having lost facilities from the valley. An assurance was sought that some services would be retained within Rossendale and that local people's views were been taken seriously.

*RESPONSE: A Development Committee had been established to look at*

*what facilities might be provided on the Rossendale Health Campus. Suggestions might include an urgent care centre, birthing centre, out-patients and diagnostic services and other community services.*

- There was a suggestion that the lack of wards at the hospital was indicative of a lack of intensive care provision within Lancashire.  
*RESPONSE: Adequate provision was available - East Lancashire was no longer an exporter of intensive care patients, but now imported patients.*
- Provision of a low risk ward might be an option for the Rossendale Health Campus.  
*RESPONSE: This was one possible option.*
- Rehabilitation wards in Rossendale had closed and the closest ward was now in Pendle. However, at the time of a recent survey of the 16 beds, 12 patients had a Rossendale address.  
*RESPONSE: Health representatives agreed to look into the situation.*
- A decision had been taken recently to return midwives from Sure Start projects back to main stream hospitals, giving rise to a question as to whether there would be enough midwives to staff birthing centres.  
*RESPONSE: If a birthing centre was to be developed the issue of resources would be properly addressed. The aim was to provide more choice for women and feedback from the pilot exercise was very positive. The above changes were thought to be the result of changes to the role of Sure Start, which was becoming more orientated towards Children's Centres, rather than health provision.*
- Longer opening hours were being rolled out to clinics to deal with family planning and smoking cessation. Could similar longer hours be applied to minor injuries and consultant services?  
*RESPONSE: Pockets of out-of-hours provision were beginning to be developed, but this was an acknowledged area for further development.*
- Were the various neighbouring Trusts being consulted, given that large numbers of Rossendale residents used health services elsewhere, such as in Bury?  
*RESPONSE: The PCT and Hospital Trusts were aware of the 'Healthy Futures' consultation and the 'Making it Better' review of Children's Services in the Greater Manchester area. The Lancashire Trusts were working closely with Manchester colleagues and the implications were being considered. The birthing centre and urgent care centre proposals were, in part, a response to those consultations.*
- Would an urgent care centre in Rossendale be similar to the facilities at Accrington Victoria Hospital?  
*RESPONSE: That hospital was managed by the Hyndburn and Ribble Valley Trust and currently provided a minor injuries unit. A possible reorganisation of its management might lead to an extension of its range of services to include urgent care.*

- What was the concept behind birthing centres?  
*RESPONSE: These would be closer to a home environment and would be led by a mid-wife. The majority of deliveries could be undertaken at home or in a birthing centre. An assessment would be made as to the suitability of expectant mothers for access to this service. For those not suitable, or if complications arose, the patient would be transferred to a consultant unit.*
- The difficulties of transport between a birthing centre and hospital in the event of complications setting in.  
*RESPONSE: Medical knowledge had progressed significantly to enable accurate selection. The most common reason for transfer was delayed labour, which was not an emergency. A safe service would be provided under the proposed arrangements.*
- What other facilities could potentially be provided on the Rossendale Health Campus?  
*RESPONSE: The population was living longer, but as a result was unhealthier. Long term conditions such as diabetes, heart and respiratory disease could be treated locally. Community matrons could carry out early intervention.*
- Residents' concerns at a proposal to close the local eye clinic.  
*RESPONSE: There were no plans to close this facility, although it was envisaged that the number of operations, such as cataracts, would be reduced.*

Dr Freidman indicated that no firm conclusions had yet been reached about the proposals, which was the purpose of the consultation. The overall aim was to improve people's health. In some instances specialist services worked better and were not viable on the scale of Rossendale. However, the Trust was also trying to make services more accessible. To do so a balance would need to be achieved between local and effective services.

Councillor A Barnes indicated that a Community Network event was due to be held on Saturday, 1<sup>st</sup> July 2006, at Alder Grange Community and Technology School, including an interactive session which would allow people to express their views on what facilities they might wish to see within the Rossendale Health Campus.

## **5. WORKING TOGETHER TO IMPROVE MENTAL HEALTH SERVICES IN LANCASHIRE**

The Chief Executive gave a presentation on the Consultation by the Joint Committee of Primary Care Trusts on 'Working Together to Improve Mental Health Services in Lancashire'. The presentation provided a summary of the main issues within the consultation (providing a shift towards greater mental health provision within the community); the comments received at a public meeting held on 24<sup>th</sup> May 2006 and from the Overview and Scrutiny Committee; and the response of the LSP (in support of the proposals). Full details of the response from the LSP and comments raised at the public meeting were tabled.

The main concerns locally had centred on social inclusion, choice and equalities.

The Mayor indicated that nationally there was concern about the numbers of people with mental health issues, who were being held within the Prison Service. Members asked a number of questions which were answered by the representative from the Burnley, Pendle and Rossendale PCT. The following is a summary of the issues raised and responses given.

- Concerns had been expressed by Overview and Scrutiny Committee Members that, despite the obvious links, drugs and alcohol abuse was treated separately from mental health services.  
*RESPONSE: In other parts of the country the link was stronger. In Lancashire the arrangements were different and liaison arrangements were not as well defined. However, efforts were being made to improve this. Drugs and alcohol were not part of the current consultation.*
- The issue of whether there was sufficient funding available to provide appropriate levels of care within the community.  
*RESPONSE: The Trust had invested around £2.5M last year in community services.*
- The local consultations had been overwhelmingly in support of maintaining day care services at Rossendale General Hospital. Users felt secure at the Hospital and it was felt that user groups were less able to organise alternative provision for themselves. The facilities at proposed at Balladen House would not provide day care.  
*RESPONSE: Across Lancashire there would be a reduction from 15 to 3 day care units, one of which would be in East Lancashire. Not all patients needed to be treated in hospital and more could be cared for in the community. It was acknowledged that care in the community might be more difficult to monitor. However Health and Social Services were investing in this and would also focus on lifestyle issues. It was often difficult to persuade people of the benefits of moving to a new type of provision. Members were reminded that Lancashire was starting from a very low base, with poor buildings and a poor range of services. A review of day care services was underway and no decisions had yet been taken. There could be a number of sites for day care across Rossendale and East Lancashire, including Balladen House. Drug therapy had improved. Many patients had long term problems, therefore, management of their needs had to be sustainable. Hospitals were an artificial environment. Care in the community would be better. Early intervention and crisis intervention teams were new services which would help, together with careful monitoring. This was a positive way forward. Best practice, such as in Birmingham, had shown the benefits of this type of provision.*

- The consultation process appeared to focus on the loss of services from Rossendale General Hospital, rather than the detail of the replacement services planned. Concern was expressed that the existing facilities would be closed before new services were in place.  
*RESPONSE: Under the Mental Health Act all patients had individual care plans which were monitored. Those not covered by the Mental Health Act would have easier access to services. A Suicide Prevention Strategy had been launched today. Patient satisfaction surveys and client surveys were carried out to test the effectiveness of any changes. Details of day care sites had not yet been finalised. This might be the subject of further consultation. Significant investment had been made in this year with 4 specialist teams created and more planned. The reduction in the total number of sites from 15 to 3 would release resources, which would be returned to services. Existing users might not fully appreciate the changes, but new customers would see a better service.*
- Concern was expressed, based upon the case of an individual constituent, about whether there were currently sufficient psychiatrists and psychologists locally with the Health Service.  
*RESPONSE: A full range of services had not been available previously. In part, this had been due to difficulties in recruiting psychologists. The improved services should help future recruitment.*
- Concern was expressed that patients displaced by the closure of Ward 11 might be more likely to self-harm and, therefore, require emergency treatment.  
*RESPONSE: There was no evidence to suggest that this would occur. In fact, suicide rates and deliberate self-harm rates had fallen since the closure of Ward 11. The Lancashire Care Trust would be responsible for managing the service. The PCT would monitor their performance. The various Trusts understood people's concerns and that was the purpose of the consultation.*
- The possible loss of experienced staff who were previously based at Ward 11.  
*RESPONSE: The changes would attract better staff. Specialist teams were now in place and staff had been properly trained. It was acknowledged that some gaps remained to be filled. The Trust had to adhere to the National Services Framework. Overall, mental health services were improving.*
- Concern that, following the loss of the hospital buildings, it would be impossible to return to that type of provision if the new arrangements were found to be unsuitable.  
*RESPONSE: The changes were in line with national policy and were generally accepted as the right way forward. Experience gained from the Birmingham model had shown the benefits. The proposal in Lancashire was not as extensive as that model. It was acknowledged that there might be no way back if the service reduced to working from three sites. However, the consultation and careful analysis of the data would consider this.*

- Whether contingency plans were in place to cater for expanding mental health problems  
*RESPONSE: The Health Service was addressing this. The proposals would remove 100 beds from use, but it was envisaged that this would still leave sufficient slack within the system. Future mental health trends were difficult to predict and future requirements might change in the light of national policies.*
- The viability of community based facilities for patients with mental health problems, including the issues of accountability, accessibility, staffing issues and the remaining levels of day care facilities.  
*RESPONSE: The formal review of day care provision was on-going and the outcome had not yet been reported. Specialist community teams were very accessible. Other services had not yet been fully worked up and in-patient services would depend on the sites chosen. Significant resources were being provided and the changes were linked to a national timetable, which determined the order of the improvements. Plans for Psychology Services would be developed later in the year and presented early in 2007.*
- Concern about the families and carers of mental health patients to ensure that they had access to sufficient respite facilities before any day care provision was closed.  
*RESPONSE: Carers were extremely important. Carer assessments were undertaken, although further work was required on this. Respite care was in place, but could be improved. Substantial planning was going on to develop this service. However, it was not possible at this stage to give the assurance sought about the closure of day care provision.*

Councillor Sandiford thanked all the representatives from the health sector for their attendance.

**Resolved:**

That the Chief Executive be requested to provide formal responses to the consultations on 'Meeting Patients' Needs' and 'Working Together to Improve Mental Health Services in Lancashire' and that she have regard to the comments made at full Council and other local forums in formulating the reply.

**6. CORPORATE IMPROVEMENT PLAN AND BEST VALUE PERFORMANCE PLAN**

Members considered a report of the Chief Executive in connection with the final draft of the Council's Corporate Plan and Best Value Performance Plan. Councillor Ormerod provided a summary of the purpose the document, which sets out the Council's priorities, the actions it intended to take to achieve those priorities and the outcomes that will be achieved on behalf of local people. The Council's Corporate Improvement Plan also served as the Council's Best Value Performance Plan and was the Council's primary strategic plan.

The BVPP was a 'statutory document' that had to be published by the 30<sup>th</sup> June and accurately reflected the Council's Performance against the full range of Best Value Performance Indicators for 2005–06, together with targets against each of those indicators for the next 3 years.

Following approval of the 'designed' draft of the Corporate Improvement Plan and BVPP, an electronic copy would be placed on the Council's web-site by the 30<sup>th</sup> June, 2006. When the plan had been printed it would be distributed throughout the Council; placed in various agency reception points throughout the Borough; and mailed to a wide range of stakeholders such as the Audit Commission, neighbouring councils & LSP Partners.

Councillor Neal enquired about the Council's policies in relation to housing. The Chief Executive reported that the Corporate Improvement plan had identified as key issues the provision of affordable housing and housing which was fit for purpose. Councillor Neal also asked if all Members would be invited to participate in Local Democracy Week. It was reported that a number of events were being considered and that councillors would be involved.

**Resolved:**

To approve the final draft of the Council's Corporate Improvement Plan and BVPP.

(The meeting started at 7.00 pm and concluded at 8.45 pm)