



FYLDE BOROUGH COUNCIL



Meeting Agenda

Community Outlook Scrutiny Committee
Town Hall, Lytham St Annes
6 July 2006, 07:00pm

COMMUNITY OUTLOOK SCRUTINY COMMITTEE

MEMBERSHIP

CHAIRMAN - Councillor Kiran Mulholland
VICE-CHAIRMAN – Councillor John Prestwich

Councillors

John Dolan	William Thompson
Richard Fulford Brown	Stephen Wall
Louis Rigby	Colin Walton
Thomas Threlfall	

Contact: Peter Welsh, St. Annes (01253) 658502, Email:
peterw@fylde.gov.uk



CORPORATE OBJECTIVES

The Council's investment and activities are focused on achieving our five key objectives which aim to :

- Conserve, protect and enhance the quality of the Fylde natural and built environment
- Work with partners to help maintain safe communities in which individuals and businesses can thrive
- Stimulate strong economic prosperity and regeneration within a diverse and vibrant economic environment
- Improve access to good quality local housing and promote the health and wellbeing and equality of opportunity of all people in the Borough
- Ensure we are an efficient and effective council.

CORE VALUES

In striving to achieve these objectives we have adopted a number of key values which underpin everything we do :

- Provide equal access to services whether you live in town, village or countryside,
- Provide effective leadership for the community,
- Value our staff and create a 'can do' culture,
- Work effectively through partnerships,
- Strive to achieve 'more with less'.



A G E N D A

<u>PART I - MATTERS DELEGATED TO COMMITTEE</u>	
ITEM	PAGE
DECLARATIONS OF INTEREST: <i>In accordance with the council's code of conduct, members are reminded that any personal/prejudicial interests should be declared as required by the council's code of conduct adopted in accordance with the local government act 2000.</i>	4
CONFIRMATION OF MINUTES: <i>To confirm as a correct record the minutes of the community outlook scrutiny committee held on 11 May 2006.</i>	4
SUBSTITUTE MEMBERS: <i>details of any substitute members notified in accordance with council procedure rule 26.3</i>	4
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REPORT



REPORT OF	MEETING	DATE	ITEM NO
DEMOCRATIC SERVICES AND MEMBER SUPPORT	COMMUNITY OUTLOOK SCRUTINY COMMITTEE	6 JULY 2006	4

PUBLIC CONSULTATION – MENTAL HEALTH SERVICES

Public/Exempt item

This item is for consideration in the public part of the meeting.

Summary

The Lancashire Joint Primary Care Trust has produced a formal public consultation on proposals for changes to mental health hospital services across Lancashire. The main focus of the consultation is detailed in the main body of the report.

Recommendation/s

1. That Members make comments where necessary.
2. That Members note the report.

Cabinet Portfolio

The item falls within the following Cabinet portfolio[s]:

Community and Social Wellbeing Portfolio holder Councillor P Fieldhouse

Report

1. The Mental Health Consultation Document is part of a whole system strategy developed through a joint health and social care partnership board. The Consultation seeks to:
 - support people in their recovery from the effects of their mental health problem
 - provide more mental health services to people in their homes and communities

Continued....

- provide more support to help people with their own personal development and help them to have access to the same opportunities enjoyed by all citizens
- promote positive mental health and wellbeing in all communities
- provide better support to carers.

2. Attached at Appendix A is the Full Lancashire Joint Primary Care Trust Public Consultation Document. This consultation seeks Members views on the following proposals:

- provide more services to local communities to support people experiencing a mental health crisis at home or as near to home as possible.
- reduce the number of NHS beds available, because demand for these is falling as a consequence of the introduction of new community services. In particular, the Crisis resolution and Home Treatment teams are expected to reduce demand by between 30 – 50 %. For further details of these teams, please refer to the Consultation Document in Appendix A.
- build three new state-of-the-art mental health hospital sites, one in of each of the following areas:
 - Central and west Lancashire
 - East Lancashire
 - Fylde Coast (Members should consider the effect that this will have on the NHS services within the Borough)
- the 15 existing mental health hospital units provided by Lancashire Care NHS Trust will no longer be needed if we build new facilities, therefore these will be considered for other health care use or closed. There are no plans for this as yet, although a small number of the units are no longer in use for clinical reasons.
- this is not about saving money – savings will be put back into developing local mental health community services, such as, crisis and respite facilities, that offer alternatives to hospital admission and greater service user and carer choice.

3. The NHS is consulting on a single proposal, rather than presenting a number of options to the public. The NHS believe that three new hospital sites will deliver the essential criteria that stakeholders have previously identified to the NHS. These are: to allow NHS to develop better services to vulnerable groups, such as young people, women and physically frail people; is achievable and affordable.

4. Members are invited to comment on the proposals and responses will form part of a formal consultation response. Kevin Spencer from Fylde Primary Care Trust (PCT) will be present at the committee to answer questions on the consultation.

Implications	
Finance	None

Legal	None
Community Safety	None
Human Rights and Equalities	None
Sustainability	None
Health & Safety and Risk Management	None

Report Author	Tel	Date	Doc ID
Christopher Kitchen	(01253) 658491	13 June 2006	

List of Background Papers		
Name of document	Date	Where available for inspection
Mental Health Consultation	13 June 2006	www.fylde.gov.uk or Town Hall, St Annes

Attached documents

1. Appendix A – Mental Health Public Consultation Document

Lancashire Joint Primary Care Trust

BOARD COMMITTEE

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



Lancashire Joint Primary Care Trust

BOARD COMMITTEE

Working together to improve
mental health services in Lancashire

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



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



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

Public Consultation Document

published by Lancashire Joint Board Committee Primary Care Trust

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






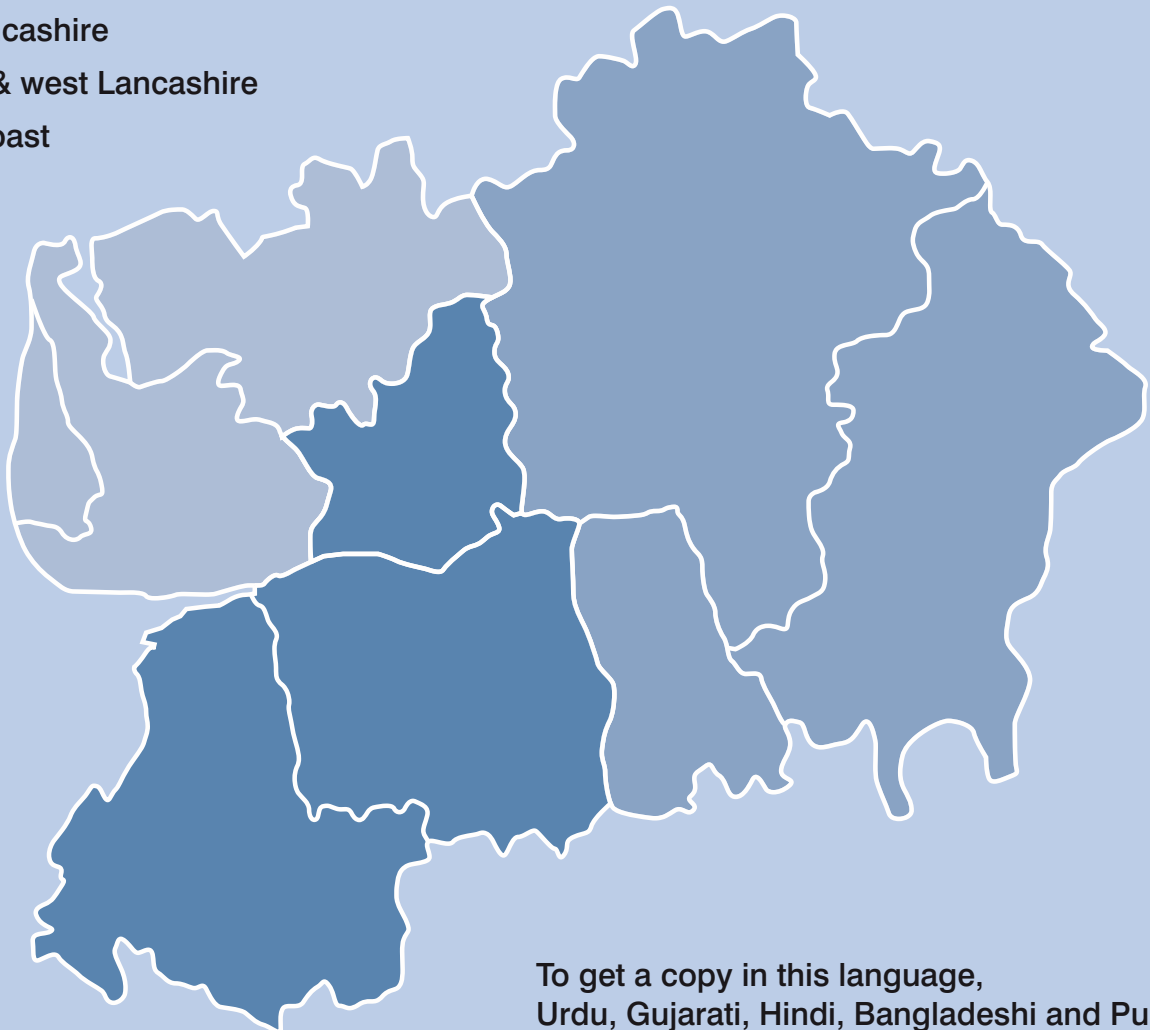
Working together to improve mental health in Lancashire – modernising hospital services

Putting Lancashire on the map

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

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

-  East Lancashire
-  Central & west Lancashire
-  Fylde Coast



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



Tell us your views

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

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

How to respond

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

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

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

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

You can also give us your views by:

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

If you are a service user, contact:

- Lancashire Advocacy on **01772 744050.**

If you are a carer, contact:

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

Public meetings

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

Ask for a presentation

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

Other languages

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

Other formats

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

Comments

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

What do those terms mean?

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

Working together to improve mental health services in Lancashire

A public consultation

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Section 1

Foreward

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

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

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

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

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

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

We now encourage as many people as possible to comment on our proposals. Basically we want to make sure that people only go into

hospital when they are experiencing a mental health problem which cannot be treated at home or close to home.

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

As a result, the changes we propose in this document are **not** about saving money, but about improving the services available to people in crisis by re-investing savings in community-based services.

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

Issued by the Lancashire Joint PCT Board Committee

(See appendix C for membership)

Section 2

About this consultation

In brief

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

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

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

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

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

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

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

Managing this consultation

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

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

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

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

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

Why do mental health services need modernising?

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

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



Section 2 (continued)



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

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

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

Changing climate

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

Better services and more choice for local people

The main themes of the White Paper

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

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

Headlines

This consultation is about:

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

Involving our partners and local people

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

Section 2 (continued)

What are your views?

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

- Provide more services to local communities to support people at home or as near to home as possible.
- Build three new state-of-the-art mental health hospital sites, one in each of the following areas.
 - o Central and west Lancashire.
 - o East Lancashire.
 - o Fylde Coast.
- The 15 existing mental health hospital units provided by Lancashire Care NHS Trust (referred to in the rest of this document as 'the trust') will no longer be needed and may be considered for other health-care use or closed.

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

Where would these new hospital sites be?

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

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

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

Building new hospital sites would take many years and our proposals would take between three to six years to complete. We would make any changes gradually to create as little disruption as possible. We would also make sure any necessary community support we needed was in place before we closed down existing hospital units.

What would happen to the existing hospital sites?

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

How much would all this cost?

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

Other public consultations

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

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

Other public consultations relating to parts of Lancashire

Meeting Patients' Needs

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

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

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



Section 2 (continued)

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

Making It Better – Making It Real

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

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

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

- **calling Freephone 0800 587 2901**
- **writing to FREEPOST, Making it Better**
- **e-mailing consultation.response@gmscha.nhs.uk**
- **logging onto www.bestforhealth.nhs.uk**

Best for Health

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

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

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

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

- **calling 0161 655 1449**
- **writing to Freepost, Healthy Futures**
- **e-mailing healthyfutures@hmpct.nhs.uk**
- **logging onto www.bestforhealth.nhs.uk**

What happens next?

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

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



Section 3

Where are we now?

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

Investing in community-based services

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

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

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

New community services make it essential that the local CMHTs change

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

New funding

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

We have also introduced new services such as **assertive outreach, early intervention, primary care graduate workers** and the 24-hour crisis resolution and **home treatment service** in the last two years. Providing these services is vital as described by central government in the **National Service Framework** for Mental Health. These services are providing more community support to people with mental health problems at home and reducing the need for people to go into hospital as a result of a crisis in their mental health.

Vulnerable people

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

In the past, going into an NHS hospital was often the only option available for people in crisis or who needed intensive treatment. As a result, the numbers of people needing psychiatric hospital beds in Lancashire have been high. However, in the last two years, with the introduction of the new Community-based services (shown above), we have seen the demand for hospital admissions change. We believe there is more scope to further reduce demand as health professionals become used to new ways of working and service users and their carers gain confidence in the care provided in the community.

Hospital units not 'fit for purpose'

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



Section 4

Developing our proposals for change with local people

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

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

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

Pledging to improve services

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

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

Getting people's views

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

- support people to recover from the effects of their mental health problems.
- place a greater emphasis on providing mental health services to people in their homes and communities.
- provide more support to help people with their own development and help them get access to the same opportunities everyone should have.
- promote positive mental health and wellbeing in all communities.
- provide better support to carers.

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

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

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

Section 4 (continued)

How we assess proposals for change

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

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

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

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

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



Section 5

What are our proposals for change?

In this section we set out reasons for wanting to:

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

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

New direction for community services

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

We also believe that going into hospital for someone experiencing a mental health problem should only be used when necessary. As a result, in the future we want people to be supported in their own homes or as close to home as possible by their local community-based mental health services.

We also want to make more support available to families and carers, and provide services according to need, rather than based on age, sex or ethnic background.

New direction for hospital services

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

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

Case study

Crisis resolution in mental health

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

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

Section 5 (continued)

We have analysed the future changes in the population and predict that the bed numbers we will need are likely to reduce to around 450 beds from the current 707. Predicting the numbers of beds needed is not an exact science and the final numbers of beds available in the new sites may be different from this number.

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

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

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

What are we proposing?

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

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

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

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

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

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

Evaluating our options

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

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

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



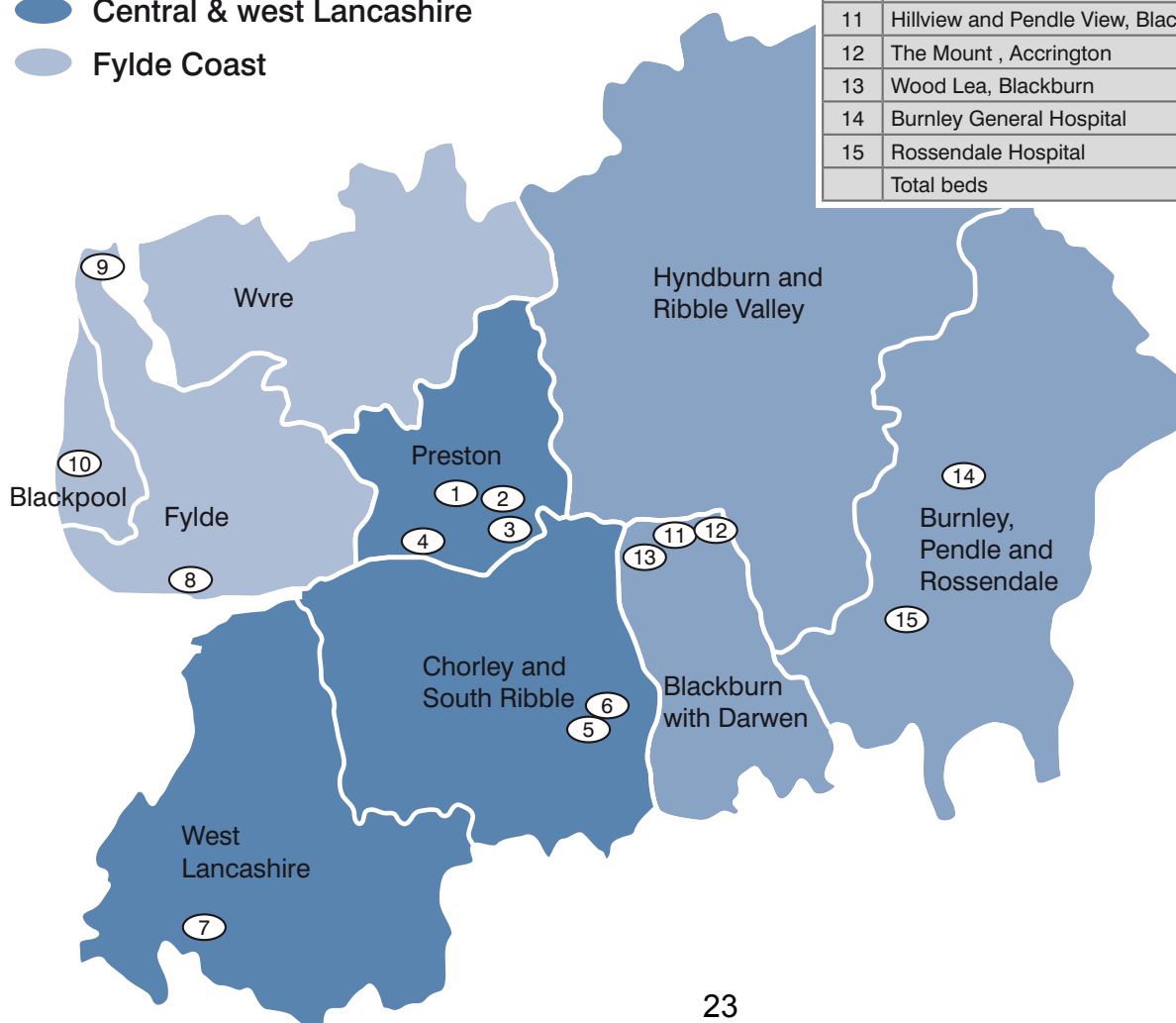
Section 5 (continued)



LANCASHIRE NHS MENTAL HEALTH INPATIENT SITES

- East Lancashire
- Central & west Lancashire
- Fylde Coast

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



Section 5 (continued)

Question 2 - Do you agree with our proposals to convert or the close existing mental health units, create three new mental health inpatient sites and release funding to provide improved community services such as crisis support and respite services?

What does this mean for your local services?

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

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

This means that fewer people will need hospital services. If people do need to go into a mental health hospital, we will make sure that support is available to help families and friends keep in touch and visit. Travelling across some parts of Lancashire using public transport can be difficult. We will work hard to tackle these problems because we know that contact with loved ones is very important to people during a stay in hospital.

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

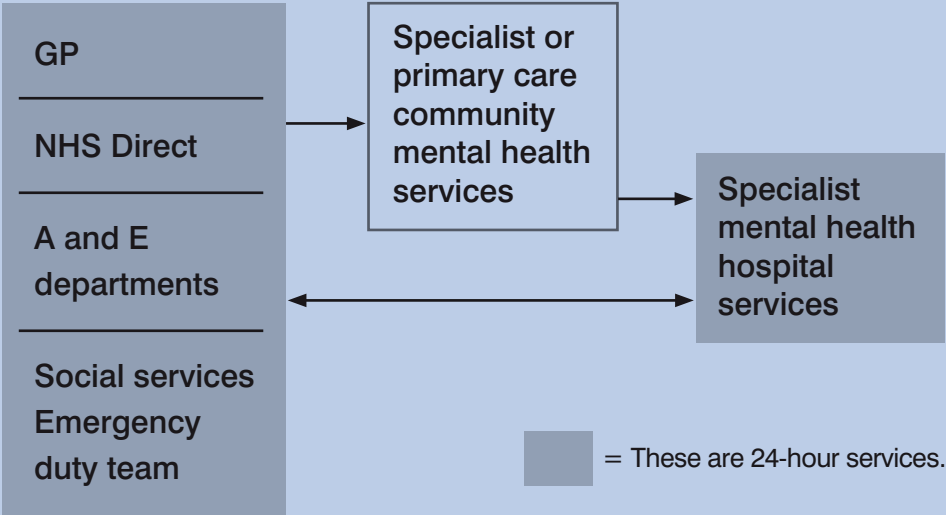
How people currently access mental health services

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

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

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

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



Pull-out form



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

Reply and comments form

Please send us your views

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

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

If you prefer, you may respond on-line by visiting our website at:
www.lancashirementalhealth.org.uk

Question 1

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

☐ Yes ☐ No ☐ Don't know

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

Question 2

Do you agree with our proposals to convert or close the existing mental health units, create three new mental health inpatient sites and release funding to provide improved community services such as crisis support and respite services? See page 12

☐ Yes ☐ No ☐ Don't know

Please provide any further comments below.

form

Question 3

Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social care agencies (outlined on page 15)

- ☐ Yes ☐ No ☐ Don't know

Are there other things that we should also consider?

Question 4

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

- ☐ Yes ☐ No ☐ Don't know

Please outline your ideas below.

Question 5

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

Name:

Address:

.....

Question 6

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

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

Question 7

Which organisation do you belong to?



Question 8

Where is your organisation based?

Question 9

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

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

.....

Question 10

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

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

.....

Question 11

Are you: ☐ Male? ☐ Female?

Question 12

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

Question 13

What is your ethnic group?

- | | | |
|---|---|---|
| <input type="checkbox"/> White-British | <input type="checkbox"/> White – Irish | <input type="checkbox"/> White – Other |
| <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Mixed – White and Black African |
| <input type="checkbox"/> Mixed – Other | <input type="checkbox"/> Black or Black British – Caribbean | <input type="checkbox"/> Black or Black British – African |
| <input type="checkbox"/> Black or Black British – Other | <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Asian or Asian British – Pakistani |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Asian or Asian British – Other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Other (please specify)27..... | | |

Lancashire Joint Primary Care Trust

BOARD COMMITTEE

form

Question 14

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

☐ Local newspaper

☐ Website

☐ Public notices

☐ Word of mouth

☐ Poster in GP surgery, clinic, library and so on

☐ Group or organisation

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

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

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

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

Thank you

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

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

Unfortunately we cannot acknowledge that we have received your responses.

Freepost RLZT – SGEE – CREL

Lancashire Mental Health Project Team
Suite 171, Bizspace
Lomeshaye Business Village
Turner Road
Nelson BB9 7DR.

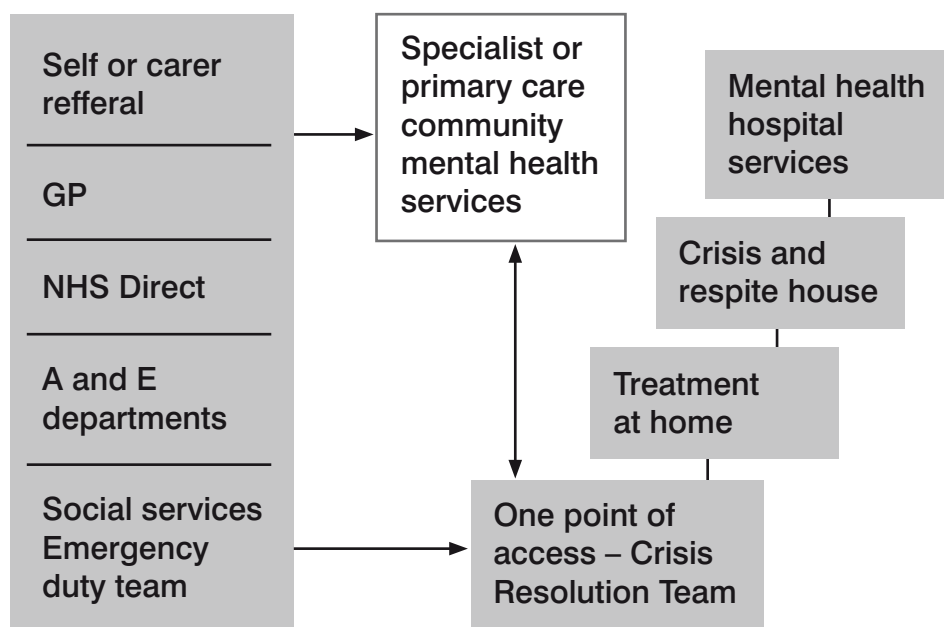
You do not need a stamp to return this form.

Please fill it in, pull-out and put it in an envelope addressed to:

Section 5 (continued)

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

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



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

Question 3 – Do you agree that the main elements of a good mental health crisis service are provided by a range of professionals from different health and social-care agencies, are there other things that we should also consider?

Section 6

A review of services – area by area

Central and west Lancashire



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

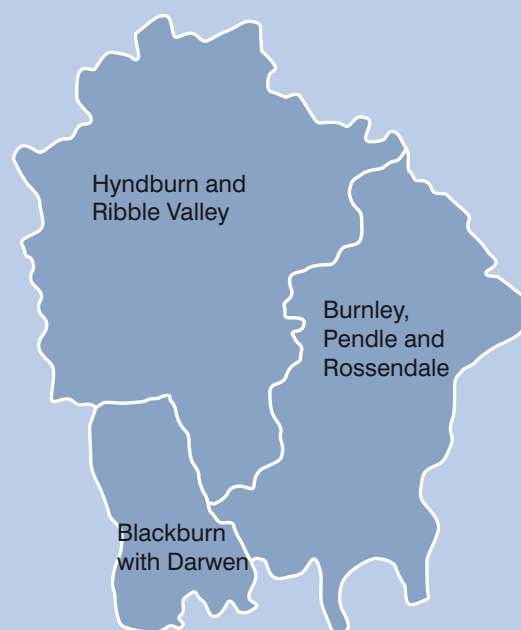
The current mental health units provide a range of services for adults of all ages. Most of these wards are designed to the same layout as the general medical hospital services and are not fit for modern mental health services. Some areas, like the unit on the Chorley District Hospital site, do not have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

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

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

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

East Lancashire



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



Section 6 (continued)

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

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

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

Fylde Coast



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

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

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

How long will it take to build the new sites?

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

What we are aiming to achieve - at a glance

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

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

Section 6 (continued)

Why have we chosen three sites?

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

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

Our reasons at a glance.

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

What are the benefits of these proposals?

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

- More choice to support people who are experiencing a mental health crisis, which will include treatment at home and local crisis houses.
- Better **respite facilities** and support for carers.
- Modern hospital sites for those people who need to be in hospital, with hotel-quality facilities and a therapeutic environment.
- Safe outdoor spaces and grounds available for people to use when they are in hospital or visiting.
- Rooms within the new sites for families and visitors to use during visits.
- Specialist skills and teams to provide the best treatment that people need.

- Safe units for people who are at risk because they are physically frail or disabled, or because they are young or have special needs.
- Better inpatient services for people with eating disorders.
- Services which provide equal opportunities.
- Specialist services for people who have many complex problems like mental health and learning disabilities.



Section 7



Summary and next steps

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

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

Public meetings

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

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

Section 7 (continued)

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

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

Publicising this consultation and gathering your views

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



Appendix A

Glossary

What do those terms mean?

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

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

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

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

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

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

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

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

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

Early intervention – These teams work across Lancashire to meet

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

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

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

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

Appendix A (continued)

National Service Framework (NSF) for Mental Health

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

Primary care graduate workers

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

Primary care trusts (PCTs)

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

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

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

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

Specialist or primary care community mental health services

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

Support, time and recovery worker

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

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

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

Appendix B



Frequently asked questions

How will I access these new services?

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

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

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

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

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

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

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

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

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

What will happen to the existing patients?

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

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

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

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

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

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

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

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

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

Appendix C

Membership of boards and committees

Lancashire Joint Primary Care Trusts Board Committee membership

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

Appendix C (continued)



Lancashire Mental Health and Social Care Partnership Board

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

Appendix D

Policy documents and major events

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

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



Appendix D (continued)

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

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

www.lancashirementalhealth.org.uk

Appendix E

Circulation list

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

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



Public consultation guidelines

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

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

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

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

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

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

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

You can get more information from: www.cabinetoffice.gov.uk/regulation/consultation/consultation_guidance/intro.asp

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

www.lancashireimages.co.uk

Editors: Janice Horrocks and Paul Hopley

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

Freepost RLZT – SGEE - CREL
Mental Health Project Team,
Suite 171,
Bizspace, Lomeshaye Business Village,
Turner Road,
BB9 7DR.
Phone: 01282 607047
E-mail: lancashirementalhealth@bprpct.nhs.uk

Or you can download a copy from the website:
www.lancashirementalhealth.org.uk

REPORT



REPORT OF	MEETING	DATE	ITEM NO
DEMOCRATIC SERVICES AND MEMBER SUPPORT	COMMUNITY OUTLOOK SCRUTINY COMMITTEE	6 JULY 2006	5

THE EVOLUTION OF LYTHAM HOSPITAL

Public/Exempt item

This item is for consideration in the public part of the meeting.

Summary

To inform Members that Fylde Primary Care Trust, working closely with Blackpool, Fylde & Wyre NHS Hospitals Trust, are proposing to submit a planning application in the near future in respect of the development of proposed Primary Care Centre on the current Lytham Hospital Site.

Recommendation/s

1. Members to note the report
2. That Members make comments where necessary

Cabinet Portfolio

The item falls within the following Cabinet portfolio[s]:

Community and Social Wellbeing Portfolio holder Councillor P Fieldhouse

Report

1. Fylde Primary Care Trust has been considering for some time the improvement of Primary Care services in Lytham, in line with the recent White Paper on Out of Hospital Care. Its preferred option that will be subject to full consultation in due course is to redevelop Lytham Hospital with a new Primary Care Centre.

2. The proposed Primary Care Centre will replace two of the existing GP surgeries in Lytham with brand new facilities that will allow a far higher standard and greater range of care to be provided. It will also incorporate the diagnostic, outpatient and X-ray facilities, which are currently provided at the Hospital as well as a new pharmacy and other facilities.
3. The Hospital's in-patient and operating facilities are being transferred to Victoria Hospital, Blackpool, where a new purpose built day case operating theatre has been provided that has access to the high technology supporting services needed to ensure quality clinical services.
4. Members are advised to note that Fylde PCT will be submitting a planning application in the near future in respect of the development of proposed Primary Care Centre on the current Lytham Hospital site. Members are invited to comment on the proposals to Kevin Spencer from Fylde PCT who will be present at the committee to answer questions on the proposals.

Implications	
Finance	None
Legal	None
Community Safety	None
Human Rights and Equalities	None
Sustainability	None
Health & Safety and Risk Management	None

Report Author	Tel	Date	Doc ID
Christopher Kitchin	(01253) 658491	13 June 2006	

List of Background Papers		
Name of document	Date	Where available for inspection
The Evolution of Lytham Hospital	13 June 2006	www.fylde.gov.uk or Town Hall, St Annes

REPORT



REPORT OF	MEETING	DATE	ITEM NO
DEMOCRATIC SERVICES AND MEMBERS SUPPORT	COMMUNITY OUTLOOK SCRUTINY COMMITTEE	6 TH JULY 2006	6

AGE CONCERN UPDATE

Public/Exempt item

This item is for consideration in the public part of the meeting.

Summary

Age Concern Fylde will present their report on the Service Level (SLA) period November – June 2005. A copy of the SLA and detailed performance information will be circulated in advance of the Scrutiny Committee on 6th July. Rosie Jolly will be present at the Committee to answer questions from members.

Recommendation/s

1. To note the report

Executive Portfolio

The item falls within the following executive portfolio[s]:

Customer Relations and Partnerships (Councillor Albert Pounder)

Implications	
Finance	None arising from this report
Legal	None arising from this report
Community Safety	None arising from this report

Human Rights and Equalities	None arising from this report
Sustainability	None arising from this report
Health & Safety and Risk Management	None arising from this report

Report Author	Tel	Date	Doc ID
Carolyn Whewell	01253 658423	22 nd June 2006	

List of Background Papers		
Name of document	Date	Where available for inspection
None		

Attached documents

1. None

REPORT



REPORT OF	MEETING	DATE	ITEM NO
DEPUTY CHIEF EXECUTIVE	COMMUNITY OUTLOOK SCRUTINY COMMITTEE	6 TH JULY 2006	7

PARTNERSHIP WORKING ANNUAL REPORT 2005/06

Public item

This item is for consideration in the public part of the meeting.

Summary

The Council's Policy for Partnership Working includes a Protocol For Reviewing Partnership Performance that requires an annual review of the Council's Partnership Working to be reported to the Community Outlook Scrutiny Committee. This is the second such annual review.

Recommendations

1. Members are asked to note and comment upon the level and effectiveness of partnership working during 2005/06; and,
2. Members are requested to consider receiving presentations on/from specific partnerships at future meetings.
3. Members agree to the amendment of the Partnership Development Protocol so that in future it only applies to Statutory and Formal partnerships.

Cabinet Portfolio: Customer Services & Partnerships – Cllr Albert Pounder.

Report

1. The Council's Policy for Partnership Working was approved by the former Corporate Policy Committee on 19th April 2004. The policy was one of a number of outcomes identified subsequent to an inspection and report by the Audit Commission. Included in the policy is a 'Protocol For Reviewing Partnership Performance' that requires an

annual review of the Council's Partnership Working to be reported to the Community Outlook Scrutiny Committee. The protocol is appended to this report together with a summary of the partnership performance during 2005/06.

2. Also appended is the Council's Partnership Development Protocol. This protocol is designed to fully investigate the likely cost-benefit before the Council commits to a partnership. The protocol as it stands applies to all categories of partnership. However, Service Coalitions and Information Networks can be short term arrangements, can come into being at short notice for the mutual convenience of partners and do not commit the Council in terms of resources. Therefore, it is recommended that in future the Partnership Development Protocol be applicable to Statutory and to Formal Partnerships only and that the wording of the protocol be amended accordingly.

IMPLICATIONS	
Finance	There are no direct Finance implications but the process of review is designed to ensure that value for money is achieved in partnership working
Legal	There are no direct Legal implications.
Community Safety	There are no direct Community Safety implications.
Human Rights and Equalities	There are no direct Human Rights implications.
Sustainability	There are no direct Sustainability implications.
Health & Safety and Risk Management	There are no direct H&S/Risk implications.

REPORT AUTHOR	TEL	DATE	DOC ID
Dave Joy	(01253) 658700	23.06.06.	

LIST OF BACKGROUND PAPERS		
NAME OF DOCUMENT	DATE	WHERE AVAILABLE FOR INSPECTION
FBC Partnership Working Policy	April 2004	http://www.fylde.gov.uk/ccm/navigation/council-and-democracy/partnership-working/

Attached documents

FBC Protocol For Reviewing Partnership Performance

Summary of Partnership Performance 2005/06.

Partnership Development Protocol.

FYLDE BOROUGH COUNCIL

PROTOCOL FOR REVIEWING PARTNERSHIP PERFORMANCE

Introduction.

This Protocol forms part of the Council's Partnership Policy Framework and should be read and applied in conjunction with other protocols and reference documents that contribute to this Framework.

This Protocol describes how performance will be measured according to the different categories of Partnership. It also describes the roles and responsibilities of officers, in the monitoring and reporting of partnership performance, and members, in the review of that performance.

Performance Measurement.

- Each partnership will have performance measures and annual targets that are either adopted by all parties or are specific to the needs of the Council.
- The performance of **Statutory Partnerships** will be monitored and reviewed on an annual basis to ensure that:
 - all statutory obligations are being fulfilled
 - performance targets are set and are being met
 - appropriate measures are in place to manage risk
 - the Council's contribution/investment represents value for money
- The performance of **Formal Partnerships** will be monitored and reviewed on an annual basis to ensure that:
 - the partnership's objectives and priorities remain aligned with the Council's Corporate Plan and the Community Plan for Fylde
 - performance targets are set and are being met
 - appropriate measures are in place to manage risk
 - the Council's contribution/investment represents value for money
- The performance of **Service Coalitions** will be monitored and reviewed on an annual basis to ensure that outputs are measured (e.g. No. of projects completed, No. of service users, level of funding acquired)

- The performance of **Information Networks** will be monitored and reviewed on an annual basis to ensure that inputs are measured (e.g. No. of meetings, No. of information exchanges)

Roles & Responsibilities

- Whether or not the Council is the lead partner, each partnership will be assigned a Lead Officer from the Council (and where appropriate, a Member of the Council) who will be responsible for monitoring the performance of the partnership.
- It will be the responsibility of the Lead Officer/Member to monitor the performance of individual partnerships and to report performance to the Partnership Officer on an annual basis (or more frequently if circumstances require).
- The Lead Officer/Member annual report will be submitted to the Partnership Officer at the end of the financial year and should include actual performance against targets, proposed revised targets, minutes of meetings, financial implications for future budgets etc.
- Partnership Officer to take annual 'Partnership' report to the Community Outlook Scrutiny Committee. The annual Partnership report will summarise the performance of individual partners, make recommendations as to the continuance of individual partnerships and report the cost-benefit of the Council's Partnership Working in totality.
- It will be the responsibility of the Community Outlook Scrutiny Committee to scrutinise the performance of individual partnerships and the cost-benefit of the Council's total partnership working. Where appropriate the Community Outlook Scrutiny Committee will include in its future work plans presentations from partnering organisations.
- The Lead Officer/Member will report any references from the Community Outlook Scrutiny Committee to the Cabinet, and as appropriate such reports will include recommendations for performance improvement or an exit strategy.
- The Cabinet will be responsible for approving:
 - i. Proposals to enter into a new or existing partnership, and
 - ii. Proposals to withdraw from a partnership.

Where appropriate, the latter should include an exit strategy to minimise the impact on the partnership of the Council's withdrawal.

PARTNERSHIPS PERFORMANCE 2005-06

Name of Partnership	Partners	Lead Officer/ Business Unit	Description	Performance
<u>Statutory Partnerships</u>				
Fylde Vision	LCC. New Fylde Housing, Fylde Real World Group, PCT , CVS, Chamber of Commerce, ,Connexions, Age Concern, Jobcentre Plus, Fire Service, Police, Council of Churches.	Phil Woodward – Chief Executive	Local Strategic Partnership	The Community Outlook Scrutiny Committee has included a review of the LSP in its work programme for 06/07.
Fylde Community Safety Partnership	Lancs Constabulary, Lancs County Council, Lancs Probation Service, Fylde Primary Care Trust, Lancs Fire - Rescue Service.	Christine Miller – Strategic Planning & Development	Crime & Disorder Reduction Partnership	No. of meetings 05/06 = 2 (Full Partnership), 4 (Steering Group). Community Safety Strategy 2005-08 agreed by Council on 13th April 2005.
Blackpool Airport Consultative Committee	Blackpool Airport, Travel Agents Rep, Blackpool BC, Police, Servisair Rep. Chamber of Commerce	Clare Platt - Consumer Wellbeing & Protection	Statutory Liaison Partnership (Civil Aviation Act 1982/ Aerodromes Designation (Facilities for Consultation) Order 1996 as amended).	No. of meetings 05/06 = 2 Issues included increase in passenger numbers, airport development proposals, helicopter noise, acrobatic flying noise etc.
<u>Formal Partnerships</u>				
Ribble Discovery Centre	RSPB, United Utilities.	Paul Norris – Cultural Services	Provision and management of the Ribble Discovery Centre at Fairhaven Lake.	Annual report for 05/06 produced. Licence for use of premises in place.
Lytham Windmill & Lifeboat Museum	Lytham Heritage Group	Paul Norris – Cultural Services	Provision of museum facility.	Licence extended to include Lifeboat Museum. Performance (BVPI) reported to Performance Scrutiny Committee.
Citizens Advice Bureau	St Annes CAB Kirkham CAB	Tracy Scholes – Democratic Services	Provision of advice service.	The National CAB has developed proposals for the amalgamation of the two CABs in Fylde.
St Annes Regeneration Partnership	Business Link, Carr Royd Leisure, Chamber of Trade, Lancs. Constabulary, HALSA, LCC Youth & Community Services, Lytham St. Annes Civic Society, St. Annes Land and Building Company.	Paul Drinnan – Strategic Planning & Development	Town Centre Regeneration Partnership.	Town centre works to be completed 06/07. Relaunch of partnership being planned to promote Classic Resort initiative.

Age Concern	Age Concern	Tracy Scholes – Democratic Services	Provision of support service.	Annual report for 05/06 to be presented to Community Outlook Scrutiny Committee.
Action Ribble Estuary	RYA, Estuary local authorities, RSPB, NW Sea Fisheries, English Nature, BAe Systems, CLA, Environment Agency, BASC	Paul Norris – Cultural Services	Co-ordinates strategy to sustain, enhance and improve the environment of the Ribble Estuary in order to maximise its potential for wildlife and human use.	No. of meetings 05/06 = 4
Lancashire Sport	All 14 Lancs. local authorities, LCC.	Stuart Glover – Cultural Services	County-wide delivery of Sport England's Active Sports Programme	Review of partnership currently in progress following appointment of new Executive Officer for Lancashire Sport during 05/06.
Lancashire Municipal Waste Management	All districts, Blackpool, Blackburn Unitary Councils and Lancs County Council	David Jenkinson – Streetscene Services	Countywide strategy. Joint bid applications to DEFRA for funding of recycling activities.	No. of meetings 05/06 = 3. Nearing completion of Lancs Waste Management PFI project (for next 25 years).
Kirkham and Amounderness Museum	Kirkham and Amounderness Museum Trust	Paul Norris – Cultural Services	Provision of a museum facility based at the Baths House, Kirkham.	Following a public announcement that the museum was to close, the facility has remained open. No performance information has been forthcoming from the trust to date.
Lytham Lifelong Learning Partnership	LCC, Blackpool & Fylde College	Paul Norris – Cultural Services	Provision of ICT based community learning facility at Lytham Library.	No. of meetings 05/06 = 3 Performance data from LCC re Peoples network is available. Awaiting performance data from Blackpool College
<u>Service Coalitions</u>				
Fylde Cricket Development Group	Lytham CC, St. Annes CC, Wrea Green CC, ECB, Local Schools	Stuart Glover- Cultural Services	Local partnership implementing the Cricket Development Strategy for Fylde.	No. of meetings 05/06 = 3 Awards For All application submitted for schools coaching programme. District teams developed at U 13's and U 15's
Ansdell Arena	LCC, Lytham High School, YMCA, Sport England	Stuart Glover- Cultural Services	Local sports partnership co-ordinating, promoting and managing the Ansdell Arena.	No. of meetings 05/06 = 4
Fylde Tennis Development Group	LTA, 4 local tennis clubs	Stuart Glover- Cultural Services	Local sports partnership implementing the Tennis Development Strategy for Fylde.	No meetings took place during 05/06. 3 meetings expected in 06/07
Dunes Management Plan	Blackpool BC, Lancs. C.C., RSPB, English Nature	Andrew Shore – Streetscene Services	The production of a management plan for the Blackpool/Lytham St Annes dune system.	No. of meetings 05/06 = 1 Subject to Defra funding – currently frozen.
Daniel Thwaites Scholarship	Lancs. local authorities, Thwaites Brewery	Hazel Wood – Democratic Services	Organises overseas travel scholarship for one Fylde student each year.	Student selected by Lead Officer and Mayor.
William Rainford Golf Competition	Thomas Armstrong Holdings Ltd, local golf clubs	Viv Wood – Strategic Planning & Development	Organises the annual Rainford Golf Competition.	The 2005 event took place in August and involved 96 couples
(North) Lancs. Highway Partnership	Lancs. CC, Wyre BC, Lancaster BC	Andrew Shore – Streetscene Services	An area management board overseeing all highway matters together with responsibility for	No of meetings 05/06 = 3. This partnership will cease at the end of June 2006.

			monitoring performance.	
Friends of Parks	Supporters of Ashton Gardens Supporters of Lowther Gardens Friends of Fairhaven Park View 4 U Friends of Green Drive	Darren Bell – Streetscene Services	Officers liaising with and supporting a number of Friends of Parks groups.	‘Friends’ groups meet either weekly or monthly throughout the year.
North West Coastal Forum	All coastal DC’s from Sefton to Solway Firth, Environment Agency, English Nature, DEFRA	Andrew Shore – Streetscene Services	Co-ordinates NW coastal activity, production of joint SMP, regional monitoring, joint procurement of studies, joint DEFRA grant aid bids.	No. of meetings 05/06 = 4
Parkwise	All Lancashire district councils and LCC.	Paul Riley – Streetscene Services	Parking Enforcement in Lancashire	No. of meetings 05/06 = 12
National Parking Adjudication Service (NPAS) Board	All English districts operating decriminalised parking enforcement.	Andrew Shore – Streetscene Services	Parking adjudication service.	No. of meetings 05/06 = 1
Lancashire Major Incident Control Group (LANMIC)	All Lancashire DC’s, LCC, Environment Agency, Emergency Services	Andrew Shore – Streetscene Services	Emergency planning.	No. of meetings 05/06 = 2
<u>Information Networks</u>				
Lancashire Surveyors	All 14 Lincs. District Councils	Andrew Shore – Streetscene Services	Network of all District Council Engineering Services Managers	No. of meetings 05/06 = 4
Fylde Coast Sub Regional Transportation-on Strategy Group	Fylde, Wyre, Blackpool, LCC, and Highways Agency transport planners and engineers	Andrew Shore – Streetscene Services	Sub-regional network of transport planners.	No. of meetings 05/06 = 4
Lancashire Cycling Liaison Group	All 14 Lincs. District Councils and LCC	Andrew Shore – Streetscene Services	Network of local authority engineers and leisure officers.	No. of meetings 05/06 = 2
NW Regional Managers Parking Forum	All NW local authorities	Paul Riley – Streetscene Services	Network of local, authority parking managers.	No. of meetings 05/06 = 4
Lancashire District Traffic Engineers	All Lancashire DC’s and LCC	Paul Riley – Streetscene Services	Network of Lancashire traffic engineers.	No. of meetings 05/06 = 4
Public Rights of Way and Access Forum	All Lancashire DC’s and LCC	Andrew Shore – Streetscene Services	Network of Lancashire Rights of Way officers	No. of meetings 05/06 = 4
North Lancashire Rural Transport Partnership	NW transport operators, DC’s, LCC, Parish Councils	Andrew Shore – Streetscene Services	Network of north Lancashire local authorities and transport operators.	No. of meetings 05/06 = 2
Lincs. Sports Development Officers	All 14 Lincs. Local Authorities	Stuart Glover- Cultural Services	Network of Sports Development Officers of Lancashire local	No. of meeting 05/06 = 3

Forum			authorities.	
Lancashire Personnel Officers Network	Lancashire District and Unitary Councils and LCC	Lorraine Charlesworth- Corporate Policy & Performance	Network of Personnel Officers of Lancashire local authorities.	No. of meetings 05/06 = 6 Lorraine Charlesworth to Chair for 2006/07.
Lancashire Districts Internal Audit Group	Other District Council Heads of Internal Audit	Savile Sykes- Finance	Network of Audit Officers of Lancashire local authorities.	No. of meetings 05/06 = 4
Northern Area DSO Leisure (NADSOL)	Local Authorities in the North of England	C. Holland- Cultural Services	Compiles and publishes performance management data for local authority leisure facilities.	No of meetings 05/06 = 4
North West E Government Network	Councils from across the North West	Allan Oldfield- Corporate Policy & Performance	Network of IT Officers of north-west local authorities. Strong links to North West Centre of Excellence.	Over 20 meetings and events in 05/06.
North West Insurance Officers Group	Local Authorities in the North of England	Andrew Wilsdon- Democratic Services	Network of Insurance Officers of north-west local authorities.	No. of meetings 05/06 = 4
O&S Practitioners Network	NW Local Authorities; NW Employers Organisation	Tracy Scholes- Overview & Scrutiny	Network of Overview & Scrutiny Officers of north-west local authorities.	No. of meetings 05/06 = 4 In October, the council hosted this pan Lancashire Group for the first time and Cllr. Keith Hyde Chaired. A presentation was also given to overview and scrutiny at FBC as a part of the event.
Association of Local Authority Risk Managers	North West local authorities	Andrew Wilsdon- Democratic Services	Network of Risk Management Officers of north-west local authorities.	No. of meetings 05/06 = 4
Fylde Registered Social Landlord Liaison Group	New Fylde Housing, Muir Group Housing, Five Piers Housing	John Cottam - Consumer Wellbeing & Protection	Liaison with the Council's preferred social landlords.	No. of meetings 05/06 = 3
Lancs West Strategic Housing Group	Various other Local Authorities	John Cottam- Consumer Wellbeing & Protection	The production of a sub-regional Housing Strategy.	No. of meetings 05/06 = 6
Blackpool & Lancashire Tourist Board Marketing Group	Lancashire local authorities, Major Tourist attractions, travel agencies, etc	Viv Wood- Strategic Planning & Development	Develops and monitors Marketing Strategy for the Tourist Board	No. of meetings 05/06 = 4
Play Safe Public Sector Software Forum	Play Safe Software Ltd/All other users	G. Willetts - Cultural Services	Network of local authorities using the Playsafe playground management software.	No. of meetings 05/06 = 4
UK Beach Management Forum	Coastal Resort Local Authorities	G. Willetts – Cultural Services	Network of Beach Managers of coastal resort local authorities.	No. of meetings 05/06 = 2
ENCAMS	Coastal Local Authorities	G. Willetts – Cultural Services	Co-ordinates national beach awards.	No. of meetings 05/06 = 3
Local Resilience Forum – Local Authority Group	LCC, other Lancs. local authorities	Clare Platt – Consumer Wellbeing &	Co-ordinates Emergency planning systems across the county.	No. of meetings 05/06 = 4

		Protection		
Springfields Site Stakeholder Group	BNFL, HSE, FSA, Police, Env. Agency, Nuclear Inspectorate, Lancs. C.C., South Ribble B.C., Preston City Council	Mike Walker-Consumer Wellbeing & Protection	Re-formed and re-named following establishment of the Nuclear Decommissioning Authority (NDA) in April 05.	No. of meetings 05/06 = 3
Lancs. Assoc. of Chief Env. Health Officers	All Chief EHO's of districts in Lancs.	Clare Platt - Consumer Wellbeing & Protection	Network of Environmental Health Officers of Lancashire local authorities.	No. of meetings 05/06 = 4
Westby Liaison meeting	LCC, EA, Woods Waste, Westby Parish Council.	Clare Platt – Consumer Wellbeing & Protection	Continuing in 2005/6 following review of effectiveness by membership. Meeting Chaired by Lancs CC elected member. Convened in response to concerns of local residents re Woods Waste operations and other local issues.	No. of meetings 05/06 = 2
Lancashire Chief Leisure Officers Group	All 14 Lancashire Chief Leisure Officers	Paul Norris-Cultural Services	Network of Leisure Services Officers of Lancashire local authorities.	No. of meetings 05/06 = 4
Blackpool Stakeholders Group	Blackpool Council, Local businesses and attractions	Viv Wood – Strategic Planning & Development	Developing proposals to access Airport Development Funding (NWDA)	No meetings held during 05/06 as NWDA funding currently on hold.
Classic Golf Website	North west local authorities and secretaries of Golf Clubs	Viv Wood – Strategic Planning & Development	Developing and updating the Classic Golf Website	No. of Meeting 05/06 = 5
Blackpool & Fylde College Liaison Group	B&FC, local tourism businesses and attractions	Viv Wood – Strategic Planning & Development	Advises college on employment opportunities in the tourism sector. Develops employment pathways for college students.	No. of Meeting 05/06 = 3

FYLDE BOROUGH COUNCIL

PROTOCOL FOR DEVELOPING PARTNERSHIP WORKING

Introduction

This Protocol forms part of the Council's Partnership Policy Framework and should be read and applied in conjunction with other protocols and reference documents that contribute to this Framework.

Developing Successful Partnerships

There is a growing trend in the UK towards Partnership Working. 'Joined-up working' has emerged from the Government's search for a third alternative to either nationalisation or privatisation. The Modernising Government White Paper confirmed the Government's strategy for partnership working and long-term collaborative contracts involving local government.

By working in partnership it is envisaged that local authorities will be able to tackle the bigger cross-cutting issues that alone they would not have the capacity to tackle. But it is more than merely combining capacities. In successful partnerships exponential capacity can be created when the whole (the capacity of the partnership) is greater than the sum of the parts (the capacities of the respective partners).

The motivation for partnership working can be to gain either competitive/commercial advantage (i.e. improved economy) or collaborative advantage (i.e. improved efficiency and effectiveness). The management of Fylde Borough Council's Procurement or Strategic Partnerships, designed to gain competitive/commercial advantage, is covered in the Council's Procurement Strategy. The collaborative advantages to be gained from partnership working can include the following:

- more effective services, maximising outcomes for communities
- efficiencies, cost savings and economies of scale
- co-ordination and minimisation of duplication
- pooling of physical, human and financial resources
- sharing knowledge, experience and best practice
- facilitating public engagement in the decision making process

However, partnership working is not a panacea for achieving all desired outcomes. A partnership is but one mechanism available for achieving outcomes and the lead officer/member should consider all such mechanisms before selecting the most

appropriate for the situation. If an existing partnership is considered to be the most appropriate mechanism, then evaluation using the Partnership Development Protocol will indicate whether or not the partnership in question will represent a value for money proposition on the part of the Council. If, however, a new partnership is considered to be the most appropriate mechanism, then there are some key steps to follow prior to evaluation, to increase the chances of the new partnership being successful:

1. **Decide who should be involved** - identify possible stakeholders and map out their strengths and weaknesses in terms of the partnership (stakeholder analysis)
2. **Decide on the goals of the partnership** – as well as the explicit goals of the partnership, try also to identify the goals of partner organisations and if possible the personal goals of the individuals representing those partners; doing so will help to mitigate against hidden agendas undermining the effectiveness of the partnership.
3. **Decide on procedures and processes** (e.g. structure, meetings, seminars, reports, minutes, audits etc.) – each partner organisation is likely to have its own procedures and processes but agreeing those for the partnership will help to encourage trust between partners.
4. **Decide and plan the implementation and monitoring of actions** – this will involve developing a strategy or action plan together with performance indicators, targets, deadlines and mechanisms for monitoring and reporting performance.

Partnership working is not without its challenges as partner organisations can differ in many ways: accountabilities; procedures; cultures; objectives; incentives; statutory responsibilities etc. The onus is on all partner representatives not necessarily to minimise these differences, but to actively work towards aligning them in the interest of a successful partnership. The lead officer/member representing the Council on any partnership is charged with this responsibility.

The Council's lead officer/member is also responsible for ensuring that partnership working does not expose the Council to unnecessary risk. At a basic level, relying on a third party involves the risk of whether or not that party will deliver. However, risk increases as commitment increases and some partnerships necessitate a greater commitment and therefore, greater risk, than others. Different levels of commitment can be described in terms of a hierarchy, as follows:

HIGH COMMITMENT – HIGH RISK
Collaboration – involves a process in which organisations exchange information, alter activities, share resources (including financial resources), and enhance each other’s capacity for mutual benefit and a common purpose by sharing risks, responsibilities and rewards.
Co-ordination – involves commitment to common objectives through working together, altering activities and sharing information and resources.
Co-operation – involves sharing/networking information for mutual benefit or to improve service delivery.
LOW COMMITMENT – LOW RISK

It is the responsibility of the lead officer/member to assess risks and identify appropriate control measures before recommending that the Council commit itself to a partnership. Subsequently, it is also the responsibility of the lead officer/member to ensure that the appropriate control measures are implemented throughout the life of the partnership.

To protect its interests the Council should ensure that those partnerships involving high levels of commitment and risk are subject to high levels of monitoring and measurement. It follows that those partnerships involving low levels of commitment and risk should not be subject to high levels of monitoring and measurement. It is the responsibility of the Council’s lead officer/member to ensure that the appropriate level of monitoring and measurement are applied to the partnership in question. To assist in this task the table below categorises Fylde Borough Council partnerships according to their levels of commitment, risk and monitoring/measurement:

FBC Partnership Type	Level of Commitment	Level of Risk	Level of Monitoring
Statutory & Formal Partnerships	Collaboration	High	High
Service Coalitions	Co-ordination	Medium	Medium
Information Networks	Co-operation	Low	Low

The Partnership Development Protocol

The purpose of the protocol is to provide a guide in the form of a checklist for members and officers who are considering involving the Council in a partnership. The aim of the protocol is to ensure that all partnerships involving the Council are successful partnerships. As a result it should both stand the test of time and adequately reflect and protect the Councils interests. Each partnership will be different in terms of its form and composition. This protocol should therefore be seen as a general guide. It is not possible to produce a “one size fits all” mandatory type of document, which must be adhered to in all circumstances.

The Protocol consists of a pro-forma Questionnaire, together with a set of guidelines to assist in its completion and a pro-forma Partnering Agreement (to be used in the absence of a contract, terms of reference, strategy etc).

The questionnaire is intended for completion prior to entering into or setting up any partnership arrangement for service delivery. It is designed to ensure that adequate steps are taken to safeguard the Council's interests in either entering a Partnership or instigating one. It will assist in ensuring all relevant legal requirements are met and that adequate and consistent accounting arrangements are put in place. The questionnaire should be completed even if Fylde Borough Council is not the lead partner and is a mandatory requirement for any officer (the Lead Officer) considering committing the Council to a partnership relationship.

The questionnaire's assessment will enable an appropriate Partnering Agreement or other documentation to be concluded between all partners which sets out:

- The Partnerships key aims and objectives
- Its constitution/management arrangements;
- Legal, financial and personnel responsibilities of the partners;
- Budgeting and account arrangements;
- The monitoring of the implementation and delivery of the Partnership key aims and objectives;
- Exit arrangements; and
- Liabilities.

The Lead Officer should complete the Questionnaire in consultation with those officers who are members of the Partnering Consultative Team and who have responsibility for the following areas:

- Finance
- Legal
- Community Safety
- Human Rights & Equalities
- Sustainability

- Risk Management.

Each of these officers should ‘sign off’ the Questionnaire. The completed Questionnaire and a draft Partnering Agreement should then be submitted to the Partnership Officer. It is the responsibility of the Partnership Officer to check that the Questionnaire has been completed in full in accordance with the requirements of this protocol and then to make recommendations to the Corporate Management Team as to whether or not the Council should enter/instigate the partnership in question.

Subject to the approval of the Corporate Management Team, the Lead Officer should then report to the Community Outlook Community Forum the proposal to join/instigate the partnership. The report should describe the Costs and the Benefits to the Council of the proposed partnership relationship. The report, together with the recommendations of the Community Outlook Forum should then be referred to the Executive Committee for consideration/approval

Partnership Questionnaire - Guidelines

1. TITLE OF PARTNERSHIP

- 1.1 *State the existing/proposed title of the partnership. If this is a new partnership try to make the title short but descriptive of the nature of the partnership.*

2. PARTNERS

- 2.1 *What processes have been undertaken to identify and select potential partners?*
- 2.2 *Who are the intended partners? Please provide full names and addresses together with details of representatives,*

3. PARTNERSHIP AIMS AND OBJECTIVES

- 3.1 *State the aims and objectives of the Partnership and if appropriate the form in which they currently exist e.g. constitution, terms of reference, strategy etc.*
- 3.2 *What performance measures have been identified for the Partnership?*
- 3.3 *What performance targets have been identified and to what timescale?*
- 3.4 *How will the Partnership contribute towards meeting the aims and objectives of the Fylde Community Plan?*

3.5 *How will the Partnership contribute to meeting the Council's Corporate Objectives?*

3.6 *Will it be subject to geographical or other requirements? E.g. local, district, sub-county, countywide, regional (north-west) or national.*

4. DURATION

When is it due to commence and what is the intended duration of the Partnership?

5. PARTNERSHIP CONSTITUTION

5.1 *Is it intended that the Partnership will have its own legal status, i.e. become a body corporate in its own right? If so has the most appropriate vehicle been identified e.g.:-*

a legal partnership (limited/unlimited)

a Company Limited by Guarantee

a Company Limited by Shares

an Industrial and Provident Society

a Trust.

Who is to draft any necessary documentation and form the body corporate?

5.2 *Is it intended that the Partnership will not have a separate legal status to that of its Partners? If so it will be necessary for the Partnership to have a written constitution or Partnering Agreement which will regulate the relationship between the Partners.*

5.3 *Whatever mechanism is chosen the following constitutional and management arrangements should be addressed:*

Structure

5.3.1 *How are the proposed partners to be involved at membership/management body levels?*

5.3.2 *Who is to be the Chairman and Vice Chairman*

Conduct of Meetings

- 5.3.3 *How are Partnership/board meetings to be conducted e.g. where will the meetings take place, frequency, notice and quorum meetings?*

Decision Making

- 5.3.4 *What will be the voting entitlement of representatives at Partnership/Board meetings?*
- 5.3.5 *How will conflicts of interest (i.e. where a Partnership representative has an interest in any matter to be considered by the Partnership/Board) be addressed?*

Confidentiality

- 5.3.6 *During the course of the Partnership business will Partners and their representatives receive confidential information? If so, are Partners and their representatives required not to divulge that information to third parties nor use it themselves for non-Partnership purposes?*

Secretarial Support

- 5.3.7 *The Partnership may require secretarial support. This may include ensuring compliance with applicable legislation etc, preparing and issuing agendas for Partnership Board meetings and the recording and keeping of minutes of those meetings. Who is to provide this role?*

Corporate Governance

- 5.3.8 *The Partnership will require an effective corporate governance framework. This may vary depending on the reason for establishing the Partnership, how it is to be formed and managed and the degree of independence that it is to have from its participating members. The corporate governance framework need not be separate from that of one of the Partners. Will a separate framework be established or will an existing framework be adopted?*

The framework should include

- *Standing Orders*
- *Financial Regulations*
- *Scheme of Delegation*
- *Financial Procedures/Instructions*

These arrangements will need to address the following areas :-

- *Budget requirements*
- *Receipts and Payments, including petty cash*
- *Salaries and Wages*
- *Travel and subsistence*
- *Accounting Procedures*
- *Contracts/Purchasing including tendering*
- *Assets*
- *Inventories/Stocks*
- *Insurance*

Reporting

5.3.9 *How will information be provided and reported to Partnership members?*

Documentation

5.3.10 *Who is to draft any necessary documentation?*

6. CONTRIBUTIONS OF THE PARTNERS

6.1 *What has the Council and other individual Partners agreed to provide to the Partnership?*

6.2 *What form will any contribution take? e.g., contribution of assets, provision of accommodation and facilities, staff time, secondment of employees etc.*

6.3 *On what terms will any contributions be made?*

6.4 *Are all contributions of assets to be made contemporaneously? If not, is any Partner providing its contribution at a later date committed to making those assets available at that later time?*

6.5 *On what basis are contributions to be valued?*

6.6 *Is a contribution to be made in return for cash, or is it to be treated as a contribution in kind?*

6.7 *Are there any written agreements in place, which address the above issues?*

7. FUNDING OF THE PARTNERSHIP

7.1 *In addition to, and/or in place of the matters raised in question 6, will the*

Partnership require finance, capital and/or revenue, to deliver its aims and objectives?

7.2 *If so, on what terms is any funding to be made available? e.g. How will the contribution be shared amongst the partners and how will it be adjusted for inflation?*

7.3 *Have all costs including hidden cost been included and apportioned accordingly? e.g.:*

- *Administration and management costs*
- *Support services of central departments*
- *Premises costs and use of other assets*
- *Insurance costs, particularly if they are to be covered internally*
- *Sick pay of employees when partners are contributing staff time*
- *Potential liabilities e.g. cost implications where another partner withdraws altogether from the arrangement or reduces their contribution*

7.4 *What will be the timing of such contributions?*

7.5 *Is any third party funding required? If so, who is the funder, what is the amount required and on what terms and conditions will it be made available.*

7.6 *Have all the partners agreed that should the Partnership receive grant income, that they will comply with all requirement specified and will provide all information required?*

7.7 *Is an Accountable Body required?*

7.8 *Does the partner representative have the power to commit the partner? If not what process is in place to obtain the commitment?*

8. FINANCIAL RESPONSIBILITES

Accurate and complete accounting and other financial records in accordance with the requirements of all applicable laws and generally accepted accounting principles must be maintained for the Partnership.

8.1 *Will separate financial records for the Partnership be maintained? Who will be responsible for ensuring that financial records are maintained and kept? If this is to be provided by the Partnership, then the Partnership will be required to provide details as to how this will be achieved. Alternatively, it may be the case that this is to be provided on behalf of the Partnership by one of the*

Partners or an external organisation, again detailed information of the systems will be required.

- 8.2 *Where an external organisation is to provide this role, will there be a written agreement with that organisation?*
- 8.3 *Please provide details of the arrangements made for internal/external audit as required.*
- 8.4 *Have insurance requirements been considered and advice sought?*
- 8.5 *Has advice been sought on the VAT rules applying to the Partnership?*
- 8.6 *Who will provide the role of Treasurer and internal and external Auditor? In both areas please provide details and a contact point (if different).*

9. BUDGETARY AND ACCOUNTING ARRANGEMENTS

- 9.1 *Has a business plan been prepared for the Partnership to include the following:-*
 - (i) *an estimate of the working capital requirements of the Partnership incorporated within a cash flow statement; and*
 - (ii) *an operating budget including estimated capital and revenue expenditure requirements?*
- 9.2 *Will monthly, (or as otherwise required) management accounts and reports containing such information as shall reasonably be required, be prepared and despatched to the Partners?*
- 9.3 *What are the arrangements for :-*
 - approving budgets on an annual basis or otherwise?*
 - dealing with overspends/underspends?*
 - monitoring expenditure?*
 - monitoring service delivery?*

10. LEGAL RESPONSIBILITIES

- 10.1 *Has provision been made for compliance with the law e.g. various local*

government acts, procurement, health and safety, data protection, employment and service specific legislation?

10.2 *Is it necessary for the Partnership to have a formal computer security policy? If so what will this be based on (e.g. BS7799), and what will it cover?*

10.3 *Who will be providing legal support to the Partnership?*

11. PERSONNEL RESPONSIBILITIES

11.1 *Will there be any paid staff?*

11.2 *Who will be responsible for recruiting, employing and training staff?*

11.3 *What policies and procedures will the Partnership have in place to deal with personnel issues?*

11.4 *Will members/staff of Partners be involved in the delivery of the Partnership objectives? If so are they clear about their roles and obligations e.g. an awareness of legal liability and governance framework. (i.e. the issues raised in Paragraph 5) (particularly in the case of directors/trustees)? How will the potential for conflicts of interest arising be addressed? What training has been given?*

12. AUDIT ACCESS

12.1 *What audit access will each individual Partner have in relation to documentation in the possession custody of the Partnership?*

12.2 *Will it include the right to interview staff, take copies of documentation, and have access to and take copies of any computer data held for the purposes of the specific Partnership objectives?*

13. PARTNERSHIP RECORDS

Who will be responsible for maintaining on behalf of the Partnership a full record of all matters relating to the specific Partnership objectives? For what length of time is it intended that records will be retained?

14. LIABILITIES

14.1 *What will be the liabilities (actual contingent) of the Partnership?*

14.2 *What are the arrangements for determining the responsibility for each Partner for any such liabilities?*

14.3 *Are any indemnities to be given? If so by whom and on what basis?*

15. TERMINATION

15.1 *How may the Partnership be brought to an end?*

15.2 *Will any partner have the right to withdraw from the Partnership?*

15.3 *If so on what terms and what will be the effect upon the Partnership?*

15.4 *What mechanisms will be used to value and realise assets and determine liabilities? If a surplus, then how will the surplus be shared between the Partners? If a shortfall, then how will a shortfall be met by the partners?*

16. GENERAL

What arrangements are there for dealing with :

- (i) *assignment of rights and duties*
- (ii) *resolution of conflict between Partners*
- (iii) *public announcements*
- (iv) *changes?*

17. RISK ASSESSMENT

17.1 *Identify the hazards involved in participating in the partnership.*

17.2 *Identify existing/proposed control measures.*

17.3 *Identify the likelihood of occurrence score on the following scale:*

- Probable (5)*
- Likely (4)*
- Possible (3)*
- Unlikely (2)*
- Improbable (1)*

- 17.4 *Identify the impact score on the following scale:*
Catastrophic (5)
Critical (4)
Marginal (3)
Negligible (2)
Nil (1)
- 17.5 *Calculate the Risk Factor by multiplying the likelihood score by the impact score and apply the following definition:*
Low (1-2)
Medium (3-9)
High (10-20)
Very High (21+)
- 17.6 *If the Risk Factor is 'High' or 'Very High', identify further control measures. Then identify the residual risk by recalculating the Risk Factor based on the application of the further control measures.*

18 IMPLICATIONS

- 18.1 *The Lead Officer should complete the Questionnaire in consultation with those officers who are members of the Partnering Consultative Team and responsible for the following areas:*
- *Finance*
 - *Legal*
 - *Community Safety*
 - *Human Rights & Equalities*
 - *Sustainability*
 - *Risk Management.*
- 18.2 *Record a 'Nil Return' against any area for which the responsible officer decides that there are no implications.*

19 COST/BENEFIT ANALYSIS

- 19.1 *What are the likely resource implications for the Council and what are the*

potential benefits to be gained from participating in the partnership? This does not need to be a detailed costing exercise – a rough description of staff hours/days, facilities usage, financial contribution etc against a list of potential benefits.

PARTNERSHIP QUESTIONNAIRE

1. TITLE OF PARTNERSHIP

--

2. PARTNERS

--

3. PARTNERSHIP AIMS AND OBJECTIVES

--

4. DURATION

--

5. PARTNERSHIP CONSTITUTION

--

6. CONTRIBUTIONS OF THE PARTNERS

--

7. FUNDING OF THE PARTNERSHIP

--

8. FINANCIAL RESPONSIBILITIES

--

9. BUDGETARY AND ACCOUNTING ARRANGEMENTS

--

10. LEGAL RESPONSIBILITIES

--

11. PERSONNEL RESPONSIBILITIES

--

12. AUDIT ACCESS

--

13. PARTNERSHIP RECORDS

--

14. LIABILITIES

--

15. TERMINATION

--

16. GENERAL

--

17. RISK ASSESSMENT

Hazard(s)	Control Measure(s)	Likelihood	Impact	Risk

18. IMPLICATIONS

Finance	
Legal	
Community Safety	
Human Rights & Equalities	
Sustainability	
Risk Management	

19. COST/BENEFIT ANALYSIS

Costs	Benefits

PARTNERING AGREEMENT

Name of Partnership

Name(s) of Partner(s)

The Partnerships key aims and objectives

Constitution/management arrangements

Legal, financial, facility and personnel responsibilities of the partners

Budgeting and account arrangements

Performance monitoring and reporting arrangements (including measures and targets)

Exit arrangements

Liabilities

Signed..... PRINT

On Behalf of

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On Behalf of

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On Behalf of

REPORT



REPORT OF	MEETING	DATE	ITEM NO
DEMOCRATIC SERVICES AND MEMBER SUPPORT	COMMUNITY OUTLOOK SCRUTINY COMMITTEE	6 JULY 2006	8

MEMBER FEEDBACK ON OUTSIDE BODIES

Public/Exempt item

This item is for consideration in the public part of the meeting.

Summary

This is a standing item on the Community Outlook Scrutiny Committee Agenda.

Recommendation/s

1. Members to note the report

Cabinet Portfolio

The item falls within the following Cabinet portfolio[s]:

Report

1. In 2005, the Community Outlook Scrutiny Committee conducted a scrutiny review of Outside bodies. One issue arising from the review was that there is no mechanism in place for Members to feedback issues from the Outside Bodies to other Members. In response to this, on 11th May 2005, the Community Outlook Scrutiny Committee agreed to include a standing item on the agenda to give Members the opportunity to feedback issues from Outside Bodies.

Implications	
Finance	None
Legal	None
Community Safety	None
Human Rights and Equalities	None
Sustainability	None
Health & Safety and Risk Management	None

Report Author	Tel	Date	Doc ID
Christopher Kitchen	(01253) 658491	13 June 2006	Member OB feedback

List of Background Papers		
Name of document	Date	Where available for inspection
Minutes of the Community Outlook Scrutiny Committee	11 th May 2006	www.fylde.gov.uk or Town Hall, St Annes

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