

Report of the Lancashire Care Trust – Lancaster Preferred Site Selection Task Group

Background

As part of the implementation of the Mental Health Matters project, Lancashire Care Trust have identified preferred sites for the 4 new in-patient mental health facilities (NB east Lancashire site not confirmed at the time of writing). The Trust's preferred site in Lancaster is the Royal Albert Fields. Since the announcement of this decision to this committee in March 2008, there have been significant concerns raised by a number of local residents to Overview and Scrutiny. On reviewing the comments from the residents, the Chair and Deputies of the Adult Social Care and Health Committee agreed that there would be benefit in establishing a task group to establish with local residents and the Trust (and other stakeholders) how well the process has been run and managed, with particular reference to the transparency of the site selection criteria & process, and the quality of the engagement activity undertaken by the Trust.

The request to establish a task group was considered and approved by the Management Committee in July 2008. Conversations have since taken place with Monitor and the Strategic Health Authority to determine the ambit of their role and responsibilities.

O&S have previously been involved in two joint committees that are linked to this task group – the Lancashire, Blackpool and Blackburn Mental Health Matters Joint Committee and the Lancashire and Cumbria Morecambe Bay Joint Committee. Whilst both of these joint committees looked at matters that are closely related to the subject of this task group, neither of them is directly the subject of this further piece of work.

Lancashire County Council received a presentation on the Site Selection Criteria and shortlist of options in October last year, and there have been updates to committee from the Lancashire Care Trust about the project and its developments. However, concerns from residents have only been expressed since the last of these updates

Membership of the task group

The following County Councillors were members of the Task Group

Stephen Sutcliffe (Chair)
Bob Pendleton
John Cavanagh
Val Wilson

Scope of the scrutiny exercise

1. To assess the consultation and engagement with the public in the identification of Royal Albert Fields as the preferred site for the new facility in Lancaster under the Mental Health Matters programme.
2. To assess the transparency of the site selection process to identify preferred options for new mental health facilities in Lancaster.

Methodology

The Task Group received a large volume of documentary evidence from the public and the Care Trust. Evidence was also received from the Strategic Health Authority, the PCT and Monitor.

A site visit took place on 23 July 2008 to all four shortlisted sites in Lancaster.

An evidence gathering meeting took place on 23 July at Lancaster Town Hall, at which evidence was received from :

- **Lancashire Care Trust**
 - Dave Tomlinson - Director of Finance,
 - Derek Brown - Non Executive Trust Board Member
 - Wendy Langtree – Service Transformation Programme Director
- **North Lancs Primary Care Trust**
 - Dr Jim Gardener – PEC Chair and Medical Director
- **Residents**
 - Paul Finlay
 - Debbie Otway
- **Strategic Health Authority**
 - David McNally – Assistant Director, Reconfigurations and Consultation

Findings

1. We acknowledge that service users are the most important people in this process, and that their voice should be the loudest.
2. Lancashire Care Trust (LCT) has fulfilled the requirements of section 242 of the NHS Act 2006 on its duty to consult
3. It is acknowledged that LCT has the right to decide its preferred site, and to pursue planning permission for that site.
4. We note that LCT were under no obligation to consult , and so we welcome the attempt made, and feel that the intention of LCT should be recognised as positive and to be welcomed
5. However, there were considerable shortcomings in the consultation, and the process lacked transparency. The main areas of concern were:
 - a. The method through which sites were shortlisted
 - b. The use of the incorrect map for Royal Albert Fields
 - c. The potentially misleading planning information provided
 - d. Lack of clarity over bed numbers
 - e. A complex voting process
 - f. The proportion of LCT staff in the audience of the public meeting
 - g. Assertions made about sites without evidence
 - h. An unwillingness from LCT to acknowledge errors or problems

6. Two of the sites shortlisted failed the mandatory criteria. We believe it was therefore misleading to place them on the shortlist as viable options
7. LCT representatives are reported as saying "Ridge Lea is not an option". The task group therefore were not convinced that LCT ever intended to use Ridge Lea, despite its presence on the shortlist.
8. LCT's apparent preference to avoid using Ridge Lea appears to be heavily influenced by commercial considerations. The difficulty of publicly discussing this commercially sensitive information is acknowledged, and we also acknowledge that commercial reasons are entirely valid and proper reasons for making decisions connected to public expenditure.
9. The evidence received does not appear to support the assertion made that the Ridge Lea site carries a stigma for service users significant enough to exclude it as a possible site for future development
10. There are some doubts about the possibility of planning permission being gained for Royal Albert Fields. Planning officers advised that the preferred site for Lancaster City Council was Ridge Lea, and that a "sequential test" would be applied, meaning that LCT would have to demonstrate first why Ridge Lea could not be used before permission for Royal Albert Fields could be sought. LCT did not accurately convey the situation with regard to possible difficulties with obtaining planning permission in the consultation process
11. LCT decided to use the same process for all four areas across Lancashire. This consistent approach is, in many senses, a sensible and welcome approach. However, it was clear from the start that the Lancaster site was to be one third the size of the three others, being for approximately 50 beds, as opposed to 150 for the other three. It is not clear what the benefit was in seeking only sites suitable for 150 beds, given that it is possible that a range of different site options may have become available if a smaller site was being sought. At some point in the process, after the public meetings at which voting on preferred sites took place, LCT agreed that only a 30 bed facility would be appropriate. It is not clear on what basis this was agreed, and it is the case that LCT did not review the consultation outcome based on this new information.
12. There are, therefore, serious concerns about the shortlist and the process which created it.
13. The use of the incorrect map of the Royal Albert Fields site was a fundamental and significant error. The failure to get this right undermined confidence in the whole process from the start. We do not accept LCT's assertion that the map was acceptable as it was only "indicative", as it was used in a way that may have influenced opinions on the suitability of sites, for example at the public meetings.
14. There are questions over the voting at the public meeting in November 2007 and subsequent internet voting. The voting system was complex, and involved attendees at the meeting scoring the 7 criteria in order of importance, and then giving each site a mark out of 5 against that criteria. Marks were then weighted against the ranking given to the criteria to produce a final score for each site (which resulted in Royal Albert Fields coming top). Individuals were allowed to vote at the meeting, and also via the internet.

15. The “public” meetings were dominated by LCT employees (38 out of 82 attendees) and other allied professionals, with the public being in the minority (34 attendees). Only 8 service users or carers were present. This could be seen to be giving more weight to the views of employees of the Trust than the public in what was billed as a public consultation event.

16. The voting scheme lacked clarity and transparency, and allowed room for differing interpretations on outcomes. This meant that the results lacked credibility and undermined confidence in the process. The use of a map showing a larger site than actually existed may well have influenced the voting against at least two criteria. It also appears that there was some retrospective manipulation of the numbers (including the exclusion of 19 votes on the basis of “bias”).

17. The Primary Care Trust and the Strategic Health Authority were both aware of LCT’s planned consultation process and approved it. We believe that one or both should have taken a more active monitoring role which may have ensured intervention at an early stage when it became apparent that the agreed process was encountering problems.

18. A number of the criticisms made by residents of LCT’s plans are best reserved for any future formal planning application.

19. In conclusion, we believe that LCT has failed to meet the high standards of engagement and consultation that would be expected of a public body, and that LCT have so far failed to acknowledge errors and mistakes made in this process.

Recommendations

1. That Section 242 of the National Health Service Act 2006 should be recognised as simply a statement of what is legally required of a NHS Trust, and not any guide to how a consultation exercise should be carried out. The SHA should seek to develop a new set of guidelines for the health service in the region to ensure high standards of public engagement and consultation.

a. Included in that should be an acknowledgement that service users, staff and the public should all be involved, but that the issues facing all three groups are different, and that therefore separate engagement should be seriously considered.

b. That the rules of any voting system should be clear and transparent, and that issues around weighting or excluded types of votes should be clearly publicised in advance.

2. We believe that LCT should publicly acknowledge the shortcomings in the process undertaken to date.

3. Given these shortcomings, LCT should accept the need to review the degree to which the outcomes of the process are valid, and that if LCT maintains Royal Albert Fields as their preferred site, that there should be no implication that this preference is as a result of, or supported by, the engagement activity referred to in this report.