LANCASTER PRIORITY SERVICES NHS TRUST: AIMS AND CHALLENGES

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The services that were provided by the Community Health, Mental Handicap and Mental Illness units of Lancaster Health Authority became the Lancaster Priority Services NHS Trust on 1st April 1992. The new management structure came into being on that date and all the day staff were in post by the end of May. This rapid reorganisation was necessary to meet the considerable challenges which the trust faces.

AIMS TO THE TRUST

The purpose of the trust is to deliver a comprehensive range of high quality services to people in a variety of settings, so as to ensure that their individual needs are identified and met in appropriate and valued ways, and for the consumer to be central to this activity.

In order to achieve its mission the trust's specific aims are:

* to develop further its role in ensuring good health and early identification of problems within the population of the Lancaster area
* to establish links with the acute hospitals and general practitioners by 1992
* to ensure that a full range of preventative care is provided
* to develop a range of specialised supradistrict services
* to continue to develop the range of psychiatric services for people who have either an acute or chronic mental illness; eg forensic psychiatry, adolescent psychiatry and services for people with alcohol-related problems
* to enable all people with learning disabilities currently living in the Royal Albert Hospital to live in a community setting by 1997
* to enable people living in Lancaster Moor Hospital to return to a community setting wherever possible in accordance with their needs
* to continue to develop community facilities in order to prevent inappropriate admission to hospital and to facilitate early discharge
* to work with Social Services and identify opportunities emerging from 'Caring for People'.

Clearly whilst retaining some hospital services, the main direction of the trust is towards the community and this involves massive changes in employment patterns as well as building usage.

DECLINE OF HOSPITAL PROVISION

i *Royal Albert Hospital*
The Royal Albert Hospital provides services to people with learning disabilities, but will close in 1996. This involves the resettlement of 400 residents and the loss of 700 jobs. Most of the resettlement will take place outside Lancaster which means that the number of new jobs in the city's community support services will be less than the number lost. Tremendous efforts are being made to redeploy staff locally wherever possible and further afield if people are mobile. Between April and August the staff leaver rate at the hospital rose from 4.4% to 8% as a result of these efforts. Closing a hospital in the middle of a recession will inevitably lead to redundancies as the leaver rate of 8% would have to double in order to avoid any job losses.

In spite of this, the quality of health care at the hospital is being maintained and in some areas improved. It would be a pity if the skills of the Royal Albert's workforce were lost to the service so the redeployment efforts will continue.

The trust is very aware of the human consequences of these job losses which extend beyond the workforce into the general population of Lancaster where families have supported the institution since 1868. One of our aspirations is to have the site used in some way for the benefit of the whole town; either as a place of employment or some other facility which would benefit the area. Most of the site is not owned by the trust but we shall endeavour to influence the Regional Health Authority's decision on its disposal.

ii *Lancaster Moor Hospital and Ridge Lea Hospital*
These hospitals serve people who are mentally ill or suffer from emotional or alcohol-related problems. Some of the wards support the acute hospitals' services such as the elderly, orthopaedic and ophthamology services. The use of the site for each of these is declining because of the moves to the community and the development of Phase III of the Royal Lancaster Infirmary.

Unlike the Royal Albert's services, those of Lancaster Moor will be required to continue in part. It is felt that there will always be a need for some mentally ill people to spend time in a hospital setting, but it is unlikely that such a big Victorian institution will be appropriate. The trust has therefore to concentrate on developing community services and changing the nature of its assets at the Moor to meet present-day requirements. There are 82 general acute beds, 270 long-stay psychiatric beds, 40 acute psychiatric beds, 14 children's beds and 16 for people with alcohol-related problems. By 1996 (the closure date for the Royal Albert Hospital) it is possible that most of the general acute beds will have gone and that there will be 180 long-stay beds, no

children's beds and 16 for people with alcohol-related problems.

All of this means that there can be no major transfer of employment from the Royal Albert to Lancaster Moor Hospital over this period as the number of jobs lost at the Moor will also be significant. The best use of the assets of the site will also require considerable thought as will future capital investment decisions. Such strategic matters are currently preoccupying the board of the trust as well as the Acute Trust and the Regional Health Authority.

GROWTH OF COMMUNITY PROVISION

i *Learning Disabilities Division*

By the time the Royal Albert Hospital closes, about 90 people will have been resettled into Lancaster and Morecambe. This means that there will be about 400 people with learning disabilities living in the area, approximately 100 of whom will require residential support other than that provided by family and relatives. The trust will provide this support for about 40 people and will also deliver community health services where appropriate.

Clearly to meet the needs of 400 people and their families there has to be significant cooperation between health, education, social services and voluntary organisations. This cooperation is described in Lancaster's "Strategy for People with Learning Disabilities", a strategy which is already working reasonably well but which still has significant problems. One is the absence of a clear policy for people with learning disabilities who are mentally ill. Lancaster has yet to decide how psychiatric services for this group will be provided. Clearly the trust has a major role to play here and is currently working on proposals to put to the health authority. There is also a strong feeling amongst general practitioners that the provision of services for children who have multiple needs is inadequate. The closure of the Royal Albert Hospital to children a decade ago meant that the community services have come under increasing pressure and the health and local authorities must be persuaded to invest more resources in services for this group.

There are also shortfalls in day services for adults and this problem could become worse. The Royal Albert currently provides employment for most of its residents as well as funding the farm at Windsock and Nu-Start Services at White Cross. The money for these services is lost when the Royal Albert Hospital closes and as yet neither the health authority nor the local authority has given a commitment to pick up the bill. The trust believes that these are very valuable services providing much-needed activity and therapy for groups of people who would be very difficult to place elsewhere.

ii *The Community Division*

This division provides a comprehensive range of services to people of all ages. The services are delivered in a variety of settings including peoples' homes, community clinics, day centres and schools. There is a well-established relationship with general practitioners from whom the services receive many of their referrals.

Of the three divisions of the trust, this is currently the smallest but by the year 2000 it could well be the largest. Indeed, it is possible that the nature of the trust will by then have achieved mainly community status. Such changes require careful management and involve significant challenges.

Other major changes have to be handled. The new community care legislation places enormous responsibilities on services. From April 1993 social service departments will have new powers to spend large amounts of Social Security money and will be responsible for organising assessments and care plans, particularly for the elderly. There is a great potential here for 'getting it wrong' and for the creation of unacceptable stress between social services departments on one hand and general practitioners and hospital services on the other. The community division is ideally placed to act as the agency which works with all parties but it must act quickly and fairly if it is to take on this role.

The general practitioner fundholding scheme gives the community services a great opportunity to develop and to respond flexibly to general practitioners' demands in order to provide the right services. At the same time, it increases the risks involved and creates anxieties amongst staff. Given the general trend away from hospital beds, however, the community division will grow so long as it adapts to new circumstances.

iii *Mental Health Division*

Community services for people with mental health needs are complex and varied. Where illness is acute, there can be a need for admission to hospital and the community services have to be arranged to ensure the maximum support in the community as well as a smooth transition into and out of hospital as required. The trust has been instrumental in designing a plan for services which will meet these requirements, but the implementation of the plan is slow because of the lack of money. Resources are locked up in Lancaster Moor Hospital and can only be released slowly. The trust is working together with its main purchasers to find ways of freeing resources for community care. Eighty people have been resettled over the last seven years and 14 wards have been closed. Some of the funds saved have had to be returned to the region or invested in improving the hospital environment but there have been several new developments in Lancaster, eg Lower Priory Hall, community rehabilitation team, community psychiatric nurses, the Euston Road day centre, the travelling day hospital, Standen Enterprises and Queen Victoria Day Hospital. Developments which the trust hopes to provide over the next few years include a detoxification centre, a forensic psychiatric service in liaison with the Young Offenders Centre, community resource centres and services for people with learning disabilities suffering from mental illness. Clearly funds have not yet been identified for all of these, but we are optimistic about being able to achieve some of them.

CONCLUSION

In an article of this kind it is difficult to describe adequately all the changes and challenges facing the trust. The general direction, however, is clear. It will of course be very much influenced by the new legislative changes and by the wishes of purchasers and general practitioners. We cannot expect long periods of stability and staff are being advised to be prepared for changes. So far, the people involved are responding very well indeed and we are optimistic about the trust's future.