

LEA CASTLE CENTRE MEETING 11 JANUARY 2008

Notes prepared by Dr Richard Taylor

Present: Chair and Chief Exec of Coventry and Warwickshire Partnership Trust with other staff, reps of RCN and Unison and staff members in two sittings with RT.

The position outlined and consultation papers distributed.

Discussion and my conclusions:

1. If Lea Castle closes it will be essential to replicate services provided by Lea Castle now at a site easily accessible to current users and carers from Worcestershire (= c. 23 of current 35 > 32). This would provide work for a proportion of the existing highly skilled and dedicated work force.
2. We need a complete list of all the facilities and services currently on the Lea Castle site with who commissions and provides them (including workshops, hydrotherapy, OP services, 600 EEGs p.a. etc) and those elsewhere in Wyre Forest under Cov. and Warw. Management. They will provide this urgently.
3. Urgent meeting between RT, Paul Bates, Ros Keeton and Stephen Chandler to discuss the future.
4. Sandy Taylor and colleagues and staff reps to be involved and kept informed.
5. Essential that the facilities at Lea Castle are continued until replacement services are available as multiple moves for the most vulnerable residents and users would be unacceptable. This will depend on the PCT to continue to commission the service for the time being.
6. Fears of closure in July unfounded.
7. Value of parts of site used by the Centre at least £3.5m. Capital unlikely to be a problem for appropriate re-provision of service if it can be made financially viable.
8. Fear of run down and staff leaving as admissions are already being refused. Crisis and respite beds no longer available. The PCT were warned of this in February 2006 and had made no alternative arrangements. Hence the urgency now.

It appears to me that the ideal solution would be for the Worcestershire Mental Health Partnership Trust to take over the service for Worcestershire patients and to provide it from a reduced part of the Lea Castle site that could be made economically viable for the appropriate number of users continuing to provide similar facilities for them that are available now.