

Lancashire County Council

Joint Health Scrutiny Committee

**Minutes of the Meeting held on Wednesday, 25th January, 2012 at 10.30 am
in Cabinet Room 'B' - County Hall, Preston**

Present:

County Councillor Keith Bailey (Chair)

County Councillors

M Brindle	M Iqbal
Mrs F Craig-Wilson	P Malpas
C Evans	M Skilling*
	M Welsh

*County Councillor M Skilling replaced County Councillor J Mein for this meeting.

Blackburn with Darwen Council

D Foster	R O'Keeffe
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Blackpool Council

M Mitchell	S Taylor
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Co-opted Members

Councillor Tracy Kennedy, Burnley Borough Council
Councillor Julie Robinson, Wyre Borough Council)
Councillor Dave Wilson, Preston City Council)

1. Apologies

Apologies for absence were presented on behalf of County Councillor R Bailey, Councillor M Law-Riding from Blackburn with Darwen, and Councillor A Stansfield from Blackpool.

2. Appointment of Chair

It was moved and seconded that County Councillor Keith Bailey be appointed Chair of the Committee for the remainder of the 2011/12 municipal year.

Resolved: That County Councillor Keith Bailey be appointed Chair of the Committee for the remainder of the 2011/12 municipal year.

3. Appointment of Deputy Chair

It was moved and seconded that Councillor Sylvia Taylor be appointed Deputy Chair of the Committee for the remainder of the 2011/12 municipal year.

Resolved: That Councillor Sylvia Taylor be appointed Deputy Chair of the Committee for the remainder of the 2011/12 municipal year.

4. Constitution, Membership and Terms of Reference

A report was presented on the Constitution, Membership and Terms of Reference of the Committee.

Resolved: That the Membership and Terms of Reference of the Committee, as now reported, be noted.

5. Disclosure of Personal / Prejudicial Interests

County Councillor Michael Welsh disclosed a personal, non-prejudicial interest in item 4 (Mental Health Inpatient Reconfiguration) on the grounds that he was a Governor of Lancashire Teaching Hospitals NHS Trust, Preston.

County Councillor Fabian Craig-Wilson also disclosed a personal, non-prejudicial interest in item 4 on the grounds that her husband suffered from Dementia, however his care was not provided by Lancashire County Council.

6. Mental Health Inpatient Reconfiguration

The Chair welcomed representatives from the Health Service:

At the table:

- Emma Foster, Assistant Network Director – Lancashire Care Trust
- Dr Ian Leonard, Clinical Lead – Lancashire Care Trust
- Debbie Nixon, Strategic Director for Mental Health - Lancashire PCTs

In attendance:

- Mark Hindle, Director of Service Delivery and Transformation, Lancashire Care Foundation Trust
- Alistair Rose, Project Director - Capital Programme, Lancashire Care Foundation Trust

The report explained that in July 2011 Lancashire Care NHS Foundation Trust (LCFT), supported by its PCT partners had presented to the Overview and

Scrutiny Committees at Lancashire County Council, Blackburn with Darwen Council and Blackpool Council the first year (phase one) of its five year transitional arrangements.

The purpose of the report now presented was to provide assurance that the first phase of transition had been achieved and to share future transitional arrangements. This included details of the phase two plan until October 2013.

LCFT would be in the process of transition for the next four years, until 2016. This involved the de-commissioning of existing mental health inpatient facilities, which were being replaced with alternative community provision and a superior standard of accommodation to be provided from four specialist sites across Lancashire. Further details of the transitional arrangements can be found at Appendix A to the report presented with the agenda papers.

A PowerPoint presentation was used to summarise the: context, vision, case for change, range of services across Lancashire, future plans and the consultation timeline. A copy of the presentation is appended to these minutes.

In making the presentation Debbie Nixon acknowledged that dementia care was a very important part of mental health care. She welcomed the work ongoing by the Dementia Pathway Task Group at the County Council and also a relevant piece of work by Blackburn with Darwen Scrutiny.

It was intended to come back to this Committee with more detail about the proposals to strengthen community services. It was recognised that travel to specialist facilities was an area of great concern and the Committee was assured that measures would be put in place to provide appropriate support.

Consultation proposals, which would be brought to this Committee, would need to be signed off by NHS North and it was envisaged that it would be the summer before the consultation could begin.

Members raised a number of comments and questions, the main points of which are summarised below:

- There was some concern about funding in view of the intention to increasingly keep people out of hospital and to provide support and care in community settings; social care costs to the County Council were already substantial.
- It was suggested that the numbers of people currently in hospital with Dementia indicated a weakness in a system which was currently incapable of providing care outside of hospital, and there was concern about the lack of resources and skills currently available to 'take up the slack'. In response it was acknowledged that there needed to be an extension of skills to help manage a range of differing behaviours in a consistent way.
- The provision of care for carers and respite care was considered by the Committee to be essential and it was acknowledged by the NHS that respite should not be provided 'by default' and support should be provided before carers reached crisis point.

- It was recognised that relatives wanting to visit the Harbour at Blackpool would potentially be old and frail themselves and a journey from, for example, east Lancashire to Blackpool could be challenging. A fund would be provided, and relationships established with local voluntary organisations to enable support to be provided, which would take into consideration each family's needs.
- The Committee was assured that consideration would also be given to transport issues not just to Blackpool but also to other facilities, for example members considered travel to Blackburn from Burnley, Brierfield and Nelson to be difficult.
- It was anticipated that a patient's stay in a specialist unit would be as short as possible and as soon as they had been stabilised they would then receive support from local community services. It was envisaged that a patient would need just one stay in an acute bed, without the need to be readmitted, and there was evidence to show that this was in fact happening.
- In response to questions about how well prepared the NHS was to deliver services in the community, the Committee was informed that the NHS was well on its way to a major transformation of its dementia care services, but services were not yet consistent and there was more to do. For example, currently only 40 out of 80 available beds were being used, which did not represent good value for money. There was a commitment to ensuring that community services could deliver change. More detailed information would be brought back to the Committee at a future date.
- It was a five year journey of transition and planning assumptions would be re-tested along the way. Health Scrutiny Committees would be kept informed at key milestones.
- The importance of a clear clinical pathway showing what services were available was considered to be very important. It was a complex picture as many conditions did not exist in isolation and consideration was being given as to how the pathway could be set out visually, in a 'storyboard' style for greater clarity.
- The Committee was assured that the assessed need for 30 specialist beds at Blackpool was reliable and was comparable with conclusions drawn by others including Professor Burns, the Government's Dementia 'tsar'. The point was made also that it was difficult to provide good quality care in larger wards.
- The point was made that there was a need to improve standards of service at care homes where many Dementia sufferers are cared for, many of whom are never admitted to hospital, but this was increasingly difficult at a time of increasing financial pressure.
- Identifying Dementia at an early stage was an important issue and it was suggested that there should be more specialist training of health care professionals to ensure that appropriate care was provided as soon as possible.
- It was suggested that Dementia stands now where Cancer stood 30 years ago, feared and stigmatised, and it was the next disease to worry about for an ever-ageing population. Thought needed to be given to how to encourage people who were worried to get a diagnosis and seek help. The Committee was informed that there were some encouraging statistics, for example there had

been a significant increase in people attending memory assessment clinics in Preston.

- Alistair Rose came to the table to explain that a long-list of appropriate sites for Central Lancashire had been drawn up and a technical assessment was currently being done which would lead to a short-list. Key stakeholders were involved in the process and there was an expectation that a decision would be taken by the summer. The point was made that the Central Lancashire site was not intended to replicate the services that would be provided at the Harbour in Blackpool.
- In terms of commissioning, it was confirmed that all aspects of care were being considered and co-ordinated. There were multiple commissioners at various levels, co-ordinated by Debbie Nixon reporting to the Chief Executive of the Lancashire Cluster and the Chief Executive of Blackburn with Darwen Council.
- In response to a question about the impact of the PCTs ceasing to exist in 2013 it was explained that an infrastructure was being put in place to manage the transition in both commissioning and provider services. There was an Expert Reference Group reporting to the multi-agency "Improving Outcomes in Lancashire Board". The plans would also be delivered on the footprint of the four locality commissioning groups: Pennine Lancs, Fylde Coast, Morecambe Bay and Central Lancs.

The Chair thanked the representatives from the NHS for attending and for their presentation and responses to the Committee.

Resolved: That,

- i. The report be received; and
- ii. The proposals contained within the transition plan be supported.

7. Urgent Business

No urgent business was reported.

8. Date of Next Meeting

A further meeting of the Joint health Scrutiny Committee would be arranged as and when required.

Presentation

I M Fisher
County Secretary and Solicitor

County Hall
Preston



Specialist Dementia Care in Lancashire

An approved approach to dementia care in Lancashire

Dr Ian Leonard
Consultant Psychiatrist

Debbie Nixon
Strategic Director for Mental Health

Introduction

- * Context
- * Vision
- * Case for Change
- * Range of services across Lancashire
- * Future Plans
- * Consultation
- * Timescales
- * Questions?



Context

- * Lancashire acute mental health reconfiguration following 2006 consultation
- * Significant success in developing community services and keeping people out of hospital
- * Significant challenges with ageing population
- * Dementia is now a national and local priority



Our Vision

“ Our Vision is to help people with dementia and their carers to live well with dementia, no matter what the stage of their condition”

- * Helping more people
- * Earlier and better outcomes
- * Closer to home
- * Working together
- * Needs led services (not determined by age)



Case for Change

- * 18,000 people in Lancashire with Dementia
- * These are expected to rise to 25,600 by 2025
- * Supporting people with dementia at or close to home provides better outcomes
- * Alzheimer's Society Survey - 83% Carers stated that it was very important for people with dementia to stay at home
- * Mental health resources for dementia care have been focused on in-patient services for a small number of patients



Case for Change

- * Targets 4 key areas;
 - * Good quality early diagnosis, intervention and ongoing support
 - * Living well with dementia in care homes and the community
 - * Reduced use of antipsychotic medication
 - * Improved quality of care in general hospitals



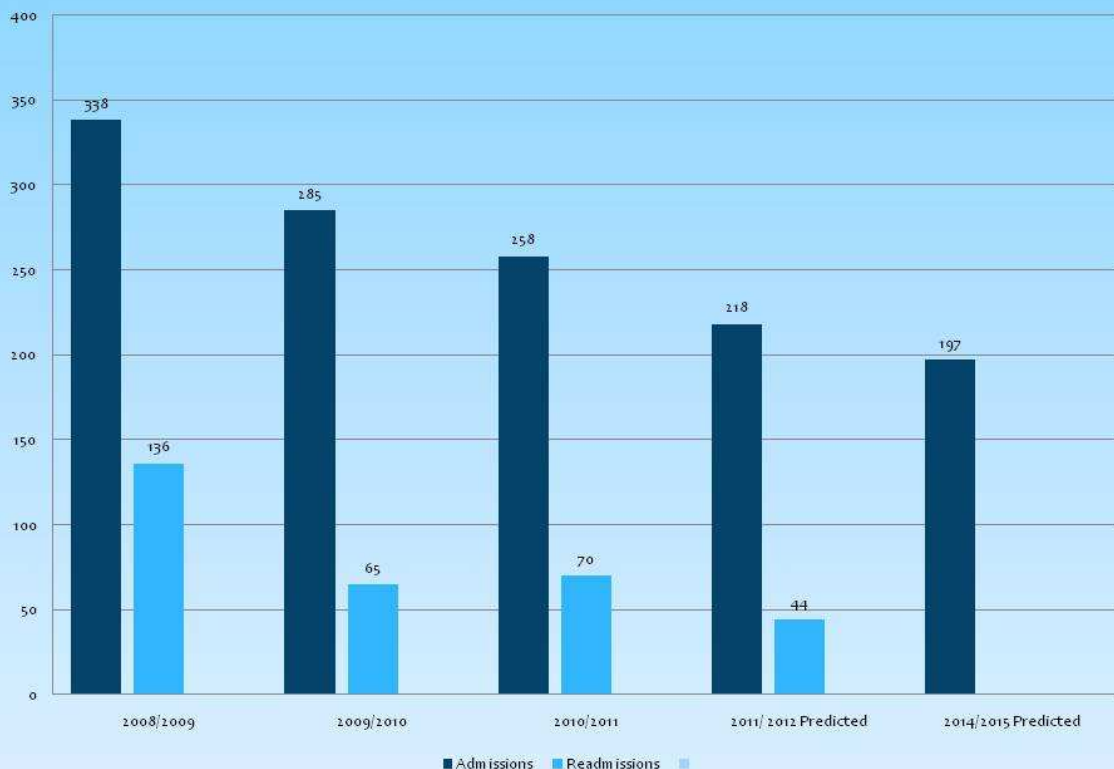
Range of Lancashire Community Service Improvements

- * Dementia is Everybody's Business
- * Memory assessment services and post diagnostic support (There are six across Lancashire)
- * Intermediate Support Teams
- * Care Home and Hospital Liaison Services
- * Community mental health teams
- * Tailored support for carers
- * Dementia Advisors and Dementia Cafes

We now need to implement this consistently in all areas.



Lancashire Admission Totals



Future Improvements

- * Access to specialist dementia assessment beds provided at the Harbour by Spring 2014 (30 beds)
- * Advanced Care beds provided at the Harbour (36 beds) by Spring 2014 and Pennine Lancashire (36 beds) by Oct 2013
- * Extend intermediate support teams to a seven day service
- * Strengthen nursing home and hospital liaison



Overview Timeline

- * Is on-going until March 2017.
- * There will be a number of closures and new units opening.
- * Some will travel further where admission required (Bespoke travel arrangements will be required)
- * Improvements to community mean fewer people admitted



Consultation Timeline

- * 12 - 16 week consultation
- * Commencement – spring / early summer 2012
- * Specifically seek views:
 - * Improvements to community services
 - * Implementation
 - * Access and support for those admitted and their families and their carers
- * Independent analysis of views will be undertaken by UCLan.
- * Draft Report to be presented to OSC and other stakeholders



Summary

- * Local commissioners to build upon improving community services
- * Dedicated, fit for purpose and highly specialised hospital based care
- * The number of people who need to use this service would be very small – up to 30 at any one time
- * Improved bespoke tailored Local Care and Support
- * Consultation to seek views

Questions



Contact

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