

**Lancashire County Council**

**Joint Health Scrutiny Committee**

**Thursday, 31 May 2012 in Cabinet Room 'D' , County Hall, Preston, at 10.00 am**

**Agenda**

**Part 1 (Open to Press and Public)**

**1. Appointment of Chair and Vice Chair**

The Chair and Vice Chair shall be elected by the Joint Committee from among the Committee's voting membership (excluding Cumbria representatives if present) on the basis of the elected Chair and Vice Chair being members of different local authorities.

**2. Constitution, Membership and Terms of Reference (Pages 1 - 6)**

**3. Disclosure of Personal / Prejudicial Interests**

**4. Minutes of the Meeting Held on 25 January 2012 (Pages 7 - 12)**

**5. Mental Health Inpatient Reconfiguration (Pages 13 - 18)**

**6. Urgent Business**

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

**7. Date of Next Meeting**

To be arranged

I M Fisher  
County Secretary and Solicitor

County Hall  
Preston



# Agenda Item 2

## Joint Health Scrutiny Committee

Meeting to be held on 31May 2012

Electoral Division affected: None
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### Constitution, Membership and Terms of Reference of the Committee

(Appendix A refers)

Contact for further information:

Wendy Broadley, 01772 532203, Office of the Chief Executive

[Wendy.broadley@lancashire.gov.uk](mailto:Wendy.broadley@lancashire.gov.uk)

#### Executive Summary

This report sets out the constitution, membership and terms of reference of the Committee.

#### Recommendation

The Committee is asked to note the report.

## Background

### i) Constitution and Membership

The Lancashire County Council Scrutiny Committee, at its meeting on 10 June 2011, agreed that the Joint Health Scrutiny Committee shall comprise 9 County Councillors, 3 councillors each from Blackpool and Blackburn with Darwen councils and 3 non-voting co-opted members from Lancashire District councils

Membership of the Committee, as confirmed by the relevant authorities is as follows:

#### County Councillors

K Bailey	C Evans
R Bailey	M Iqbal
M Brindle	P Malpas
F Craig-Wilson	J Mein
	M Welsh

#### Blackpool Council

Names to be  
confirmed

## **Blackburn with Darwen Council**

Names to be  
confirmed

Non-voting Co-opted members

J Robinson - Wyre Borough Council  
C Thomas - Preston City Council  
T Kennedy - Burnley Borough Council

### **ii) Terms of Reference**

The Terms of Reference of the Committee are set out at Appendix 'A' for information.

**Consultations** - N/A.

### **Implications**

This item has the following implications:

N/A.

### **Risk Management**

There are no risk management implications arising from this item.

### **Local Government (Access to Information) Act 1985**

#### **List of Background Papers**

Paper	Date	Contact/Directorate/Ext
Agenda and minutes of the Scrutiny Committee	10 June 2011	Janet Mulligan, Office of the Chief Executive Ext. 33361

Reason for inclusion in Part II, if appropriate

N/A.

## JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE

### TERMS OF REFERENCE

1. **TITLE**

The Committee to be named the Joint Lancashire Health Scrutiny Committee

2. **SCOPE**

The Committee to consider any future and proposed health service changes that will directly affect all three upper tier local authorities covering the pan Lancashire area and directly affect the citizens in the \*Cumbria County Council area.

3. **MEMBERSHIP**

The Committee to be established on the following basis:

- 9 elected voting Members from Lancashire County Council.
- 3 elected voting Members from Blackburn with Darwen Borough Council
- 3 elected voting Members from Blackpool Borough Council
- 3 non-voting co-opted Members from Lancashire District Councils
  
- \*2 Elected voting Members from Cumbria County Council to be invited to attend meetings of the Joint Committee on those occasions when consideration is given to any planned or proposed health service matter that would be likely to directly affect citizens in the Cumbria County Council area.

The Joint Committee to be appointed on an annual basis prior to its first meeting in each Municipal Year.

Any member of the Committee may be represented at a meeting of the Joint Committee by a substitute appointed by the appropriate local authority. Substitutes will have the same voting rights as the member they replace and count towards the establishment of a quorum.

It remains the responsibility of each Member on the Joint Committee to arrange for an appointed substitute to attend on their behalf if they are unable to attend a meeting.

If any Member or co-opted member ceases to be a Councillor of their local authority they shall no longer be a member of the Joint Committee.

Each meeting of the Joint Committee shall be advised by the relevant Scrutiny Officer.

#### 4. CHAIR AND VICE CHAIR

The Chair and the Vice Chair shall be elected by the Joint Committee from among the Committee's voting membership (excluding Cumbria representatives) at the first meeting in each Municipal Year on the basis of the elected Chair and Vice Chair being Members of different local authorities.

The Chair shall preside at the meetings. In the absence of the Chair, the Vice Chair shall Chair the meeting. In the absence of both the Chair and the Vice Chair, the Joint Committee Members present shall elect a Chair for that meeting from among their number.

#### 5. FUNCTIONS

To review and scrutinise issues around health service changes planned or provided that will affect all three upper tier local authority areas to seek health improvements and reduce health inequalities.

To exercise the statutory functions of a health overview and scrutiny committee under the provisions of the National Health Service Act 2006 and the Local Government and Public Involvement in Health Act 2007 and to make reports and recommendations to NHS bodies as appropriate.

##### **Secretary of State Referrals**

In the case of contested NHS proposals for substantial service changes or any NHS proposal which the Joint Committee feels has been the subject of inadequate consultation, by majority agreement, the Joint Committee to have delegated authority to directly refer the matter to the relevant Secretary of State.

That in relation to the function described above, any Joint Committee decision on whether or not a referral should be made to the relevant Secretary of State is not required to be approved by the individual Overview and Scrutiny Committees at those local authorities that may be directly affected by the decision. However the Joint Committee's power of referral does not remove, supersede or negate the power and authority of each individual Overview and Scrutiny Committee to make a referral to the Secretary to State should they wish to do so.

##### **Scrutiny Arrangements**

Scrutiny of approved topics should be carried out only "in meetings" of the Joint Committee. The need to establish separate working groups should only be implemented as a very last resort.

To require the Chief Executives (or their representatives) of local NHS bodies to attend the Joint Committee to answer questions and to invite the chairs and non-executive directors and officers of local NHS bodies to attend the Joint Committee to answer questions or supply evidence.

To invite to any meeting of the Joint Committee and permit to participate in discussion and debate, but not to vote, any person not an elected Member appointed to the Committee, whom the Joint Committee considers would assist it in carrying out its functions.

To co opt as and when necessary and under such terms as the Joint Committee thinks appropriate, persons with appropriate expertise in relevant health matters, without voting rights.

### **Review of functions, clerking arrangements and terms of reference**

To review at least annually the functions of, and clerking arrangements for meetings of the Joint Committee.

To review the Joint Committee's terms of reference from time to time.

### **Conduct of Business Meetings**

The Clerk to the Committee shall, with the agreement of the Chair and the Vice Chair, arrange meetings of the Joint Committee as and when necessary.

No meetings of the Joint Committee shall be held during the notice of election period for local authority elections

Any scheduled Joint meeting may be cancelled where the Chair and the Vice Chair of the Joint Committee both agree.

The venue for meetings of the Joint Committee shall be rotated between the local authorities and the Secretarial support for the Committee shall be rotated between each of the 3 upper tier Lancashire local authorities either annually or as necessary on an agreed basis between the respective authorities.

### **Agendas and Items of business**

Agendas for meetings of the Joint Committee shall be circulated at least 5 working days in advance of the meetings and in accordance with the provisions of legislation relating to Access to Information.

Other than in very exceptional circumstances, the only business to be considered at any meeting will be that which has been notified.

### **Decisions**

The Joint Committee will seek to make decisions by consensus whenever possible. In the event of any disagreement, the Chair will seek to resolve any differences. In the event any disagreement cannot be resolved, then a vote will be taken. In the case of a tied vote, the Chair will have a second or casting vote.

### **Declarations of Interest**

Any Member having a Personal Interest within the meaning of the national Code of Conduct must disclose that fact and act accordingly.

Those Members declaring a Prejudicial Interest must leave the room and take no part the discussion or influence that particular item.

### **Quorum**

The quorum for the Joint Committee shall be a third of the total membership on the basis of at least one voting Member from each of the local authorities of Lancashire County Council, Blackpool and Blackburn with Darwen being present.

### **Minutes**

The minutes of each Joint meeting shall be submitted for information to the individual Overview and Scrutiny Committees at the respective local authorities.

Updated 01/06/11



# Agenda Item 4

## 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



**Joint Health Scrutiny Committee**  
Meeting to be held on 31 May 2012

Electoral Division affected: All
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**Mental Health Inpatient Reconfiguration**  
(Appendix A refers)

Contact for further information:  
Wendy Broadley, 07825 584684, Office of the Chief Executive,  
[wendy.broadley@lancashire.gov.uk](mailto:wendy.broadley@lancashire.gov.uk)

## Executive Summary

At the meeting of the Joint Health Committee on 25 January members were presented with assurances that the first phase of transition had been achieved and informed of the future transitional arrangements. This included details of the phase two plan until October 2013.

Lancashire Care Foundation Trust 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. In making the presentation it was also acknowledged that dementia care was a very important part of mental health care.

It was agreed that further updates would be brought to the Joint Health Committee for scrutiny and comment.

Attached at Appendix A is the latest position with regards progress on the Lancashire Dementia Workstream.

## Recommendation

The Joint Health Scrutiny committee is asked to consider and comment on the report.

## Background and Advice

In response to a Department of Health directive, the Lancashire PCTs retested their proposals to reconfigure acute mental health services across Lancashire. The PCT Boards considered the recommendations of the Technical Appraisal Group (TAG)

and agreed to work up the development of four inpatient facilities across Lancashire as follows:

- A new inpatient facility at Whyndyke Farm in Blackpool.
- The redevelopment of the Oaklands Unit on Pathfinders Drive in Lancaster.
- The redevelopment of existing facilities at the Royal Blackburn Hospital site.
- An inpatient facility in Central Lancashire (location to be confirmed following further engagement work).

The agreed next steps were to develop an action plan to address outstanding areas which include improving affordability, achieving best value for the tax payer, and clinical issues such as the new model of care for dementia services and delivery of consistent and high quality crisis services across Lancashire.

The inpatient reconfiguration will take place until 2016. This will involve the decommissioning of existing facilities whilst in parallel developing the new ones.

Currently inpatient care is provided on the basis of age. Adults – anyone aged 18 or over and older adults – anyone aged 65 or over. A new model of care has been developed for future inpatient services which will provide care based on a person's condition as opposed to their age. An element of the transitional arrangements will include the gradual roll out the new model of care in preparation for moving into the new facilities.

The progress to date and an update on the anticipated dementia public consultation are explained in greater detail in Appendix A, together with an overview of the next steps to be taken.

### **Consultations**

N/A

### **Implications:**

This item has the following implications, as indicated:

### **Risk management**

There are no risk management implications arising from this report.

### **Local Government (Access to Information) Act 1985**

#### **List of Background Papers**

Paper	Date	Contact/Directorate/Tel
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Reason for inclusion in Part II, if appropriate



**REPORT TO:** JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE

**PREPARED BY:** Debbie Nixon / Paul Hopley / Rebecca Davis

**PRESENTED BY:** Alex Walker / Paul Hopley

**DATE:** 31 May 2012

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**LANCASHIRE DEMENTIA WORKSTREAM**

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**Report Category:**

- |                |                                     |
|----------------|-------------------------------------|
| Formal Receipt | <input checked="" type="checkbox"/> |
| Debate         | <input type="checkbox"/>            |
| Action         | <input type="checkbox"/>            |
| Information    | <input type="checkbox"/>            |

## LANCASHIRE DEMENTIA WORKSTREAM

### 1. Introduction

- 1.1 The purpose of this paper is to provide an update to the Lancashire Joint Health Scrutiny Committee on the Lancashire Dementia work.

### 2. Background

- 2.1 Lancashire has around 17,600 people with dementia aged 65 years and over. These numbers are expected to rise to more than 25,600 by 2025. This is because of the projected increase in the ageing population and the increased prevalence of dementia as people age.
- 2.2 Historically, fewer than half the people with dementia receive a formal diagnosis. Figures in Lancashire are similar to the nationwide picture with only 43% of people actually diagnosed with dementia against the estimated prevalence of the disease. It is clear that there are significantly more people in Lancashire living with dementia that we do not know about, than those that are known to health and social care.
- 2.3 The Lancashire Mental Health Commissioning Network Team led the collection of intelligence during 2011. A multi-stakeholder Lancashire Dementia Expert Reference Group was established in January 2011 to oversee the Dementia Level 3 QIPP (Quality, Innovation, Productivity and Prevention) work.
- 2.4 A Lancashire Dementia 'Case for Change' document was developed, organised around four key areas highlighted as priorities for Lancashire. These are:
- Good quality early diagnosis and intervention for all
  - Improved quality of care in general hospitals
  - Living well with dementia in care homes and the community
  - Reduced use of antipsychotic medication

The 'Case for Change' was shared at a Dementia Clinical Congress in September 2011 and approved by the Clinical Transformation Board on 24<sup>th</sup> November 2011.

- 2.5 The 'Case for Change' provided context and evidence, highlighting local good practice, and recommending key actions and areas for further work. The conclusions included the benefits of a coordinated approach that focuses on Lancashire wide variations towards a standardised method in key areas.
- 2.6 An update on dementia work was presented to the Lancashire Joint Health Scrutiny Committee on 25<sup>th</sup> January 2012.

### 3. Progress to Date

- 3.1 The Programme is overseen by the Lancashire Dementia Expert Reference Group and draws on a range of clinical and other expertise to prioritise and transact the recommended opportunities. The Expert Reference Group reports to the Lancashire Improving Outcomes Board.
- 3.2 Early deliverables include:
- Review of the outcomes of the 'anti-psychotics task force' for Lancashire dementia patients
  - Review of memory assessment services and diagnostic pathways

- Establishment of a community of special interest for general acute care overseeing the implementation of the National Dementia Commissioning for Quality and Innovation (CQUIN) and acute hospital Dementia Dashboard
- Review of community teams to develop crisis and liaison infra-structure
- Development of an integrated health and social care group to oversee coherent improvements in care and nursing home providers

3.3 The anti-psychotic prescribing review task force was established with Lancashire Care NHS Foundation Trust (LCFT) clinicians to support the review of GP patients with dementia, as part of efforts to meet the Dementia Action Alliance 'Call to Action' commitment. The team was initially time limited to 31 March 2012 with a small amount of funding from NHS North West, the Strategic Health Authority (SHA) but there is further work in April – June 2012.

3.4 There are six memory assessment services across Lancashire provided by LCFT. These have proved successful but are seeing increased volumes of patients and some services have waiting lists. The review of the services is an agreed commissioning intention in the 2012/2013 contract between LCFT and commissioners.

The programme of work includes:

- Audit of the current service and model
- Assessment of alternative approaches
- Development of a range of patient pathways according to need (distinguishing between mild cognitive impairment, complex assessment and later stage dementia assessment)
- Revision of services and teams to meet the needs of the pathways
- Agreed protocols for on-going care management
- Development of comprehensive and seamless post-diagnostic support for people with dementia and their carers

3.5 An acute general hospital 'community of special interest' has been established to align with the Dementia AQUA work stream on improving care in acute hospitals. Each Lancashire acute hospital has committed to engage with two support activities with a focus on the healing environment and dignity in care.

3.6 The review of community teams to develop crisis and liaison infra-structure is linked to the priorities in the Dementia 'Case for Change' and the transition arrangements around the acute mental health reconfiguration. The programme of work includes for example the review of all on-going older adult community support to re-define services into the functions required to support transition of services

#### **4. Dementia Consultation**

4.1 Much progress has already been made developing community resources and the number of mental health bed admissions for dementia has decreased significantly.

4.2 As a result of the Lancashire wide reconfiguration of acute mental health consulted on in 2006, inpatient mental health services will in future be provided by LCFT in four new or newly developed units. The current plans include provision for 30 dementia beds.

4.3 The National Dementia Champion, Professor Alistair Burns is working with Lancashire on remodelling the consultation proposals.

4.4 On 27 April 2012, a meeting took place with Local Authority commissioning colleagues and LCFT to look at specific options for the dementia public consultation. The outcomes from this meeting and further work will inform the consultation process.

4.5 On 30 May, a meeting with the SHA, commissioning and LCFT colleagues will take place, where it is expected that the timescales for a formal National Clinical Advisory Team (NCAT) Review and going out to public consultation will be agreed and finalised. A formal request has been made to the SHA about anticipated dates for when the NCAT Review may be completed; this is yet to be confirmed. However it is expected that the NCAT Review will take place during July 2012 with formal public consultation to follow in the autumn (*a verbal update from this meeting will be given at the Joint HSC meeting on 31 May*).

## **5. Next Steps**

5.1 Health Scrutiny Committees will continue to receive regular briefings and be reported to throughout the pre-consultation and consultation process. The Mental Health Network Team and LCFT are going to formally pre-consult with carers and third sector organisations on a number of early concerns and issues raised during the pre-consultation engagement phase. This is planned to take place in July.

5.2 A number of important pieces of work have been started as a result of the Dementia 'Case for Change' and the Long Term Conditions (LTC) work towards improvement within the NHS Outcomes Framework. The Dementia leads are actively engaged with the LTC work and Dementia QIPP to ensure there are clear connections and any changes to services around the interface of general acute care is consistent.

5.3 The key Lancashire wide items planned encompass:

- The forthcoming dementia consultation and the related specialist community mental health services
- Establishment of a community, care and nursing home 'community of special interest' with key health, social care and third sector stakeholders
- Delivery of the successive Dementia Dashboard with 2011/12 data
- Agree general hospital acute pathways and the association with the national dementia CQUIN
- Exploration with Clinical Commissioning Groups (CCGs) and stakeholders of the range of approaches recently employed in localities to address waiting lists in Memory Assessment Service (MAS) to determine what remodelling is required
- A further anti-psychotic review extended to review older adults prescribed antipsychotics and/or dementia medication, who have not had a final diagnosis or registered on Quality Outcomes Framework (QOF). This will clarify the numbers of patients where alternative approaches to pharmacological options may be considered. A pilot data exercise across all CCG areas is planned for June 2012.
- Formal pre-consultation and engagement work

5.4 The dementia programme will continue to report to HSCs highlighting progress, and engaging where necessary.

## **6. Recommendation**

6.1 The Joint Lancashire HSC is asked to note this report and highlight any questions.