

**Lancashire County Council**

**Joint Health Scrutiny Committee**

**Tuesday, 24 July 2012 in Cabinet Room 'D', County Hall, Preston, at 10.00 am**

**Agenda**

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

**1. Disclosure of Pecuniary Interests**

Members are asked to consider any Disclosable Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda

**2. Confirmation of Minutes from the meeting held 31 May 2012** (Pages 1 - 6)

**3. Vascular Services Review** (Pages 7 - 12)

**4. 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.

**5. Date of Next Meeting**

To be arranged as and when required.

I M Fisher  
County Secretary and Solicitor

County Hall  
Preston



# Agenda Item 2

## **Lancashire County Council**

### **Joint Health Scrutiny Committee**

**Minutes of the Meeting held on Thursday, 31st May, 2012 at 10.00 am in Cabinet Room 'D' - County Hall, Preston**

#### **Present:**

##### **County Councillors**

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

##### **Blackburn with Darwen Council**

Councillor R O'Keeffe

Councillor P Riley

##### **Blackpool Council**

Councillor A Matthews

Councillor A Stansfield

##### **Non-voting Co-opted Members**

Councillor T Harrison - Burnley Borough Council\*

\* Councillor T Harrison replaced Councillor B Foster for this meeting

Apologies for absence were presented on behalf of Councillor J Jones from Blackpool, Councillor J Robinson from Wyre and Councillor D Wilson from Preston.

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

### **Appointment of Chair**

It was moved and seconded that County Councillor Keith Bailey be appointed Chair of the Committee for the 2012/13 municipal year.

**Resolved:** That County Councillor Keith Bailey be appointed Chair of the Committee for the 2012/13 municipal year.

### **Appointment of Deputy Chair**

It was moved and seconded that Councillor R O'Keeffe be appointed Deputy Chair of the Committee for the 2012/13 municipal year.

**Resolved:** That Councillor R O'Keeffe be appointed Deputy Chair of the Committee for 2012/13 municipal year.

## **2. Constitution, Membership and Terms of Reference**

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

It was reported that the membership of the Committee as confirmed by the relevant authorities was:

### **Lancashire County Council:**

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

### **Blackburn with Darwen Council:**

Councillor R O'Keeffe  
Councillor P Riley  
One further name yet to be notified

### **Blackpool Council:**

Councillor J Jones  
Councillor A Matthews  
Councillor A Stansfield

### **Non-voting co-opted members:**

Councillor B Foster (Burnley)  
Councillor J Robinson (Wyre)  
Councillor D Wilson (Preston)

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

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

County Councillor Fabian Craig-Wilson disclosed a personal, non-prejudicial interest in item 4 (Mental Health Inpatient Reconfiguration) on the grounds that her husband suffered from dementia, however his care was not provided by Lancashire County Council.

#### **4. Minutes of the Meeting Held on 25 January 2012**

The minutes of the Joint Lancashire Health Scrutiny Committee meeting held on the 25 January 2012 were presented and agreed.

**Resolved:** That the minutes of the Joint Lancashire Health Scrutiny Committee held on the 25 January 2012 be confirmed and signed by the Chair.

#### **5. Mental Health Inpatient Reconfiguration**

The Chair welcomed Alex Walker, Associate Director for Adult and Older Adult Services and Paul Hopley, Head of Programmes, both from Lancashire Mental Health Commissioning Network Team, and also Emma Foster, Assistant Network Director for Adult Mental Health, Lancashire Care Foundation Trust.

The report explained that at the meeting of the Joint Health Committee on 25 January 2012 members were presented with assurances that the first phase of transition had been achieved and they were 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 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. The report presented to this meeting focussed particularly on the Lancashire Dementia Workstream which was attached at Appendix A to the report now presented. It set out:

- the background including projected number of people likely to have dementia by 2025 and the 'Case for Change' organised around four key priority areas;
- progress to date including work to reduce the use of anti-psychotic drugs and an increase in memory assessment services;
- work leading to a public consultation on dementia services; and
- next steps.

Councillors were invited to ask questions and raise any comments in relation to the report, a summary of which is provided below:

- The Committee was assured that the dementia consultation, due to begin October 2012, would be extensive and would include: at least 15 public meetings held at various times of the day/evening; presentations to any group to which the NHS were invited (they had met with 90 groups during the last

consultation); questionnaires would be sent to all health centres; advertisements in libraries; air time on local radio; and letters to nursing homes. Suggestions about others who should be included in the consultation would be welcomed. The University of Central Lancashire (UCLAN) would independently collate the results into a report following the consultation.

- It was confirmed that any cost saving achieved by reducing the use of anti psychotic drugs would be more than off-set by the increased provision of alternative methods of supporting people with dementia.
- Members were most concerned about the burden on carers and the need to ensure that they were properly supported. It was felt that the Committee needed much more detail about what was actually being done to address this issue. Assurances were given that there were a variety of different support services including dementia advisers (provided by the Alzheimer's Society and paid for by the NHS), community mental health teams, intermediate support teams, and care home liaison. A significant amount of money was being invested to develop services further in order to provide comprehensive coverage across the county.
- It was suggested that more specific information about the teams and skills available would be reassuring and also confirmation that GP practices understood how to access those services. In response it was explained that a leaflet had been developed to explain what services were available and it was hoped that the consultation would further break down that detail.
- It was acknowledged that responsibility for caring for people with dementia was a complex picture and that a substantial amount of the cost of care fell to the local authority. The point was made that many cases of dementia were undiagnosed and it was difficult to understand how much was being spent on mental health as part of social care funding.
- The Committee was assured that use of technology, including Telemedicine, to improve delivery of services was being explored; issues relating to confidentiality and other potential barriers were being considered. There was an ongoing project 'Releasing Time to Care' about improving processes to help nurses and therapists spend more time on patient care, which was looking specifically at how technology could be harnessed. It was hoped to showcase some examples at the planned public engagement exercises. Any further suggestions and ideas about how technology could be used would be welcomed
- 'Memaxi', (an interactive touch-screen calendar and video link, which enabled those with memory problems, and their carers, to keep track of their daily lives and stay in contact) was also being trialled.
- Members felt that there should be greater emphasis on training to enable staff in medical wards to be able to treat patients with mental health problems effectively and sensitively. The link between acute services and mental health services needed to be stronger. It was acknowledged that many aspects of medicine were delivered separately and this needed to change; a huge cultural shift was required and much work was ongoing to achieve a different and more joined-up way of working.

- It was also recognised that training for all staff, including hospital receptionists, porters, and consultants to recognise and deal appropriately with mental health issues was very relevant and important.
- The report indicated that only 43% of people were actually diagnosed with dementia against the estimated prevalence of the disease and that there were many people living with dementia in Lancashire that were not known about. Members were concerned how those people would be identified. In response it was explained that the budget for dementia within the NHS was increasing and there would be more national advertising campaigns to recognise the symptoms. The number of people attending Memory Assessment Clinics had increased significantly following the last campaign.
- It was felt also that there needed to be a change in the way that society generally responded to people affected by mental health problems, for example if someone became confused and disorientated whilst out shopping alone; awareness-raising campaigns would help in this respect also.
- The point was made that there was a danger of an old person, being treated for a medical condition, to be mistakenly judged as suffering from dementia, when their confusion or delirium could be caused by medication. It was explained that CQUIN\* for dementia focussed on memory problems in the last 12 month period not recent short-term problems which would more likely be the effects of medication. \*CQUIN (Commissioning for Quality and Innovation), is a payment framework to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care. This means that a proportion of income is conditional on achieving quality improvement and innovation goals agreed between the Trust and its commissioners.
- The Committee was aware that some of the District Councils had done work on dementia care and the Chair suggested that they be contacted and asked to share their work with this Joint Committee.

**Resolved:** That,

- i. The report be received;
- ii. The comments made by the Joint Health Scrutiny Committee be noted;
- iii. A further report be brought back to the Committee at an appropriate stage in the future; and
- iv. District Councils be invited to share work done by them in connection with dementia services.

## **6. Urgent Business**

No urgent business was reported.

**7. Date of Next Meeting**

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

I M Fisher  
County Secretary and Solicitor

County Hall  
Preston



## Joint Health Scrutiny Committee

Meeting to be held on 24 July 2012

Electoral Division affected: All
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### Vascular Services Review

(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

The aim of this service review was to reconfigure vascular services and secure improved outcomes for patients across Lancashire and Cumbria. The Vascular Service Review forms part of the wider review being undertaken simultaneously across England.

Officers representing the PCT cluster of Lancashire and Cumbria will provide the Committee with a presentation on the current status of the review

#### Recommendation

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

#### Background and Advice

Vascular services consist of treatment for conditions where there is not enough blood reaching an organ or parts of the body caused by a partial or total blockage of a blood vessel. An important part of vascular services includes treatment for aneurysms (a fluid-filled bulge in an artery that can weaken it, causing it to leak or burst).

The initial impetus for this review across Lancashire and Cumbria arose from an unsuccessful business case being submitted for the Abdominal Aortic Aneurysm (AAA) screening programme – a programme that has to be implemented in all parts of England. The National AAA screening programme team's advice was that, to be successful, a review of the provision of vascular services within Cumbria and Lancashire needed to be completed with subsequent changes to where major surgery is undertaken.

The present configuration of services in Cumbria and Lancashire does not promote the transfer of patients to high-volume centres where as the evidence shows improved outcomes can be achieved if such centres are in place.

Further information on the proposed service and consultation process are detailed in Appendix A

### **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

## Information for Overview and Scrutiny Health Committee 24 July 2012 Vascular Services Review

### 1. Introduction

The aim of this service review was to reconfigure vascular services and secure improved outcomes for patients across Lancashire and Cumbria. The Vascular Service Review forms part of the wider review being undertaken simultaneously across England.

The reconfiguration is supported by the Vascular Society of Great Britain and Ireland and the All Parliamentary Select Committee for Vascular Surgery and is intended to bring vascular surgery outcomes for patients in England up to the best levels in Europe and the world. At present, outcomes in England lag behind many of the developed countries of the world.

### 2. Background

Vascular services consist of treatment for conditions where there is not enough blood reaching an organ or parts of the body caused by a partial or total blockage of a blood vessel. An important part of vascular services includes treatment for aneurysms, (a fluid-filled bulge in an artery that can weaken it, causing it to leak or burst).

The initial impetus for this review across Lancashire and Cumbria arose from an unsuccessful business case being submitted for the Abdominal Aortic Aneurysm (AAA) screening programme – a programme that has to be implemented in all parts of England. The National AAA screening programme team's advice was that, to be successful, a review of the provision of vascular services within Cumbria and Lancashire needed to be completed with subsequent changes to where major surgery is undertaken.

Evaluations consistently show that the best clinical outcomes for major vascular surgery are at hospitals which perform vascular procedures more often, a conclusion supported by the Vascular Surgical Society of Great Britain and Ireland and underpinned by international evidence.

### 3. Current Position

The present configuration of services in Cumbria and Lancashire does not promote the transfer of patients to high-volume centres where as the evidence shows improved outcomes can be achieved if such centres are in place.

Vascular services are presently provided within the Lancashire and Cumbria on five sites and formal working networks with other areas are already in place. These present networks cross the boundaries into Wigan, Bolton, Southport and Dumfries & Galloway in Scotland.

### 4. Proposed Service

Agreement was reached that Bolton, Wigan and Dumfries & Galloway are included within this review (but not Southport who have joined the Mersey review). These

localities will continue to work as part of the new vascular network. This will result in a vascular service covering a total population of 2.7 million.

The Vascular Clinical Advisory Group – VCAG (made up of consultants and other clinical staff involved in the delivery of vascular services from all parts of the region) proposed a model that would see the formation of a vascular network with specialist inpatient operations being delivered on three hospital sites. Each of these sites would be known as a Vascular Intervention Centre and would all be linked together to form one clinical network. This decision was reached based on population need, geography, minimal numbers of vascular procedures needed at each site to improve outcomes and the ability to maintain surgical rotas in line with all Vascular Society of Great Britain and Ireland 2009 recommendations.

The VCAG recommendation was that one site should be in the north of the region due to geography and travelling distances. It was felt two sites were needed in the south of the network as the population coverage will be just over 2 million.

A procurement exercise has been run within NHS procurement guidelines and rules. All hospitals within the region were asked to submit bids should they wish to be nominated as a specialist vascular intervention unit working within the proposed vascular network. Under procurement rules an expert panel was assembled to assess the bids. This expert panel included vascular specialists drawn from across the United Kingdom, nominated by the Vascular Society of Great Britain. Local commissioners were also part of the assessment panel.

NHS Lancashire and NHS Cumbria Boards have received and agreed the recommendations of the procurement team which were that specialist intervention centres should be located at Carlisle, Blackburn and Preston. These centres will undertake all major inpatient vascular work. Day case work and outpatients will continue in all local hospitals within the region. These centres will be part of the vascular network of services that will improve outcomes and quality of service to patients across the whole region.

## **5. Engagement**

Great emphasis has been placed on engagement with key stakeholders and the public with regard to these proposals. Our previous visit to the OSC exemplifies an intention to engage widely.

- LINKs meetings have been attended
- Patient/public survey carried out
- Patient interviews carried out
- GP survey carried out
- Regular media briefings
- Monthly newsletter to key stakeholders

We had over 500 responses to the patient/public survey. The majority of these were users of the vascular service. Some 75% of respondents said they would be able to travel further than their local hospital for specialist vascular services. A majority indicated that whilst convenience is important, improved outcomes and safety are vastly more important.

## **6. Conclusion**

This short paper lays out some of the background to the Vascular services review, updates the OSC on the present situation and will be embellished in the form of a short presentation by the Clinical lead for the Vascular services review at the OSC meeting on 24 July 2012. Other review team members will be in attendance and will be happy to answer questions on the day.

