Lancashire County Council

Joint Lancashire Health Scrutiny Committee

Tuesday, 28 January, 2014 at 10.00 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part 1 (Open to Press and Public)

No.	Item	
1.	**Apologies**	
2.	**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.	
3.	**Constitution, Membership and Terms of Reference**	(Pages 1 - 6)
4.	**Disclosure of Pecuniary and Non-Pecuniary Interests** Members are asked to consider any disclosable Pecuniary and Non-Pecuniary interests they may have to disclose to the meeting in relation to matters under consideration on the agenda.	
5.	**Confirmation of Minutes from the meeting held on 22 January 2013**	(Pages 7 - 14)
6.	**Dementia Care Services Consultation - Update**	(Pages 15 - 40)
7.	**Urgent Business** An item of urgent business may only be considered under this item 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.	

Lancashire County Council

8. Date of Next Meeting

To 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 28 January 2014

Electoral Division affected: None

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

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

A Barnes
F Craig-Wilson
K Ellard
G Gooch
R Newman-Thompson
S Perkins
C Pritchard
D Smith
B Winlow

Blackburn with Darwen Council
R O'Keeffe
P Riley
Mrs J Slater

Lancashire County Council

Blackpool Council
J Boughton
M Mitchell
A Stansfield

Non-voting Co-opted members

J Robinson - Wyre Borough Council
D Wilson - Preston City Council
B Stringer - 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 Non Pecuniary Interest within the meaning of the national Code of Conduct must disclose that fact and act accordingly.

Those Members declaring a Pecuniary 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

Lancashire County Council

Joint Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 22 January, 2013 at 10.00am in Cabinet Room 'C', County Hall, Preston

Present:

Lancashire County Councillors

M Brindle	AP Jones*
F Craig-Wilson	P Malpas
C Evans	J Mein
M Iqbal	M Welsh

Blackburn with Darwen Borough Council
Councillor R O'Keeffe (In the Chair)
Councillor P Riley

Blackpool Borough Council
Councillor A Stansfield

Cumbria County Council
County Councillor B Wearing
County Councillor R Wilson

Non-voting Co-opted Members

Councillor T Harrison – Burnley Borough Council
Councillor D Wilson – Preston City Council

1. Apologies

Apologies for absence were presented on behalf of County Councillor K Bailey (Chair), Councillors J Jones and A Matthews of Blackpool Borough Council, and Councillor J Robinson of Wyre Borough Council.

*County Councillor AP Jones attended in place of County Councillor R Bailey for this meeting.

2. Disclosure of Pecuniary and Non-pecuniary Interests

County Councillor Michael Welsh disclosed a non-pecuniary interest in item 4 (Vascular Services Review) on the grounds that he was a member of the Governing Body of Lancashire Teaching Hospitals NHS Trust.

3. Confirmation of Minutes from the meeting held on 13 November 2012

The minutes of the Joint Lancashire Health Scrutiny Committee meeting held on the 13 November 2012 were presented and agreed.

Resolved: That the minutes of the Joint Lancashire Health Scrutiny Committee held on the 13 November 2012 be confirmed and signed by the Chair.

4. Vascular Services Review

The Chair welcomed guest speakers from the NHS:

- Dr Jim Gardner, Medical Director, Lancashire PCT
- Mr Simon Hardy, Consultant - Vascular Clinical Lead
- Kathy Blacker, Network Director (Acting) - Cardiac and Stroke Network
- Dr Hugh Reeve, Chair of Cumbria Clinical Commissioning Group
- Mr Salman Desai, North West Ambulance Service

The report explained that at the Joint Health Scrutiny Committee on 24 July 2012 members had been presented with a report outlining proposals for the reconfiguration of vascular services across Lancashire and Cumbria.

The recommendation of the Vascular Clinical Advisory Group of the Lancashire and Cumbria Cardiac and Stroke Network 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 would be just over 2 million. 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.

Following a procurement process it was recommended that the specialist intervention centres should be located at Carlisle, Blackburn and Preston. These centres would undertake all major inpatient vascular work. Day case work and outpatients would continue in all local hospitals within the region.

Following a discussion at that meeting, members concluded that further information should be requested and a letter was sent to Dr Jim Gardner, Medical Director NHS Lancashire, setting out the information the Committee required for this meeting. The response from NHS Lancashire was attached at Appendix A to the report now presented.

Since the meeting on 24 July, University Hospitals Morecambe Bay Trust (UHMBT), who were unsuccessful in their tender submission, wrote to NHS Lancashire expressing their intention to challenge the procurement decision. A copy of their letter was attached at Appendix B to the report now presented.

A further meeting of this Committee had been planned for 25 September, but was postponed to allow the appeal process undertaken by UHMBT to take place.

Details of the outcome of the appeal including further updates since the Committee met in July last year were attached at Appendix C to the report now presented.

Dr Gardner used a PowerPoint presentation which set out:

- what services would be provided through the proposed Vascular Network model;
- from which sites these services would be delivered; and
- the number of people expected to need/access those services over the course of a year.

A copy of the presentation is appended to these minutes.

In delivering the presentation Dr Gardner said that vascular surgery was now a specialism in its own right and that more technologies could be introduced at scale. It was recognised that there had to be a 'trade off' between specialist care and the need for patients to travel to access that standard of care. He drew a comparison with the high standards of specialist heart/cardiac care that were being delivered at Blackpool Victoria Hospital, which was now regarded as the best place in Lancashire to receive treatment for serious heart conditions. People accepted that they would have to travel to access those services. He asserted that travel times from areas intended to be served by the three specialist intervention centres at Carlisle, Preston and Blackburn were safe.

He drew the Committee's attention to changes in commissioning from April 2013 and felt that the recommendations now being made for services in Lancashire and Cumbria were in line with the national approach.

Dr Reeve reported that the Vascular Clinical Advisory Group had visited the Clinical Commissioning Groups (CCGs) in Barrow and South Lakes and both CCGs supported the recommendations arising from the review. They had also had discussions with Town Councils in Ulverston and Kendal, which had led to a greater understanding of the proposals.

The Committee's support was now being sought to move forward as quickly as possible.

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

- Representatives from Cumbria felt that engagement with 500 patients from a population of two million was insufficient given the impact of the changes proposed. They felt very strongly that there should be a public consultation given the importance of this issue. It was their view that the Town Councils in Ulverston and Kendal had not 'signed up' to the proposals and it was felt that the people of South Cumbria were being disadvantaged.
- Representatives from the NHS disagreed; a distinction had been drawn between 'engagement' and 'consultation'; the survey conducted had been with interested service users. Responses were therefore considered to be well

informed and highly representative of service users. It was felt that the 'Lansley tests' to make these recommendations for service change had been met.

- It was pointed out that there had been no public consultation when specialist cardiac/heart care had been centralised at Blackpool. This service change had involved a much larger proportion of the population.
- David Rogers, Associate Director of Engagement and Communications, NHS Lancashire came to the table and assured the Committee that he was passionate about engaging with the public. Previous experience of consultations showed that if people were not affected they did not tend to respond, which is why it was considered important to get views from patients. Face to face interviews had been conducted with patients, some of whom were from Barrow. They had been asked about their experience and for their perspective in order to obtain a deep understanding. Wider engagement with public had been through the media, scrutiny committees and LINks (Local Involvement Networks).
- The Cumbria representatives also had "serious reservations" about the adequacy of consultation with GPs. Dr Gardner disagreed, pointing out that both he and Dr Reeve were GPs themselves. They believed that their GP colleagues supported the proposals. It was pointed out that GPs had little involvement in the referral pathway for emergency treatment. Their role was more in the elective/planned pathway that the majority of patients go through currently. The proposed changes therefore had little impact on GPs. There would, with these proposals, be more local services than were currently available.
- Members accepted that specialist services were a positive development, but there was serious concern about the travelling time from some areas in South Cumbria. It was not considered sufficient to simply quote travelling time from point A to point B because time for the ambulance to reach the patient in the first instance, getting the patient in/out of the ambulance, and assessment time all had to be factored in. In response it was argued that the extra journey down the motorway from Lancaster to Preston was only 15 minutes in a car and it would be shorter in an ambulance.
- There was acknowledgement among some members that decisions such as this inevitably involved a range of views and interests. If there was a public consultation not all would agree and such a consultation would delay matters. It was recognised that elected members would rightly consider the best interests of the people they represented, however the Committee should look at what was best for everyone affected by the proposals. The statistical information presented showed that only a small number of the population would be affected by the changes and the most important consideration for this Committee should be whether the service would be improved and whether more lives would be saved. It would be wrong to delay.
- It was suggested that as travel time appeared to be the only obstacle to agreement, guaranteed use of the air ambulance could be a solution. In response it was explained that it was not possible to make robust plans on the basis of availability of the helicopter because there were too many restrictions, for example the helicopter could not be deployed at night. The recommendations were on the basis of the land ambulance. It was pointed out

that journey times detailed in the report were actual, not estimated. An additional table setting out further details about ambulance journey times had been circulated to members at the beginning of the meeting and is appended to these minutes.

- Regarding the statistics relating to the population of South Cumbria as set out in the report, it was questioned why there was a significant discrepancy between the practice population (194,468) and the census population (172,800). It was explained that such discrepancies existed nationally. The figures were presented for completeness.
- It was clarified that the scoring criteria used for the selection of sites to deliver specialist vascular services did not include the 'density of population' in which those sites were located, however, the outcome had resulted in two of those sites (Preston and Blackburn) being located in densely populated areas.
- The Chair invited Mr Mark Tomlinson, Clinical Lead Vascular Services, UHMBT to come to the table. Mr Tomlinson felt that the engagement process was flawed and suggested that only 3-4% (20 patients) of the responses considered had been from patients in South Cumbria. He went on to explain in some detail why he believed that the decision to deliver specialist vascular services from just three locations should be questioned. He suggested that two of the centres chosen had bid for some of the same population which were therefore double-counted and that UHMBT's support to the Blackpool cardio thoracic unit did not appear to have been given proper consideration. He also believed that travel time was a "major" issue. He said that the appeal submitted by UHMBT had dealt only with the bid process and not the service model put forward and he asked the Committee to consider whether the model being proposed was appropriate given the geography and the population for whom the services were to be provided.
- In response, it was felt that it was not for this Committee to reconsider a decision that had been made by commissioners who were experts in their field.
- In response to a question why it had been decided to provide vascular services from three centres, not four, it was explained that much consideration had been given to the possible options; three had been decided upon following a rigorous process; scoring of bids to deliver services had been done faithfully and the top three bids had been chosen.

Since this issue had first been presented to the Committee, members had also received submissions from a number of interested parties, including from members of the public and Tim Farron MP.

Following the discussion the Chair asked members to consider the recommendations set out in the report now presented. On being put to the vote it was,

Resolved: It be agreed that,

i. The proposals to reconfigure vascular services as detailed in the report now presented were a 'substantial variation';

ii. The level of engagement had been adequate;

iii. The proposals be supported, but the concerns of Cumbria members be acknowledged;

iv. The NHS be asked to monitor the impact of the service changes on residents in South Cumbria and report back to Committee in approx 12-18 months time.

5. Dementia Care Services Consultation - update

At the Joint Health Committee on 13 November 2012 officers from the Lancashire Mental Health Commissioning Network Team gave a short presentation about the consultation on dementia care services that was to begin on 3 December 2012 and run to 25 February 2013.

Janice Horrocks, Lancashire Mental Health Commissioning Network Team accompanied by Dr Amanda Thornton, Clinical Lead for the Dementia Case for Change now attended this meeting to provide members with a verbal update on the progress of the consultation on dementia care services, and to discuss the formal 'sign off' process.

She began by drawing the Committee's attention to a document that had been circulated round to them by email from 'Lancaster and Morecambe Mental Health Clinicians for Older People' which was a response to the Dementia Care Services Consultation. Janice Horrocks pointed out it was unclear who the author of the document was, that it contained inaccuracies, and that it was known that some of the team to whom it was attributed were supportive of the proposals for Dementia Care Services. The document itself had not yet been submitted to the Consultation team who had become aware of it via this Scrutiny Committee.

She emphasised that the proposals were about shifting resources away from the provision of hospital beds to support for the provision of specialist assessment and treatment as close as possible to where people were living.

There was some discussion about the two options proposed in the Consultation both of which would cost £15 million to fund:

- Option 1 proposed 30 inpatient beds at the Harbour in Blackpool at a cost of £4m, with £11m for community services;

- Option 2 proposed 20 beds at the Harbour in Blackpool and 20 beds at Royal Blackburn Hospital at a cost of £8m, with £7m for community services.

The Consultation which set out the options proposed in detail can be accessed via the link below (scroll down to the bottom of the page for the document):
http://www.lancashirementalhealth.co.uk/

The agenda and minutes of JHSC meeting held 13 November 2013 at which an update on Mental Health Inpatient Reconfiguration was presented including an initial presentation about the Consultation can be accessed via the link below: http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=684&MId=2035&Ver=4

It was reported that there had been just 233 hospital admissions in 2012 and it was expected that the numbers would fall yet further. It was recognised that disruption to a dementia sufferer's routine for as little as two days could lead to a real struggle to then get them back into a routine.

One member raised concern about the ability to predict the need for beds in the future as vascular dementia as well as age-related dementia had to be taken into account. The Committee was assured that the provision of beds had been "future-proofed" and that the numbers had been very carefully considered. The National Commissioning Advisory Team (NCAT) had also looked very carefully at the proposals and were supportive. This was seen as an opportunity to put money into community care, for training and early diagnosis and then help support people to live well.

One member had attended a public meeting on 21 January at the Gujarat Centre in Preston and had been concerned that it was not an easy venue to get to on public transport and the turnout had been low. It was reported that approximately 20 people had attended that meeting and it was acknowledged that the weather had probably affected turnout. 40-50 people had attended a similar meeting in Lancaster on 18 January.

One member commented that the case for specialist beds was very persuasive, but there was concern about an expectation for loved ones to have to travel from east Lancashire to Blackpool which needed to be addressed.

Janice Horrocks explained that the voluntary sector had been commissioned last summer to conduct a survey of family / carers asking what support they needed. It was recognised that even a relatively short stay in hospital could be difficult for family and carers. The Consultation offered a range of solutions and was also an opportunity for people to say what they needed. It was recognised that the solution may require extra funding.

The Committee was being asked to consider next steps following the conclusion of the consultation period. The Chair suggested that the authority to 'sign off' the proposals be delegated to each of the relevant scrutiny committees within the Lancashire area.

Resolved: That the decision to 'sign off' the proposals be delegated to each of the main Health Scrutiny Committees within Lancashire.

6. Urgent Business

No urgent business was reported.

7. Date of Next Meeting

The next meeting of the Joint health Scrutiny Committee would be scheduled as and when required.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Joint Lancashire Health Scrutiny Committee
Meeting to be held on 28 January 2014

Electoral Division affected:
All

Dementia Care Services Consultation - update
(Appendices A, B and C refer)

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

Executive Summary

Joe Slater, Chair of the Joint Clinical Commissioning Group Specialist Dementia Committee and Debbie Nixon, Chief Operating Officer, Blackburn with Darwen Clinical Commissioning Group (as lead CCG for mental health commissioning, acting on behalf of all CCGs in Lancashire) will attend the meeting to provide members with an update on the current position regarding the outcome of the dementia care services consultation which took place earlier this year. A number of appendices are attached to the report which are:

- Appendix A – recommendations of the NHS Lancashire Cluster Board following the analysis of the consultation responses.
- Appendix B – Option Appraisal Report of the Joint CCG Specialist Dementia Committee.
- Appendix C – press release from Blackburn with Darwen CCG stating the recommendations of the Lancashire CCG Network.

Recommendation

The Joint Lancashire Health Scrutiny Committee is asked to note and comment on

i. the option appraisal process, and
ii. the next stage of the implementation of the model for future provision of dementia care services.

Background and Advice

On 13 November 2012 Paul Hopley, Head of Programmes, NHS Lancashire (the name of the former PCT Cluster) provided the Joint Health Scrutiny Committee with a short presentation about the upcoming consultation on dementia care services that was to begin on 3 December 2012 and run to 25 February 2013.

Part way through the consultation independent experts at UCLAN (University of Central Lancashire) would conduct a check on the demographics of the responses to that point and, if necessary, under-represented groups would be targeted as

Lancashire County Council

appropriate. At the end of the consultation UCLAN would produce a report on all responses.

It was confirmed that all elected members would be included in the consultation and details of the venues for the public meetings would be provided.

Following the consultation, the decision regarding the model for future provision would then be taken by the Clinical Commissioning Groups.

Then on 22 January 2013 Janice Horrocks from the Lancashire Mental Health Commissioning Network Team attended the Committee to provide members with a verbal update on the progress of the consultation on dementia care services that had begun on 3 December 2012, and to discuss the 'sign off' process. The background, the current position and two options for future provision to be consulted upon was presented. The Trust's preferred option was Option 1.

She explained that there would be 16 public events starting in January 2013 across Lancashire at various locations and at various times. These would be advertised in local newspapers, on local radio and there would be posters in GP practices and libraries. People would be given a range of ways by which to contact the Trust and assistance would be provided if necessary. Additional meetings with community based groups would also take place if requested.

She emphasised that the proposals were about shifting resources away from the provision of hospital beds to support for the provision of specialist assessment and treatment as close as possible to where people were living.

There was a discussion about the two options proposed in the Consultation both of which would cost £15 million to fund:

- Option 1 proposed 30 inpatient beds at the Harbour in Blackpool at a cost of £4m, with £11m for community services;

- Option 2 proposed 20 beds at the Harbour in Blackpool and 20 beds at Royal Blackburn Hospital at a cost of £8m, with £7m for community services.

The Committee were asked to consider the next steps following the conclusion of the consultation period, however, as it was felt that individual member authorities represented at the Joint Health Scrutiny Committee would possibly have opposing opinions on the most favourable consultation option it was suggested and agreed that authority to 'sign off' the proposals be delegated back to each of the relevant scrutiny committees within the Lancashire area.

At its meeting on 28 March the Blackpool Health Scrutiny Committee confirmed their support of Option 1 based at the Harbour.

On 13 March Blackburn with Darwen Children and Health Committee recommended that they could only support Option 1 if the facility was moved to a more central location within Lancashire and failing that they would support Option 2. This recommendation was also the conclusion of the Steering Group of the Lancashire

Health Scrutiny Committee when they met to provide their response to the consultation in late February, this response was accepted by the Health Scrutiny Committee at its meeting held on 23 July.

A draft report from the University of Central Lancashire (UCLAN) contained an analysis of the responses to the dementia public consultation which demonstrated support for the general principles for improving dementia care and for a single site, specialist, inpatient unit, centrally located with good transport links.

Option 1 was selected by more respondents than option 2, but most Clinical Commissioning Groups (CCGs) and Councils expressed a view that the dementia beds should be located in a place more central to Lancashire and not in Blackpool. A copy of the full report can be found at www.lancashirementalhealth.co.uk

A report was subsequently presented to the then NHS Lancashire Cluster Board on 21 March (attached as Appendix A) setting out the consultation responses and making the following recommendations:

1.1 The Board approves the development of specialist dementia services in accordance with the key principles outlined in the vision and through the implementation of option 1, recognising that an alternative site for the development of the dementia inpatient unit needs to be considered.

1.2 CCG and Local Authority commissioners work in partnership with LCFT to undertake a technical appraisal of the options for the specialist dementia unit location.

1.3 CCG and Local Authority commissioners develop solutions to the access and travel issues and ensure that these are put in place at an appropriate level to meet need before the dementia inpatient unit is open.

1.4 CCG and Local Authority commissioners work with Lancashire Care NHS Foundation Trust to address the critical issues and concerns that were raised during the consultation, with particular regard to supporting people and families living with dementia across the whole care pathway and ensuring appropriate access to memory assessment services, before the dementia inpatient unit is open.

As a result of those recommendations a Joint Clinical Commissioning Group Specialist Dementia Committee (JCCGSDC) was formed, chaired by Joe Slater, to enable key stakeholder representatives to carry out an appraisal on the location of a single specialist dementia inpatient facility.

This appraisal process took place between May and August this year concluding in the production of an Option Appraisal Report on 20 August 2013 (Appendix B).

Through a short listing and scoring system the JCCGSDC made the recommendation that The Harbour, Blackpool would be the option to be progressed.

A press release was issued on 5 September (Appendix C) stating the conclusions of the JCCGSDC and the recommendations of the Lancashire CCG Network which were to:

1) Approve the Harbour as the site for the 30 bed inpatient unit for Lancashire.
2) Note that the CCG Network will separately consider the responsibilities of NHS Commissioners when approving service reconfigurations in relation to patient and relatives' transport and aim to create a Lancashire policy that can be applied irrespective of the reconfiguration.
3) Note that the Specialist Dementia Committee has received assurance regarding the range of support for people and families living with dementia.

The Chair of the JCCGSDC, Joe Slater together with Debbie Nixon, Chief Operating Officer, Blackburn with Darwen CCG (as lead CCG for mental health commissioning, acting on behalf of all CCGs in Lancashire) will attend the meeting to explain the option appraisal process, the implementation of the recommendations of the Lancashire CCG Network and next steps.

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

Reason for inclusion in Part II, if appropriate

Appendix A

Agenda Item No:

LANCASHIRE CLUSTER

21st March 2013

BOARD SUMMARY SHEET

Title of Report:	**Dementia consultation recommendations**	
Directorate/Director: **Debbie Nixon**	**Report Prepared By:**	**Janice Horrocks**
	Report Presented By:	**Debbie Nixon**
Clinical Engagement:		
Report to PEC	☐	**Date:** ……...
Report to Other Group	☐	**Date:** ……
Not Applicable	☑	
Report Category:		
Formal Receipt	☐	
Debate	☐	
Action	☑	
Information	☐	
Which Strategic Commitment does the report relate to:		

NHS Lancashire

LANCASHIRE CLUSTER BOARD

PUBLIC CONSULTATION DEMENTIA SERVICES

21ST MARCH 2013

1. INTRODUCTION

This paper provides a summary of the responses to the NHS Lancashire dementia consultation and sets out a number of recommendations to the Board from the Strategic Director of Mental Health Commissioning.

A draft report from the University of Central Lancashire (hereafter referred to as UCLan) containing an analysis of the responses to the dementia public consultation (3 December 2012 – 25 February 2013) is attached. The report is supplied in draft format and will be published, in full on the consultation website (www.lancashirementalhealth.co.uk), once the final version is available in April 2013.

2. SUMMARY OF RESPONSES

The draft report concludes that respondents expressed a majority support for the key principles of the vision for specialist NHS dementia care as follows:

- Good quality early diagnosis, intervention and on-going support within dementia friendly communities
- Living well with dementia in care homes and the community and reduce the use of antipsychotic medication
- Improved quality of care in general hospitals
- Improved quality of care in specialist hospitals

Option 1 was selected by more respondents than option 2, but most Clinical Commissioning Groups (CCGs) and Councils expressed a view that the dementia beds should be located in a place more central to Lancashire and not in Blackpool. One CCG indicated that it would look to commission dementia beds from outside the Lancashire area if specialist dementia beds are provided on a single site in Blackpool because of the distance and consequent travel issues facing their population.

Option 1 is the preferred option of the specialist mental health clinicians and is supported by clinical evidence, as outlined in the document entitled, 'Lancashire Dementia QIPP Initiative, A Case for Change: Key Integrated Opportunities for improving the Health & Social care for those affected by dementia in Lancashire'. Option 1 with the dementia unit built on the Blackpool site could be fully implemented by 2015 because Lancashire Care NHS Foundation Trust (hereafter referred to as 'LCFT) owns the land, has secured planning permission to build a new mental health hospital with a significant number of beds (circa 150) planned for the site.

Consequently, the selection of an alternative location will cause delays in delivering the inpatient services described in the consultation.

A number of issues and concerns were raised during the consultation and these are captured in the UCLan report. The majority of the critical concerns expressed by respondents can be grouped into four areas as follows:

2.1 **Access and travel to the proposed new site/s and keeping in contact with family** for the duration of admission to the new site/s were identified. Respondents rated the suggested solutions to address this in the following preferred order:

- A - To consider the use of private family areas that include ability to make drinks and light refreshments with flexible visiting times.

- C - To explore and identify assistance with travel costs, for example considerations for petrol allowance or concessions for public transport (e.g. potential shuttle bus service).

- D - To explore the possibility to be able to stay overnight or close to the hospital, for example considering a voucher scheme for local hotel/s, subject to carers' individual special requirements.

- G - To explore use of the voluntary sector in helping support carers in their travel, visiting and contact arrangements utilising a number of the suggestions.

2.2 **Access to memory assessment and on-going community based treatment and** support for people, their carer/s and family following diagnosis. Future care services need to take a fully integrated approach, be available on an equitable basis county and offer patient-centred care to meet individual need. For example, memory assessment and support for people who are deaf. Respondents identified the need to clearly map referral routes into the system of treatment and support for dementia, providing clear sign posting information through the whole dementia pathway of care.

2.3 **Transition arrangements and impact on patients and families** – a clear transition implementation plan is required to enable a transparent process of implementation with a set of outcome focused Key Performance Indicators designed to evaluate the impact of enhanced specialist community based services.

2.4 **Workforce and training issues** were a thread throughout the consultation, in particular capacity and capabilities in the nursing home and acute NHS hospital sector were identified. Concern also extended towards the capacity of the third sector and GPs to meet growing demand and also the need for GPs to improve their skills, particularly related to detection and referral for early diagnosis.

3. RECOMMENDATIONS

The Board is requested to consider and approve the recommendations made by the Strategic Director of Mental Health Commissioning as follows:

3.1 The Board approves the development of specialist dementia services in accordance with the key principles outlined in the vision and through the implementation of option 1, recognising that an alternative site for the development of the dementia inpatient unit needs to be considered

3.2 CCG and Local Authority commissioners work in partnership with LCFT to undertake a technical appraisal of the options for the specialist dementia unit location.

3.3 CCG and Local Authority commissioners develop solutions to the access and travel issues and ensure that these are put in place at an appropriate level to meet need before the dementia inpatient unit is open.

3.4 CCG and Local Authority commissioners work with Lancashire Care NHS Foundation Trust to address the critical issues and concerns that were raised during the consultation, with particular regard to supporting people and families living with dementia across the whole care pathway and ensuring appropriate access to memory assessment services, before the dementia inpatient unit is open.

Author: Janice Horrocks, Consultant – dementia consultation.

Joint CCG Specialist Dementia Committee

Produced by Staffordshire and Lancashire CSU
20th August 2013

CONTENTS

1 Introduction

This report has been produced as a record of the process and outcome of the Options Appraisal carried out by the Joint CCG Specialist Dementia Committee (JCSDC) in the period May 2013 to August 2013.

The appraisal took place to deliver the action required following the decision made by NHS Lancashire in response to the consultation carried out early in 2013 – for further consideration of the location for the single specialist dementia inpatient facility.

The Joint CCG Specialist Dementia Committee was established to provide the mechanism necessary for CCGs to work in collaboration with each other and with the local authorities and key stakeholder representatives to carry out this appraisal.

The Methodology for the appraisal was designed by the Staffordshire and Lancashire CSU (SLCSU) and was presented and ratified by the Committee at their inaugural meeting in May 2013.

The Committee membership made up the membership of the appraisal panel. It was agreed as part of the methodology that there would be two categories of membership:

- Statutory Commissioners – 8 CCGs and 3 Local Authorities
- Advisory parties – voluntary and community sector/ patient representatives
- In addition, Lancashire Care Foundation Trust (LCFT) were invited to attend to provide evidence as advisory partners.

2 Methodology

A separate detailed paper was produced for the May meeting of the Committee which contains the full description of the methodology and rationale for the process used.

This option appraisal was a stakeholder based exercise – this is a specific form of appraisal that enables inclusive and equitable participation and generates an evidence base for and improved ownership of the decision making process. Each commissioning organisation has one 'vote' – ie. has their own individual scoring. In addition, there are advisory scores from organisations providing the third sector/ patient and carer perspective.

The process was developed to be consistent with the original Technical Appraisal for the overarching Adult Mental Health Reconfiguration and in line with 'industry standard' public sector approaches[1].

In summary, the key steps in this process consisted of:

- Consideration Long List of options – submitted to the Committee by LCFT in May 2013 with detailed account of the site selection criteria. Unanimously accepted as complete and accurate long list with no amendments or additions.

[1] HM Treasury (Updated 2011) The Green Book; NICE Guide to the Method of Technology Appraisal; OGC Gateway Guidance; DCLG (2009) Multi Criteria Analysis Manual; ESSU (2007) Options Appraisal Criteria and Matrix; Desk review of comparator public sector site based appraisals (Carried out by Lancashire CSU)

- Selection of the Short List to form the basis of the Appraisal – proposal submitted to the Committee in May 2013 by LCFT and unanimously agreed.
- Methodology for the Appraisal of the short list presented to the Committee May 2013 including criteria for and relative weighting. Considered and agreed with minor amendments to ensure categories prioritised taking into account consultation findings and consequent agreement to build in 'acid test' thresholds.
- Options Appraisal of the Short List – Workshop session held June 2013 to consider evidence / allocate scoring, facilitated by SLCSU with evidence submitted by LCFT. Further scoring session held using the same format July 2013 for those members of the Committee unable to attend the first session.
- Analysis of the scoring results identifying the commissioner scoring totals and the advisory scoring separately, to identify the emergent option – presented to the Committee July 2013.
- Implementation Assurance Check on emergent – initial consideration carried out by the Committee July 2013
- Submission of further detailed evidence on the emergent option submitted to the Committee August 2013 and considered in more detail. Recommendations made by the Committee at the conclusion of the session to be taken to CCG Network and individual commissioning organisations as appropriate.
- Recommendations to be taken to CCG Network September 2013 (this report) and individual CCGs/Local Authorities to take the recommendations onto individual bodes.

Communications and engagement planning and activity took place throughout the course of the exercise, with the final updated Communications Plan considered and agreed by the Committee in August 2013 to assist with the process of communicating the recommendations in a coherent and co-ordinated way.

3 Long List Generation and Agreement

The sites under the long list were generated following a search by commercial agents Eckersleys. The criteria for assessment of all sites follow typical site procurement processes and the selection process used following the 2006 public consultation for mental health services in Lancashire. These generally fall into two categories, Technical criteria supported by specialist advisors and Service criteria following workshops comprising service users, carers and clinical staff:

Technical Criteria	Service Criteria
○ Potential for the Trust to secure control of the site ○ Potential for the Trust to manage abnormals on the site ○ Potential to gain planning permission ○ Affordability and value for money ○ Potential for the site to meet size criteria	○ Accessibility to other NHS services ○ Accessibility to local services (shops etc.) ○ Good public transport ○ Travel distance to other LCFT / health services ○ Site with enough outdoor space ○ Not in a high crime area ○ Future expansion space

This generated a long list of sites as below:

1 The Harbour, Blackpool

2 Ribbleton Hospital

3 Royal Blackburn Hospital

4 Ormskirk DGH site

5 Guild Park, Whittingham

6 Site in Leyland (Not detailed in this report for commercial reasons)

7 Site in Bamber Bridge (Not detailed in this report for commercial reasons)

8 Site in Leyland (Not detailed in this report for commercial reasons)

The Committee were given the names for the last three sites however they are not named here as they are all commercial sites. These three sites represented the option of introducing a 'new' site location option and therefore can be combined as representing a single Proxy Site. The Committee agreed to use the single "Proxy site" description in the Options Appraisal.

4 Short List Generation and Agreement

The proposal to reach the short list involved a detailed account of each site in the long list, provided by LCFT in the form of a presentation and question & answer session at the May meeting.

This concluded with the exclusion of options 4 and 5 as these did not demonstrate adequate deliverability or risk control to go forward.

As noted above, it was also agreed to combine 6,7 and 8 as noted above into one proxy site. Therefore the Short List was unanimously agreed as:

1 The Harbour, Blackpool

2 Ribbleton Hospital

3 Royal Blackburn Hospital

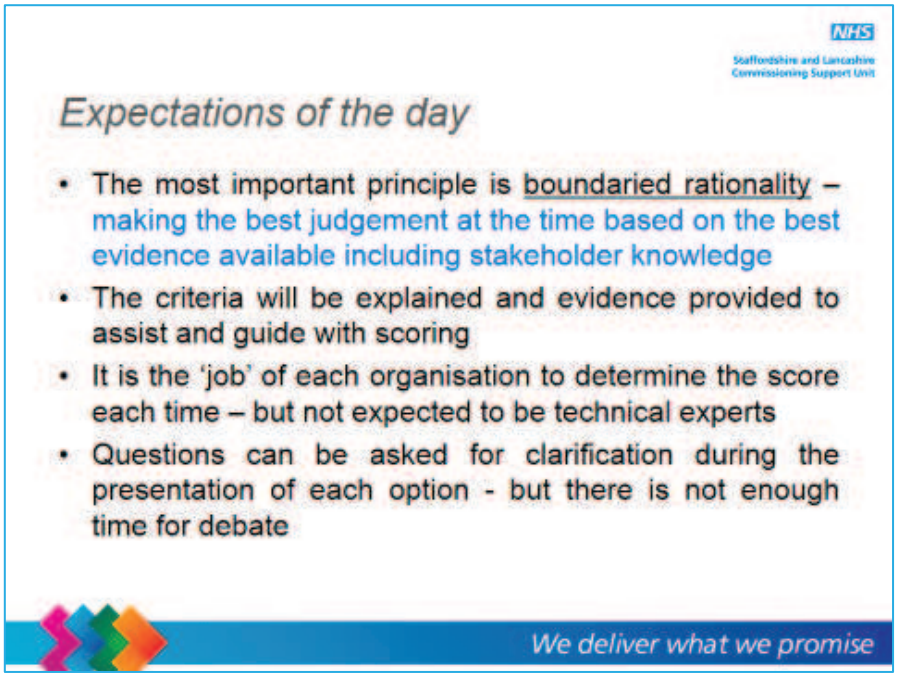
4 Proxy 'New' Site

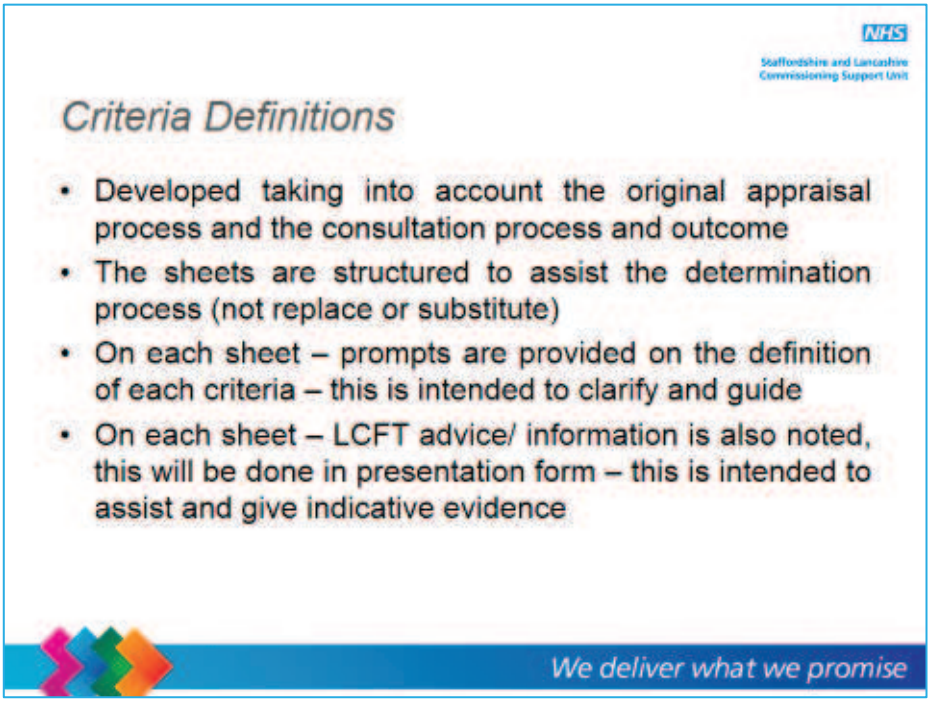
Following this agreement, further detailed evidence was prepared for presentation by LCFT on these four options for the Appraisal workshop session.

5 Options Appraisal of the Short List

The Appraisal was carried out at a Workshop session of the Committee held in June 2013, with facilitation and guidance provided by SLCSU.

A presentation at the start of the workshop provided the background to the methodology, the expectations and guidance on the criteria and scoring:





Further technical guidance was provided at each step and on request. The Scoring Sheets also provided decision-aiding guidance.

6 The Scoring Criteria

The Appraisal criteria were introduced and described at length:

- **Timing and Deliverability**
- **Integration**
- **Access**
- **Clinical Quality**
  Patient Experience & Safety

The Scoring Sheets were designed as visual aids in themselves – with one criteria per scoring sheet presented in tabular format with the criteria definition and key components and evidence checkpoints. These were collated into a workbook for each scorer for each of use and to minimise any risk of loss of paperwork and ensure only one copy of a score sheet existed so that scores could not be duplicated or missed.

Example of Scoring Sheet:

Option 1		
Appraisal Criteria	**Definition**	**Supporting Evidence**
Timing and Deliverability	Ability to deliver to a timescale suitable for the overall model of care implementation (ie. 2016/17) Extent to which the site is within reasonable control: - Ability to secure site ownership/ tenure - Reasonableness of 'abnormals' - Adequacy of planning control factors – ie. ability to secure necessary permissions Extent to which the option can be delivered within the available resources (given control factors) Ability to attract, recruit and retain skilled workforce in local economy	*This has been agreed as an acid test category therefore scoring less than 5 indicates unacceptability.* LCFT to provide supporting evidence on deliverability

Scoring Guidance: Scores are out of ten

0 = Failure to meet the criteria in any way
10 = Ideal scenario, meets all of the criteria in an ideal way

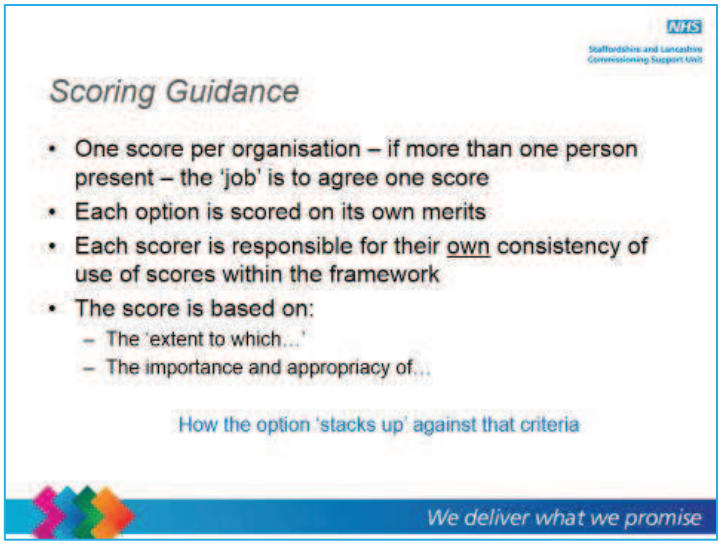
The mid way point of 5 provides an 'acid test':

Less than 5 = does not meet the criteria satisfactorily / adequately or appropriately (with 1 to 5 noting the extent)
More than 5 = meets the criteria satisfactorily / adequately or appropriately (with 6 to 10 noting the extent)

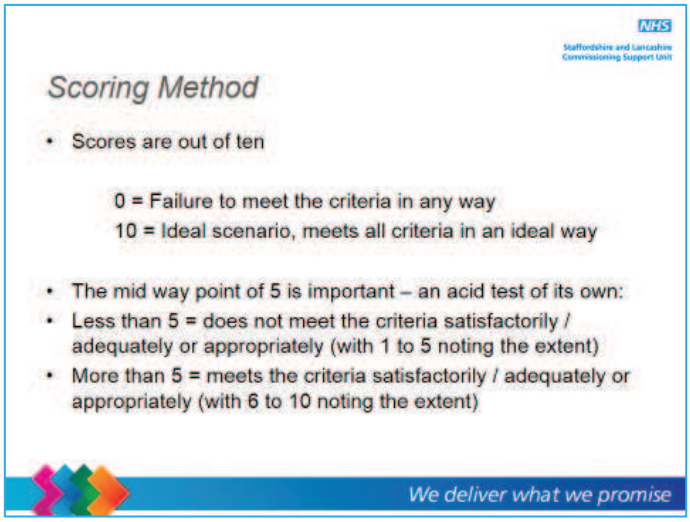
Score: 0 -10

7 Scoring Guidance

Guidance was provided at the start, during the process and on the scoring sheets:



Assessment was based upon a 0-10 scale and guidance provided as below:



8 Scoring Weighting

Weighting was applied during the analysis stage – as agreed by the Committee using standard weighting points below:

Criteria	Weighting Range %	Midpoint
Access	10 – 20%	15%
Integration	10 – 20%	15%
Clinical Quality	20 – 30%	25%
Patient Experience & Safety	20 – 30%	25%
Timing	15 – 25%	20%

9 Appraisal Scoring Results

The analysis of the scoring results are shown below, as presented to the Committee July 2013.

Voters1 are the statutory commissioner scores. Voter2 are the advisory scores.
The boxes highlighted in yellow show acid test flags – scores less than 5.

9.1 Option 1 The Harbour

Voter Type	1Timing & Deliverability 20%	1Integration 15%	1Access 15%	1Clinical Quality 25%	1Patient Experience 25%
1	8	9	5	10	10
1	10	9	10	9	9
1	9	9	7	9	9
1	9	7	7	7	9
1	9	7	3	8	9
1	7	6	3	7	7
1	9	8	7	8	8
1	9	6	5	9	7
1	10	9	8	9	9
1	10	9	8	9	9
1	10	10	6	10	10
2	7	7	5	7	6
2	9	8	6	9	8
2	7	6	4	6	8
2	8	6	6	6	6
2	8	7	6	6	7
2	8	8	6	9	8

9.2 Option 2 Ribbleton DGH

Voter Type	2Timing & Deliverability 20%	2Integration 15%	2Access 15%	2Clinical Quality 25%	2Patient Experience 25%
1	6	6	5	8	8
1	8	7	7	7	7
1	8	7	7	7	8
1	7	6	8	6	9
1	8	6	4	6	7
1	6	5	5	5	5
1	6	5	5	4	6
1	8	8	8	5	8
1	7	7	8	7	9
1	7	7	8	7	9
1	8	7	8	7	10
2	7	7	7	6	6
2	8	6	8	7	7
2	5	3	6	3	6
2	6	5	8	5	5
2	7	5	8	5	6
2	7	6	9	6	7

9.3 Option 3 Proxy Site – Central Lancashire

Voter Type	3Timing & Deliverability 20%	3Integration 15%	3Access 15%	3Clinical Quality 25%	3Patient Experience 25%
1	4	6	5	8	10
1	6	7	6	7	7
1	5	7	7	7	8
1	4	5	7	6	8
1	5	6	2	6	7
1	3	3	5	4	5
1	4	5	5	4	6
1	4	8	7	5	8
1	4	7	8	7	9
1	4	7	8	7	9
1	6	7	8	7	10
2	5	7	8	6	7
2	7	6	8	7	8
2	3	3	6	3	6
2	7	5	7	4	4
2	5	5	7	5	6
2	5	6	9	6	7

9.4 Option 4 Blackburn DGH

Voter Type	4Timing & Deliverability 20%	4Integration 15%	4Access 15%	4Clinical Quality 25%	4Patient Experience 25%
1	6	10	5	10	7
1	6	8	5	7	8
1	6	8	6	8	8
1	8	7	8	7	9
1	6	7	3	7	8
1	6	7	8	7	7
1	3	6	4	7	7
1	3	5	4	5	8
1	3	7	7	7	9
1	3	7	7	7	9
1	8	8	8	9	10
2	4	7	5	7	6
2	7	7	7	8	8
2	6	8	5	8	8
2	6	6	7	7	6
2	4	7	6	7	6
2	5	8	9	9	8

9.5 Acid Tests

The presentation to the Committee also highlighted the Acid Tests – scores of less than 5 – across all voters, criteria and options. This demonstrated that all options had at least one result of less than 5 in Access and two options had negative acid tests in deliverability.

Acid Tests – Access & Deliverability

Voter Type	1 Deliverability	1 Access	2 Deliverability	2 Access	3 Deliverability	3 Access	4 Deliverability	4 Access
1	8	5	6	5	4	5	6	5
1	10	10	8	7	6	6	6	5
1	9	7	8	7	5	7	6	6
1	9	7	7	8	4	7	8	8
1	9	3	8	4	5	2	6	3
1	7	3	6	5	3	5	6	8
1	9	7	6	5	4	5	3	4
1	9	5	8	8	4	7	3	4
1	10	8	7	8	4	8	3	7
1	10	8	7	8	4	8	3	7
1	10	6	8	8	6	8	8	8
2	7	5	7	7	5	8	4	5
2	9	6	8	8	7	8	7	7
2	7	4	5	6	3	6	6	5
2	8	6	6	8	7	7	6	7
2	8	6	7	8	5	7	4	6
2	8	6	7	9	5	9	5	9

- *Option 1 – The Harbour, Blackpool*
- *Option 2 – Ribbleton DGH*
- *Option 3 - Proxy site – Central Lancs*
- *Option 4 – Blackburn DGH*

9.6 Final Totals – Weighted and Ranked Scores

	Unweighted Timing & Deliverability	Integration	Access	Clinical Quality	Patient Experience	Weighted Ranked Voters1
						n=11
Option1	100	89	69	95	96	91.45
Option2	79	71	73	69	86	76.15
Option4	58	80	65	81	90	76.1
Option3	49	68	68	68	87	68.95
						Ranked Voters2
						n=6
Option1	47	42	33	43	43	42.15
Option4	32	43	39	46	42	40.7
Option2	40	32	46	32	37	36.95
Option3	32	32	45	31	38	35.2
						Ranked 1 & 2
						N=17
Option1	147	131	102	138	139	133.6
Option4	90	123	104	127	132	116.8
Option2	119	103	119	101	123	113.1
Option3	81	100	113	99	125	104.15

- *Option 1 – The Harbour, Blackpool*
- *Option 2 – Ribbleton DGH*
- *Option 3 - Proxy site – Central Lancs*
- *Option 4 – Blackburn DGH*

10. Outcome and Recommendation

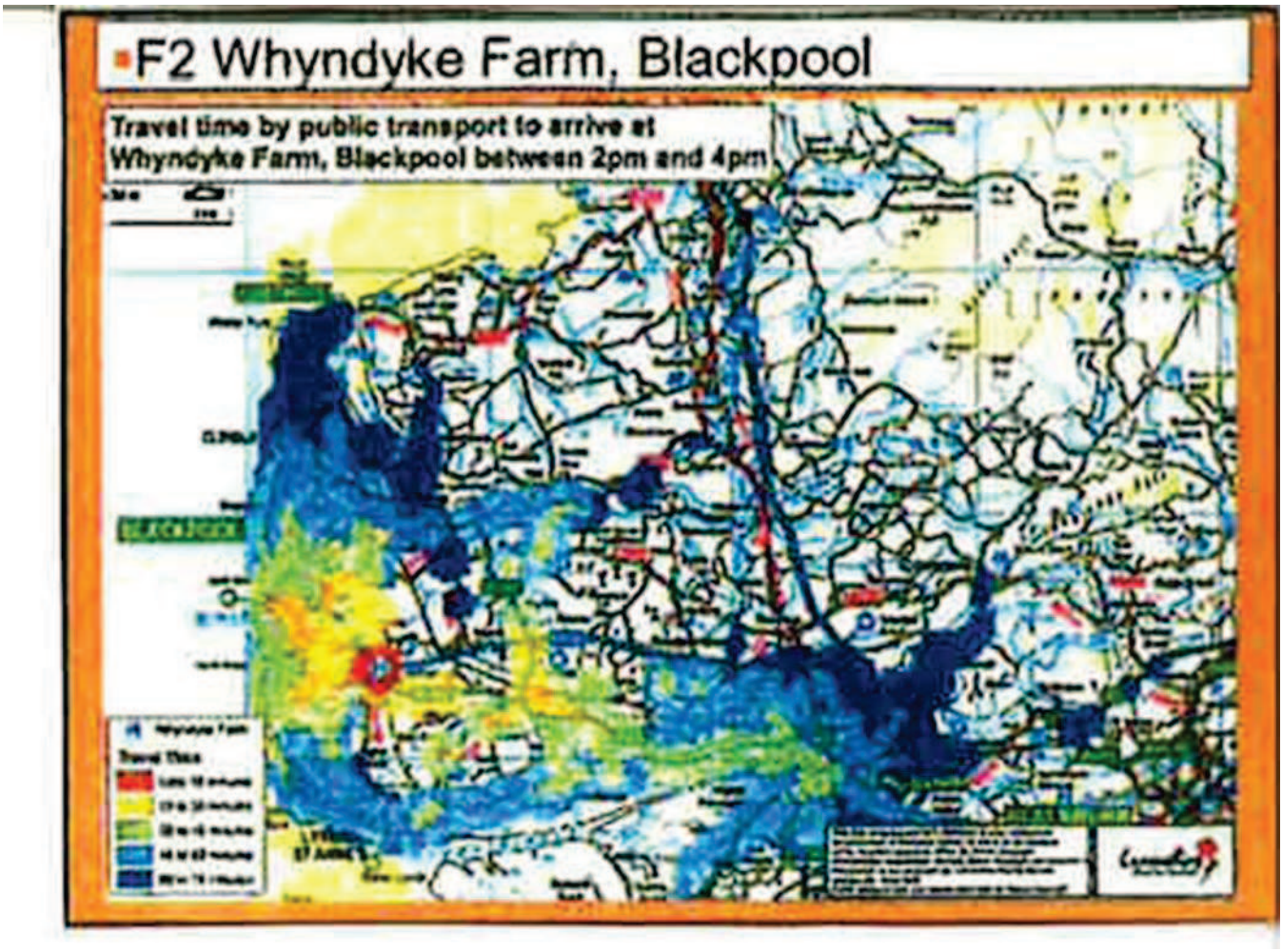
Option 1 – The Harbour – ranked the highest as per the above table. It ranked highest for both commissioning scorers and advisory scorers. It ranked highest when both scores where combined.

Therefore the emergent option was identifiable as an outcome of the appraisal as Option 1.

This is therefore recommended as the option to be progress subject to the implementation assurance check and monitoring.

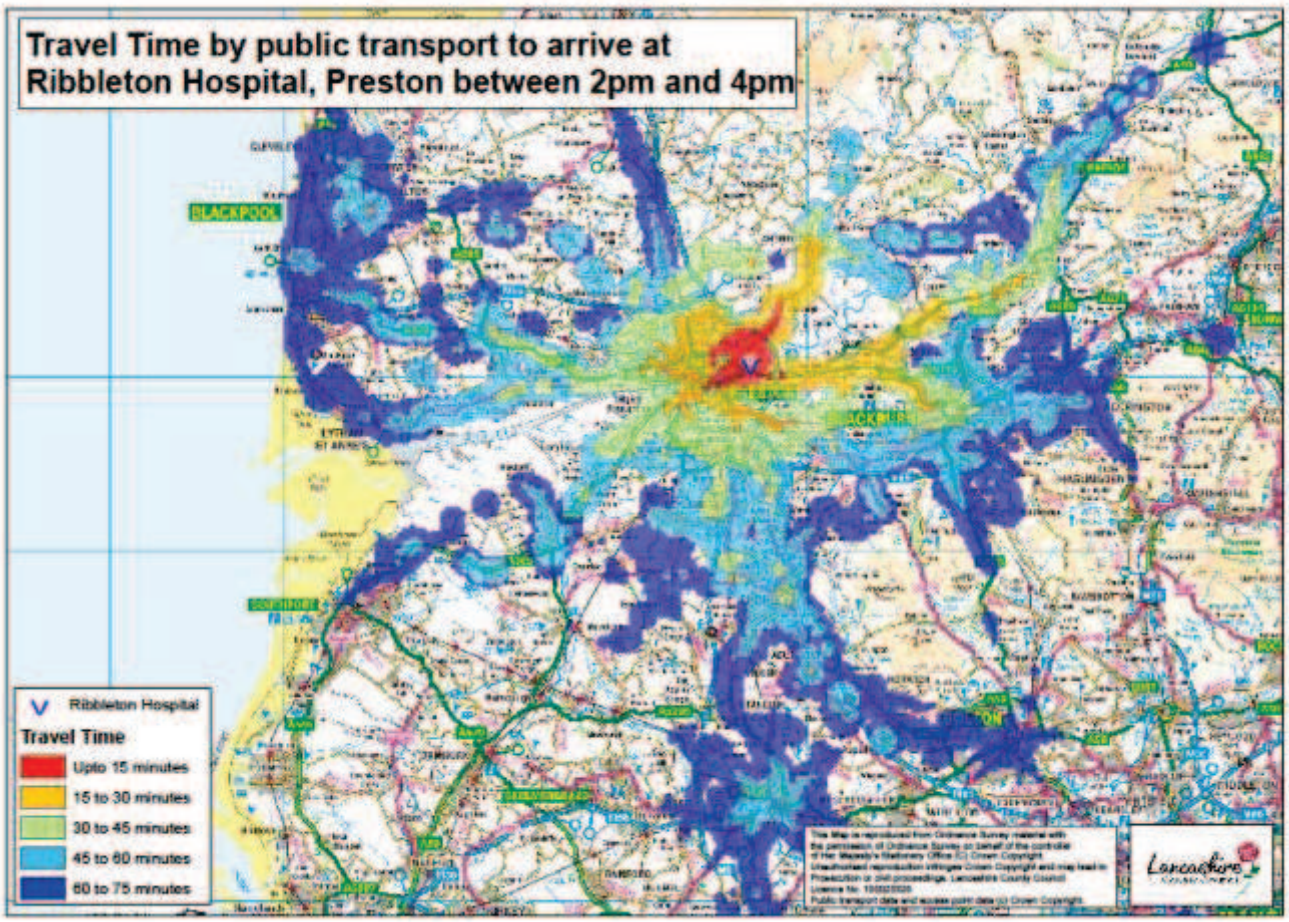
Appendix 1 LCFT Presentation of Short List Options to the Appraisal Committee

Option 1 – The Harbour – the "do nothing" option



Co-located with	• Advanced Care 2 x 18 male and female single gender wards all single bed en suite • Functional adult mental health – 4 x 18 male and female single gender wards all single bed en suite • 2 x 8 bed PICU male and female single gender wards all single bed en suite
External space – Good	• All wards have their own secure gardens • Dementia ward gardens designed specifically for dementia patients
Tenure	Owned by LCFT
Strategic Expansion Space	No unless purchasing adjacent land
Delivery	Opens February 2015
Costs	All costs known and planned for
Has planning permission	**Yes**

Options 2 - Ribbleton – Central Lancs



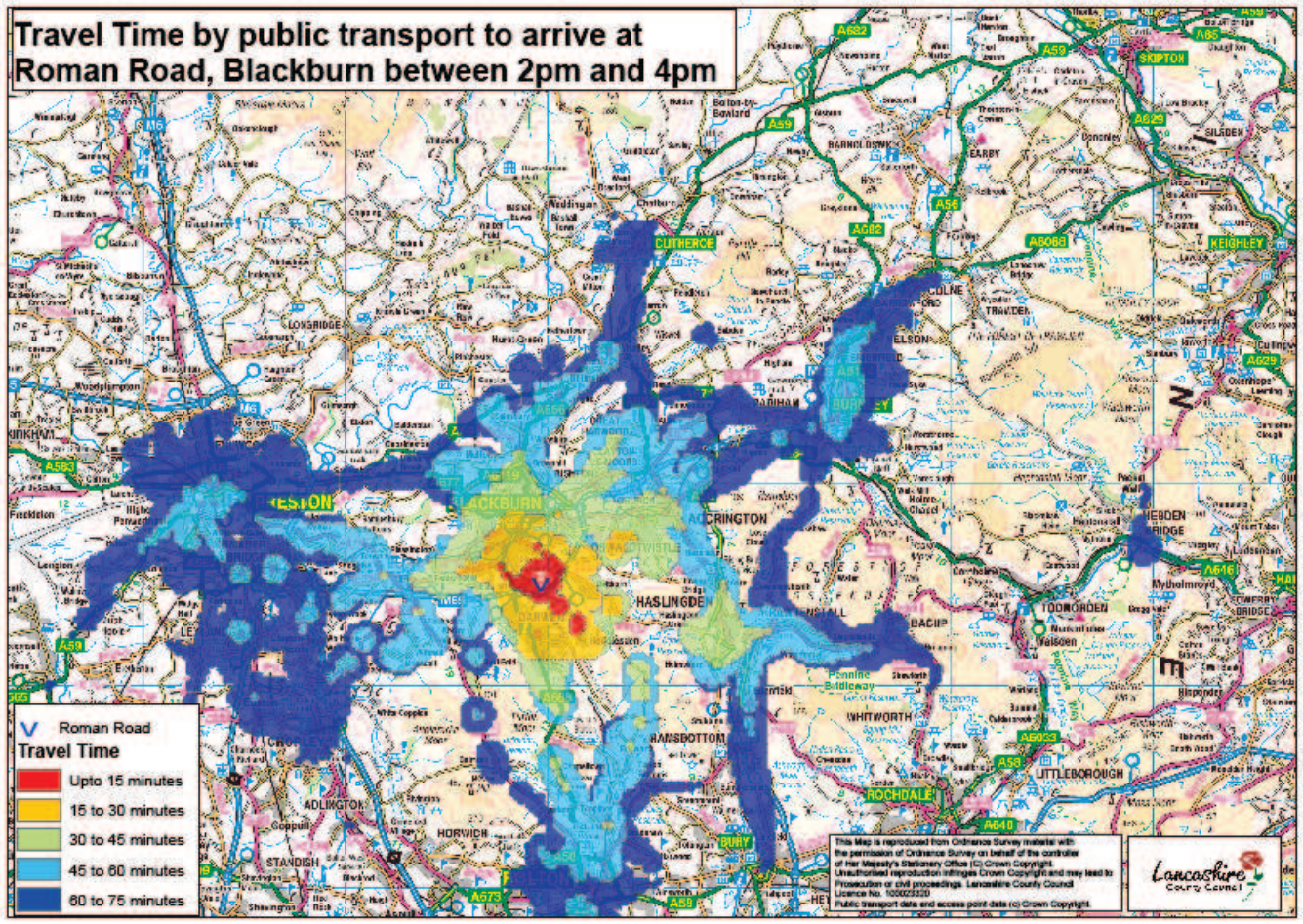
Co-located with	18 beds functional male/female, all single bed en suite
External space – Good	All wards will have their own secure gardens Dementia ward gardens will be designed specifically for dementia patients
Tenure	Owned by LCFT
Strategic Expansion Space	Yes, site is larger than current mental health plans
Delivery	Mid to late 2016 (subject to decision date)
Costs	Unknown (more details by economic appraisal)
Has planning permission	Existing use consent

Option 3 - Proxy site – Central Lancs

Location – No isochronal map – comparable with Ribbleton

Co-located with	18 beds functional male/female, all single bed en suite
External space – Good	• All wards will have their own secure gardens • Dementia ward gardens will be designed specifically for dementia patients
Tenure	Owned by LCFT
Strategic Expansion Space	Yes, site would be planned to be larger than current mental health plans (circa 1 acre +)
Delivery	Late 2016 / early 2017 (subject to decision date)
Costs	Unknown (more details by economic appraisal)
Has planning permission	unknown

Option 4 – Blackburn



Co-located with	Advanced Care 2 x 18 male and female single gender wards all single bed en suite Functional adult mental health – 2 x 18 male and female single gender wards all single bed en suite
External space – Good	• All wards will have their own secure gardens • Dementia ward gardens will be designed specifically for dementia patients
Tenure	Owned by East Lancashire NHS Trust
Strategic Expansion Space	Uncertain at this time (dependant on ELHT site and development plans)
Delivery	2017 + (depends on ELHT development plans)
Costs	Unknown (more details by economic appraisal)
Has planning permission	Existing use consent

NHS
Blackburn with Darwen
Clinical Commissioning Group

NEWS RELEASE

5 September 2013

Recommendation of the Joint Clinical Commissioning Groups' Specialist Dementia Committee (JCCGSDC)

Clinical Commissioning Groups (CCGs) across Lancashire are being asked to consider a recommendation regarding the siting of a specialist dementia inpatient unit.

A Joint Clinical Commissioning Groups' Specialist Dementia Committee (JCCGSDC) was established to respond to recommendations about specialist inpatient dementia services following a public consultation and report presented to the outgoing NHS Lancashire Board in March 2013. The membership of the JCCGSDC included representatives from all 8 CCGs in Lancashire, together with representatives from the County Council and Blackpool and Blackburn with Darwen Borough Councils. The Committee invited representatives from Healthwatch, Age UK and the Alzheimer's Society to assist them in their deliberations.

The Committee was charged with the responsibility of undertaking an appraisal of the options for the specialist dementia unit location. The group was also asked to consider, and where appropriate, develop solutions to the access and travel issues raised in the consultation and to ensure a range of support is available for people and families living with dementia.

The preferred option arising from the 12-week consultation on specialist inpatient dementia services, conducted by former PCTs across Lancashire, was for one specialist dementia inpatient unit for the County and for this to be located at the Harbour site close to Blackpool.

The Joint CCGSDC has reviewed the options for the site location and set out their recommendations to the Chair of the Lancashire CCG Network. The CCG Network has reviewed and considered the issues and is recommending that CCG Governing Body members:

1) Approve the Harbour as the site for the 30 bed inpatient unit for Lancashire
2) Note that the CCG Network will separately consider the responsibilities of NHS Commissioners when approving service reconfigurations in relation to patient and relatives' transport and aim to create a Lancashire policy that can be applied irrespective of the reconfiguration
3) Note that the Specialist Dementia Committee has received assurance regarding the range of support for people and families living with dementia

- **Ends –**

Note: Blackburn with Darwen CCG is the lead CCG for mental health commissioning, acting on behalf of all CCGs in Lancashire.

For further information please contact:

- David Rogers, Senior Executive Communications & Engagement, Lancashire Commissioning Support Unit on 07801 317120

- Shelley Prophet, Senior Communications Officer, Lancashire Commissioning Support Unit on 01772 214104