

## **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