

Agenda Item No:

## LANCASHIRE CLUSTER

21st March 2013

## BOARD SUMMARY SHEET

<b>Title of Report:</b> Dementia consultation recommendations	
<b>Directorate/Director:</b> Debbie Nixon	<b>Report Prepared By:</b> Janice Horrocks  <b>Report Presented By:</b> Debbie Nixon
<b>Clinical Engagement:</b>	
Report to PEC	<input type="checkbox"/> Date: .....
Report to Other Group	<input type="checkbox"/> Date: .....
Not Applicable	<input checked="" type="checkbox"/>
<b>Report Category:</b>	
Formal Receipt	<input type="checkbox"/>
Debate	<input type="checkbox"/>
Action	<input checked="" type="checkbox"/>
Information	<input type="checkbox"/>
<b>Which Strategic Commitment does the report relate to:</b>	

**LANCASHIRE CLUSTER BOARD**  
**PUBLIC CONSULTATION DEMENTIA SERVICES**

**21<sup>ST</sup> 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](http://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.