

Introduction

The Strategic Director for Mental Health Services (NHS Lancashire) and Dr Ian Leonard (Consultant Psychiatrist NHS Lancashire) led a presentation on Specialist Dementia Care in Lancashire. They advised the Committee that there were a series of key areas they wished to cover in the presentation: Namely;

- The context of the consultation
- The vision
- The case for Change
- The current range of services across Lancashire
- Future Plans
- Consultation
- Timescales
- And finally an opportunity Questions?

The Committee were reminded that the current consultation was not going to be a continuation of the original consultations that were done on Mental Health Reconfiguration several years ago and the reduction in beds across a series of sites. There was an explanation that although dementia was part of those proposals it was not at the forefront. It was also emphasised that the current dementia consultation was not a continuation of the Meeting Patient Needs consultation that some members of the Committee had previously been involved in.

Which consultation?

Members were also advised that in simple terms NHS Lancashire were doing some retest work, consulting this time specifically on changes that have been a result of a totally different story about dementia: After 2006, there had been the Dementia UK report, National Dementia Strategy, Call to Action on anti psychotic drugs, a number of Patient Association and Alzheimer's Society reports, all pointing to fundamental change to the system, which have been happening in response to all these documents.

Members were advised that this has fundamentally altered the presumptions the 2006 consultation had around dementia care and why specifically it now requires re-thinking as an issue, and that the changes to services since 2006 in response to the expected change of direction have created a much greater focus on community provision and resulted in a real reduction of use of specialist mental health beds for dementia. It was explained that although there were significant challenges with an ageing population. Dementia is now a national and local priority and significant successes have been achieved in developing community services, reducing the need for patients to actually go into hospital.

The Vision was explained as "Helping people with dementia and their carers to live well with dementia, no matter what the stage of their condition". The outcomes of which would be; helping more people, earlier and better outcomes, closer to home, "working together" on needs led services (not determined by age). "Working together" was further explained as needing to work as a whole system across agencies and sectors, this includes the carers, as we know that in isolation outcomes are affected.

The following statistics were presented in explaining the Case for Change:

- 18,000 people in Lancashire with Dementia
- These are expected to rise to 25,600 by 2025
- Supporting people with dementia at or close to home provides better outcomes
- Alzheimer's Society Survey - 83% Carers stated that it was very important for people with dementia to stay at home
- Mental health resources for dementia care have been focused on in patient services for a small number of patients.

As a result of this 4 key areas have been targeted:

1. Good quality early diagnosis, intervention and ongoing support
2. Living well with dementia in care homes and the community
3. Reduced use of antipsychotic medication

4. Improved quality of care in general hospitals.

Service improvements

It was explained that although there are now a range of Lancashire Community Service Improvements in place, NHS Lancashire now need to implement this consistently in all areas. The Service improvements were described as follows:

- Dementia is Everybody's Business
- Memory assessment services and post diagnostic support (There are six across Lancashire)
- Intermediate Support Teams
- Care Home and Hospital Liaison Services
- Community mental health teams
- Tailored support for carers
- Dementia Advisors and Dementia Cafes.

Expanding on the service improvements the following examples of good practice were mentioned:

- **Integrated resource centres** : These are integrated services offering open access to a range of social care, health and voluntary sector supports
- **Intermediate Support Teams**: This was explained to Members as home treatment offering rapid response and support. It was explained that there is some improvement to be made in that some services are available 7 days, yet NHS Lancashire are working towards all of them operating on that model. Currently 2 out of the 5 operate from 8am until 8pm and work closely with adult crisis teams and home treatment that are 24/7, however this needs to be applied consistently across all of Lancashire.

A series of future improvements were mentioned: namely:

- Access to specialist dementia assessment beds provided at the Harbour by Spring 2014 (30 beds)
- Advanced Care beds provided at the Harbour (36 beds) by Spring 2014 and Pennine Lancashire (36 beds) by Oct 2013
- Extend intermediate support teams to a seven day service
- Strengthen nursing home and hospital liaison.*

*A tangible example of this in Pennine Lancashire was described as the Nursing and Home Liaison team who have reduced antipsychotic prescriptions by 60%.

In respect of the Commissioning Review of community services some examples of good practice were quoted such as respite beds and services for diverse communities and the integration of community teams. It was helpful at this point for the Committee to be advised on some specific terms: those being;

- *Dementia specialist* - highly specialist, for symptoms from a person's dementia, small numbers, about assessing and stabilising people who have quite unusual and specific high level needs as part of their dementia.
- *Advanced care* – a very small number of people where there is clearly a problem in relation to their mental health, the reason for their admission, but there are complexities around their further level of frailty, NHS Lancashire would usually consider these older adults but will now have a broader remit for these beds - people with complexity of dementia / depression may well be admitted to these local resources (Pennine Lancashire).

At this point an overview of the **interim operational timeline** was given:

- On-going until March 2017.
- There will be a number of closures and new units opening.
- Some will travel further where admission required (bespoke travel arrangements will be required)
- Improvements to community mean fewer people admitted.

Consultation Timeline

- 12 - 16 week consultation
- Commencement – spring / early summer 2012
- Specifically seek views:
 - Improvements to community services
 - Implementation
 - Access and support for those admitted and their families and their carers
- Independent analysis of views will be undertaken by University of Central Lancashire.
- Draft outcomes report to be presented to each of the respective Overview and Scrutiny Committees for Blackpool, Lancashire County Council and Blackburn with Darwen, along with other stakeholders.

Summary

- Local commissioners to build upon improving community services
- Dedicated, fit for purpose and highly specialised hospital based care
- The number of people who need to use this service would be very small – up to 30 at any one time
- Improved bespoke tailored Local Care and Support
- Consultation to seek views - at this point in the final summation it was explained that NHS Lancashire want to seek views on the consultation and not pre-empt what users and their carers will require.