

Lancashire County Council

Joint Lancashire Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 28th January, 2014 at 10.00 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillors

A Barnes	R Newman-Thompson
F Craig-Wilson	D Smith
G Gooch	V Taylor
C Henig	B Winlow

Blackburn with Darwen Council

Councillor R O'Keeffe

Councillor P Riley

Blackpool Council

Councillor M Mitchell

Councillor A Stansfield

Non-voting Co-opted Members

Councillor J Robinson – Wyre Borough Council

Councillor B Stringer - Burnley Borough Council

Replacements

* Councillor Chris Henig replaced Councillor Kevin Ellard for this meeting

1. Apologies

Apologies for absence were presented on behalf of Councillor Mrs J Slater from Blackburn with Darwen Council.

2. Appointment of Chair and Vice Chair

Appointment of Chair

It was moved and seconded that County Councillor Alyson Barnes be appointed Chair of the Committee for the remainder of the 2013/14 municipal year.

Resolved: That County Councillor Alyson Barnes be appointed Chair of the Committee for the remainder of the 2013/14 municipal year.

Appointment of Vice Chair

It was moved and seconded that Councillor Ron O'Keeffe be appointed Vice Chair of the Committee for the remainder of the 2013/14 municipal year.

Resolved: That Councillor Ron O'Keeffe be appointed Vice Chair of the Committee for the remainder of the 2013/14 municipal year.

3. 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 since the agenda had been produced Councillor J Boughton (Blackpool Borough Council) had resigned as a councillor and that Blackpool was yet to nominate a replacement. County Councillor S Perkins was not a member of this Committee as stated and her name should be replaced with County Councillor V Taylor. The membership of the Committee as now confirmed by the relevant authorities was:

Lancashire County Council:

County Councillor A Barnes
County Councillor F Craig-Wilson
County Councillor K Ellard
County Councillor G Gooch
County Councillor R Newman-Thompson
County Councillor C Pritchard
County Councillor D Smith
County Councillor V Taylor
County Councillor B Winlow

Blackburn with Darwen Council:

Councillor R O'Keeffe
Councillor P Riley
Councillor Mrs J Slater

Blackpool Council:

Councillor M Mitchell
Councillor A Stansfield
Vacancy

Non-voting co-opted members:

Councillor B Stringer (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.

4. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed.

5. Confirmation of Minutes from the meeting held on 22 January 2013

The minutes of the Joint Lancashire Health Scrutiny Committee meeting held on the 22 January 2013 were presented and agreed.

In receiving the minutes, it was noted that this Committee had convened on 14 November 2013, but the scheduled meeting had not gone ahead as it had not been quorate; no representatives from Blackpool Council were present.

Resolved: That the minutes of the Joint Lancashire Health Scrutiny Committee held on the 22 January 2013 be confirmed and signed by the Chair.

6. Dementia Care Services Consultation - Update

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) attended the meeting to provide members with an update on the current position regarding the outcome of the dementia care services consultation which took place in 2013. A number of appendices were attached to the report:

- 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.

Dr John Knapp, Consultant Psychiatrist and Dr Amanda Thornton, Clinical Director for Adult Community Network also attended the meeting to provide information from a clinical perspective.

A PowerPoint was used to give some background to the current position. It included a brief summary of the reasons behind the proposed changes to dementia care services, the consultation options, action following the consultation and the final outcome, which was to proceed with the construction of 'The Harbour' – a 30 bed dementia inpatient unit at Blackpool. The presentation also set out details of the number of patients expected to receive care at each of five

different layers. This was intended to illustrate the relatively small proportion of dementia sufferers expected to be admitted to The Harbour:

- specialist dementia unit (The Harbour) – 159
- specialist community services – 6,700
- nursing and care homes – 6,824
- general hospital, - 9,493
- living in the community – 18,679

The presentation also listed possible solutions to concerns raised about travel difficulties to the single site at Blackpool (see below). A copy of the presentation is appended to these minutes.

Members raised a number of comments and questions and the main points arising from the discussion are summarised below:

- Concern was expressed about the methodology used to determine the preferred site and in particular that there was no weighting applied to the different categories of voters; it was suggested that if votes from 'advisory groups' had been weighted the scores under the heading 'access' would have been considerably lower.
- In response members were assured that the methodology used had mirrored that used previously by the Technical Appraisal Group and that the Joint Clinical Commissioning Group had agreed by consensus that The Harbour be progressed as the site for specialist inpatient dementia services. There had been no sense that anyone involved with the decision had been uncomfortable with the outcome.
- The Committee was reminded that expectations were that fewer than 1% of dementia sufferers would require the type of specialist inpatient care that was to be provided at The Harbour and that people generally accepted there was a need to travel to receive such specialist care. The majority of people would receive care locally through a developing raft of community services.
- Debbie Nixon agreed to provide a further breakdown of the figures relating to the different layers of care by district or CCG area.
- In response to a suggestion that demand on dementia services could double by 2025 members were assured that there was an ambition to reduce further the need for specialist beds by effective community services that would identify cases of dementia at an early stage and provide effective care to prevent the need for a specialist hospital admission.
- It was acknowledged that many people were living with mild dementia at home or in care homes who went undiagnosed, and those diagnosed represented 50%-60% of the total number of sufferers. However, those in need of specialist care would be easily identified by their behaviour and therefore judgements about the number of beds required at the most severe end of the scale could be made.
- The Committee was assured that a significant amount of rigour had gone into modelling the assumptions and there was confidence that fewer beds would be needed in future as early diagnosis and treatment improved. There would

be significant developments in a range of specialist community dementia teams.

- There was recognition that people who currently occupied beds did not necessarily need them and even a very short hospital admission could well be detrimental to their condition. It was intended to provide specialist support in the community. For example a dementia specialist supporting a care home would be able to understand issues contributing to distress and advise about a fairly simple un-met need such as a familiar radio station, or the removal of a mirror, to help settle the patient.
- Dr Knapp used some case studies to illustrate the complex nature of caring for older people who might be suffering from a range of physical and mental issues affecting their health and wellbeing. It was important therefore to have relevant highly-trained professionals co-located on one site and available to provide specialist care on a daily basis. There was a changing cohort of patients needing specialist care and co-location of services could only be justified if there were sufficient numbers being treated on one site. Length of stay would be kept as short as possible through a whole-team approach – an average stay of 50 days was expected.
- The location of a 30-bed unit on one site also gave additional flexibility in terms of providing adjacent single gender wards according to need; mixed wards presented a challenge in accommodating those patients who were uninhibited.
- A career in dementia care was not seen as an attractive option. It was felt that in order to recruit and retain skilled staff it would be important to provide care across a whole range of services for older people.
- In response to a question whether deliverability of The Harbour had been a dominant feature in choosing it as the preferred site, the Committee was assured that the most important elements were clinical quality and patient safety. It was emphasised that there had been a decision to 'proceed at risk' with building work at The Harbour pending the outcome of the final decision and that there was now a desire to move forward as quickly as possible.
- The Committee accepted the decision that specialist services be provided from one site and that the choice had been The Harbour, however transport to The Harbour from across Lancashire had been, and remained a matter of much concern to members. Transport had been referred to in the presentation in which it had been reported that:

"Extensive engagement with carers over summer 2012 generated the following possible solutions:

- ❖ Private family areas and flexible visiting,
- ❖ Private family areas with internet and telephone contact points,
- ❖ Assistance with travel costs and concessionary travel,
- ❖ Overnight stay facilities in or close to the hospital,
- ❖ Arrangements for consistent advocacy,
- ❖ Volunteer driving scheme to include carers, and
- ❖ Support of voluntary sector in helping carers with travel and maintaining contact."

- Debbie Nixon explained that travel was a complicated issue; there was no legal duty on the NHS to provide transport, however it was an important concern which needed to be addressed. A number of options were being explored, including use of volunteers. The NHS was trying to be as creative as possible. Members made the following points which Debbie agreed to feed back to a meeting of the CCG Network to be held on Thursday 30 January 2014:
 - ❖ It was acknowledged that dementia patients and their relationships could very quickly decline if they lost contact with loved ones and familiar surroundings. The need to ensure that transport provision was adequate was most important from the patient's perspective.
 - ❖ It was considered important also to ask carers and relatives for details of their travel needs; it was suggested that there might not always be a need for carers to travel daily as they might see a hospital stay as an opportunity for some respite for themselves and it was important not to make them feel that they were expected to visit daily. Dr Thornton welcomed this suggestion which would be taken back as an action item.
 - ❖ The maps provided within Appendix B to the report (the Option Appraisal Report) suggested that travel to The Harbour on public transport could be achieved within a maximum of 75 minutes from anywhere in the county. This journey time was regarded as very doubtful.
 - ❖ It was noted also that the maps also did not include travel time from all areas - Morecambe was cited as an example and the member for Lancaster East requested that travel time from the north of the county to The Harbour be included on the map.
 - ❖ It was acknowledged that only a relatively small number of dementia patients would receive care at The Harbour, but it was felt very important that their needs and the needs of their carers and families in terms of dealing with transport and access difficulties be adequately addressed.
 - ❖ Debbie Nixon would write back to this Committee informing members of the outcome of the CCG Network meeting.
- In response to a question whether there would be enough highly trained staff to provide the range of community services planned, it was explained that the Better Care Fund provided a focus on frail, older adults. Work was ongoing on an integrated offer for this group of people in order to provide appropriate, joined-up care.
- Resources would need to be carefully managed, for example a consultant psychologist might themselves see 30 patients or alternatively use that time to train 300 psychiatric nurses working in care settings to deliver cognitive behaviour therapies instead.
- It was agreed an effective communication strategy was essential to ensure that people who needed support knew how to access it; the carer of a dementia sufferer would themselves be vulnerable. It was explained that the

NHS provided only part of the pathway of care, and partners were working together to ensure communication was effective.

Resolved: That,

- i. It be noted that The Harbour, Blackpool had been chosen as the site for the 30 bed, specialist dementia inpatient unit for Lancashire;
- ii. The comments made by the Joint Lancashire Health Scrutiny Committee about access and transport issues be reported by Debbie Nixon to the CCG Network;
- iii. A series of briefings on integrated community based services and the dementia pathway be arranged for county councillors. Invitations to be extended to district and unitary councillors in Lancashire also.

7. Urgent Business

No urgent business was reported.

8. Date of Next Meeting

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

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Specialist Inpatient Dementia Care Update

Lancashire Health Overview & Scrutiny Committee
28/01/14

Today's presentation

- Original consultation – Debbie Nixon
- Review of the option appraisal – Joe Slater
- Clinical update – Dr John Knapp

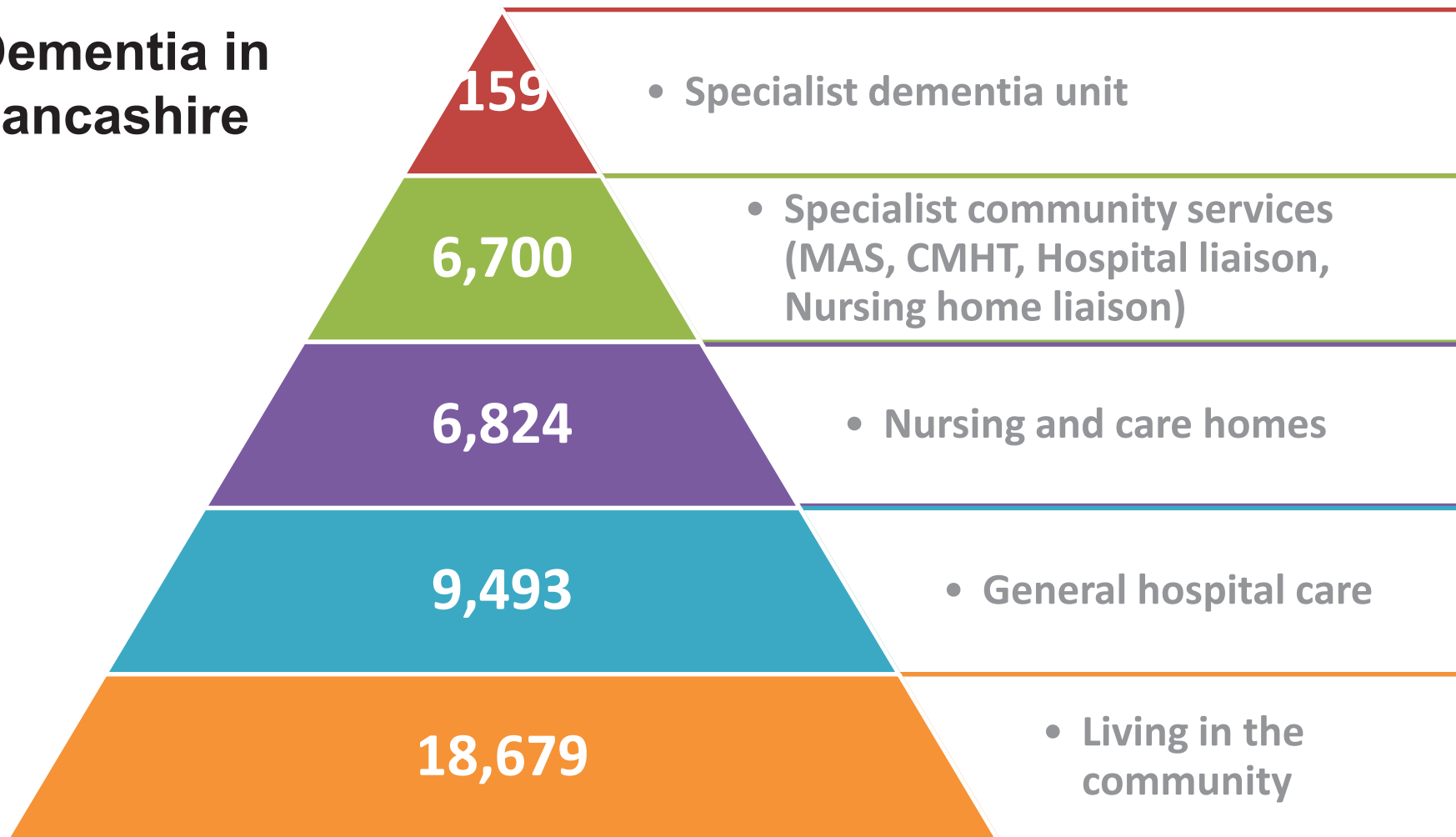
Why consult?

- Dementia will affect more people and their families in the future
- People with dementia have lots of complex needs and often have physical health problems too
- There is no cure for dementia, but with better treatment and support people and their families will have a better quality of life
- The proposals will ensure that people in Lancashire will have access to the best possible services - in line with the National Dementia Strategy (2009) and the Prime Minister's Dementia Challenge (2012)

The Challenge

- Alzheimer's Society Survey - 83% Carers stated that it was very important for people with dementia to stay at home
- Estimated 18,679 people with dementia in Lancs, to rise to 25,600 by 2025
- Only 48% of people with dementia in Lancashire currently diagnosed
- At least 64% of those in care homes have dementia - Dementia UK report (2008)
- 75% of people living with dementia also have other physical health problems, e.g., Diabetes

Dementia in Lancashire



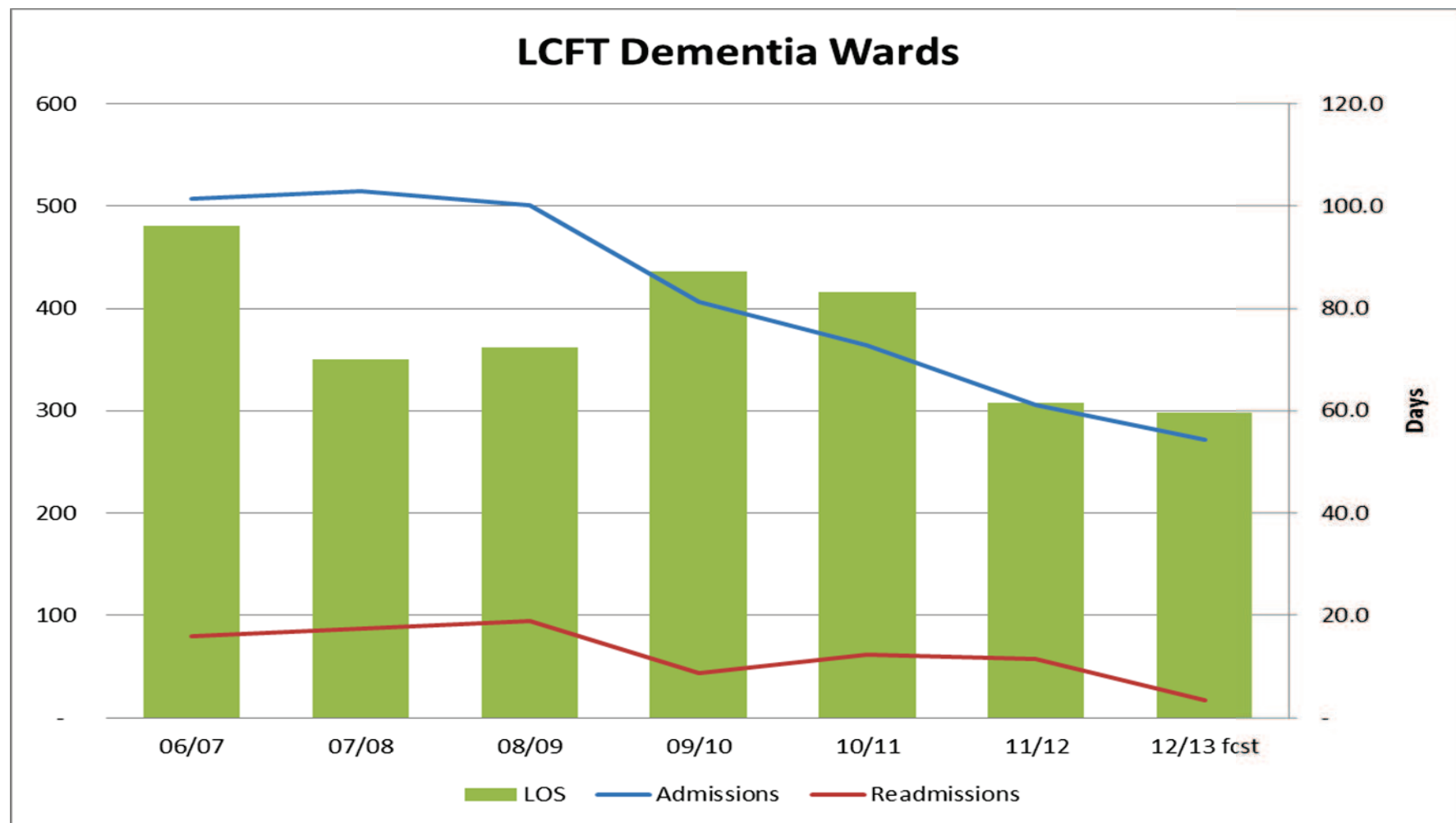
What shaped the consultation?

Significant previous engagement with people with dementia and their carers to understand their priorities:

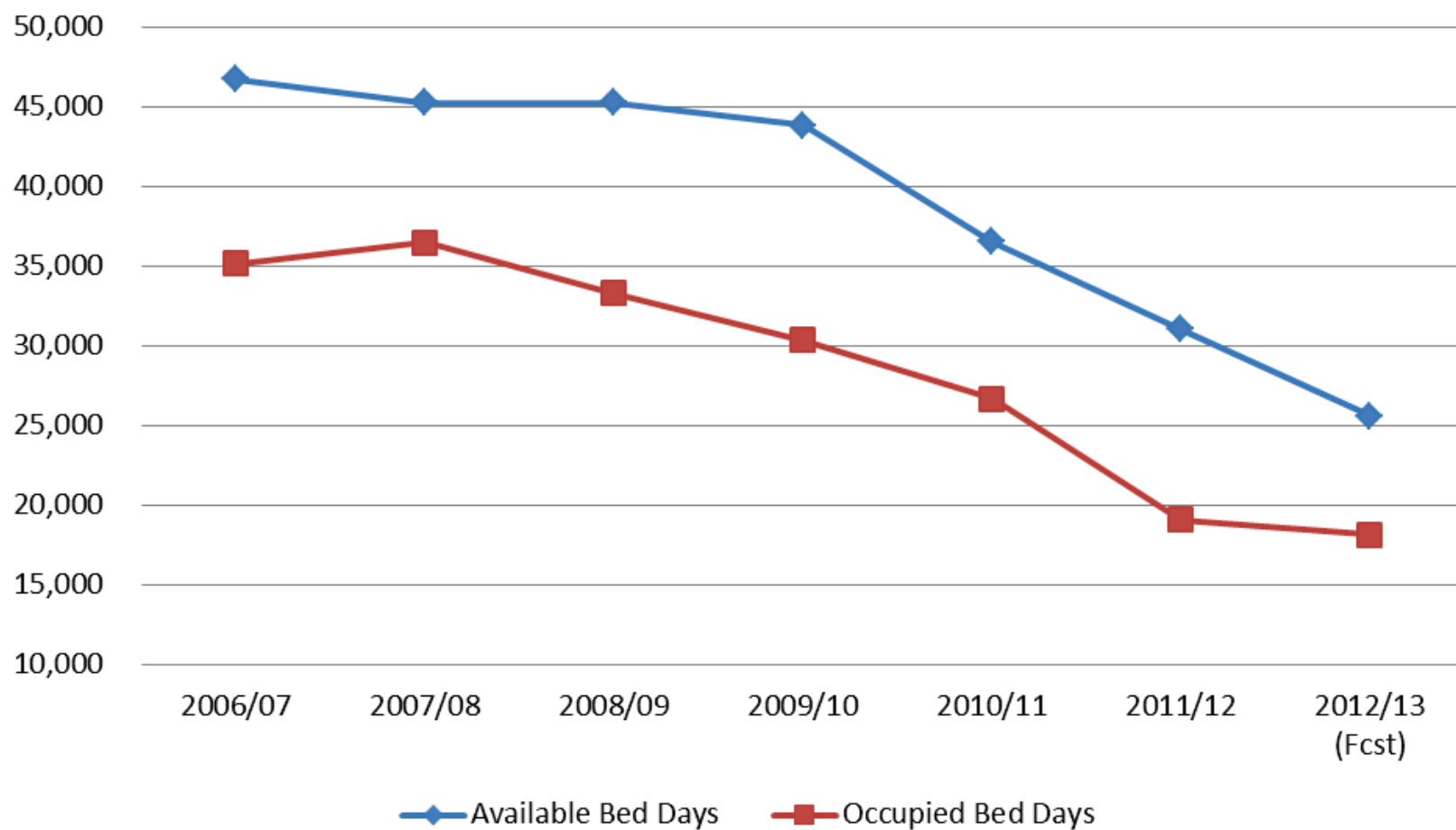
- Lancashire Dementia Outcomes Framework 2009
- Locality Dementia commissioning strategies 2010/2011
- Lancashire Dementia Case for Change 2011/2012



People now spend less time in dementia wards



Dementia Available and Actual Occupied Beds (LCFT)



Consultation - Option 1

Community health services (£11m):



Specialist hospital services (£4m):



- 30 beds on one sites at 'The Harbour' in Blackpool
- Single sex accommodation across 2 wards (each 15 beds)

Consultation - Option 2

Community health services (£7m):



Specialist hospital services (£8m):



- 40 beds on two sites at 'The Harbour' and on the Royal Blackburn Hospital site
- Each site has single sex accommodation across 2 wards (each 10 beds)

Option 1... a view supported by national dementia experts.

“We accept and support the preferred single site hospital inpatient service that allows more resource to be directed at these essential community focused developments”

National Clinical Advisory Team

includes Professor Tom K J Craig and Dr Tom Denning
2012

Travel issues.....

Extensive engagement with carers over summer '12 generated the following possible solutions:

- a. Private family areas and flexible visiting,
- b. Private family areas with internet and telephone contact points,
- c. Assistance with travel costs and concessionary travel,
- d. Overnight stay facilities in or close to the hospital,
- e. Arrangements for consistent advocacy,
- f. Volunteer driving scheme to include carers, and
- g. Support of voluntary sector in helping carers with travel and maintaining contact.

Action following the consultation

- Consultation findings supported option1
- All Lancashire CCGs supported option 1
- Pennine Lancashire CCGs requested a review of the location
- Report and recommendations (option 1) to NHS Lancashire – 21/3/13
- OSC scrutiny (Lancashire – 16/4/13, Blackburn – 13/4/13 and Blackpool – 28/3)
- CCG Specialist Dementia Committee established:
- 0Option Appraisal undertaken
- CCG Network and stakeholders regularly updated
- Recommendation to each CCG Governing Body
- Majority CCG support for recommendation

Specialist Dementia Committee membership

- *Chaired by Joe Slater, Chair of BwD CCG*
- *Supported by CSU*
- 8 CCG representatives, with deputies
- Lancashire County Council
- Blackburn Council
- Blackpool Council
- HealthWatch
- Age Concern
- Alzheimer's Society

Overall Process

- Stakeholder based exercise
 - inclusive and equitable participation and
 - generates an evidence base for
 - improved ownership of the decision making process
- Methodology
 - each commissioning organisation has one ‘vote’ – ie. one ‘score’ per section
 - advisory scores from organisations providing the third sector/ patient and carer perspective
- The process was developed to be consistent with the original Technical Appraisal approach and in line with ‘industry standard’ public sector approaches

Outcome

- *To proceed with the Harbour, Blackpool – 30 bed inpatient unit*
- *To welcome the comprehensive range of community mental health services presented by LCFT to support people and families living with dementia across the whole care pathway, in Lancashire*
- *For the CCG Network to consider the travel and transport needs of relatives and carers to visit the unit without being disadvantaged by the location – to be included in the plans and contracts for commissioning services in 2014/15*

Harold's Story

- Harold, 72
- Diabetes, Heart disease
- Stroke 3 months ago
- Personality change after stroke and paranoia
- Refuses help from family and assessment from professionals
- Physical aggression
- Combination of physical risk, psychotic symptoms, lack of insight and unwillingness to engage in assessment results in admission under MHA



Winnie's Story

- Winnie, 80
- Alzheimer's dementia for 4yrs in rest home
- Now agitated, wandersome, losing weight
- GP assessment and referral to mental health services
- Treatable aspects identified
- Psychological understanding of behaviour
- Environmental and Care plan changes supported
- Best achieved in current environment with those responsible for her long term care





**Lancashire Clinical
Commissioning Groups**
Network

