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3 November 2011

Dear Colleague

Re: Lancashire dementia services – update and plans for public consultation

Further to previous briefings about planned changes to mental health services across the county, I am writing with an update about the planned statutory public consultation in early 2012 regarding proposed improvements to dementia services.

You may have seen recent media coverage of these issues which expressed concerns about the proposed location of specialist dementia inpatient services for a small number of patients at a planned new facility in Blackpool. I would like to reassure you that this was not a full and accurate account of the proposals.

There have been significant developments in dementia services nationally and across Lancashire in recent years, including the publication of the National Dementia Strategy in 2009. Clinicians, local authorities, service users, carers and other agencies have worked hard to implement the strategy locally. This includes the publication of the Lancashire Dementia Outcomes Framework, which was signed up to by all agencies. This represents a strong commitment to improving the quality of care for people and their families living with dementia.

Over the last three years, significant progress has been made to improve community services for people with dementia across Lancashire. Examples include tailored support for carers; hospital liaison services; community mental health teams; memory assessment services; and intermediate support teams. Collectively the support provided by these teams mean that less people now need to be admitted to hospital and those that do stay in for much shorter periods of time. There is a huge amount of evidence to suggest that care for people with dementia is most effective and recovery rates are improved when services are delivered in a community setting.

The proposed new service model for dementia services in Lancashire aims to ensure that the right range of care and support for people with dementia, their carers and their families is available in the community, as close to where they live as possible. This means building on the progress already made and making some changes to the balance of our existing services, especially to the way we provide highly specialist hospital services for the very small number of people with the most complex needs.

We first outlined the proposals at the county's health scrutiny committees in July 2011, and further briefings are currently being undertaken. To date, committee members have agreed with the five Lancashire primary care trusts (known as NHS Lancashire) that further consultation is required.

Lancashire County Council's Health Scrutiny Committee has offered to set up a task and finish group to examine the proposed changes. This group will work with representatives from Lancashire County, Blackburn with Darwen, and Blackpool councils, and will draw upon expert groups such as the Local Involvement Networks (LINKs). We are also working closely with the Lancashire Third Sector Consortium for Mental Health to ensure that we engage as broadly as possible with key stakeholders including 'hard-to-reach' groups.

The most recent briefing for the health scrutiny committees identifies that the progress made to date in developing community services for people with dementia means that fewer people need to be treated in hospital. Those people who do need to be admitted stay for shorter periods of time and as a result there is now significant under occupancy in specialist dementia inpatient services across Lancashire. This is not good for patients and does not make financial sense or represent good value for the taxpayer.

In summary, the number of highly specialist dementia beds being used across Lancashire has reduced from 122 in 2007 to 41 today. As part of the future network it is proposed that there will be a dedicated, fit-for-purpose and highly specialised hospital-based service for those with the most complex needs (who are generally detained under the Mental Health Act). Evidence suggests that therapeutic and specially designed environments improve the outcomes for people with dementia. Because the numbers of people who will require this service are so small, we propose that it will run from one site in Lancashire. It is worth stressing that people with dementia who need to go to hospital for other health reasons will continue to do so in their locality, just as they do now. In addition, the range of community-based residential support for people with dementia, such as care homes and other bed-based facilities, will remain.

The consultation will outline how local commissioners of dementia services will continue to build upon a range of community services across the county to create a consistent and high quality network of provision for people with dementia, and also assess the impact of these changes for service user and carers. We are aware that the issue of access and travel with regard to the proposed specialist inpatient unit will be an important element of the consultation.

Pre-consultation work is ongoing. In a survey carried out in March 2011, which received more than 400 responses, dementia was an important theme. People highlighted the need for services to be delivered as locally as possible and to receive care from a highly trained workforce. In addition a clinical congress in September 2011, chaired by national clinical director for dementia Professor Alistair Burns, supported the direction of travel. This work will continue and a wide range of engagement activities are planned, leading up to formal public consultation early in 2012.

The consultation documents and plans are currently being finalised, in association with key stakeholders, and will need to be approved by the Lancashire QIPP Programme Board, NHS Lancashire's Board, NHS North of England and the health scrutiny committees before the consultation can begin.

I do hope this update is helpful. If you would like any further information please do not hesitate to contact me on 01254 282229 or email lancashirementalhealth@bwd.nhs.uk.

In the meantime you would be very welcome to feed in your views, comments and suggestions as part of the ongoing engagement and consultation process and you have my commitment that you will be kept updated as this programme of work progresses towards formal public consultation.

Yours faithfully



Dr Jim Gardner
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