

Working together to improve
specialist dementia care
services in Lancashire

Your chance to
have your say
on how the
service changes
may affect you



Consultation period: 3 December 2012 to 25 February 2013

Introduction

Working together to improve specialist dementia care services in Lancashire

We want to make sure that services in Lancashire meet the needs of people with dementia and their families by ensuring we provide the right range of care and support, at home or in their local communities.

It is important that we create a consistent and high quality network of services for the whole of Lancashire. This means we will be making some changes to the balance of our existing services, in particular for the very small number of people with the most complex needs.

These plans have been developed over the last several years with the active involvement of clinicians, service users and carers. It is now vital that we gather the views of all of those with an interest in dementia so we can better understand how the plans will affect you.

The consultation is being run by the county's five primary care trusts – NHS Blackburn with Darwen Care Trust Plus, NHS Blackpool, NHS Central Lancashire, NHS East Lancashire and NHS North Lancashire. The five primary care trusts are working together as a cluster under the name of NHS Lancashire.

Please do take the time to read the information contained in this document and have your say. How you can do this is outlined on page 13. We look forward to receiving your comments during the consultation, which runs from 3 December 2012 until 25 February 2013.

*Janet Soo-Chung, Chief Executive,
NHS Lancashire*

*Heather Tierney-Moore, Chief Executive,
Lancashire Care NHS Foundation Trust*

- **NHS Blackburn with Darwen Care Trust Plus, NHS Blackpool, NHS Central Lancashire, NHS East Lancashire and NHS North Lancashire** are the five primary care trusts (PCTs) responsible for identifying what health services the people of Lancashire need and commissioning (which means planning, buying and checking) these services on their behalf. They will be replaced by a number of commissioning organisations from 1 April 2013.
- **Lancashire Care NHS Foundation Trust** is the main provider of specialist mental health services in Lancashire.

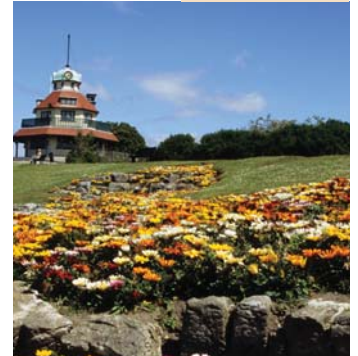


Overview

Dementia care: making a difference

There are around 17,600 people aged 65 and over in Lancashire with dementia and these numbers are expected to rise to more than 25,600 by 2025. This increase is linked to the predicted rise in the number of people who will be aged over 85. There are also at least 317 people aged 64 and under who have dementia.

At the same time, we know that in response to a national survey, 83% of carers and people with dementia said that being able to live in their own home was very important to the person with dementia. There is also a lot of evidence to suggest that people with dementia should be moved as little as possible, so caring for people in their own home or the community is the most effective way to offer care, resulting in better outcomes for people. On that basis our overall aim is, where possible, to ensure that people with dementia in Lancashire are supported in their homes and in their local community through the provision of a range of good quality community services and support.



Story so far

Over the last three years significant progress has been made towards achieving this aim, following on from all of the engagement work with service users and their carers on ways to improve community services for people with dementia across Lancashire. This has included the development of:

- Tailored support for carers
- Hospital liaison services
- Nursing home liaison services
- Community mental health teams
- Memory assessment services
- Intermediate support teams

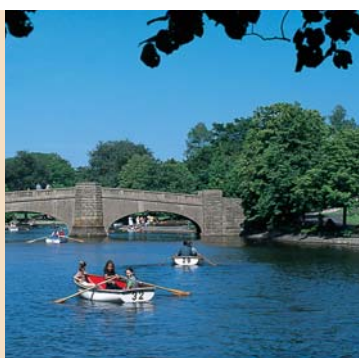
These developments have resulted in decreasing use of inpatient services for people with dementia (in terms of both numbers of admissions and lengths of stay) such that more and more people with dementia are receiving treatment and support through local community services. During the last year approximately 93% of dementia care contacts were in the community, supported by specialist teams. Consequently, current usage of the existing 65 specialist dementia inpatient beds across four sites is operating at an average of 46 beds (70%).

This suggests that further work is needed to re-invest this unused resource in the development of additional community resources, to ensure that more people can be supported at home and in their own community.

Progress in this respect has been variable across the county. Community services have developed differentially across the five former PCT geographical areas, resulting in varying levels of demand for inpatient dementia services across the county.

In a recent audit of the 47 current inpatients, six were from Central, 12 from East and 29 from North Lancashire. 13 of the admissions from North were seen as potentially avoidable had additional community services been available. 27 of the 47 patients were noted as being ready for discharge. Similarly there are demonstrable trends over the past three years of reduced admissions, readmissions and lengths of stay from the population in Central Lancashire. This suggests that if the community services and patient pathways achieved in Central Lancashire were replicated across the county, demand could be expected to decrease further in relation to both admissions and lengths of stay.

People with dementia often have other health conditions and so their support increasingly requires an integrated approach between mental health teams, community health teams (such as district nurses and GPs) and general hospitals to meet these needs effectively. With an ageing population, future services should be designed to support the integration of services down to the most local level possible.

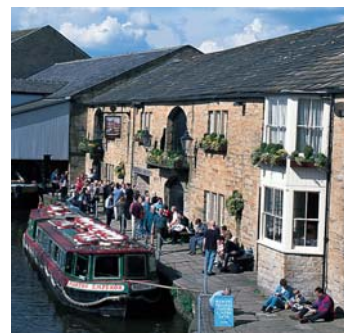


The next steps

The next steps

If we are to achieve the aim of ensuring that people with dementia are, wherever possible, supported in their own homes and in their local communities, it is clear that further work is needed to re-direct resources that are currently tied up in inpatient services for people with dementia into the provision of a comprehensive and consistent offer of community services across the county.

For this to be successful, at the same time, dementia inpatient services will need to become highly specialised to meet the needs of a much smaller group of people who will generally have very complex needs and are likely to be detained under the Mental Health Act. The predicted numbers of people needing this type of service in the future are very small – up to 30 people at any one time; around 200 people a year.



Community service descriptions

Memory assessment Service (MAS) -

The memory assessment service provides assessment, diagnosis and post diagnostic support to help patients and their families live well with dementia. If people are diagnosed early, more can be done to delay the progression of the disease. It also affords the opportunity to provide advice and training to people with dementia and their carers that can help them cope with the consequence of the disease. Increasing knowledge about the condition can support a reduction in the number of admissions and length of stay in hospital. The service operates Lancashire wide.

Community mental health team (CMHT) -

Community mental health teams are an integrated service made up of staff from health and social care. They provide assessment and ongoing treatment for patients with complex needs and support to carers. This can be a short term intervention to stabilise a situation or a more long term approach. The service is primarily delivered in a person's own home. CMHTs are multi-disciplinary teams comprising of; psychiatrists, nurses, occupational therapists, psychologists and social workers who together provide a holistic package of care in line with the care programme approach. CMHTs also provide advice and training to other organisations that work with people with dementia. There are nine older adult CMHTs operating across the county.

Intermediate support team (IST) -

Intermediate support teams focus on older adults with mental health problems. They provide intensive support for time limited periods of up to eight weeks. Their aim is to prevent hospital admission, facilitate early discharge from hospital and to support any transition in care (from home to residential care and vice versa). They facilitate independent living and also provide support to carers and families. These teams operate seven days a week from 8am until 8pm and complement the

CMHTs. They also work closely with adult crisis resolution and home treatment teams who can provide additional support over a 24 hour period. The teams operate right across Lancashire with the exception of West Lancashire currently.

Hospital liaison service (HLS) -

The hospital liaison service is a multi-disciplinary nurse led team with input from consultant psychiatrists, occupational therapists and psychologists. Their aim is to support general hospital colleagues to improve the care for patients with dementia through education, support and advice. They carry out assessments for patients with dementia and provide on-going support, ensure there is a coordinated approach to the discharge of patients with dementia and if required involve the community services that are available to ensure that patients have support following discharge. The service operates Lancashire wide.

Nursing home liaison services (NHLS) -

The nursing home liaison team responds to referrals from any nursing home that has a concern about a patient with a mental health condition. They provide advice and support on the management of patients and if necessary involve the ISTs to provide more intensive support so that a person can remain in their nursing home or to ensure that they are supported in the transition to a more specialist home. Another part of the role is to provide on-going support and education to help staff become more knowledgeable in delivering person centred care, looking at alternatives to anti-psychotic medication to find alternative ways of managing challenging behaviour to provide a better outcome for the service user. The service currently operates in East Lancashire and Blackburn with Darwen.

NEW MODEL CARE FOR LANCASHIRE

KEY FACTS

2007- 08

NUMBER OF ADMISSIONS -338
BEDS IN USE -122
LENGTH OF STAY -99

DOH, NATIONAL
DEMENTIA
STRATEGY

KEY FACTS

2009- 10

NUMBER OF ADMISSIONS -357
BEDS IN USE -120
LENGTH OF STAY -91

SU & CARERS
FEEDBACK

LANCASHIRE WORKSHOPS

CASE FOR CHANGE

KEY FACTS 2011

NUMBER OF ADMISSIONS -285
BEDS IN USE -65
LENGTH OF STAY -63

PAST 2007- 08

2009- 10

2011

NOW

PATIENT

CARER

CMHT

HLS

LIMITED OUTDOOR
SPACE

MULTIPLE
SITES

"REDUCTION
OF ANTI-
PSYCHOTICS"

"EARLY
DIAGNOSIS"

"GENERAL
HOSPITAL CARE"

"SUPPORT FOR
CARERS"

"PART OF A
COMMUNITY"

"CONFIDENCE
IN END OF
LIFE CARE"

"DIGNITY AND
RESPECT"

"ENJOY LIFE"

"DIAGNOSED
EARLY"

PATIENT

SUPPORT
FOR
CARERS

CARER

CMHT

HLS

NHLS

MAS

IST



COMMUNITY MENTAL
HEALTH TEAM



HOSPITAL LIAISON
SERVICE



NURSING HOME
LIAISON SERVICE

DEMENTIA
SERVICE

MENTAL HEALTH SERVICES

Majority of care at home or in the community



OPTION 1

OPTION 2

KEY FACTS 2015

NUMBER OF ADMISSIONS -197
BEDS IN USE -30
LENGTH OF STAY -50

Includes Enhanced Integrated Community Approach



RESOURCE CENTRES WITH ACCESS TO DEMENTIA ADVISERS

ONE SITE, ONE FLOOR, SPECIALLY DESIGNED & PURPOSE BUILT

IMPROVED GARDENS

BLACKPOOL

KEY FACTS 2016

NUMBER OF ADMISSIONS -215
BEDS IN USE -40
LENGTH OF STAY -64



TWO SITES BLACKPOOL & BLACKBURN

Wouldn't be ready until a year later than option 1

MULTIPLE FLOORS

(Not purpose built as Blackburn design is not finalised)

LIMITED OUTDOOR SPACE

FOUR SITES

MULTIPLE FLOORS (Not purpose built)

LIMITED OUTDOOR SPACE

Resource Centres

THE FUTURE 2013- 16

2012

CONSULTATION ON CHANGES

KEY FACTS 2012

NUMBER OF ADMISSIONS -281
BEDS IN USE -65
LENGTH OF STAY -61



MEMORY ASSESSMENT SERVICE



INTERMEDIATE SUPPORT TEAM

Options for dementia services across Lancashire

Options

Currently, an estimated £8.5 million a year is invested by local health commissioners in the provision of older adult mental health inpatient beds covering both functional and dementia needs.

Over the past few years, Lancashire Care NHS Foundation Trust has worked closely with partners, clinicians, people with dementia and their carers to develop a set of consultation proposals on the future provision of specialist dementia inpatient facilities, and the parallel development of a comprehensive provision of community based dementia services in every locality across Lancashire. These proposals are presented below in the form of two options. These set out how the current investment might be deployed in future, alongside the benefits and drawbacks of each.

Option 1:

Consistent specialist dementia services across Lancashire, one specialist dementia inpatient site and enhanced integrated liaison services (including district general hospital cover).

Community services:

The following specialist community dementia services would all be consistently in place across Lancashire:

- Seven day hospital liaison services
- Nursing home liaison services

- Community mental health teams
- Primary and secondary care level
- Memory assessment services
- Seven day intermediate support teams
- Tailored support for carers

Inpatient services:

- 30 dementia inpatient beds provided on a single site:
Two x 15 bed wards at The Harbour – Blackpool.
This has an estimated cost of £4.2million to run per year.
Two wards are required in order to allow male and female admissions to single sex accommodation.
- To provide assessment and short term management of people with dementia with significant behavioural and psychological symptoms.

Enhanced integrated liaison:

- Delivery of dementia related services within a more comprehensive and integrated approach.
- This would include the mainstream of dementia services in health and social care, such as general hospitals and all levels of social and primary care.
- To provide dementia expertise to integrated neighbourhood teams caring for people with longer term conditions linked to GP practices.

Options for dementia services across Lancashire

Option 1

Estimated total cost for inpatient and community services would be around £15 million (this would be around £4 million on inpatient care and around £11 million on community care).

Advantages:

Inpatient facility

- This is a new build so there is the ability to provide specialist dementia design concepts both internally and externally. The site is large enough to accommodate an outdoor area of significant therapeutic importance.
- Development of this specialist facility on a single site would allow the development of a sustainable, skilled multi-disciplinary workforce capable of delivering excellence in this specialised area of work.
- The dementia beds would be co-located with advanced care wards. These wards are designed and staffed to care for people with complex health needs including physical frailty. It is anticipated that many of these people will be elderly. Locating the services together would create a centre of specialist expertise, with skilled staff delivering care and treatment for older people and people with complex health needs.

- The specialist inpatient dementia service would care for people who may have severely challenging behaviour. The co-location of the dementia beds with other inpatient services ensures skilled staff availability 24/7 to safely deliver specific interventions.
- Having a single site for the specialist dementia inpatient service costs less than provision on two sites. This will free up resources to support the investment in additional enhanced community services.

Continued after consultation survey on page 9



CONSULTATION SURVEY - response form

Working together to improve specialist dementia care services in Lancashire

Your chance to have your say

From 3 December 2012 to 25
February 2013.

This survey supports the public consultation for changes to **specialist dementia care services in Lancashire**. It includes a number of questions seeking your views on proposals set out in the consultation document.

We invite you to read the document and use this form to send us your views. This survey can be completed by any individual, for example; someone living with dementia, a carer, staff working in health or social care, or a member of the public. This survey can also be completed on behalf of a group or organisation.

Your views are important and will help to shape how specialist dementia services in Lancashire will be provided in the future. All responses received by 25 February 2013 will be taken into account, and a summary of responses will be included in a report to be produced by the University of Central Lancashire.

**All completed surveys
must be received by
25 February 2013.**

Surveys may either be completed online at **www.feedbacksurveys.org.uk/lancsdementia** or sent by post to:

FREEPOST BR LIC NWW7363A
Lancashire Mental Health Team
NHS Blackburn with Darwen
Blackburn
BB1 2BR *(no stamp required)*

Further background information to this consultation is available at **www.lancashirementalhealth.co.uk**

If you have any queries or require help completing this survey and would like to arrange to meet with a representative, please contact the Lancashire Mental Health Team on 01254 282128 or send an email to **lmht@lancashirecare.nhs.uk**

**Thank you for taking the
time to complete this survey.
Your interest and support is
very much appreciated.**



QUESTION: 1

Do you agree or disagree with the general principles for improving specialist dementia care services in Lancashire as set out in the consultation document?

☐

Yes

☐

No

☐

Don't know

Are there any other things that should be considered? Please give details below

QUESTION: 2

Which option do you prefer?

☐

Option 1

☐

Option 2

☐

Don't know

Comments: Please provide any comments below

QUESTION: 3

Have any recent changes to community services affected you or the person you care for?

☐

Yes

☐

No

☐

Don't know

If yes, how have they? Please give details below

QUESTION: 4

Do you think these proposed changes would affect you or the person you care for in the future?

☐

Yes

☐

No

☐

Don't know

If yes, how would they? Please give details below

QUESTION: 5

What would be the main issues for you or the person you care for?

☐

Access/travel

☐

Keeping in contact with family

☐

Other

Other issues: Please give details below

.....

.....

.....

.....

QUESTION: 6

Do you agree or disagree with the ideas put forward by carers? (See page 12)

☐

Agree

☐

Disagree

☐

Don't know

If you had to pick the top three ideas put forward by carers (See page 12) which would they be?
(Please select three ideas from A, B, C, D, E, F & G)

☐

1st choice

☐

2nd choice

☐

3rd choice

QUESTION: 7

Do you have any other ideas for improving and modernising mental health and dementia care services?

☐

Yes

☐

No

If yes, please let us know: Give details below

.....

.....

.....

.....

QUESTION: 8

If you would like to register your details with the Lancashire Mental Health Team to receive a summary report of the outcome of the consultation and information in the future, please select here:

☐

QUESTION: 9 – Name & contact details (if you would prefer not to give your details, please go to question 10)

Name:

Address:

..... Postcode:

Tel/mobile:

Email:

CONSULTATION SURVEY - response form

We want to ensure that we receive views from all sections of our community, to reflect the diverse range of people and communities across the county. Please complete the following information, which will be kept in strict confidence and used for statistical purposes only.

QUESTION: 10 - Are you responding as an individual or on behalf of a group or organisation? Please select

☐ Individual ☐ Group/organisation

Stakeholder group: Please select

☐ Service user ☐ Unpaid carer ☐ NHS ☐ Local authority
☐ Third sector ☐ Member of public ☐ Other (please specify)

QUESTION: 11 - Personal details

Gender: Please select

☐ Male ☐ Female ☐ Other (please specify)

Sexual orientation: e.g. heterosexual, lesbian, gay, bisexual, or other (please specify)

Age group: Please select

☐ Under 18 ☐ 18-25 ☐ 26-35 ☐ 36-45
☐ 46-55 ☐ 56-65 ☐ 66-80 ☐ 81+

QUESTION: 12 - Where do you live? Please select

☐ Blackburn ☐ Blackpool ☐ Burnley ☐ Chorley
☐ Darwen ☐ Fylde ☐ Hyndburn ☐ Lancaster
☐ Longridge ☐ Morecambe ☐ Pendle ☐ Preston
☐ Ribble Valley ☐ Rossendale ☐ South Ribble ☐ West Lancashire
☐ Wyre ☐ Other Please specify

QUESTION: 13 - Ethnic background: Please select

☐ White British ☐ White - Irish ☐ White - Other ☐ Mixed White/Asian
☐ Mixed White/Black African ☐ Mixed White/Black Caribbean ☐ Mixed Other ☐ Black/Black British - African
☐ Black/Black British - Caribbean ☐ Black/Black British - Other ☐ Asian/Asian British - Bangladeshi ☐ Asian/Asian British - Indian
☐ Asian/Asian British - Pakistani ☐ Asian/Asian British - Other ☐ Chinese ☐ Other

Please specify

Thank you for taking the time to complete this survey.

All questionnaires will be independently analysed by the University of Central Lancashire.

Options for dementia services across Lancashire

Option 1 (continued)

Community services impact

- The single site option will allow for greater investment and integration in local community services for dementia. This will support the delivery of dementia related services within a more comprehensive and integrated approach. This will include dementia expertise within mainstream health and social care services, such as general hospitals and all levels of social and primary care through a new model of 'enhanced integrated community and hospital liaison'.
- The additional elements the NHS will be able to fund sustainably through this enhanced efficiency include:
 - o Comprehensive seven day liaison support within every hospital trust in Lancashire.
 - o The ability to deliver memory services and care home liaison within an integrated neighbourhood teams approach for longer term conditions clustered around groups of GP practices.
- The development of this wider enhanced model targeting early diagnosis and intervention is anticipated to have significant impacts on the health and social care system as set out in the Lancashire Dementia Strategy, including:
 - o Reduction in the need for admission to long term care.
 - o Reduced re-admissions to acute hospitals.
 - o A reduction in the number of people with dementia needing to be in general hospital.
 - o 85 fewer strokes, saving lives and further care costs following a stroke.
 - o Significant improvements in the quality of life of people with dementia and their carers.

Issues:

- The location of the inpatient unit at the end of the M55 is not geographically central to the population served.
- Travel for carers/families: a significant proportion of journeys could be challenging in distance, time or cost. They may even not be feasible for those people without access to a car.
- Collaboration between community teams and inpatient teams may be more challenging given the geographical distance to the single site for some localities.

The Insight Network for Mental Health, in collaboration with the Alzheimer's Society was asked to carry out 12 workshops with carers across Lancashire during July and August 2012 specifically to look at concerns about access, travel and keeping in contact with family – please see page 12.

Options for dementia services across Lancashire

Option 2

Option 2: Consistent specialist dementia services across Lancashire; two specialist dementia inpatient sites

Community services:

The following specialist community dementia services would remain in place and if we had two inpatient sites, they would remain mental health specialist services. However, they would not have the capacity to operate across seven days and deliver the staff numbers to support integration on a neighbourhood basis as outlined in option 1.

- Hospital liaison services
- Nursing home liaison services
- Community mental health teams
- Memory assessment services
- Intermediate support teams
- Tailored support for carers

Inpatient services:

- 40 dementia inpatient beds provided:
 - o Two x 10 bed wards (male and female) Blackburn, East Lancashire.
 - o Two x 10 bed wards (male and female) The Harbour – Blackpool
 Two wards on each site are required in order to allow male and female admissions to single sex accommodation.
- This option would cost an estimated £8 million per year. This is because four wards are needed rather than two wards.
- To provide assessment and short term management of people with dementia with significant behavioural and psychological symptoms.

Estimated total cost for inpatient and community services would be around £15 million (this would be around £8 million on inpatient care and around £7 million on community care).

This option would result in it not being possible to develop all of the additional integrated neighbourhood specialist community dementia services due to the additional funding required to provide inpatient care on two sites. All of the community resources would remain in place but would not have the capacity to develop an integrated approach.

Options for dementia services across Lancashire

Option 2

Advantages:

- This allows for improvement in travel issues, primarily for those people residing east of Preston. Those living towards the coast would have no detriment with regard to access. There would be no benefit for those living in central Lancashire or Lancaster in this option.
- There would be a similar benefit for community clinicians when needing to travel to the centre.
- The dementia beds would be co-located with advanced care wards. These wards are designed and staffed to care for people with complex health needs including physical frailty. It would allow the relationship with advanced care beds to apply across both sites rather than just Blackpool.
- Staff wanting to work within specialist dementia inpatient services could be employed in both locations.
- This model allows for no further development of specialist dementia community resources with other partners and would remain a specialist mental health service with no integration at a community level and with other partners.
- The site at Blackburn presents challenges in terms of incorporating a dementia-friendly outdoor area, and it seems likely that this aspect of the unit would fall below the required standard.
- Splitting the specialist dementia inpatient provision across two sites would be less effective in creating a self-sustaining core of staff to ensure excellence, given the reduced numbers at each site.
- The practical operational requirements means that we have to provide more specialist inpatient beds overall – 40 rather than 30 – more than we think the county needs.

Issues:

- Travel for carers/families: a significant proportion of journeys such as those travelling from West Lancashire could be challenging in distance, time or cost. They may even not be feasible for those people without access to a car.

- Completion of the Harbour would take two years and the completion of the Blackburn development four years. Therefore this model can be delivered within four years.

The Insight Network for Mental Health in collaboration with the Alzheimer's Society was asked to carry out 12 workshops with carers across Lancashire during July and August 2012 specifically to look at concerns about access, travel and keeping in contact with family – Please see page 12.

Addressing the travel issues

We would like to hear your views

The Insight Network for Mental Health, in collaboration with the Alzheimer's Society carried out 12 workshops with carers across Lancashire during July and August 2012 specifically to look at concerns linked to access, travel and keeping in contact with family.

The workshops identified a number of possible suggestions, as follows;

- A.** To consider the use of private family areas that include ability to make drinks and light refreshments with flexible visiting times.
- B.** To consider the private family areas allowing for contact via phone or internet services. It could then be explored for community resources (e.g. library) locally to provide internet access should carers not have phone or internet access in their own home.
- 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.
- E.** To consider arrangements for a consistent advocacy service, for example where a nominated representative may visit on the carer's behalf and give direct feedback to them.



- F.** To explore the volunteer driving service to include carers use.
- 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.

We would like to hear your views on what carers said at these events (question 8 in pull out survey) and the overall plans for the future delivery of specialist dementia care in Lancashire. The survey asks a range of questions and gives you the opportunity to tell us your views.

Public events

How to have your say

We would like to hear your views on the plans that we have made for the future delivery of specialist dementia care in Lancashire. There are a range of ways you can give your views:

- Complete the questionnaire in the pull-out section on the centre pages and return it to the freepost address
- To find more information and fill out the questionnaire online log on to www.lancashirementalhealth.co.uk
- Why not come to one of our public meetings?
- Write to us at the freepost address or email us at: lmht@lancashirecare.nhs.uk
- Invite a member of the team to come and meet/present to your group or organisation

Please contact **01254 282128**

Public consultation meetings:

Date	Time	Borough	Venue
Tue 8th Jan 2013	1.00pm - 3.00pm	West Lancashire	Skelmersdale Ecumenical Centre, Northway, WN8 6LU
Thur 10th Jan 2013	1.00pm - 3.00pm	Hyndburn	Accrington Town Hall, Blackburn Road, Accrington, BB5 1LA
Thur 10th Jan 2013	6.00pm - 8.00pm	Blackpool	The Education Centre, Blackpool Victoria Hospital, Whinney Heys Road, Blackpool, FY3 8NR
Fri 11th Jan 2013	10.00am - 12.00pm	Darwen	Darwen Library Theatre, Knott Street, Darwen, BB3 3BU
Tue 15th Jan 2013	10.00am - 12.00pm	South Ribble	Leyland Civic Centre, West Paddock, Leyland, PR25 1DH
Tue 15th Jan 2013	1.00pm - 3.00pm	Ribble Valley	The Grand, 18 York Street, Clitheroe, BB7 2DL
Wed 16th Jan 2013	6.00pm - 8.00pm	Burnley	Turf Moor, Burnley Football Club, 1882 Lounge, Harry Potts Way, Burnley, BB10 4BX
Thur 17th Jan 2013	1.00pm - 3.00pm	Wyre	Wyre Civic Centre, Breck Road, Poulton-le-Fylde, FY6 7PU
Fri 18th Jan 2013	1.00pm - 3.00pm	Lancaster	Lancaster Town Hall, Dalton Square, Lancaster, LA1 1PJ
Mon 21st Jan 2013	1.00pm - 3.00pm	Rosendale	St Mary's Chambers, Haslingden Road, Rawtenstall, BB4 6QX
Mon 21st Jan 2013	6.00pm - 8.00pm	Preston	Gujarat Centre, South Meadow Lane, Preston, PR1 8JN
Thur 24th Jan 2013	1.00pm - 3.00pm	Blackburn	Blackburn Central Library, The Hornby Lecture Theatre, Town Hall Street, Blackburn, BB2 1AG
Thur 24th Jan 2013	6.00pm - 8.00pm	West Lancashire	Brookside, Dementia Resource Centre, Aughton Street, Ormskirk, L39 3BH
Fri 25th Jan 2013	10.00am - 12.00pm	Fylde	Kirkham Community Centre, Mill Street, Kirkham, PR4 2AN
Mon 28th Jan 2013	10.00am - 12.00pm	Pendle	Training 2000, Conference Centre, Netherfield Road, Nelson, BB9 9AR
Mon 28th Jan 2013	1.00pm - 3.00pm	Chorley	Chorley Town Hall, Market Street, Chorley, PR7 1DP

Glossary

We have tried to make sure that we have not used any jargon or unfamiliar words in this document. However, you may come across some words you are not familiar with and may hear some of the following terms used in discussions about the plans:

Advocate

An advocate is a person who helps to support a service user or carer through their contact with health services.

Commissioners

Organisations responsible for identifying what healthcare services local people want and need and commissioning (which means arranging and buying) these services on their behalf. The term you may have heard of currently is primary care trusts. In the future they will be replaced by a number of organisations, for example clinical commissioning groups.

Community mental health team (CMHT)

A team made up of a range of professions offering specialist assessment, treatment and care to people in their own homes and other community settings. The team should include nurses, psychiatrists, social workers, clinical psychologists and occupational therapists, with ready access to other therapies and expertise.

Health overview and scrutiny committee (HOSC)

Council committee responsible for scrutinising the details and implications of decisions about changes to health services.

Independent sector/third sector

Care providers that are private companies, social enterprises, charities or run by volunteers.

Inpatient services

Services where the patient/service user stays in hospital, accommodated on a ward, and receives treatment there from specialist health professionals.

Local Involvement Networks (LINKs)

Organisationally responsible for ensuring the voice of service users and the public is heard. LINKs cover the same areas as county councils and are responsible for finding out what people think, making recommendations to the people who plan and run services and referring issues to HOSCs where they feel it is necessary. They will be replaced by Health Watch in April 2013.

Multi-disciplinary team

A team made up of both health and social care workers.

Primary care

Services provided in the community by family doctors, dentists, pharmacists, opticians, district nurses and health visitors.

Primary care trust (PCT)

Organisation currently responsible for identifying what services local people need or require and commissioning (which means planning, buying and checking) these services on behalf. They will be replaced by a number of commissioning organisations in April 2013.



Public consultation guidelines

We are holding this public consultation in line with the six consultation principles set out in the Cabinet Office Code of Practice on consultation:

1. We will consult widely throughout the process, allowing at least 12 weeks* for written consultation at least once when developing the policy.
2. We will be clear about what our proposals are, who may be affected, what questions we are asking and the timescale for responses.
3. We will make sure that the consultation is clear, concise and widely accessible.
4. We will give you feedback on the responses received and how the consultation process influenced our policy.
5. We will monitor our effectiveness at consultation, by using a designated consultation co-ordinator.
6. We will make sure our consultation follows better regulation best practice, including carrying out a regulatory impact assessment if appropriate.



*New guidance published in Autumn 2012 allows for a shorter period of consultation than the previously prescribed 12 week period.

You can get more information from:
www.lancashirementalhealth.co.uk

Dementia awareness information

Dementia affects the whole life of the person who has it, as well as their family

What is dementia?

Dementia is a syndrome (a group of related symptoms) that is associated with an ongoing decline of the brain and its abilities, including memory, thinking, language, understanding and judgement. People with dementia may also become apathetic, have problems controlling their emotions or behaving appropriately in social situations. Aspects of their personality may change or they may see or hear things that other people do not, or have false beliefs. Most cases of dementia are caused by damage to the structure of the brain. People with dementia usually need help from friends or relatives, including help in making decisions.

Worried about yourself or someone you know?

Dementia affects the whole life of the person who has it, as well as their family. But there is advice and support available to help you, whether you have been diagnosed or are caring for someone with dementia.

If you think that you, or a person you know may have dementia it is important to get a diagnosis as quickly as possible. The person who has possible dementia symptoms should see their GP (family doctor) as soon as possible. If needed, the GP will then refer the person to a specialist service for an assessment.

Useful information

- NHS Choices: www.nhs.uk/Conditions/Dementia/Pages/Introduction.aspx
- Department of Health: Living well with dementia: A National Dementia Strategy.
- NICE: Dementia quality standard.
- NICE: Dementia: supporting people with dementia and their carers.

If you have problems reading the print we can provide this leaflet in large print, audio book or Braille

এই ডকুমেন্ট অনুবাদে বাংলায় পাওয়া যায়।

本文件可以應要求，製作成中文（繁體字）版本。

આ દસ્તાવેજ વિનંતી કરવાથી ગુજરાતીમાં મળી રહેશે.

ਇਹ ਦਸਤਾਵੇਜ਼ ਮੰਗ ਕੇ ਪੰਜਾਬੀ ਵਿਚ ਵੀ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

درخواست پر یہ دستاویز اردو میں بھی مل سکتی ہے۔

W przypadku jakichkolwiek problemów z odczytaniem tekstu z przyjemnością dostarczymy Państwu ulotkę z dużym drukiem, także do odczytu lub tekst w języku Braille.