

**MINUTES OF A MEETING OF THE DEMENTIA TASK AND FINISH GROUP HELD AT COUNTY HALL, CHELMSFORD, ON 13 SEPTEMBER 2010, COMMENCING AT 10.00AM**

Membership comprises Members of the Health Overview and Scrutiny Committee (HOSC), the Community Wellbeing and Older Persons Policy and Scrutiny Committee, and a representative from each of the North Essex Mental Health Trust and South Essex Mental Health Trust

* J Baugh (Chairman)	Mrs M Hutchon
* R Cox	M Maddocks
S Currell	* Mrs J Whitehouse
* Mrs S Hillier	
	* Present

Officers in attendance were:

Graham Redgwell	- Governance Officer
Graham Hughes	- Committee Officer
Chris Martin	- Senior Manager Strategic Commissioning (Items 1-3 only)
Sheila Davis	Strategic Commissioning Officer, Older Adult Mental Health (OAMH)
(Items 1-3 only)	

**1. Apologies and Substitution Notices**

Apologies: County Councillor Mrs M Hutchon, District Councillor M Maddocks and Mr S Currell.

**2. Declarations of Interest**

Councillor John Baugh	Spouse works in the National Health Service
Councillor Sandra Hillier	Director Friends of Community Hospital Trust
	Personal interest as governor of Basildon and Thurrock University Hospital Trust

**3. Evidence on behalf of Older Adult Mental Health (OAMH) Board**

Members received a presentation from Mr Martin and Mrs Davis and also asked a wide range of questions. The following comments were made:-

- The OAMH Board had four priority work streams with each having a joint lead from a local authority and PCT and appropriate social care and health input:
  - Care pathways, service models and personalisation;

- Contracts, standards, monitoring, safeguarding;
  - Primary Care, GP Dementia Registers, Prevention, Wellbeing;
  - Workforce, training and staff development.
- The OAMH Board progress report on dementia services in Essex had 18 objectives. Actions under three particular objectives were highlighted and discussed (see below):
- **Improving public and professional awareness and understanding of dementia:** ECC funded the Alzheimers Society (AS) to promote dementia awareness and recently they had held a series of awareness events. An AS Information Officer, funded by ECC, had provided information on dementia issues, and distributed copies of Living with Dementia magazine, when visiting supermarkets, GP surgeries, libraries and Stansted Airport to raise public awareness. In future it was planned to have a re-run of the AS 'Worried about your Memory' campaign press releases in conjunction with the national AS press office.
  - **Good-quality early diagnosis and intervention for all:** In West Essex there was a Thinking Fit project identifying individuals, via the memory service, at risk of early onset of dementia and engaging them in physical, intellectual and social activity to try and delay the onset. The first programme began in April 2010. More information on the Thinking Fit pilot, including case studies and a progress/update report, would be provided to the Task and Finish Group.
  - One of the stated objectives was **to enable easy access to care, support and advice following diagnosis:** In West Essex, ECC and NHS West Essex were to jointly fund three Dementia Care Advisors to work with, and support, people access memory clinics and to deal with issues at the time of diagnosis, with subsequent signposting to services and Alzheimers support workers. With the grant only just awarded, up to date figures on the number of people with dementia that the AS was supporting as a result of the funding were not available at present but would be in the future. The grant funding was awarded one year at a time and, although not guaranteed, did form part of an identified priority care area.
- If future commissioning was to be disaggregated into GP groups, it was questioned how would ECC be able to take a strategic view?

#### Early intervention and diagnosis

- Earlier intervention was considered best for the patient; however, this would lead to increased numbers of referrals, with the need to manage the subsequent demand pressures and increased upfront assessment costs.
- It was questioned whether increased numbers of referrals had a short term financial cost; even with a mild cognitive impairment the patient would have entered an appropriate low-level care pathway which would aid future monitoring/treatment.
- The cost of assessment is a relatively small proportion of overall dementia care costs.
- The provision of more early support for patients (and maximising the period of the mild condition) might reduce the level of demand for more intense /crisis services later on in life.
- Possible opportunity to re-direct some resourcing away from expensive acute sector costs towards pre-acute sector costs to support early diagnosis and treatment.

#### Health and social care joint working

- Core strategy was that health and social care should work jointly.
- Possibility that there could be some dual staff training across both health and social care sectors. Expect to see increasing integration between practitioners and across disciplines.
- There was not a fully integrated health and social care approach to information or communications at present and respective computer systems did not always work together.
- Information and publicity on dementia awareness was fragmented and difficult to target, with the most popular dissemination via the internet, which was not always the most appropriate for the target audience.

#### Role of GPs

- GPs should play an integral part in the dementia care process and a defined role was being developed for them as part of an agreed higher level care pathway across Essex. OAMH would try to get GP representatives more involved.
- It was recognised that there had been difficulty in the past in engaging with all GPs. Structurally, dealing with GP consortia rather than individual practices may aid future engagement with GPs

- The AS had been funded by ECC to increase dementia awareness. Since February the AS had visited a limited number of GPs and left advisory leaflets on dementia services available for display in the surgery.
- A GP surgery was only one potential source to display dementia information – libraries and pharmacies were highlighted with the latter often where a patient would be personally known by the pharmacist and who often would see the first symptoms. There needed to be further encouragement given to pharmacies to have information display areas/notice boards, with suitable funding if necessary to encourage this.
- GPs would need to be aware of any process to increase dementia awareness as, consequently, they could see an increase in referrals to them.
- Proposed action plan to reduce the prescription of anti-psychotic drugs to 1/3 of current level in three years. It was, however, recognised that there was still a place for the use of these in more serious dementia cases.

#### Care homes

- Members discussed further promotion of dementia awareness and care throughout residential care homes; however, this needed to complement further improving dementia care to enable people to stay longer in their own homes as well.
- The OAMH Board was also looking at the viability of introducing a specialist dementia unit within residential care homes rather than for a whole residential home to specialise in dementia care.
- Given that the broad strategy was to shorten the length of stay in residential care homes it was possible that the patient profile of residential homes would change towards an increasing proportion of residents with advanced dementia.

#### Carers

- Many of the initiatives for future dementia care would be person intensive. It was hoped that when carers had control of their own personal budgets they would come up with their own innovative support options as well.
- Expected that AS could further increase its support to carers and to do some home visits.
- There was concern that currently self funders were simply given a list of vendor contact details for dementia services. There was a need for an

increased role for ECC to provide a comprehensive information service to all carers, especially as the personalisation agenda expanded.

Mr Martin and Mrs Davis were thanked for their comments and left the meeting at this point.

#### **4. Feedback from Crystal Centre visit**

Members were impressed by the philosophy of care and noted the split between organic and functional care. Members were pleased to see a greater emphasis on an integrated approach of mental health and social care practitioners.

The success of the Crystal Centre was generating heavy demand for the service.

This demand would need to continue to be supported.

it now remained for the Crystal Centre to demonstrate its cost effectiveness and the level of added value it could provide.

Members queried whether earlier diagnosis meant that younger patients increasingly may be admitted to an environment generally populated by older people and whether the Crystal Centre would be able to cater for younger person's needs.

#### **5. Provision of services for patients with long term needs and complex and significant mental health conditions in Lucas Ward, Colchester**

Members received a report (DEM/11/10) on a consultation by NHS Mid Essex on potential options for future service development. Three options were put forward:-

- (a) redesign how the ward provided care;
- (b) decommission the ward and use the savings to reinvest in other areas of mental health services/need; or
- (c) decommission the current service and use savings to reinvest in dementia care services.

The Group felt that all three options had merit, although it was difficult to comment further without financial analysis of each option being made available. Members thought it difficult to see how second and third options could be achieved without detriment to patient care.

#### **6. Scoping Document**

The Group agreed that the current Scoping Document remained an accurate reflection of the Group's focus and work to date.

## **7. Proposed future witnesses and date of next meeting**

It was AGREED that:

- Written evidence be sought from the local Medical Committee on any advice and/or guidance they provide to GPs in respect of dementia care.
- A representative from Essex and Southend LINK be invited to attend to give patient and/or carer experience.
- The Alzheimers Society and the Carers Forum be advised of the work of the Task and Finish Group and invited to produce written evidence on patient and carers experience and any advice and/or guidance they provide to patients/carers.
- Financial data be sought, such as total Essex spending on dementia care, funding on grants to Alzheimers Society and similar, ECC support for funding beds in voluntary service sector, and the numbers of self funded patients versus fully supported patients.

It was also AGREED, subject to witness availability, that a further meeting be held in the week commencing 18 October 2010.

## **8. Urgent business and exclusion of the public**

It was AGREED that the public (including the press) should be excluded from the remainder of the meeting during consideration of an agenda item on the grounds that it involved the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972.

- Mr Redgwell tabled a report received from a member of the public concerning the unsatisfactory experience of residential homes and social care by a member of their family. This was discussed. It was possible that details of the case would appear in the local press and Members were alerted to look out for this further coverage.
- It was AGREED that Graham Redgwell would contact the ECC Complaints Officer, Social Care, to advise that, after any investigation had been completed, the Task and Finish Group would be interested in receiving general conclusions and comments on the procedural aspects of the case. In connection with this case, copies of the ECC End of Life Strategy and Connecting Carers (Winter 2009) document would be circulated to Members.

The meeting closed at 12.40 pm.

Chairman