# MINUTES OF A MEETING OF THE DEMENTIA TASK AND FINISH GROUP HELD AT COUNTY HALL, CHELMSFORD ON 30 JULY 2010 AT 9.30AM

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 |
| Jenny Owen (Items 1-3 only) | - | Executive Director Adult Health and Community Wellbeing |

## 1. Apologies and Substitution Notices

Apologies: County Councillor Mrs M Hutchon and Messrs R Cox and S Currell.

## 2. Declarations of Interest

| | |
|---|---|
| Councillor John Baugh | spouse works in the National Health Service<br>Director Friends of Community Hospital Trust |
| Councillor Sandra Hillier | Personal interest as governor of Basildon and Thurrock University Hospital Trust |

## 3. Evidence from Jenny Owen, Executive Director Adult Health and Community Wellbeing

(a) National Dementia Strategy

- The Strategy comprised 18 proposals (17 formulated by the Strategy Taskforce and 1 was added subsequently). It sought to look at what 'would make the biggest difference'.

- Health/clinical and social care needed to be given equal weighting in determining the strategy and would be co-led by clinical and social care agencies. If the medical side of dementia was looked at in isolation then it did not address how one lived well with dementia (i.e. community and social care).

- The strategy aimed to improve quality of life after diagnosis by maximising the time patients spent in their own home and in the community and minimise the time a patient spent in acute hospital beds and long-term care homes. Dementia often was accompanied by physical medical conditions.

- A clinical and economic case was made to show that if investment was made into early diagnosis and early care support then there could be less spend in the long term as it could minimise the acute health and care demands later in the patient care process. A medical pathway could well last some 10-12 years.

- One of the key priorities was to have memory services in each health economy (PCT area) to ensure early diagnosis

- The Department of Health had established an implementation team with Regional Leads. Tina Lightfoot from Adults Health and Community Wellbeing, an expert in personalised social care budgets and services, had been seconded to the regional team. Regional activity was due to disappear under the Coalition Government's budget reductions.

- A National Workshop had been held involving over 40 organisations (professional bodies and Department of Health) in preparation of a National Declaration to be launched in October as to how it was intended to implement the strategy and improve care.

- ECC was working with the PCTs and Mental Health Trusts to put together one agreed overall Essex strategy. However, there could be individual and localised implementation plans at PCT level.

- There was an annual spend of approximately £1b on older people in Essex with 80/20 divide between NHS care and social care respectively. Funding in health budgets for dementia services in Essex were not currently ring-fenced.

(b) <u>Joint commissioning</u>

- A Joint Programme Board for Dementia Care had been established and was chaired by Chris Martin, Senior Manager Strategic Commissioning. Papers prepared on the implementation of dementia care so far and future dementia/carer strategy would be distributed to Members. Whilst anyone was entitled to a social care assessment, the threshold for access to care through Fair Access to Care was set at "Critical and substantial".

- With some funding from the Regional Efficiency and Improvement Partnership (REIP) the Government was funding the PCTs, ECC, Southend and Thurrock unitary authorities, to looking at providing better services for Older People, concentrating especially on those services that could be jointly

commissioned. The project would feed into the PCT's QIPP savings programme.

- As part of the review, the REIP would be looking at how to avoid unnecessary and/or premature admissions to hospitals and residential care homes and a falls prevention strategy. In Hertfordshire a social worker was in attendance with the paramedic in the ambulance to assess any falls and to look at a suitable care package to enable the patient to stay at home if at all possible. Similarly, in the South West area, a GP accompanied the paramedic in the ambulance. Further different models were being looked at in other areas.

(c) Patient assessments and support plans

- Critical needs and substantial clinical needs would be assessed, a support plan developed with appropriate resource allocation and management of care/personalised budget determined. Other care costs might have to be self-funded depending on means testing.

- The majority of older people with dementia were dealt with initially in the mainstream care support services. Assessment Management Teams could make case referrals to Older People specialist teams (e.g. covering depression and mental health issues) or co-work some cases with them

- There were good examples of successful personal budgets and support plans, incorporating dementia care, that could be personally managed by clients, or their representatives, either in whole or part (i.e. some could be managed by Essex Social Services whilst some aspects such as visits to Day Centres etc could be directly managed by the client or client representatives).

- Essex had been part of a pilot run by the Alzheimers Society distributing a "Worried About your Memory' leaflet in GP practices but this had not been particularly successful. Members discussed the volume of leaflets on display in GP practices and the priority given to restocking them.

- It was more difficult to diagnose early onset of dementia in younger people. ECC did not have many specific services geared to this younger group of dementia patients.

- Re-ablement care after initial assessment was for up to 6 weeks - 45% who completed it did not then need a support package and others needed less care, although with dementia cases there needed to be different success criteria.

- North Essex Mental Health Partnership Trust had paid for an officer at the Crystal Centre to be a dementia liaison for the acute trust. Currently there was no similar service available in the South Essex mental health trust area.

(d) Carer support

- Essex Social Services were aware of the location of voluntary dementia and elderly persons care groups and societies and worked proactively with community organisations to try to fill-in the 'gaps' in areas that had no active groups. The most affluent areas had the most active voluntary groups whilst the less affluent areas (e.g. in the Basildon area) had less.

- A LINk survey revealed that carers wanted continually to feel that they were in touch with the care system. After initial patient consultations on dementia had been concluded the patient record often was closed only to be re-opened at a later date, with the further development of dementia, and the patient/patient representatives had to start the care support process again and deal with new people. Carers had indicated that they wanted continuity of care advice to help them navigate through the care system and this need not necessarily be provided within Essex Social Services but could be someone from the Alzheimers Society or similar and Essex Social Services would consider grant-aiding where appropriate.

- Due to the tight economic environment, ECC grants to voluntary bodies (of which the Alzheimers Society was a key recipient) in recent years had been severely restricted and the County Council would be trying to further reduce the cost of delivering grants in future.

- There were 'tipping points' for carers and carer support/respite breaks were critical and part of 'living with dementia'.

- Carers UK might be able to provide information for carers requiring health and care services as a result of, or soon after, being a carer for someone else.

**4. Scoping Document**

- Agreed that the updated Scoping Document submitted was adopted for ongoing work and that Cambridgeshire County Council could be updated on the work completed to date by the Group.

**5. Proposed future witnesses and date of next meeting**

- Visit to the North Essex Partnership NHS Foundation Trust dementia services facility at the Crystal Centre within Broomfield Hospital to be arranged. Dates to try for – Thursday 26th August or the afternoon of Friday 3rd September.

- Chris Martin, Senior Manager Strategic Commissioning and April Lawlor - Senior Strategic Commissioning Officer, to be invited as witnesses to discuss the workings of the Joint Programme Board for Dementia Care, its progress so far and issues arising.

- Regional representative from the Alzheimers Society to be invited to ascertain process for grants received and the general bidding process.

- Representatives from Carers Forum to be invited to give evidence specifically to give an idea of the percentage of carers also requiring care and health services as a direct result of being carers.

- Carers to give evidence on recent personal experience possibly in writing or by an interview in their own home.

The meeting closed at 11.20 am.