

Policy and Scrutiny Scoping Document

Committee(s)	Health Overview and Scrutiny (lead)/Community Wellbeing and Older People	
Topic	Dementia	Ref: HOSC/SCR/05 File Ref: U.220.01/57/217
Objectives	(1) Discuss issues around the level of dementia in Essex; (2) look at examples of good practice both locally and nationally; (3) discuss options for the way forward; and (4) suggest proposals to appropriate parties for a viable approach to future care and treatment.	
Reasons for undertaking review	Matter of major significance to County Council and all health bodies, due to numbers of persons involved and costs to be incurred. Included as issue in all PCT Strategic Plans from 2010 onwards.	
Topic suggested by	Councillor John Baugh	
Method <ul style="list-style-type: none"> • Initial briefing to define scope • Task & Finish Group • Commission • Full Committee 	Task and Finish Group	
Membership <i>Only complete if Task and Finish Group or Commission</i>	HOSC (3) Councillors Baugh (Chairman), Hutchon and Maddocks CWOP (3) Councillors Hillier, Pearson and Whitehouse Mental Health Partnership Trusts (2): Ray Cox (North Essex) and Steve Currell (South Essex)	
Issues to be addressed	Link in with PCT reconfiguration and purchaser/provider split Good and poor examples of practice What is financially viable now and in the future New versus old methods of treatment Home care versus residential care The role of the third (voluntary and other social care organisations) sector Can Essex resolve issues on its own?	

Sources of Evidence and witnesses	Paperwork library to be drawn up Papers from national conference attended by Group chairman Presentations by local health, social care and voluntary staff Witness sessions		
Work Programme	May 2010 – Group established June 2010 - First meeting to read background paperwork and confirm scope of review, timescales and potential witness list. July 2010 – First witness sessions Second half of 2010 – Further witness sessions and interim report to HOSC Final report - January 2011		
Indicators of Success	Health bodies and Councils accept scrutiny as a viable study and implement recommendations put forward.		
Meeting the CfPS Objectives <ul style="list-style-type: none">• <i>Critical Friend Challenge to Executive</i>• <i>Reflect Public voice and concerns</i>• <i>Own the scrutiny process</i>• <i>Impact on service delivery</i>	yes		
	yes		
Date agreed by Committee	May 2010		
Future Action	Too early to determine (May 2010)		
Governance Officer	Graham Redgwell	Committee Officer	Graham Hughes
Service Lead Officer(s)			