

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 29 January 2009 at County Hall, Northallerton.

PRESENT:-

County Councillor Tony Hall in the Chair.

County Councillors: Gillian Ivey, David Jeffels, Brian Marshall, J W Marshall, Shelagh Marshall, Paul Richardson, John Wren and Dr Keith Barnes (substituting for Gordon Charlton).

In attendance: County Councillors Gareth Dadd (Chairman of the Scrutiny of Health Committee) and Melva Steckles (Chair of the Older People's Strategy Assessment Task Group).

Representatives of the Voluntary Sector: Alex Bird and Bridget Hardy.

Executive Member in attendance County Councillor Chris Metcalfe.

Officers: Seamus Breen, Anne Marie Lubanski, Ray Busby, Bryon Hunter and Mary Davies.

Present by Invitation: Dr Austin Roberts and Maggie Layfield (Hambleton/Richmondshire Community Mental Health Team), Judith Knapton (Senior Commissioning Manager North Yorkshire & York Primary Care Trust), Jill Quinn, Gill Allatt, Pam Crawford and Susan Broster (Alzheimer's Society).

COPIES OF ALL DOCUMENTS CONSIDERED ARE IN THE MINUTE BOOK

The Chairman welcomed County Councillor John Wren to the Committee and thanked County Councillor Keith Barnes for all the work he had done whilst a member of the Care and Independence Overview and Scrutiny Committee. The Chairman also welcomed County Councillor Gareth Dadd, the Chairman of the Scrutiny of Health Committee, County Councillor Chris Metcalfe (the Executive Member for Adult Services) and representatives of the Alzheimer's Society to the meeting.

159. MINUTES

RESOLVED –

That the Minutes of the meeting held on 6 November 2008, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record, subject to the following in relation to Minute number 154 Annual Report of the Older Peoples Champion

- (a) The first two sentences of the second paragraph to read "County Councillor Shelagh Marshall informed Members of additional enhanced night nursing care in Craven. The Older Persons Reference Group in Craven works well and she had been asked to extend to other Districts".
- (b) The first sentence of the third paragraph to read "County Councillor Shelagh Marshall briefly spoke to Members on how Councillors can lead and promote

the interests of local people's networks for the twenty two local authorities being set up in the region to promote Dignity and Care".

- (c) The words "for areas such as affordable warmth" be deleted from the last sentence of the fourth paragraph.
- (d) The word "major" be deleted from the last paragraph.

160. PUBLIC QUESTIONS OR STATEMENTS

The Committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

161. DEMENTIA

County Councillor Shelagh Marshall declared a personal interest in this item as a member of the Yorkshire and Humber Regional External Working Group on the National Dementia Strategy.

- (a) Report of the Chairman on behalf of the Committee

CONSIDERED –

The Chairman introduced the report concerning Access to Dementia Services in North Yorkshire which documented the findings and conclusions of the Care and Independence Overview and Scrutiny Committee on Dementia. The key themes noted within the report were:- the significance of Dementia as an issue and National Strategy; an outline of what people felt a good Dementia Strategy should look like; and, the key steps and recommendations for Areas that warranted further development and implementation.

The Chairman highlighted the importance of further Committee involvement in the Dementia Strategy and in its role working with the Adult and Community Services Directorate and Partners such as the Alzheimer's Society and Primary Care Team (PCT). A photograph was then taken of the Committee to be included within the Dementia Report.

Ray Busby gave a powerpoint presentation setting out the structure of the Dementia report. (A copy of the slides used during the presentation are included in the Minute Book).

Key points within the presentation were as follows: the effects of dementia on the individual, the family and the carer; commitment, awareness, early intervention and diagnosis and quality of care; an opportunity for everyone to be involved and raise awareness; training for non care staff and specialist training; flexible approach to respite, people centred especially as the illness progressed; next steps, including submitting the report to Executive and the professionals.

Members expressed the following views:-

- Concern was expressed that a one-stop shop for dementia could become separated from the rest of the well being and health agenda. Seamus Breen highlighted support for one-stop shops in the local community to help alleviate any confusion on where to go for advice and guidance. He added that one-stop shops could cover all social care implications

such as care for the family and any ongoing support they might need and would embrace all partnership work at ground level sharing skills and experiences.

- One-stop shops could help people who use doctors' surgeries outside North Yorkshire and be better able to sign post them to the appropriate services. Members agreed that people need "a starting point on this journey".
- Training was a priority area and specialist training requirements also needed to be identified. Seamus Breen confirmed that training was high on the agenda and would be incorporated into the quality assurance framework. He added that York and Bradford Universities had been approached for training in dementia. Judith Knapton highlighted training in Scarborough Hospital with York University. Pam Crawford (Alzheimers Society) advised on training courses for carers but she had concerns with funding. Jill Quinn (Alzheimers Society) asked for the word "mandatory training" to be included in the report.
- In response to a question on prevention and healthy eating, Jill Quinn replied that healthy living was promoted but there was little funding available for research. Dr Roberts explained how important early diagnosis was and that there was evidence to show that for some dementia diseases, vascular dementia in particular, an active life style could help delay the rate of progression.
- It was suggested that binge drinking and drug abuse might be multiple factors for the development of dementia.
- Members agreed that early diagnosis was important and it was vital that people/carers were encouraged to come forward for early diagnosis.
- Members discussed issues around the public stigma attached to Dementia which they recognised was akin to views on cancer in previous years. It was important that Elected Members as Community Leaders were able to work with the PCT and Partners to raise the issue of dementia. Susan Broster advised that support had to be given very sensitively and she spoke of people who did not want to be diagnosed with dementia but instead wanted their lives kept as normal as possible for as long as possible.
- Members discussed the care and support needs of carers which needed to be "person centred". Carers valued short breaks/respite but this needed to be flexible. Members agreed that this was an important issue for inclusion in the Joint Commissioning Strategy.
- There needed to be clarity between social care and medical care respite and this information needed to be kept up to date with the third sector. Dr Roberts explained the background to this. Most people he came into contact with were of the

opinion that a broader range of respite care needed to be made available.

- Members acknowledged the huge amount of work in the report but some Members thought it was a heavy read and that an executive summary of two to three pages, with more detailed information as an Appendix might help. There were concerns on the number of proposals but Members agreed the recommendations were all valid. Ray Busby acknowledged the remarks.
- Proposal 7 had little evidence to support Telecare and Assistive Technology and additional work was needed. County Councillor Gillian Ivey volunteered to be included in any future work.

Ray Busby showed the Committee a paper outlining care pathways; how they worked and what services were included (a copy of which is included in the Minute Book). The information, taken from a Cornwall County Council report, was similar to a train map with many different pathways available, it outlined care pathways, showed how they work and the services included. Ray Busby suggested using the paper in the final report to the Executive as an example of how promotion of complex dementia information might be presented in an easily understood format.

RESOLVED –

That the draft Dementia Strategy for North Yorkshire and Members' comments be noted.

- (b) Presentation by Dr Austin Roberts and Maggie Layfield - Memory Assessment Services (Hambleton/Richmondshire Community Mental Health Team)

CONSIDERED –

Dr Roberts informed the Committee that he was one of two Consultant Psychiatrists working in the Community Mental Health Team in the Hambleton/Richmondshire area, Dr Chris Simpson being the other. The team's role is to deliver Mental Health Services through Memory Services and Memory Clinics. Dr Chris Simpson was instrumental in organising the Mental Health teams and training. Dr Robert added that initially the Memory Clinic Services first appeared in academic settings, with funding by pharmaceutical companies.

The Committee then received a power point presentation from Maggie Layfield who advised that there was no one model for Memory Clinics. (A copy of the slides used during the presentation is included in the Minute Book). Key points within the presentation were as follows:- the services and support available at Memory Clinics; how early intervention and diagnosis could help; what constitutes a Community Mental Health Team; a patient's journey and GP assistance; multi disciplinary teams and the services at Joint Assessment Clinics; the flexible approach given at Memory Clinic assessments including carer assessment; the diagnosis and formulation of a care plan; and, post diagnostic assistance that allowed support, a care package, advice, information and education, carer support and respite care.

Members expressed the following comments:-

- In regard to a patient's journey and the barriers/stigma of a referral by a GP to the Mental Health Team, Dr Roberts agreed that there were problems when patients received letters from the Mental Health Team. He advised that GPs were encouraged to refer but there was a high proportion of self referrals. He acknowledged that more awareness training was needed by Mental Health staff.
- In reply to a question on staff shortages, Dr Roberts said that senior posts were covered and there were plans to employ a third Consultant. He acknowledged that there were shortages of staff in lower level medical care although in some cases nurses were being trained to cover. He highlighted the enhanced nursing team which was now able to prescribe drugs. He also advised that patients were seen within 13 weeks of being referred and most within 8 weeks.
- In reply to a question on the criteria for prescribing drugs on severity and the new guidelines currently with PCT commissioners, Dr Roberts explained NICE issues and guidelines and the need for flexible care.

RESOLVED –

That the presentation and Members' comments be noted.

162. UPDATE ON SAFEGUARDING ISSUES

CONSIDERED -

Report of the Corporate Director - Adult and Community Services updating on developments and potential changes within the safeguarding arena.

Members agreed that the report should be deferred to the next meeting of the Care and Independence Overview and Scrutiny Committee due to timing issues.

RESOLVED –

That the Update on Safeguarding Issues report to be deferred to the next Committee meeting.

163. MONITORING OF OLDER PEOPLE'S STRATEGY ASSESSMENT

CONSIDERED –

Verbal report of the Head of Scrutiny and Corporate Performance to give feedback from the Executive's consideration of the Monitoring of the Older People's Strategy Assessment.

Ray Busby informed the Committee that the Older People's Strategy Assessment had been well received by the Executive who supported the work of the group. Ray Busby highlighted the points made which needed refinement. He advised the Committee that he would be sending a letter to all Members of the group with further information.

County Councillor Melva Steckles (Chair of the Older People's Strategy Assessment Task Group) said that the work of the Task Group in 2009 would continue around the present term of 'engagement'.

RESOLVED –

That the report be noted.

164. WORK PROGRAMME

CONSIDERED –

Report of the Head of Scrutiny and Corporate Performance seeking agreement to the work programme attached as Appendix 1 to the report and giving Members the opportunity to be updated on work programme items and review the shape of the work ahead.

The Chairman suggested that the Committee revisit the issue of supporting people with learning disabilities in the community jointly with the Economic Development and Regeneration Overview and Scrutiny Committee after the election in June. An appropriate amendment to the work programme would be made.

RESOLVED –

That the information contained in the report be noted and approved and that the matters referred to above be incorporated into the Committee's Work Programme.

MD/ALJ/JD