

**NORTH YORKSHIRE COUNTY COUNCIL**

**CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE**

Minutes of the meeting held on 2 September 2010 at the Galtres Centre, Easingwold.

**PRESENT:-**

County Councillor Tony Hall in the Chair.

County Councillors: John Batt, John Fox, Brian Marshall, Dave Peart, Joseph Plant, Peter Popple, John Savage, Melva Steckles, Helen Swiers, Herbert Tindall and Geoff Webber (as substitute for Bill Houlton).

Representatives of the Voluntary Sector: Peter Blackburn.

In attendance: County Councillor Jim Clark (Chair of Scrutiny of Health Overview and Scrutiny Committee).

Present by Invitation: Claire Goodchild (Department of Health), Belinda Goode (Yorkshire and Humber Improvement Partnership), Jill Quinn, Gill Allatt, Jacki Tonkin and Jan McLauchlan (Alzheimer's Society). Judith Knapton and Helen Mackley (NHS North Yorkshire and York), Keren Wilson (Independent Care Group), Kath Murray, Margaret Clayson and John Spencer (North Yorkshire LINK),

Officers: Seamus Breen (Assistant Director, Commissioning & Partnerships, (Adult and Community Services)), Norma Sutton (Adult and Community Services) Ray Busby (Scrutiny & Corporate Performance) and Mary Davies (Legal & Democratic Services).

Apologies: County Councillor Pat Marsburg.

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**COPIES OF ALL DOCUMENTS CONSIDERED ARE IN THE MINUTE BOOK**

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**45. MINUTES**

**RESOLVED –**

That the Minutes of the meeting held on 3 June 2010, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

**46. 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.

**47. DEMENTIA – HOW HAS THE NATIONAL DEMENTIA STRATEGY BEEN INTERPRETED NATIONALLY, REGIONALLY AND LOCALLY. PROGRAMME AND SUPPORTING PAPERS ATTACHED**

**CONSIDERED -**

The report of the Head of Scrutiny and Corporate Performance providing supporting information for the Committee's review of how the National Dementia Strategy has been interpreted nationally, regionally and locally.

The Chairman welcomed Councillors and invited guests to the meeting which was being held to consider the support available for people suffering from Dementia; the progress being made and whether the position the Committee had adopted was still relevant. The Chairman asked everyone present to consider what needed to be done in the future especially for communities in North Yorkshire.

The Committee heard presentations from the following organisations:

Claire Goodchild (Department of Health), presented a powerpoint presentation to the Committee (a copy of the presentation is included in the Minute Book). The presentation explained the planned national evaluation of the National Dementia Strategy (NDS), future steps and national intention of why there needed to be a National Dementia Strategy in place. Claire Goodchild advised that the number of people with dementia was rising as the ageing population grew and that costs were likely to treble to more than £50b in the next 30 years. Claire Goodchild said that the impact of dementia on people's lives and that of their families was immense; the current system was complex as dementia sat across many systems and services and that a strategic approach was needed to improve services that would enable people to live well with dementia. Claire Goodchild highlighted links between the Carer's Strategy and End of Life Strategy for people living with dementia and she advised that consultations had identified seven priority areas that required initial focussed attention to improve the lives of people with dementia and their carers. Implementation of these objectives would require joint planning and working between health and social care commissioners and providers; the third sector and people affected by dementia.

The following comments were made:

- In answer to a question regarding the work of GP's, Claire Goodchild advised of work currently underway with the College of Medicine which focussed on early diagnosis.
- Concern that only a third of the projected numbers of 750,000 people who had dementia were diagnosed. Claire Goodchild referred to work carried out by King's College, London to develop the figures. Seamus Breen referred to North Yorkshire County Council's POPPs and the work carried out by the local authority based on the national research. Jill Quinn advised of an evaluation report which looked at whether the structure in place was able to cope. She said that she would send this information to Seamus Breen to distribute to the Committee.
- Whether there would be a carry over for this year of the £12.5m budget. The Committee were advised that there would be no carry over of funding.
- Whilst there was agreement of the need to get people suffering from dementia out of hospital as soon as possible, a Member queried whether the local authority would pick up the funding of extra care. Judith Knapton advised of the 30 day discharge procedure in place and the community nursing team responsibility for after care on discharge from hospital. Claire Goodchild highlighted the balance of using the time in hospital to its maximum benefit before discharging the patient.
- Highlighted that the £9.7m funding from the Department of Health to the PCT had not been ring fenced for funding dementia.

Belinda Goode (Yorkshire and Humber Improvement Partnership) presented a powerpoint presentation to the Committee (a copy of the presentation is included in the Minute Book). The presentation explained the Yorkshire and Humber Improvement Partnership Regional Review. Belinda Goode highlighted that the Review presented a compelling case for change and highlighted the three highest priorities for the region within the Review:

- To make people living with dementia who are “unknown” to health and social care “known” and effectively supported, thereby reducing placement in acute care/care homes through invest to save schemes.
- For a person living with dementia, their greatest “asset” was their carer and family and there needed to be more work done to support them.
- Current funding needed to be redistributed from acute hospitals and care homes to parts of the health and social care system associated with better outcomes for people with dementia.

Belinda Goode emphasised the need to raise awareness and reduce the stigma attached to dementia and to advocate that it was possible to have a life with dementia. She acknowledged recording data needed to be improved as developing preventative services in future would be difficult if demand in population was not known. Belinda Goode recognised that early intervention could reduce admission to residential care and she advised of work between health services and social care services to work together to look at the person with dementia as the centre and how all services would impact on them. She noted that the Review had found many positives such as the amount of partnership working being carried out. Belinda Goode advised of training needs to a cross section of services such as nurses, GP’s and social care staff and she highlighted the lack of training currently available. Belinda Goode referred to the pending spending review and concerns that the work being carried out on dementia may be “blown off course and not prioritised”.

The following comments were made:

- How improvements to data recording could be made. Belinda Goode said improvements had to start with better education and understanding the importance of recording accurate figures. Seamus Breen advised of the new AIS system in place and the importance of Care Managers and their staff to capture numbers and input them onto the system. He advised that of the 62% of people who needed support a high percentage of them had dementia and he acknowledged that this figure may be under estimated which underlined the need for accurate recording.
- The lack of training on dignity; some services did not understand the impact on people suffering from dementia. Seamus Breen acknowledged the concerns and the need to focus training to include dignity. Judith Knapton highlighted Objective 2 and 8 within the Review – Good quality early diagnosis for all and improvements to the quality of care for people with dementia in general hospitals.

Judith Knapton (NHS York and North Yorkshire), presented a powerpoint presentation to the Committee (a copy of the presentation is included in the Minute Book). The presentation explained the North Yorkshire perspective on the National Dementia Strategy and the PCT, local authority and Care and Independence Overview and Scrutiny Committee outlook; and work focussing around the Dementia Network and how the Network functions, its workload and achievements to date.

The following comments were made:

- A Member highlighted that County Councillors were currently looking at where cuts in services would be made and she said there was unanimous support to protect front line services and the Third Sector wherever possible.
- A Member commented on Appendix 2 on page 12 of the report and asked who set and monitor services for Nursing Homes. Judith Knapton advised on the minimum CQC standard and highlighted that the PCT had appointed nursing staff to work and support Residential Homes. She also advised of work being carried out by the

Independent Care Group and the Market Board to establish services towards a North Yorkshire Standard.

- A Member referred to Appendix 2 on page 21 of the report and asked why there were so few Committee proposals in relation to residential care. The Chairman advised that the Network were currently looking at this work and would advise the Committee of their outcomes.

Jill Quinn (Alzheimers Society) advised on the Community perspective, how users and carers were represented and what has changed for people with dementia and their carers. She gave an example of how the Dementia Strategy had affected people and advised on how the Memory Service had been reshaped. She advised of a four step delivery plan in Harrogate:

Step 1: Appointment with a memory nurse who assessed the patient. The Carer would also be seen and any counselling given.

Step 2: Another appointment with the memory nurse where the voluntary sector would be brought in and counselling given.

Step 3: Results given by the Consultant and a diagnosis given. Jill Quinn advised that some patients may not want to continue after being given their diagnosis.

Step 4: A Care Plan is given and "What happens next".

The Chairman asked about Local Forums and Jill Quinn replied that the Forums are in place all over the Country with membership made up from anyone who is interested in dementia. She advised that the Forums were a place for people with dementia to have a voice and welcomed any input from Elected Members. The Chairman asked that information on the Forum in North Yorkshire be sent to Ray Busby who would send the information to Members.

Seamus Breen advised of the major changes ahead; the demographic shift and the demand to the current system. He advised of the current model and the £4m step up growth in demand which would increase each year. He advised of a 25% reduction in funding and highlighted strategies to manage demand:

- Telecare and re-ablement to help keep people as independent as possible.
- Working with the Voluntary Sector on core services.
- Investment in care pathways.
- Good advocacy to enable peoples voices to be heard.
- Supporting day services. He advised of partnership working between Selby District Council and the Voluntary Sector using community halls and leisure centres to engage with people and make them more active.
- The need for residential care to be provided by the private sector.

Seamus Breen acknowledged that there were difficult times and severe challenges ahead. There was a need to protect front line services and progress pathways and give a clear commitment in North Yorkshire to its care services.

The Chairman advised that there would be no conclusions at today's meeting and he urged the Committee to consider the information they had been given. He said that he would include dementia as an agenda item at the next meeting.

Jacki Tonkin (Alzheimer's Society) spoke of her joy at being present at the meeting and seeing the level of interest. She felt that with the support and interest of the community this would take away the stigma of having dementia.

The Chairman agreed that the debate on the conclusions from the day would be deferred until the next Committee meeting. He thanked everyone for attending the meeting.

**RESOLVED –**

That the report and presentations be noted.

MD/ALJ