

ADULTS, HEALTH AND SOCIAL CARE SCRUTINY BOARD, 17TH OCTOBER 2019

PRESENT: Councillor Blagbrough (Chair)

Councillors Barnes, Mrs Greenwood, Hutchinson, Naeem and Whittaker.

27 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Benton, Clarke and MK Swift.

(The meeting closed at 19:17 hours).

28 MINUTES OF THE ADULTS, HEALTH AND SOCIAL CARE SCRUTINY BOARD HELD ON 12TH SEPTEMBER 2019

IT WAS AGREED that the Minutes of the meeting held on 12th September 2019 be approved as a correct record and signed by the Chair.

29 LIVING WELL WITH DEMENTIA IN CALDERDALE – LATEST POSITON

The Director, Adult Services and Wellbeing submitted a written report that provided an update on the report 'Dementia – a Bold Approach' issued in 2012 which reviewed dementia services, with recommendations published in November 2012. The health and social care landscape had changed considerably since 2012 and the report provided an overview on work undertaken to improve care and support for people with dementia and their carers.

Dementia was a growing, global challenge and is one of the greatest challenges in the 21st century. Over coming years many people accessing Council services would either have dementia or would care for someone who did have dementia. With over 850,000 people currently living with dementia in the UK (which was expected to rise to over one million by 2025 and to two million by 2051), society must consider how dementia would impact on both their staffing and customers. Calderdale had a population of around 209,100; the estimated number of people over 65 with dementia is currently 2,696 and was set to rise to well over 4,000 by 2035 in line with an expanding local population.

Councillor Metcalfe, Cabinet Member for Adult Services and Wellbeing shared with the Board his experience of the services provided by the Authority through a family member being diagnosed with Alzheimer's. Councillor Metcalfe felt that the update was well overdue and was pleased that the Board was discussing this now. His experience of some areas of the service had been patchy and there was a clear need for different departments to look at working more closely together.

The process of assessment and diagnosis was a long process with long waiting times, where appointments were cancelled and rebooked 3 months later. There were duplicate examinations for example memory checks, and he also had to provide the same information to different services, and following diagnosis when discharged people were referred back to their GP to start a whole new process. Councillor Metcalfe suggested that scrutiny looked at the diagnostic pathway.

As a carer, he confirmed that dementia friendly communities were really important and these needed developing throughout the Borough.

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Members commented on the following issues:

- Was there enough support for carers as caring can be difficult? Was the Authority doing enough to support them so that care did not break down? In response, Officers advised that carers were supported, but that we could do more to help. It was felt that thinking was becoming joined up and services were working well together through the assessment and diagnosis process. The Authority and Calderdale Clinical Commissioning Group (Calderdale CCG) were working closely together in line with the Health and Wellbeing Strategy. There were gaps and these were being addressed. Staff would also look towards the community and had seen exceptional services from groups such as: Memory Lane Café; there was a lot to learn from these groups.
- What support was given to carers if a person suffering with dementia moved into residential care or passed away? In response, Officers advised that the social care services would support the carer and continue to work with them for a number of years.
- It was stated 30% of dementia is preventable, what work was being carried out to address this? In response, Officers advised that there had been national campaigns that focussed on smoking, high protein and the Healthy Lives Scheme which would have a 'knock-on' effect.
- Was it worth sending out a blunt message around lifestyles? In response, Officers advised that a report published last year evidenced that the view of younger people with dementia was inevitable, and there needed to be a campaign around this and to focus on the age group 45-65, where there could be an impact.
- Recommendation 6 referred to the 2012 recommendation withdrawing funding from residential and hospital care to support care. Calderdale should consider a pilot project. There was no sense of how this was providing to be effective and were we making progress or going backwards? In response, Officers advised that it was difficult to answer and see the impact. With the introduction of Primary Care Networks there was a responsibility to focus on those areas.
- What method would be used to construct a means of assessment? In response, Officers advised that they tended to use figures around hospital admission and people in crisis. They would monitor the impact that specific support had around crisis in home and residential care. People should only be in hospital when things had reached a crisis situation.
- Skilling up the workforce and recruiting within the nursing workforce, it was around training and working with providers. Breakdown in care needed to be prevented and we needed to think creatively; how do we create in-reach models. The extra care scheme that was looked at being dementia specific, we could learn lessons from this.
- What respite care was available for carers? Did Calderdale provide night sitters? In response, Officers advised that this needed to be focused upon in the detailed

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Review. They were looking at different models, including hybrids which had built in shared care. Caring for someone is tiring for people and often there could be feelings of guilt because they feel they cannot cope, this needed to be addressed and have a flexible service.

- ‘Support in Mind’ – Could the review that was being undertaken be presented to the Board once finalised? In response, Officers advised that it was a Local Authority provision that worked with a small number of people in the Borough. They would look at specialist support and care and would be happy to discuss this with the Board at a later date.

A representative of Memory Lane Café, a dementia friendly café located in Sowerby Bridge, attended the meeting and addressed the Board and explained the service they provided to people who were living with dementia in the community. They recognised the help and support the Council provided in setting up the service and benefitted from a Ward Grant scheme that the Council funded. They noticed there was a gap in the community and what they had tried to do was make a strategic service and share their story and practices. It was hoped that working with the Council, similar groups can be created across the Borough.

Julie Hayden from Young Onset Dementia & Alzheimer’s Group attended the meeting and shared her experience of being diagnosed with early onset dementia. Julie explained that it was usually at meetings like this the strategies and different ways of working were consulted and decided upon, but the voice of the person suffering with dementia was often left out. There was a lack of provision within Calderdale for young people suffering with dementia and that it mainly focussed on the older population, including care homes. It was important that dementia care was person-centred and that they were involved at every stage of their care. She felt that specialist funding for onset dementia was put into the shadows and that this needed to be addressed as a young person suffering with dementia had different needs than an older person. Dementia was the largest killer of women in the country over heart disease and cancer and more funding was needed to fund this provision.

The Chair confirmed that it was beneficial for the Board to hear their personal stories and thanked them for taking the time to attend the meeting.

IT WAS AGREED that

(a) the report be noted; and

(b) the Director, Adults Services and Wellbeing be requested to present a Detailed Review of the journey of people suffering with dementia from assessment to diagnosis, and the ongoing care that they would receive to a future meeting of this Board.

30 ADULTS AND WELLBEING BUDGET POSITION

The Director, Adult Services and Wellbeing submitted a written report that provided information on the current financial position for the Adult Service and Wellbeing Directorate. The report highlighted particular cost pressures, specifically the increase on expenditure in home care and All Age Disability. The update included

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information on the potential addition funding for 2020/21 announced in the Chancellor of the Exchequer's recent announcement on public sector spending.

Officers advised that the report covered the financial position for the Adult Services and Wellbeing Directorate and that it was not unusual that Adults Social Care was not within Budget; the report presented the worst case scenario. They were starting to see some improvement, though the delayed transfer of care initiative had created increased budget pressures, and a shift in spending and increased costs had come together at the same time. Plans were in place to improve this position, though it would take time to turnaround. They would welcome any short term funding, albeit short term funding was only for the year and a permanent solution was required.

Members commented on the following issues:

- The second quarter overspend was expected to be higher than £1.8m, why was this not foreseen? In response, Officers advised that it had took a while to get underneath and there was a funding shift. Care costs that had been equally shared had moved to the Local Authority. It would be difficult and foolish to say that they could turn around the whole overspend, but did hope to see an improvement in the fourth quarter.
- One of the main areas of concern was lack of progression of previous budget savings, but which saving was being referred to? In response, Officers advised that from time to time Cabinet had included budget growth to account for demographic pressures, but this has not been included for the last three years. They had put systems in place and had worked hard and used technology better; £1m had been saved this year, with some savings being accumulated over the year.
- There had been an increased spend around adults with learning disabilities. The NHS Long Term Plan was clear they wanted to see people moving out of larger homes into small homes, surely this was more expensive? In response, Officers advised that they had been working closely with Calderdale Clinical Commissioning Group around the Transforming Care Programme. They were trying to work collaboratively and would look at how they could deliver care closer to home where outcomes would be better. The service needed to be forward thinking and look at areas that were not traditional.

Another opportunity would be to plan much earlier around the support of families and their aspirations. They were aware of Transforming Care, and intervening earlier in a person's life, support should be from childhood and not once they become adults.

- It was noted that the timing of the report was not helpful, and that a report had been presented to Cabinet on 30th September. More detail would be required when it was brought back to the Board with the addition of public spending.

IT WAS AGREED that the report be noted.

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31 WORK PLAN 2019/20

The Senior Scrutiny Officer submitted the Board's Work Plan for consideration.

The Senior Scrutiny Officer advised that at the next meeting of the Board there would be a significant item presented around Autism from Healthwatch. The Board had talked about mental health issues in a broad sense, and this would be a welcome addition to the work plan for in-depth scrutiny and discussion around the service offered to people living with Autism.

Following discussion with the Director of Public Health around public health budgets, the item that was due to be heard at the meeting had been deferred to allow for feedback to be incorporated into it and would be presented at a later date.

The Scrutiny Review was now complete and would give greater capacity for Detailed Review work. A new Assistant Scrutiny Officer had been appointed and would be attending the next meeting of this Board.

A Calderdale and Kirklees Joint Health Overview Scrutiny Committee meeting was due to be held on 18th October 2019, and an update of this would be presented at the next meeting.

IT WAS AGREED that the Work Plan 2019/20 be noted.