BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY DEMENTIA SELECT COMMITTEE

10.30am 12 JUNE 2009

COMMITTEE ROOM 2, HOVE TOWN HALL

MINUTES

Present: Councillor Hawkes (Chairman)

Also in attendance: Councillor Barnett and Wrighton; Mr Robert Brown, LINk co-optee

PART ONE

1. PROCEDURAL BUSINESS

1a Declarations of Interest

1.1 There were none.

1b Apologies

1.2 Councillor Averil Older gave her apologies.

1c Exclusion of Press and Public

1.3 The Committee considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in Schedule 12A, Part 5A, Section 100A(4) or 100 1 of the Local Government Act 1972 (as amended).

1.4 RESOLVED – That the press and public be not excluded from the meeting.

2. MINUTES OF PREVIOUS MEETING

2.1 There were none as this was the initial meeting of the Select Committee.

3. CHAIRMAN'S COMMUNICATIONS

3.1 The Chairman welcomed the Committee members and thanked the expert witnesses for attending the meeting.

4. EVIDENCE FROM WITNESSES

4.1 Kathy Caley, Acting Joint Commissioner for Older People from Brighton & Hove PCT, gave a presentation on local services for people with dementia. This was to give members an overview of what was currently available, so that they will be able to make recommendations for service improvements at the end of the Select committee process. Ms Caley also responded to questions and comments from the Committee members.

4.2 Members said that their personal experiences had been that it was sometimes hard to obtain useful information about what services were available for people with dementia and their carers. They heard that a bid had been submitted under the Carers' strategy to obtain funds for Carers' advisors, who would be located in various parts of the health economy, and would be available to give advice to carers. Members also heard that the peer support network bid had recently been shortlisted, with the next stage of interviews taking place in the next few days.

4.3 In addition to the information given in the presentation, the Committee members heard:

- Sussex Partnership Foundation Trust (SPFT) Psychological Services also provided services for carers to receive support regarding their role as a carer and the impact of a family member being diagnosed with a Dementia Referral via their GP, to the Community Mental Health Team (CMHT) or directly to the Psychology dept.
- The CMHT had a range of staff covering all aspects of someone's care needs from first diagnosis to ongoing support.
- The Towner Club, run by the Alzheimer’s Society and SPFT provided services for people with dementia under the age of 65. It tended to be for milder dementia cases. It is most beneficial to individuals at an earlier stage of a dementia and is located in Somerset House with activities taking place in the wider community.
- The Aldrington Day Hospital is primarily for individuals with a function mental health diagnosis e.g. depression. Individuals with a dementia can access therapeutic interventions including anxiety management; memory management groups; ways of maintaining as much independence as possible in their own homes; and managing depression, which tends to increase with dementia.
- The principle of reablement applied to everyone including people with dementia; it was about maintaining someone's independence to whatever level was possible, setting personal goals and working to achieve them.
- SPFT is running a pilot scheme for specialist dementia home care, learning from best practice from previous dementia at home care schemes and assisting people with lower levels of care needs.
- There were examples of care staff working with people with dementia alongside studying for an NVQ Level 2 qualification. Members felt that this was a very positive example of good practice and joined up thinking and hoped that this would be encouraged in the future. Brighton and Hove City Council worked with the independent sector to support them in training their staff, providing incentives for

homecare providers whose staff were working towards an NVQ qualification. These issues would be looked at in more detail at a later meeting, dedicated to considering training and development.

- With regards to funding people to go into care homes, Brighton and Hove City Council funded people assessed as having 'substantial' or 'critical' levels of need, in accordance with the Fair Access to Care Scheme. This is a favourable situation compared to some other local authorities and preventive intervention is valued.
- Members asked whether there was consistency in carers going into someone's home, as a change in staff might prove confusing for people with dementia. The CMHT tried to ensure that there was consistency in their care staff and had a named Care Co-ordinator system, but it was harder to ensure continuity in the private sector. However there was a financial incentive given for 'continuity of care' by homecare providers.
  In some large care packages, there may be more than one care worker who has consistently worked with an individual for more than 6 months. Payment for this element of the Incentive Scheme will be proportionate to each provider's share of the overall total number of people who have had at least six months continuity of care from care workers.
- The ICAST service is an open access service, to which people could self-refer any day of the year. It provides assessment and support for individuals and can screen and transfer individuals to other services.
- Intermediate Care and Transitional Care Services were free at the point of delivery and provided short-term bedspaces. Transitional Care offered longer-term bedspaces. Ireland Lodge have 10 Transitional and Respite Care Beds
- There were nine Older People Mental Health (OPMH) residential care homes and 3 OPMH nursing care homes in Brighton and Hove in total. The majority of rooms were single occupancy; some are shared double, although these might be used for two non-related people and so were less popular than the single rooms.
- Extra Care Housing offered services to the whole community and encouraged community use as an integral part of their service. They employed Community Development Workers to develop this. If residents bought flats in the Extra Care Housing accommodation, it could not be sold on the open market but would have to be sold back to the Housing Association, ensuring that the Association kept control of the property. Brighton and Hove's own Extra Care Housing scheme, New Larchwood was recognised nationally as very good practice.
- There was discussion over the future of the dementia beds on the Nevill Hospital site; Russell Hackett from SPFT agreed to provide full details to the next committee meeting.

4.4 Russell Hackett, Director of Business Development at SPFT gave a presentation on Sussex Partnerships' future ambition to provide a wider range of services for people with dementia and their carers across Sussex and responded to members' questions.

4.5 In addition to the information given in the presentation, Committee members heard:

- East Sussex had run a Memory Assessment and Support Team for two and a half years; a team leader could attend a future Dementia Select Committee meeting if this would be useful.
- SPFT was proposing to run six memory clinics across Sussex, including one in Brighton and Hove.

4.6 Dr Chris Smith, Specialist in Psychiatry in Old Age, gave a presentation on dementia from a medical perspective, and responded to questions from Members.

4.7 As well as the information in the presentation, Members heard:

- There were several different types of dementia; people might suffer from a mix of types. Only a post mortem could confirm a diagnosis but other assessment tools and observations of the individual's presentation could indicate a likely diagnosis.
- Members heard that it was hard to diagnose the prevalence of alcohol-related dementia at present, but that numbers were likely to build as people were drinking more heavily. This type of dementia could also be linked to poor diet; alcohol prevents the body from absorbing thiamin, which is needed for the brain to 'record' memories.
- Dr Smith explained that in a patient's first assessment, a large proportion of the time would be spent with the patient and carer working out a chronological series of events for the person, as this was important to establishing the correct diagnosis.
- It is standard practice for patients to have a CT scan to see if there are any contributing factors which could be treated eg a brain tumour rather than dementia; this happens in a small percentage of cases.
- Reducing risk factors should reduce the incidents of vascular dementia, but it would not affect the rates of Alzheimer's disease.
- It was not the case that people were actively screened for dementia, it was more that people would present themselves and diagnosis would follow. This led to the question, should there be pro-active screening? There is medical debate about whether early treatment is beneficial or whether it pushes people along the dementia 'pathway' more quickly and instead, increases their needs. NICE has said that it is not effective to treat dementia too early.
- Brighton & Hove use the MMSE test to diagnose dementia; this is a quick, easy to use, low-tech way of assessing a patient. The test usually takes place within two weeks of a GP referring a patient.
- The average duration of dementia is 11 years from diagnosis.
- East Sussex has the highest percentage of older people in the UK. Nationally, figures for people over the age of 90 had risen by over 50,000 since 2000.
- There were some drugs that could be used to help people with dementia; in some cases this might give the patient an artificial 'boost', in others it might help to keep them on an even keel, and in others it might have no effect at all.
- Dementia also had a number of side-effects including reversing sleep hours (where a person was awake at night and asleep in the day); psychotic behaviour and hyperactivity. Each person might develop a different set of side-effects and they would need to be looked at individually.
- Members asked whether an event such as a stroke could trigger dementia. Dr Smith advised that in some cases, this might be the critical event that moved the person over the threshold for dementia. However, in other cases, for example after an operation, it was usual to see people presenting as very confused for a number of days, but this was temporary.
- Tablets taken for long-term illness eg rheumatoid arthritis were not known to have any negative effect on brain function.

5. DATE OF NEXT MEETING

5a The next meeting will be on 17 July 2009 in Committee Room Two, Hove Town Hall. The meeting will focus on the early diagnosis of dementia.

The meeting concluded at 12.30.

Signed Chair

Dated this day of