

Minutes of a meeting of the Health and Social Care Overview and Scrutiny Committee held on Thursday, 12 April 2018 in Committee Room 1 - City Hall, Bradford

Commenced 4.35 pm
Concluded 6.50 pm

Present – Councillors

CONSERVATIVE	LABOUR
Gibbons Rickard	Greenwood A Ahmed I Hussain Johnson

NON VOTING CO-OPTED MEMBERS

Trevor Ramsay Strategic Disability Partnership
G Sam Samociuk Former Mental Health Nursing Lecturer

Observer: Councillor Val Slater (Portfolio Holder, Health and Wellbeing)

Apologies: Councillor Mohammad Shabbir, Susan Crowe and Jenny Scott

Councillor Greenwood in the Chair

83. DISCLOSURES OF INTEREST

The following disclosures were made in the interest of transparency:

- (i) Councillor A Ahmed disclosed that she was the Council's Dementia Champion and a Governor of Bradford District Care NHS Foundation Trust in relation to the Post Diagnosis Support for People with Dementia item (Minute 87).
- (ii) Councillor Gibbons disclosed that he was a Governor of Bradford District Care NHS Foundation Trust in relation to the Post Diagnosis Support for People with Dementia item (Minute 87).
- (iii) During consideration of the Airedale and Partners Enhanced Health in Care Homes Telemedicine Vanguard report (Minute 88), Councillor A Ahmed disclosed that she employed by the Yorkshire Ambulance Service NHS Trust.

ACTION: City Solicitor

84. MINUTES

Resolved –

That the minutes of the meetings held on 25 January 2018 and 1 March adjourned to 22 March 2018 be signed as a correct record.

85. INSPECTION OF REPORTS AND BACKGROUND PAPERS

There were no appeals submitted by the public to review decisions to restrict documents.

86. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

No referrals had been submitted to the Committee.

87. POST DIAGNOSIS SUPPORT FOR PEOPLE WITH DEMENTIA

Previous reference: Minute 62 (2016/2017)

The Strategic Director, Health and Wellbeing presented a report (**Document “AD”**), as requested at the Health and Social Care Overview and Scrutiny Committee meeting in January 2017, which provided an annual update report from the Bradford District Dementia Strategy Group focusing on the services provided in the District to support people with dementia and their carers post diagnosis.

Members were provided with a presentation which included the following information:

The National Picture

- 850,000 people are estimated to be living with dementia in the UK.
 - This figure is expected to rise to 1.15 million by 2025.
 - There are 517,426 people in the UK with a dementia diagnosis.
- One in 14 people over 65 have dementia and approximately 40% of them are in their 80's.
 - 1 in 3 people born in the UK this year will develop dementia in their lifetime.
- 66% of people with dementia live in their own home.
 - Half of these live on their own.
 - 80% of care home residents are people with dementia.

The Local Picture

- There are 5000+ people in the district with dementia.
 - This figure is expected to rise to 6000 by 2020.
 - There are approximately 4000 with a diagnosis and 1000 undiagnosed.
- 1000 new cases are expected each year.
 - There were 1750 new referrals for Memory Assessment in 2015-16
- 25% of all hospital beds are occupied by people with dementia.
 - 80% of care home residents are people with dementia.
- 66% of people with dementia still live at home.

Priorities in 2018

NHS England has published a new dementia guide that sets out what good quality assessment, diagnosis and care looks like. The guide is shaped by the framework set by the NHS mandate and has two clear requirements to enhance dementia care, through:

- increasing the number of people being diagnosed with dementia, and starting treatment, within six weeks from referral; and
- improving the quality of post-diagnostic treatment and support for people with dementia and their carers.

Post-diagnostic support aims:

- To provide a named co-ordinator of care.
- To facilitate choice, independence and person-centred care.
- To signpost to local support services and ensuring continuity of care.
- To jointly develop and review a care plan.
- To ensure the person's physical and mental health are monitored.
- To ensure access to treatment.

Current types of Support:

- Specialist Health Services
- Post-Diagnostic Support
- Social Care
- Community-based Support (voluntary sector)
- Self-Care
- Carer-Focused Support

At the conclusion of the presentation, it was acknowledged that, going forward, there may need to be more focus on the gap between diagnosis and specialist dementia care services.

In response to Members' questions, it was reported that:

- With the aid of new technology, there were ways of ensuring a safer environment for people with dementia who lived alone.
- In the future, there were expected to be fewer high crisis patients referred to services due to more people being diagnosed at an earlier stage.
- No single part of the service could resolve everything for people with dementia; partnership working was crucial between health and social care services and the voluntary sector.
- The NHS Bradford City CCG area had a high dementia diagnosis rate (81%) in comparison to other CCG areas across West Yorkshire and this was partly due to the high population of young people in that area.
- Providing services that catered for different community groups across the district was taken into account when forward planning service provision.
- The onus to disclose a dementia diagnosis to employers rests with the patient. Support was available for people with dementia to advise patients on this matter.
- It was acknowledged that there was work to do to de-stigmatise a dementia diagnosis.
- The Alzheimer's Society aimed to make telephone contact with a person with dementia within a week of their diagnosis; people could self refer at anytime.

A Member spoke of the stigma around dementia within the Asian community and asked what could be done to encourage earlier diagnosis. In response, it was stated that a leaflet was being developed, specifically aimed at the BME (black and minority ethnic) population and that evidence showed that being more informed reduced stigma and increased diagnosis rates. The Services Manager for the Alzheimer's Society in Bradford also added that this was an area of work that would be picked up, in terms of community engagement, with Councillors in those wards where gaps were identified, after the upcoming local elections.

A Member stated that he had recently attended a carers support event at which carers had stated they would welcome more practical help e.g. moving and handling the person they were caring for. The Assistant Director, Operational Services (who was in attendance at the meeting for the Strategic Director, Health and Wellbeing) stated that there were a number of advice sheets available from the Alzheimer's Society. She stated that the local authority would offer practical support in homes and agreed that this was invaluable support to carers. The Dementia Lead for Bradford District Care NHS Foundation Trust added that, whilst there was good social support and post diagnosis guidance available, practical help on 'how' to support someone was a possible gap in service provision.

The Services Manager for the Alzheimer's Society in Bradford informed Members that there were an increasing number of different initiatives for newly diagnosed people with dementia, but the uptake was not always good. He also stated that Bradford had an Admiral Nurse Service available through the Royal British Legion.

The Head of Commissioning at NHS Bradford Districts Clinical Commissioning Group informed Members that an updated Integrated Care Strategy was due to be submitted to the Commissioning Board on 22 April 2018.

The Assistant Director, Operational Services spoke of the links to the Council's 'Great Places to Grow Old' housing strategy for the over 50's, given that 80% of care home residents were people with dementia. She touched upon providing services differently with 24/7 access to support and the need to ensure funding was being spent in the right way to support people living with dementia due to the expected rise in numbers.

Resolved –

That a further update report be provided in the 2018/19 municipal year with a focus on finance and housing issues around dementia.

ACTION: Strategic Director, Health and Wellbeing

**88. AIREDALE AND PARTNERS ENHANCED HEALTH IN CARE HOMES
TELEMEDICINE VANGUARD - UPDATE AND EVALUATION FINDINGS**

A report was submitted (**Document “AI”**) which provided an update on the progress and changes to the Airedale and Partners Telemedicine Vanguard since 2016. The Vanguard Programme has now reached its conclusion and the report also included the findings of the evaluation of the telemedicine part of the Vanguard Programme.

Members were reminded that, in March 2015, Airedale and Partners was one of six ‘enhanced health in care homes’ Vanguards selected by NHS England as part of its New Care Models Programme. The programme aimed to scale up the existing delivery of telemedicine to care homes in four CCG areas (Bradford City, Bradford District, Airedale, Wharfedale and Craven and East Lancashire).

A detailed presentation was provided to Members of information contained in Document “AI”. In conclusion, Members were informed of the limitations of the data collected as part of the evaluation process which had reduced the number of care homes that could be analysed from over 200 to 141 and due to some of the small numbers used for the analysis, the findings were unlikely to have any statistical significance. The evaluation of the 141 care homes, in the year following installation of telemedicine, showed a reduction in emergency hospital admissions of 3%, a small increase of 2% in the use of out of hours services and a reduction in the use of 111 calls by 4%. The varying service models and local issues affecting the way in which telemedicine was used, as well as the inconsistencies of its usage across care homes, were also factors which needed to be taken into account when considering the findings.

The following responses were provided to Members’ questions:

- Airedale and Partners had only evaluated the telemedicine aspect of the Vanguard Programme, which was one of the seven intervention areas. Following a request from NHS England in 2016 to widen the delivery scope to include the full range of activity, it was decided that this should be undertaken by one CCG partner and was therefore led by East Lancashire CCG. An evaluation of their findings was due to be produced.
- The Vanguard Programme had not been decommissioned.
- The evaluator had experienced difficulties in accessing care homes to discuss the use of telemedicine with staff.
- East Lancashire, as part of their evaluation, would be able to demonstrate cost savings as they were replacing a whole system, but this had not been possible as part of the telemedicine evaluation.
- The use of telemedicine had raised challenges around losing the personal touch for some patients.
- The evaluation had not included tests to review how primary care was impacted by telemedicine.
- When the partners had met to share learning, all commissioners took away learning about how to improve the use of telemedicine.

During the discussion, Members recognised that two years was a short timeframe for the evaluation but hailed the concept of telemedicine as a good way of

incorporating technology to help deliver services. Telemedicine was also considered a new way of working which would take time to embed but important to continue to avoid unnecessary emergency hospital admissions.

The Assistant Director, Operational Services provided a broader overview of where telemedicine fit into the whole system and stated that the evaluation report on telemedicine should not be viewed in isolation. She spoke of other technology used within service delivery, such as Safe and Sound, which aimed to enhance, not replace, services and which helped people to live independently. She stressed the importance of partnership working to proactively plan ahead and how vital it was to have sufficient staffing in care homes to make systems used within them work effectively.

Resolved –

- (1) That officers be thanked for the report (Document “AI”) and presentation.**
- (2) That an item be added to the Committee’s work programme for 2018/19 on the development of digital health.**

ACTION: Strategic Director, Health and Wellbeing

89. 2016- 18 RESOLUTION TRACKING UPDATE

The Overview and Scrutiny Lead was due to give a verbal update on tracking the outcomes of the Committee’s resolutions over the last two municipal years.

Resolved –

That consideration of this item be deferred to a future meeting of the Committee.

ACTION: Overview and Scrutiny Lead

90. CHAIR'S CLOSING REMARKS

The Chair, on behalf of the Committee, thanked Councillor Val Slater for her invaluable input into the work of this Committee during her time as Portfolio Holder for Health and Wellbeing. She wished her well for the future as she was stepping down from her Councillor role.

Chair

Note: These minutes are subject to approval as a correct record at the next meeting of the Health and Social Care Overview and Scrutiny Committee.

THESE MINUTES HAVE BEEN PRODUCED, WHEREVER POSSIBLE, ON RECYCLED PAPER