

AGENDA ITEM 12(A)

BRIGHTON & HOVE CITY COUNCIL

ADULT SOCIAL CARE & HOUSING OVERVIEW & SCRUTINY DEMENTIA SELECT COMMITTEE

10.30am 17 JULY 2009

COMMITTEE ROOM 1, HOVE TOWN HALL

MINUTES

Present: Councillor Hawkes (Chairman)

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

PART ONE

6. PROCEDURAL BUSINESS

6a Declarations of Interest

6.1 There were none.

6b Apologies

6.2 John Beeton, Senior Manager, Older People's Mental Health Services for Brighton and Hove, Sussex Partnership Foundation Trust, gave his apologies.

6c Exclusion of Press and Public

6.3 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).

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

7. MINUTES OF THE PREVIOUS MEETING

7.1 The minutes of the previous meeting were agreed.

8. CHAIRMAN'S COMMUNICATIONS

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

9. EVIDENCE FROM WITNESSES

9.1 Kathy Caley, Acting Joint Commissioner for Older People from Brighton & Hove PCT, gave a presentation on current local practice for diagnosing dementia, using information kindly provided by a psychologist at Sussex Partnership Foundation Trust.

9.2 Ms Caley said that, as requested, she had tried to arrange for a GP to speak to the committee about how they diagnosed dementia but that this had not proved successful as GPs did not appear to have the confidence to speak as an 'expert'. Ms Caley commented that this showed the need for the PCT to carry out more development with GPs, in order to build their confidence in the subject. Ms Caley said that she would continue to try and arrange for a GP to attend in the future.

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

- The blood tests carried out as part of the early diagnosis process were in order to screen out people who might have a dietary/ mineral deficiency rather than dementia as the presenting symptoms could be similar in both cases.
- Approximately 60% of the work of the Community Mental Health Teams (CMHTs) was dementia –based.
- The brain scans were carried out at Royal Sussex County Hospital. The person with suspected dementia could choose whether or not to have the scan; this was a personal choice.
- Members asked whether there were any funding pressures limiting the number of people who might be eligible for scans; they heard that this was not the case.
- Members wished to explore the idea of having a 'circle of support' for people with dementia. Denise D'Souza, Director of Community Care, commented that the current emergency planning arrangements being put into place for the possible swine flu pandemic meant that the department is already working to identify the most vulnerable residents

and develop support plans. This might be a useful starting point for establishing any 'circles of support'.

- If a person with suspected dementia did not accept the diagnosis, the CMHT would work to assess their capabilities in different areas and work with their families and support network as much as possible to try and minimise risks.
- It could often be the case that family members were too close to the person to recognise the onset of dementia.

9.4 Deborah Becker, Team Leader at the East Sussex Memory Assessment and Support Team (MAST), gave a presentation to the Committee about a person's pathway through the MAST team.

9.5 In addition to the information given in the presentation, Committee members heard and discussed:

- The team had been set up as a pilot scheme in 2006. It covered residents from Bexhill, Rother, Hastings and St Leonards.
- Its remit was to work with people in the early stages of memory problems; if it appeared that their needs were more advanced than this, the team would refer them on to a more appropriate service.
- The team aimed to carry out short-term intervention work for a period of approximately 12 weeks although this could be extended if needed.
- The MAST team is unable to make a formal diagnosis of dementia; the person would be referred on in this case.
- The team received approximately ten new referrals a week but was only able to see nineteen new referrals a month, leading to a waiting list building up.
- The service was age-inclusive.
- Members queried when the memory screening clinic had been closed in Brighton & Hove. Alan Wright from the Alzheimer's Society said that his recollection was that it had been funded by charity funding (<http://www.ardis.org.uk>) which had been withdrawn in late 2006.
- The East Sussex MAST team had very recently relocated to sit alongside the CMHT. Ms Becker said that she hoped that this would lead to improved communication between the teams. In addition, the MAST team was working to secure dedicated appointment slots with the psychiatrists for their clients so that they would not have to wait for a diagnosis.
- The Committee members agreed that they would have to think about what type of MAST service was best for Brighton & Hove, as there were a number of different models in existence. It would be necessary to have a service that GPs were happy to link into; Ms Becker said that her experience was that GPs welcomed a single point of access into a service.

- The East Sussex MAST team would always require a GP referral to begin their involvement as the initial GP tests could be invaluable in screening out those without dementia. They had produced literature to be distributed in voluntary organisations to give details of their service to residents.
 - It was essential for GPs to have continuing training in a variety of matters including dementia.
 - Croydon's memory clinic was recognised as a national example of good practice.
- 9.6 Alan Wright, Branch Manager from the Alzheimer's Society Brighton & Hove, spoke to the Committee and responded to questions.
- 9.7 Mr Wright explained that he wished to draw members' attention to the importance of early diagnosis of dementia for carers as well as for the person with dementia. The sooner that a carer could receive support and assistance, the quicker that they would be able to learn about coping strategies and to be aware of the various forms of dementia and of the different stages of dementia that they might experience.
- 9.8 The Alzheimer's Society would try to work with both people in a couple, to assist with the journey for both of them. For every person diagnosed with dementia, there would probably be a dozen more that were affected by the diagnosis.
- 9.9 The Alzheimer's Society was working to position itself to be able to deliver training to various different groups including healthcare professionals, people in care homes and carers. They were also part of the 'Caring with Confidence' project for carers.
- 9.10 In Croydon's memory clinic, seen as good practice nationally, the Alzheimer's Society was based within the memory clinic, forming a 'one-stop shop'. Mr Wright felt that this would be a key step for the Brighton & Hove memory clinic service, as it would enable the carer to get as much information as possible as soon as possible. The Alzheimer's Society could work to help support the carer from the earliest opportunity.
- 9.11 The Alzheimer's Society was working to try and avoid crisis situations building up for carers. The Society saw part of its remit to provide as much information and assistance to the carer as necessary, and from as early a point as possible. Their service was more successful in those situations where the consultant embraced the help provided by the third sector. Experience had shown that some consultants welcomed the help whilst others were less forthcoming.
- 9.12 The Alzheimer's Society in Brighton and Hove held its clinics at the various CMHTs in the city. It was necessary for the service to be available in a location where people with dementia or their carers would already be attending. They found that by moving the service, it

meant that the Society was able to see more people at an earlier stage of diagnosis, and consequently saw less carers reaching breaking point.

- 9.13 It was vital for work to be carried out with more of the hard to reach communities in the city. Brighton & Hove had recently won the bid to become a demonstrator site pilot; the associated funding could help to carry out work with hard to reach groups.
- 9.14 All of the positive steps that the Alzheimer's Society was taking would lead to greater challenges for the Society and for support services. The Committee heard that numbers of people diagnosed with dementia were rising and were expected to reach a million people nationally in the next ten years.

The rise in early diagnosis would inevitably mean that an increased demand for all support services.

The consistent media coverage of dementia related issues was welcome but this always led to highly increased demands for support services and information.

The newly agreed pilot for the dementia advisor service would be a signposting service, which would invariably refer people to the Alzheimer's Society and similar for assistance. This would lead to a higher demand for services which were already stretched to full capacity.

- 9.15 The Committee heard about the cost effectiveness of providing effective support services from the outset. If the support were provided, this could save costs in residential home fees, in carers' respite and in mental health provision for the carers themselves.
- 9.16 Mr Wright said that there were four significant service gaps in the current local provision for people with dementia. It was hoped that the Committee could make recommendations that might assist with all four points.
- (a) In hospitals, there is an inadequate level of care with dignity for people with dementia. Unfortunately, Brighton & Hove had been unsuccessful in its bid for carers' advisor funding under the National Carers' Strategy. However the Committee might still wish to recommend a carers' advisor role to be established.
- (b) Better early diagnosis will inevitably lead to a higher rate of dementia in younger people (those under 65). The Towner Club was established to support younger people with dementia; they meet twice a week and are only able to accommodate ten people. The Towner Club is very successful in maintaining and developing skills in people with dementia. However the current provision is insufficient to meet the

demand and this will become more of an issue as diagnosis rates are increased.

- (c) For younger people with dementia whose needs have progressed beyond that which the Towner Club can accommodate, there are no other appropriate services to use. This means that at the time of greatest need, the services might be withdrawn, leading to a person either being at home permanently, or being admitted to long-term residential care amongst other residents that are much older.
- (d) It can be hard for the Alzheimer's Society to help people with dementia living alone. Most Society funding is allocated for carer relief, but if the person does not have a carer, the funding cannot be used to help that person. They need to be supported properly too.

10. DATE OF NEXT MEETING

- 10a The next meeting will be on 11 September 2009 in Hove Town Hall. This will be a further scoping meeting and will be held in private.

The meeting concluded at 12.30pm

Signed

Chair

Dated this

day of