

Report of:	Cabinet Member for Health and Social Care
To:	Health and Social Care Overview and Scrutiny Committee
Date:	24th November 2015

Progress Report on Implementation: Living Life to the Full with Dementia

Review Information

Date approved at City Council:	4 th November 2014
Member who led the original review:	Councillor Susan Barnett
Lead Officer for the review:	Rose Kiely
Date progress last tracked:	N/A

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Wellbeing, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

Appendices

1	Scrutiny Office guidance on the tracking process
2	Recommendations you are tracking today
3	Recommendations tracked previously and concluded

For more information about this report, please contact

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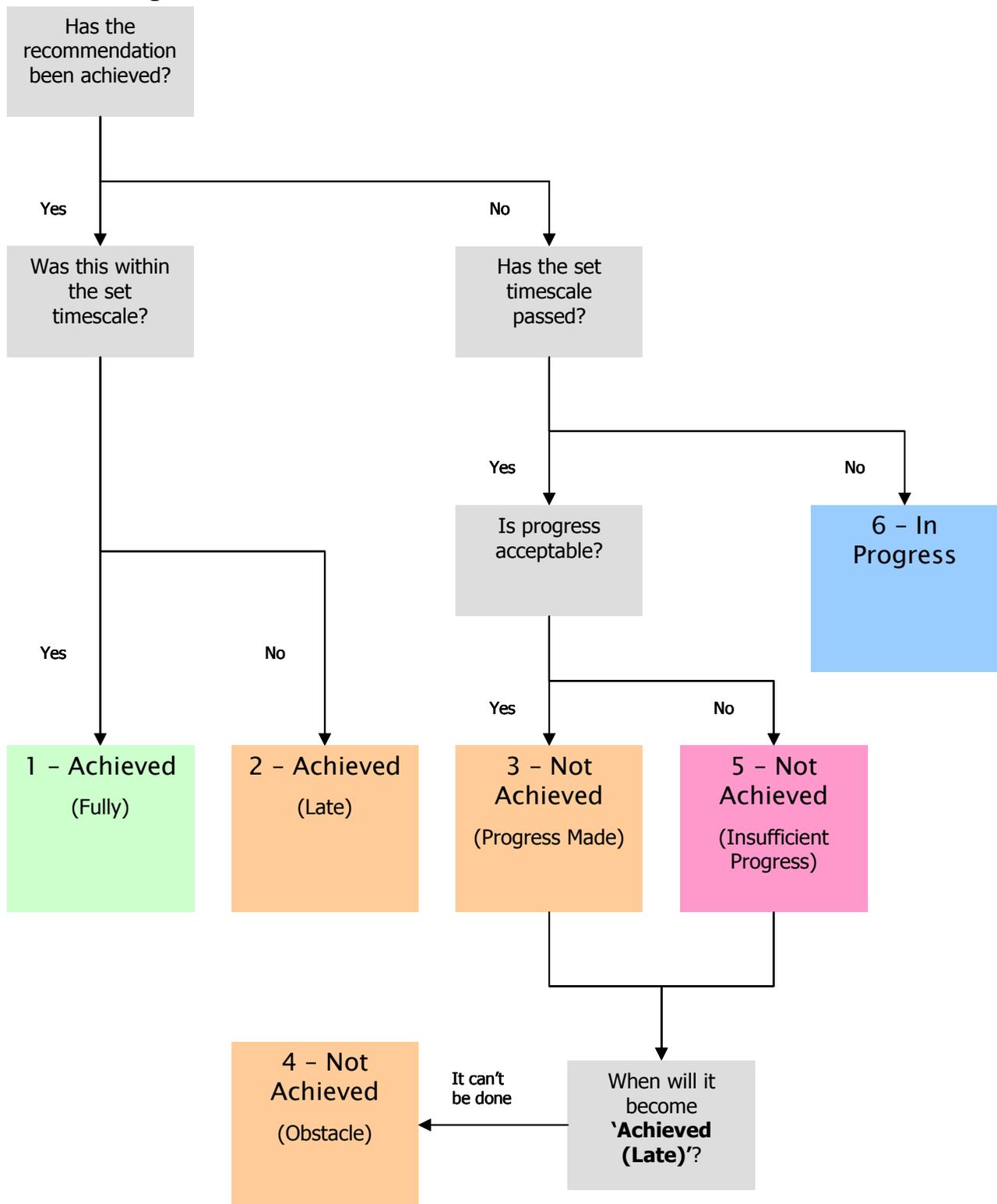
Appendix ①: The Tracking Process

In making its assessment, the Committee may wish to consider:

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
1: Achieved (Fully)	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
2: Achieved (Late)	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
3: Not Achieved (Progress Made)	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
4: Not Achieved (Obstacle)	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
5: Not Achieved (Insufficient Progress)	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement. An anticipated date by which the recommendation is expected to become achieved must be advised.
6: In Progress	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

The Tracking Process



Appendix 2: Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R01	That the City Council should appoint a Lead Member for Dementia with specific responsibility to ensure high-quality dementia services.	Cabinet Member, Health & Social Care	February 2015	3

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

The breadth of the mental health agenda and the current pace of change has meant a lack of capacity to pick up issues around dementia which this recommendation sought to resolve. The City Council already has a number of members taking on Lead Member roles in areas including Victims, Young Peoples Mental Health. The Cabinet Member would like to request that a member of the Health and Social Care Overview and Scrutiny Committee take on this Dementia lead member role.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R02	That the impact on dementia care and support is considered in relation to all major actions, commissioning and decommissioning intentions arising from the emerging Better Care Fund arrangements.	Cabinet Member, Health & Social Care as Chair of Health and Wellbeing Board	November 2016	6

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Oversight of the implementation of the Dementia Strategy and Dementia Commissioning moved from Joint Commissioning to the Better Care Fund Team in February 2015. Since then the aim has been to ensure that partners and stakeholders are clear about the key actions that need to be undertaken to ensure the implementation of the strategy and the provision of appropriate support for people with dementia and their carers across the city. This has been supported by the inclusion of dementia in strategic planning for the Clinical Commissioning Groups, including in terms of their commissioning intentions, and there has been some in-year procurement of services for people with dementia by Birmingham Cross City CCG, Birmingham South Central CCG and the Better Care Fund.

In the case of Birmingham City Council however it is anticipated that the commissioning intentions in regard to current third sector provision will have a disproportionate effect on services for older adults with dementia, and will mean a substantial reduction in access to the services they use. This is in part due to the nature of dementia and the reliance of people with dementia and their carers on services that improve the quality of their life and support them to stay in their own homes following a diagnosis, avoiding acute or residential care admissions. A number of these (Dementia and activity cafes, dementia support workers and day care) are funded through the current third sector prospectus which it is anticipated will be reduced by @50% in March 2015.

In order to mitigate the impact of this decommissioning Commissioners / the Better Care fund is

currently looking at the potential for other funding streams to support this provision. As well as this the Better Care Fund is consulting on the setting up of a Section 75 budget for dementia under the Better Care fund, and agreement is currently being sought from Birmingham City Council to re-align a number of service lines (for older adults with dementia) within this. This would allow integrated commissioning of services for people with dementia.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R03	That the Cabinet Member for Children and Family Services writes to all Birmingham secondary schools to request that they consider including dementia awareness (using the available Dementia Resource Suite for Schools) as part of the PSHE (Personal, Social & Health Education) curriculum for Year 9 students.	Cabinet Member, Children and Family Services	November 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

It has been agreed by the Childrens' Services department of Birmingham City Council that a letter encouraging schools to use the resource will go out as part of regular communications with schools and it is hoped this will happen in November 2015.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R04	That dementia awareness information is disseminated to all City Council Members and made available to all staff.	Cabinet Member, Health & Social Care	November 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Dementia Awareness sessions have been offered at Birmingham City Council premises at Woodcock Street, Sutton New Road and Lancaster Circus including a day of Dementia Friends sessions earlier in the year. In addition Dementia has been included in 'Wellbeing' events run in 'The Street' at Woodcock Street, these were attended by providers of dementia services and they were able to give out information to city council staff on request.

People Directorate have formed a Dementia Steering group and have used materials (posters and cut outs provided as part of the national campaign around the Woodcock Street open spaces to promote dementia awareness as part of their action plan.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R05	That the City Council works towards making Birmingham a dementia-friendly city beginning at District level.	Cabinet Member, Health & Social Care with District Chairs	November 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Sutton and Yardley Districts have indicated their intention to become 'Dementia Friendly districts' and both have plans in place. Sutton district, supported by Kyle Stott from Birmingham Public Health have set up a session to ensure that all their members are trained as 'Dementia Friends' as a starting point, alongside a steering group to support the work. Work in Yardley is being driven by District Chair with support from Birmingham South Central CCG. A leaflet has been developed by commissioners to support this (see attached in draft) and this will be promoted at the upcoming pan-Birmingham 'Delivering Dementia Services in Birmingham' on 19th November 2015 with a view to encouraging other districts to follow suit.



DementiaFriendlyDistricts leaflet V 0. 1. pdf

Birmingham City Council 'signed up' to the Dementia Action Alliance in 2014, with a published action plan.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R06	That Birmingham Community Healthcare NHS Trust develops a process to identify people, using their community services, who may have dementia.	Birmingham Community Healthcare NHS Trust	November 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

From the point view of the Rapid Response service , a process has been introduced as part of a CQUIN (i.e. a financial incentive linked to quality innovations) where a screening is undertaken following a Dementia/ Delirium referral/ assessment. This screening is followed through to ensure GP contact is made.. This became operational in October 2015.

To support this all Rapid Response nurses have had training on how to use the delirium/dementia tool and how to action it if screening is positive. Pathways into mental health services and primary care are also in place to ensure that people identified as likely to have a dementia, through the CQUIN, are able to access a specialist assessment and diagnosis as appropriate.

Birmingham Community Healthcare NHS Trust also have a clinically – led Dementia Steering group in place that will be considering further work needed to extend screening to other community teams in due course.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R07	That Commissioners explore with Birmingham and Solihull Mental Health Foundation Trust and primary care, the possibility of adopting a shared protocol for prescribing anti-dementia medication as part of locally based integrated care services that support vulnerable people, including those with dementia, in the community.	Birmingham and Solihull Mental Health NHS Foundation Trust CCG Commissioners	November 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Commissioners included a Service Development and Improvement Plan (SDIP) in the 15/16 contract held with Birmingham and Solihull Mental Health Foundation Trust with the aim of disaggregating current costs and activity so that there could be a concurrent 'scoping' exercise to examine the potential impact on primary care and service users of any move of prescribing activity. Commissioners are part of the steering group with BSMHFT for this and the group is currently reviewing the data and information that this has produced with Clinicians.

A primary care clinical reference group is also in place and the CCG's have indicated support for a broader intention of developing the primary care infrastructure to support the provision of post-diagnostic management of people with dementia within primary care. This includes the provision of education for clinicians, inclusion of dementia in CCG incentivisation schemes and the development of community capacity to support GP's.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R08	That West Midlands Fire Service should receive referrals for fire safety checks via:- a) The City Council as fire risk will form part of a care assessment. b) GPs who identify vulnerable or high risk patients	Cabinet Member, Health & Social Care Chairs of CCGs.	November 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

To date most referrals continue to come from internal WMFS sources. However work is commencing to encourage referrals from city council sources through inclusion in ACAP process through the City Council Dementia Strategy Group led by Maureen Watson. And in terms of GP referrals through the Alzheimer's society who are currently 'rolling out' the dementia support service across the city and can include this in their 'offer' to GP's.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R09	That the Alzheimer's Society continues to develop its work with multi-cultural communities and faith groups and updates the Health and Social Care O&S Committee on progress.	Alzheimer's Society	November 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Alzheimer's Society has continued to develop its work with multi-cultural communities and faith groups in the following specific ways:

- The Operations Manager presented to a conference hosted at Niksham centre in June 2015 where she talked about the barriers faced by the BAME communities in accessing services. They have posted the presentation on-line.
- A local services manager met with members of the Multi Faith Chaplaincy at University Hospital Birmingham and spoke about the importance of embedding and understanding of dementia in their work. She also facilitated a Dementia Friends session for them.
- Held an information session at Apna Ghar Day Centre for Asian Elders.
- Held an information stand during Friday prayers at Birmingham Central Mosque connecting with about 150 people.
- Providing leaflets to a range of community venues and faith groups across Birmingham but specifically targeting venues in inner city areas.
- From 1 November 2015 Alzheimer's Society will have increased its reach in multi-cultural communities by providing in partnership with Birmingham Cross City CCG a Dementia Café in Winson Green and Singing for the Brain sessions at South Aston United Reform Church. These services will complement Singing for the Brain sessions at Apna Ghar day Centre for Asian Elders and Activity Groups held at Kalyan and Gulab Ashrams each month.

Further to this Alzheimer's Society is soon to provide an information session at the Chinese Community Centre to further develop the established links we already have with them.

Alzheimer's Society is also going to attend a new support group for people with dementia and their family carers at Little Bromwich Centre in conjunction with Birmingham Memory Assessment Service which is placed in the heart of a predominantly South Asian community.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R10	That an integrated commissioning pathway model should be developed for those people with a dual diagnosis of a learning disability and dementia.	Cabinet Member, Health & Social Care	November 2016	6

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

The move of dementia commissioning to the Better Care fund and the accompanying focus on older adults has reduced the links between dementia and learning disabilities commissioning. However it is hoped to be able to consider this more fully when some of the priority issues around dementia commissioning are resolved. Should dementia services be included in the Better Care fund S 75 in 2016/17 there is potential to extend this further to include services for people with Learning Disabilities and Dementia (currently in a contract held with Birmingham City Council and this is being considered by commissioners currently).

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R11	That the ExtraCare Charitable Trust should explore with the Birmingham Clinical Commissioning Groups the feasibility of establishing a community nursing service for its schemes/villages across Birmingham and a "locksmith" service in the community	The Extracare Charitable Trust Chairs of CCGs	November 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Extracare have been exploring with the Local Authority and CCGs the potential to have a Nurse Practitioner in our locations or a community nursing scheme. However, there has been no financial commitment to this yet due to current funding issues in health and social care.

Extracare have submitted an application for the Department of Health for IESD funding to fund 2 Community Locksmiths but the decision to award funding has been delayed and we are still waiting to hear.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R12	That the feasibility of developing alternative models of respite care other than bedded respite care, such as providing domiciliary care for people with dementia, be explored.	Cabinet Member, Health & Social Care with Chairs of CCGs	November 2016	6

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

A proposal has been submitted in October 2015, by the Lead Commissioner, to the Integrated Commissioning Board to fund the provision of home based 'sitting' services to people with dementia across the city. If approved this would provide around 11,000 hours of sitting /care and is against funding made available under Section 256 of the 2006 NHS Act which ring-fenced and transferred Health funding to the Local Authority for the provision of carers services. These monies have been transferred to the Better Care fund since 2015. It is intended that this will support a co-ordinated approach to supporting the management of people with dementia in their own home and reducing the incidence of non-elective admissions to acute hospitals. The service will be delivering support in collaboration with the integrated multidisciplinary community team and will work in partnership with the patient's carer and with the key worker in the multidisciplinary community team who will be coordinating the patient's care.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R13	That the model of support used by Dementia Information and Support for Carers (DISC) is highlighted as best practice and is considered for replication in other locations across the city.	Cabinet Member, Health & Social Care Chairs of CCGs	November 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

A proposal has been submitted in October 2015, by the Lead Commissioner, to the Integrated Commissioning Board to fund the extension of the DISC model of support across the city (there are currently geographical limitations on access due to historic commissioning arrangements and limited capacity).

This proposal is against funding made available under Section 256 of the 2006 NHS Act which ring-fenced and transferred Health funding to the Local Authority for the provision of carers services. These monies have been transferred to the Better Care fund since 2015.

It is intended that this will more than triple service capacity. It will also provide capacity for support to community groups who wish to develop their own capacity to support carers of people with dementia.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R14	That an assessment of progress against the recommendations made in this report be presented to the Health and Social Care O&S Committee.	Cabinet Member, Health & Social Care	November 2015	1

Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

Assessment of progress as above.

Appendix ③: Concluded Recommendations

These recommendations have been tracked previously and concluded.
They are presented here for information only.

Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
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