

Report of:	Cabinet Member for Health and Social Care
To:	Health and Social Care Overview & Scrutiny Committee
Date:	19th December 2017

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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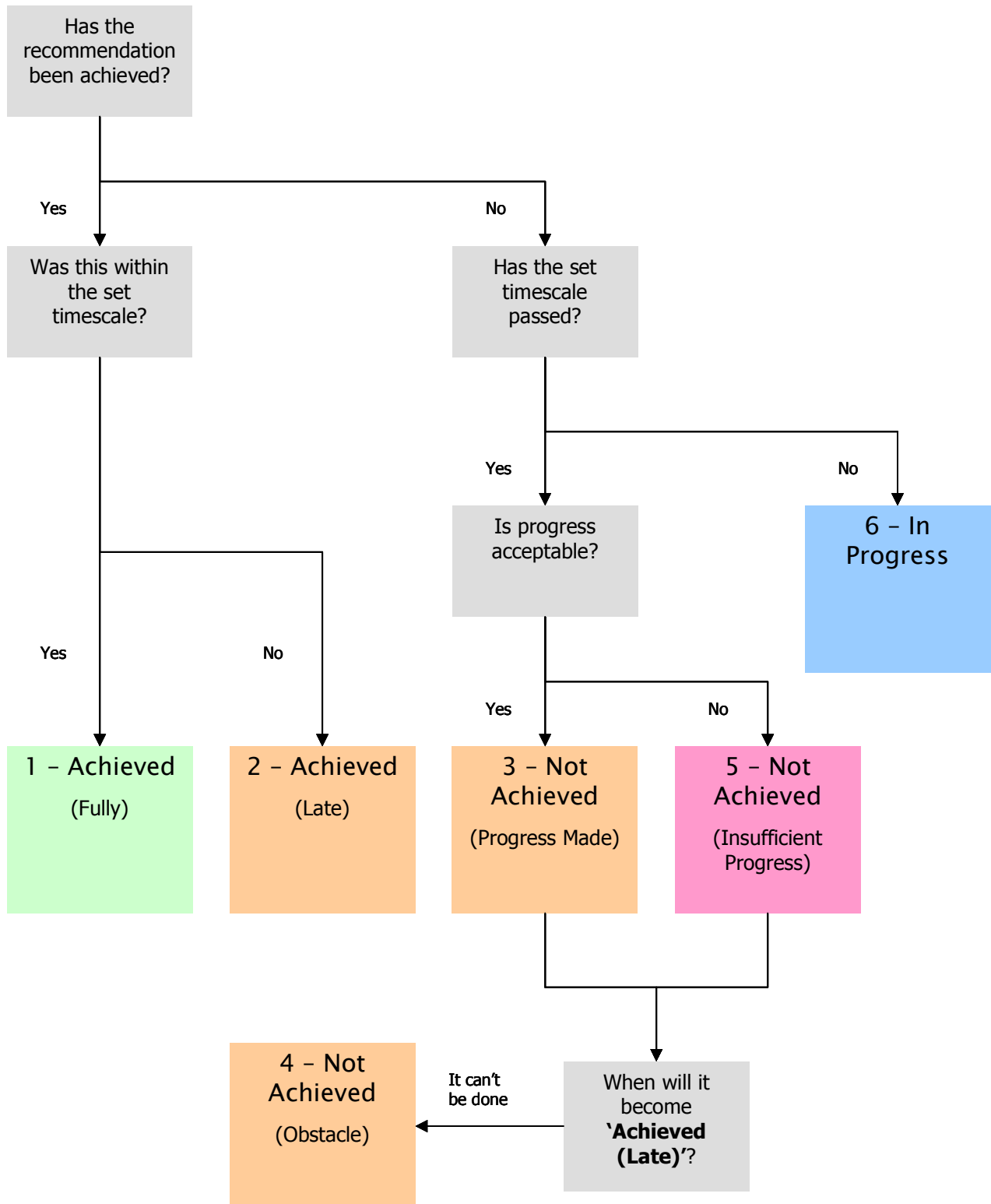
Appendix ①: The Tracking Process

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
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	3

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

There is much evidence that people with a learning disability are at a higher risk of developing certain dementias, that these will manifest at an earlier age and that they may show different symptoms. As the life expectancy of people with learning disabilities is increasing this means a growth in the numbers of people with a dual diagnosis of dementia and learning disabilities.

This presents particular problems in terms of the diagnosis as a person with a learning disability may already have some significant differences in their thinking, reasoning, language or behaviour, and their ability to manage daily living. It can be difficult to identify these changes without the use of specialist assessment tools to track changes and /or deterioration in these.

Similarly post diagnostic services need to be equipped to deal with the particular support needs of this group and their families and carers which will often differ significantly from those of older adults with dementia.

Progress on this is included in the future work of the Sustainability and Transformation Plan as part of the development of integrated support for people with dementia. Anticipated Completion Date = 31st March 2019.

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	3

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

The importance of respite care and support for people with dementia and their carers is recognised in the Birmingham Dementia Strategy and joint work between local Clinical Commissioning Groups and the local authority has aimed to support and develop capacity across the area. This has been, in the main, through the development of dementia and activity cafes and support for carers services through the Better Care Fund.

Again progress on this is included in the future work of the Sustainability and Transformation Plan as part of the development of integrated support for people with dementia. It is hoped that this will bring together work across health and social care, including the review of day services and third



sector provision by the local authority to ensure that a range of services are in place to offer people with dementia and their carers support to sustain 'caring' relationships and offer alternatives to bedded care when crises do arise. Anticipated Completion Date = 31st March 2019.

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
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	2
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	1
R03	<p>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.</p> <p>Information sent to Cllr Brigid Jones 8/7/16</p> <div>   </div> <p>Letter Template - Dementia Friends DF.KeyStage.May2016request form - Young</p>	Cabinet Member, Children and Family Services	November 2015	1
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	2
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

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
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
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
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
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
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
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