

BARNSELY METROPOLITAN BOROUGH COUNCIL

REPORT OF: EXECUTIVE DIRECTOR, PLACE HEALTH AND ADULT SOCIAL CARE FOR BARNSELY

TITLE: RESPONSE TO THE OVERVIEW AND SCRUTINY COMMITTEE TASK AND FINISH GROUP'S REPORT ON DEMENTIA

REPORT TO:	CABINET
Date of Meeting	13 July 2022
Cabinet Member Portfolio	Place Health and Adult Social Care
Key Decision	No
Public or Private	Public

Purpose of report

To report to Cabinet the coordinated response of the Executive Director (Place Health & Adult Social Care) on the findings of the Overview and Scrutiny Committee (OSC) investigation undertaken on its behalf by the Dementia Task and Finish Group (TFG).

Council Plan priority

The actions relating to the OSC recommendation aligns to the following Council's strategic priorities:

Healthy Barnsley:

- People are safe and feel safe.
- People live independently with good physical and mental health for as long as possible.
- Reduced inequalities in health and income across the borough.

Recommendations

That Cabinet considers and endorses the responses to each of the recommendations as outlined in section three of this report.

1. INTRODUCTION

- 1.1** As part of its work program the Overview and Scrutiny Committee established a Task and Finish Group to undertake an investigation into Dementia in Barnsley. Given the heightened profile of Dementia both locally and nationally, the Committee felt it was important to undertake this action in this area.

The investigation sought to better understand the extent of dementia in Barnsley, the challenges being faced by statutory services in tackling this, including the voluntary and community sector provision of early support services for person with a dementia and their carers.

The Task and Finish Group carried out several ‘check and challenge’ sessions with officers from various service areas regarding the work being carried out and their respective plans. This involved discussions regarding services and officers’ direct input in supporting people with a dementia, their involvement in partnership working practices with other agencies and the impact of their actions on Barnsley communities. This included:

- Meeting with Council representatives from Adults and Communities.
- The Cabinet Member for Adults and Communities.
- The Memory Assessment and Support Team leads, provided by the South-West Yorkshire Partnership NHS Foundation Trust (SWYPFT).
- Representatives from the Barnsley Third Sector Dementia Alliance.
- Discussions with people living with dementia and their respective carer’s during a visit to the carers support session at Barnsley Independent Alzheimer’s and Dementia Support (BIADS) service.

2. PROPOSAL

- 2.1** The findings from the Scrutiny Task and Finish Group investigation resulted in twelve recommendations.

Each recommendation has been adopted by the appropriate service areas and dementia specific groups supporting people with dementia. These recommendations are in line with the Barnsley ‘Dementia and Me’ strategic plan, 2019-2024 (see diagram 1, below). These actions will be included in the refresh of the ‘Dementia and Me’ strategic plan, which is due towards the end of 2022, following the launch of the National Dementia Strategy in summer of this current year.

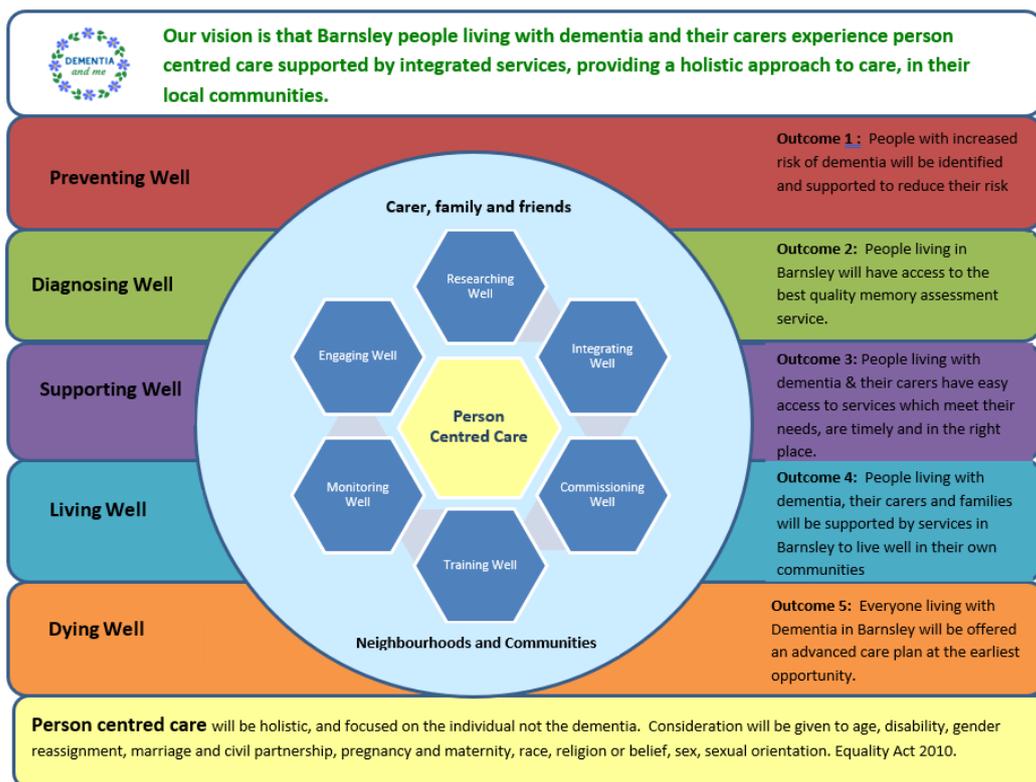


Diagram 1: 'Barnsley Dementia and Me Strategic Plan 2019-2024'

3. OSC RECOMMENDATIONS AND ACTIONS

The Council, Health and the Third sector partners, each have identified actions pertinent to their respective areas in relation to the OSC recommendations. The twelve recommendations and associated actions will deliver against outcomes related to strategic themes, Diagnosing Well Living Well, Preventing Well and Supporting Well. Actions will form part of Barnsley Dementia and Me multi-agency delivery plan and where required partnership approaches will be utilised to deliver against the recommendations. The Barnsley Dementia and Me Steering Group will be responsible for ongoing monitoring of the delivery plan. Paragraphs 3.1, to 3.12, details the OSC recommendations, the appropriate strategic theme, and associated actions.

3.1 Develop strong messages around the 'healthy heart, healthy brain' concept to make residents aware of the links associated with vascular dementia - *Preventing Well*

This is supported.

- Ensure key partnerships working on healthy lifestyle work program, alcohol, tobacco, cardiovascular diseases develop strong messages.
- 'Barnsley Alcohol Alliance' to deliver a campaign during Dementia Awareness Week 2022.
- Review pathways between the Memory Assessment and Support Service, and the local alcohol support and treatment services.

- Barnsley Heart Health Alliance to develop key messages on 'what is good for the heart is good for the head'

3.2. Increase early identification and diagnosis rates - *Preventing Well*

This is supported.

- We plan to improve intelligence by reviewing primary care dementia diagnosis rates and comparing to estimated prevalence of dementia diagnosis. This will provide a benchmark for measuring improvements to diagnostic rates.
- We will use data to identify General Practices that have lower dementia rates than the estimated, plan some focused awareness raising sessions to increase early identification.
- We will re-establish General Practice Memory Assessment Service clinics to offer patients direct access and support regarding memory issues.
- We will deliver training for General Practitioners doctors on early identification, diagnosis of dementia, and referral into Memory Assessment Service.
- We will ensure that referrals to Memory Assessment Service from hospital are reviewed and criteria for referrals agreed.
- We will ensure that all assessments to be offered in a timely manner closer to home.
- We will ensure that all assessments will be discussed in the Multi-Practitioner Disciplinary Forums with the view to establish a diagnosis. More complex cases will be seen by a relevant consultant or deputy.
- Following diagnosis each client will be offered a care plan which is agreed with the person and their carer, meeting their needs at that time.
- Each community-based client will be allocated a Memory Support Worker who will make regular contact throughout their journey with dementia.
- All care plans will be reviewed in a timely manner and prior to discharge from active caseload within locally agreed pathways.

3.3. Develop a plan to raise awareness through different groups to help support people who may be living alone with dementia – *Living Well*

This is supported.

- The 'Dementia and Me Steering Group' work collaboratively to identify individuals who may be living alone with dementia, and the services who currently support them.
- We have identified funding to recruit a six-month post to review the Dementia Pathway in Barnsley. This will include reviewing data and modelling future need.
- We will explore the role of 'Multi-Disciplinary Teams' and 'Care Co-ordinators' in primary care, as well as other services who 'know' the individual and how they support people living alone with dementia as part of the Dementia pathway review.
- Each community-based client will be allocated a 'Memory Support Worker' who will make regular contact throughout their journey with dementia.

- Discuss referral and engagement opportunities with the third sector and statutory organisations to assist in the increase of referrals.

3.4. Continue to support and develop the Dementia Alliance beyond the lifetime of the existing contract and use the voice of the person living with dementia and their carers to shape support services – *Living Well*

This is supported.

- Continue to support the Alliance governance structure.
- Co-ordinate its collaborative actions working across the sector.
- Deliver specific activities such as raising awareness events and communications as part of Age Friendly Barnsley programme.
- Establish dedicated Voice & Participation post in Adult Social Care.

Engagement with people with dementia is key, the dementia pathway is being reviewed and will include service user voice to inform future model of support.

3.5. Adapt existing policy for assessing carers of people living with dementia to ensure that those who require support receive it – *Living Well*

This is supported.

- We are reviewing the policy / approach for assessing carers needs assessment process.
- Implement recommendation across the system.
- Give consideration to joint assessments and individual carer-assessments.

3.6. Consider developing a rapid response team attached to the Memory Assessment & Support Team to support carers and people living with dementia in a crisis – *Supporting Well*

This is partially supported.

- Funding has been identified to recruit a six-month post to review the Dementia Pathway in Barnsley. This will include reviewing the current service model and models of best practice from across the country. This will provide a gap analysis from which we can make further decisions jointly with NHS.
- Memory Assessment Service currently provided a duty worker system during operating hours, with the ability to respond the same day with a face-to-face visit. Most crisis' will be responded to in a timely manner by the most appropriate member of the Multi-Disciplinary Team.
- Memory Assessment Service to support the CCG to ascertain the required need in wider clinical areas.

3.7. Review how families are supported to tell their stories when issues first

arise and increase day service capacity to support carers – *Supporting Well*

This is supported.

- Develop an engagement process to ensure we hear the 'Dementia Voice' in all the work we do in Barnsley.
- Consult with people living with dementia accessing day services and those who are not.
- We are currently developing a review of Day Services capacity to support people living with dementia and their carers.

3.8. Use information from deep-dives to ensure that all individuals using the Memory Assessment Team have access to a named nurse to ensure continuity of care – *Supporting Well*

This is supported.

- Identify a sample of patients to conduct a deep dive study.
- Each community-based client will be allocated a Memory Support Worker who will make regular contact throughout their journey with dementia.
- Regularly review locally agreed pathways i.e., post diagnostic pathway.

3.9. Ensure that a consistent approach is taken when individuals attending hospital for unrelated reasons is assessed and referred to the Memory Assessment & Support Team as appropriate – *Supporting Well*

This is supported.

- Barnsley Hospital Dementia Strategy acknowledges the recommendation and addresses the need in their action plan.
- Support for people living with dementia and their carers entering hospital is consistent. The Barnsley Health Passport is reviewed on entry and the Butterfly Scheme is utilised.
- Referrals to Memory Assessment and Support Team from hospital are reviewed and criteria for referrals agreed.

3.10. Use existing mechanisms to raise awareness of dementia and the support available to those living with dementia – *Living Well*

This is supported.

'Barnsley Third Sector Dementia Alliance,' will utilise the wide range of existing mechanisms to raise awareness of the support that is available, including:

- Raise awareness with elected members through an 'All Member Information Briefing Session' event annually.
- Ensure there is sector wide contribution into the Dementia Action Week 2022 and future years.
- Utilise the social media opportunities and the Dementia Friendly Barnsley

- webpage to publicise all events being offered by the Alliance.
- Support the Barnsley Dementia and Me Logo to promote and raise awareness of dementia services and resources available in Barnsley.
 - Complete dementia guide for Barnsley and distribute widely via GPs, Memory Team, Social Services.
 - Produce annual report for the first year of the Alliance and distribute widely.
 - Work on a publicity/promotional plan for the Alliance and implement.

3.11. Develop modelling to predict the short-term and long-term care and support requirements of the borough – *Supporting Well*

This is supported.

- Funding has been provided by Barnsley CCG to recruit a six-month post to review the Dementia Pathway in Barnsley. This will include reviewing data and modelling future need.

3.12. Share the Dementia Alliance information packs with all elected members so that they can help to support residents within their wards – *Supporting Well*

This is supported.

Barnsley Third sector Dementia Alliance information packs have been circulated for the period 2022-23. This action will be carried out again in 2023-24, to ensure updated information is accessible to elected members.

Additionally, further meeting has taken place with Dearne Area Council Members to share information on the Dementia Alliance work, offers and to explore outreach possibilities in the area as part of this recommendation.

4. IMPLICATIONS OF THE DECISION

4.1 Financial and Risk

There are no direct financial implications or risks arising from the contents of this report at this stage. It is however accepted that the dementia pathway review as per action in paragraph 3.11, would result in recommendations that could have financial implications on the wider integrated health and social care system. It is envisaged that reports would be brought forward on future requirements following the review and any associated financial impact on the council.

4.2 Legal

There are no legal implications arising from the content of this report.

4.3 Equality

Not applicable.

The purpose of this report is to confirm that multi-agency partners which includes the Council, Health and Third sector agencies have adopted the set of twelve recommendations proposed by the OSC. All actions associated with the recommendations will be part of existing services. Any arising equality implication will form part of each respective partners' service action plan when equality impact assessment will be considered. All partners responding to the OSC recommendations are keen to ensure that all their support offers are compliant with the equality policy.

4.4 Sustainability

Not Applicable.

The purpose of this report is to confirm that multi-agency partners which includes the Council, Health and Third sector agencies have adopted the set of twelve recommendations proposed by the OSC. All actions associated with the recommendations will be part of existing services. Any arising sustainability implication will form part of each respective partners' service action plan.

4.5 Employee

There are no specific employee implications arising from the content of this report although any such matters will need to be fully assessed by the appropriate services responding.

4.6 Communications

There are no direct implications of communication arising from the content of this report. Indirect communications need that emerges will be dealt by each respective lead partner agencies working with the Council Communication team.

5. CONSULTATION

There are no direct implications for consultation arising from the content of this report. The OSC process in developing the twelve recommendations included consultation with service users, clinicians, and service providers of dementia support.

6. ALTERNATIVE OPTIONS CONSIDERED

Alternative approach has not been considered because the OSC recommendations spans across multiple services and sectors, each with their own respective expertise.

7. REASONS FOR RECOMMENDATIONS

To assure Cabinet that all the OSC recommendations have been considered and adopted by the key partner agencies each leading on their respective

areas of expertise.

8. LIST OF APPENDICES

NONE

9. BACKGROUND PAPERS

Overview and Scrutiny Committee Task and Finish Group Report on Dementia (6th April 2022).

If you would like to inspect background papers for this report, please email governance@barnsley.gov.uk so that appropriate arrangements can be made

10. REPORT SIGN OFF

Financial consultation & sign off	Senior Financial Services officer consulted and date <i>Joshua Amahwe 17/05/2022</i>
Legal consultation & sign off	Legal Services officer consulted and date <i>Jason Field 17/05/22</i>

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Date: 3 May 2022