

## **CABINET**

**1 NOVEMBER 2011**

### **HOME CARE - REFERENCE FROM HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

Portfolio Holder: Councillor Brake, Adult Services  
Report from: Rose Collinson, Director of Children and Adults  
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#### **Summary**

This report requests the Cabinet to commission a survey into the home care provided for dementia patients and whether additional training would be needed to develop particular skills to accommodate a support-at-home service for these patients.

It came out of a discussion at the last meeting of the Health and Adult Social Care Overview and Scrutiny on 6 October 2011 when it considered a report on the changes being made to dementia services in Medway.

#### **1. Budget and Policy Framework**

- 1.1 Under Chapter 4 – Rules, paragraph 22.2(c) terms of reference for Health and Adult Social Care Overview and Scrutiny Committee has powers to review and scrutinise matters relating to the health service in the area including NHS scrutiny.
- 1.2 The survey would support the objectives of the Sustainable Community Strategy and can be funded from within an existing budget. This is therefore a Cabinet matter.

#### **2. Background**

- 2.1 The Health and Adult Social Care Overview and Scrutiny Committee met on 6 October and considered a report which outlined proposals to improve the pathway for people with complex and challenging behaviour seen in the context of the wider local delivery plan for dementia.

2.2 In May 2010, Medway produced a strategic outline case to demonstrate how it was responding to the national dementia strategy. Within this it outlined a broad pathway of care and, in light of a Joint Strategic Needs Assessment (JSNA), a number of gaps in service provision. These focused on the need for improvement in: -

- Early diagnosis and intervention (memory clinics and diagnostic tools);
- Support for carers and people with dementia (including professional advice and peer support, day care, respite, and home based assistive technology);
- Specialist mental health assessment and treatment (including liaison psychiatry);
- Intermediate care including crisis response reducing inappropriate admission to hospital (including the need for a small number of short term specialist dementia beds so that people can receive the treatment they require to stabilise their illness and return to their own homes or to residential care as best meets their needs);
- Care home capacity and capability;
- Service for people with early onset dementia (under 65 year olds).

2.3 The proposals are based on a balanced provision of care, including provision of care at the home or supported home settings.

2.4 The changes would provide significantly improved outcomes for carers and patients and the approach would: -

- Include options that meet fluctuations in need and progression of the disease;
- Be focused on prevention;
- Be flexible and innovative and;
- Be based around the needs of the individual and their carer.

### **3. Health and Adult Social Care Overview and Scrutiny Committee**

3.1 The committee questioned NHS colleagues on the proposals; including:-

- The specialist provision at Littlestone Lodge being out of the Medway area;
- The changes to provision and accessibility of patients to Darland House;
- The role of GPs in early diagnosis and treatment of dementia;
- Primary Care Memory Assessment services including primary care based dementia nurses, which would be piloted in one area first, possibly in the Gillingham and Rainham area;
- The ability of carers to have the necessary specific skills to support dementia patients at home;
- Communication strategies to advertise services;
- The location of 550 new care housing units – officers undertook to report back to members on this outside of the meeting;
- The use of the drug ‘Aricept’ for dementia patients.

3.3 In response NHS colleagues explained that the provision at Littlestone Lodge was a very specialist service, which could not be provided in Medway in a financially viable way. NHS Kent and Medway had therefore purchased three beds at the provision, with other beds being commissioned by West Kent

PCT. It was anticipated that approximately eight Medway patients would use the three beds over the course of one year, with a maximum stay of five months. Carers understood that the use of the provision was specialist and temporary and understood that it could not be provided in Medway. Experiences from users of the provision had not demonstrated problems of patients becoming unsettled in leaving the provision, as it was hospital based and therefore temporary, rather than a care home environment.

- 3.4 In relation to the ability of home care staff in caring for and supporting dementia patients at home officers confirmed that the Dementia Support Team and the Psychiatric Liaison Team were crucial in supporting patients as was working with the Adult Social Care Commissioning Team. A package of training would need to be developed and a single point of access would be developed for carers to use to make referrals and access support services.
- 3.5 The committee also heard from Major Bernard, who explained about his good experiences of support and care in Medway when his wife was diagnosed with and treated for vascular dementia 5 years ago until she passed away in August 2010. He had since been co-opted onto a group looking at older people's care and was a local media representative for Dementia UK. Major Bernard was thanked for his contributions to departments developing services for dementia and for all care services across the health network.
- 3.6 The committee noted the report and recommended the Cabinet to commission a survey into the home care provided for dementia patients and whether additional training would be needed to develop particular skills to accommodate a support-at-home service for these patients.

#### **4. Advice and analysis**

- 4.1 The Director has asked the Social Care Commissioning and Voluntary Sector Manager to take the opportunity to ensure that providers understand NHS Medway's redesign of dementia support services.
- 4.2 There are national and local agendas that recognise the need for health and social care services to integrate for the benefit of service users/patients. The following paragraphs explain how the Council, at no extra cost, can ensure that excellent outcomes continue to be delivered to people living with dementia in light of the changes being made.
- 4.3 Since 2010, the Children and Adults Directorate has commissioned Medway Adult Community Learning Service to deliver a workforce development vehicle for all providers of care (whether in the independent sector or an in-house provider).
- 4.4 The three training priorities identified by Social Care Commissioners for this year related to:
- Dementia awareness;
  - Enablement; and
  - End of Life Care

- 4.5 As part of developing training programmes that deliver better outcomes in relation to the three areas identified above, MACLS are working with providers to understand the priorities that they are identifying as part of the frontline delivery of care to service users.
- 4.6 Commissioners have requested that MACLS incorporate undertaking a survey that responds to the issues raised by the presentation at Overview and Scrutiny in relation to the future of NHS funded dementia services.
- 4.7 The Council hosts quarterly meetings with all providers of services and NHS Medway has agreed to attend this meeting and provide a similar presentation to inform both the survey and an understanding of the changing landscape for dementia care and how they can contribute to the new models of care.

## 5. Risk management

- 5.1 The risks of are set out below:

Risk	Description	Action to avoid or mitigate risk
Lack of response from key stakeholders	Significant providers of care do not respond to the survey.	Non-responses to the survey will be followed up by telephone interviews to ensure that the top five providers of care in terms of hours provide a response.

## 6. Financial and legal implications

- 6.1 There is an identified budget for workforce development in the care sector of Medway.
- 6.2 There are sufficient funds within the budget to undertake a survey for understanding training needs of the care sector.
- 6.3 The Council has a range of statutory duties and powers to provide services to vulnerable adults such as older people, people with learning disabilities, physically disabled people, people with mental health problems, drug and alcohol misusers and carers. Duties and powers are contained within the National Assistance Act 1948, the Chronically Sick and Disabled Persons Act 1970, the NHS and Community Care Act 1990, the Mental Health Act 1983 together with other statutes and regulations.
- 6.4 Local authorities can provide or commission services in a variety of ways to meet the needs of those it assesses as eligible for services. Indeed the personalisation agenda encourages moves away from direct provision by local authorities to personal budgets allowing service users the choice to purchase services from a range of providers.

## **7. Recommendations**

- 7.1 The Cabinet are recommended to approve the commissioning of a survey into home care provided for dementia patients and whether additional training would be needed for agency staff to develop particular skills to accommodate the support-at-home service for these patients.

## **8. Suggested reasons for decision(s)**

- 8.1 By undertaking the survey recommended by Overview and Scrutiny, the Council can work with home care providers to:
- 8.1.1 ensure that they understand the changes being implemented by NHS Medway;
  - 8.1.2 identify any additional training needs that care workers may require to support people with dementia; and
  - 8.1.3 assign any necessary funding that may arise from 8.1.2.

### **Lead officer contact**

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### **Background papers**

Minutes of the Meeting of Health and Adult Social Care Overview and Scrutiny  
Committee on Thursday, 6 October 2011  
<http://democracy.medway.gov.uk/mgConvert2PDF.aspx?ID=2434&T=1>