

SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2 - TUESDAY, 17 APRIL 2018

**MINUTES OF A MEETING OF THE SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2
HELD IN COUNCIL CHAMBER - CIVIC OFFICES ANGEL STREET BRIDGEND CF31 4WB
ON TUESDAY, 17 APRIL 2018 AT 09:30**

Present

Councillor CA Green – Chairperson

TH Beedle	MC Clarke	SK Dendy	J Gebbie
M Jones	JE Lewis	JR McCarthy	AA Pucella
KL Rowlands	G Thomas	SR Vidal	

Apologies for Absence

MJ Kearns, SG Smith and KJ Watts

Officers:

Sarah Daniel	Democratic Services Officer - Scrutiny
Julie Ellams	Democratic Services Officer - Committees

Invitees:

Susan Cooper	Corporate Director - Social Services & Wellbeing
Carmel Donovan	Group Manager - Older People
Councillor Philip White	Cabinet Member for Social Services and Early Help

37. DECLARATIONS OF INTEREST

None

38. APPROVAL OF MINUTES

RESOLVED: That the Minutes of the meeting of the Subject Overview and Scrutiny Committee 2 of 7 February 2018 be accepted as a true and accurate record.

39. FORWARD WORK PROGRAMME UPDATE

The Scrutiny Officer presented a report identifying the items prioritised by the Corporate Overview and Scrutiny Committee including the next item delegated to this Committee. She also presented the Committee with a list of potential items for comment and prioritisation and asked the Committee to identify any further items for consideration using the criteria form. Members were also asked to approve the feedback from the previous meetings and the list of responses including any outstanding.

RESOLVED: The Committee:

- i) Approved the feedback from the previous meetings of the Subject Overview and Scrutiny Committee 2 and noted the list of responses including those still outstanding.
- ii) Identified additional information the Committee wished to receive on the next item delegated to the Committee.

40. DEMENTIA SUPPORT AND CARE IN BRIDGEND COUNTY BOROUGH

SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2 - TUESDAY, 17 APRIL 2018

The Corporate Director, Social Services and Wellbeing presented a report providing an update on the support and care for people with dementia living in Bridgend County Borough (BCBC) and addressing the questions raised in respect of dementia in BCBC and regionally.

A Member requested a basic definition of dementia to help Members with a limited understanding of the subject. The Clinical Service Manager ABM UHB explained that dementia was a degenerative illness of the brain and the likelihood of developing dementia increased significantly with age. It mainly affected people over the age of 65 however could affect younger people from late forties on. It affected all components of living including short term memory loss and daily activities such as speech and mobility and eventually could impact on long term memory. The impact on each individual varied and there were various types of dementia which progressed at different rates and presented in different ways. There were drugs available to treat the symptoms of dementia and an early diagnosis improved the success of the drugs. Drugs could not prevent the illness but could allow the individual to stabilise.

A Member referred to the table showing the diagnosis by GP practice in BCBC. Members requested the population of each area so that it was clear exactly what percentage the figures represented. A Member explained that there were three surgeries in one ward, each covering a smaller number of patients and as a result, the table did not give an accurate picture.

A Member asked if the high number of cases in Portway Surgery, Porthcawl was linked to the number of care homes in Porthcawl. The Integrated Community Services Manager explained that Porthcawl also had a high ageing population and that together with the number of nursing homes in the area could be the reason for the high number of cases. She agreed to provide a map with boundaries for Members who were unfamiliar with the names of the surgeries and where they were.

A Member thanked officers for the report and asked why it focussed on managing the situation rather than trying to prevent it by looking at the health and wellbeing of the constituents. The Clinical Service Manager ABM UHB explained that early detection and diagnosis were effective in maintaining a person at maximum ability and there was evidence that a person could live well with dementia for some time. They were hugely reliant on GPs picking up early signs. The Corporate Director Social Services and Wellbeing explained that there were two new extra care schemes due for completion in September/October which could accommodate those with dementia. There were also initiatives to keep people moving and a team promoting exercise and keeping fit.

The Health and Social Care Officer, BAVO, explained that in addition to the Dementia Friends projects, they were helping people within the community to have a better understanding. Work was ongoing with the prevention team on how to develop skills and target organisations to work within the speciality. Going forward they would be looking at prevention and wellbeing and events to target organisations and the community to see what was needed. She explained that the current initiative was started by the Alzheimer's Society.

A Member asked if a GP would be more vigilant with particular age groups to assess if further screening was required. The Clinical Service Manager ABM UHB explained that all GPs were trained to look out for signs, rule out other causes and then refer into the service for more in depth screening and to draw conclusions. The process could take a number of months.

A Member asked if the extra care facilities would be able to accommodate both those with mild and advanced dementia. The Corporate Director Social Services and

SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2 - TUESDAY, 17 APRIL 2018

Wellbeing said that it was the intention that an individual would be able to stay in their own home for as long as possible with access to extra care. There was a shortage of EMI nursing across Wales so it would depend on the assessment and the level of care that could be provided.

A Member asked how many beds had been lost in Bridgend. The Member was advised that a care home in Bridgend had closed but an external agency was now looking at the viability of reopening it.

The Clinical Service Manager ABM UHB explained that an external review had been commissioned to look at the model of service. A comparison with 41 health boards indicated that Bridgend had the 5th highest bed provision. It was important to keep people in the community for as long as possible in addition to the provision of specialist beds. The Corporate Director, Social Services and Wellbeing explained that currently community services were supporting a range of people who would previously have been in hospital. They were now better equipped to keep residents in their own home before they required acute care and would continue to develop a range of beds and options to support a person through the whole pathway.

A Member asked if the support mechanisms in place were having an impact on the trend analysis. The Clinical Service Manager ABM UHB explained that the analysis was based on the age of the population. Early detection would help to keep people in their homes and improving community focus and awareness.

A Member asked if support was provided for families. The Clinical Service Manager ABM UHB explained that it was recognised that the wider family played an important role particularly when trying to keep an individual in their home. They were also aware of the impact of the caring role on the family and the importance of support. With early onset dementia there could be young families and financial implications which organisations needed to be aware of. The Integrated Community Services Manager explained that there was a duty to carers who were entitled to an assessment and support in an outcome focused way. They tried to develop flexible responses because one size did not fit all. There was a multi-faceted approach to living well with dementia and a delivery plan to provide relevant support along the whole journey.

A Member queried why there was no reference to Cwm Taff in the report and if there would be the same provision and service for Bridgend going forward if the Boundary change of Health Boards goes ahead. The Clinical Service Manager ABM UHB explained that they were waiting for an announcement. There had been preliminary discussions and the provision in Bridgend would look at a different model of service but there would be no plans to change anything immediately. The Corporate Director, Social Services and Wellbeing confirmed the position and said that reassurance had been given at the last Council meeting. The Chief Executives from the two Health Boards had recently met to look at a potential governance structure. There would be a further meeting in May to look at the issues in more depth. They were hoping for an early response to the consultation. The Cabinet Member, Social Services and Early Help stressed that there was a strong partnership in place and the hard work had to continue. He asked Members to recognise the importance of becoming a dementia friendly community.

A Member asked if more information was available regarding the types of dementia and the ages of the people affected. The Clinical Service Manager ABM UHB explained that information was taken from the Census and from GPs. More information would be available in future when practices submitted information around the diagnosis to Welsh Government. The Integrated Community Services Manager confirmed that she had tried to get the information but had been advised that it was not available in the format

SUBJECT OVERVIEW AND SCRUTINY COMMITTEE 2 - TUESDAY, 17 APRIL 2018

requested at the current time. This was being reviewed and should be available in future.

A Member explained that during rota visits to care homes, she had seen some helpful additions to make life easier in the homes such as pictures rather than written signs. These had been introduced by staff and not following information or advice provided to the care homes to improve the space. The Corporate Director, Social Services and Wellbeing explained that there had been extensive training across the sector regarding strategies and approaches. All care homes were expected to manage a range of activities and staff contributed to the running of the homes.

A Member asked about the Dementia Care training programme. The Clinical Service Manager ABM UHB explained that Health Board staff had received dementia awareness training and this had since been extended to the care home sector. The Corporate Director Social Services and Wellbeing reminded Members that training was available for them but to date less than half had attended.

A Member asked why little reference was made in the report to younger people. The Clinical Service Manager ABM UHB explained that the prevalence was low however the impact was significant. An early onset service was available with a small designated team. A Member asked if there was an age limit before an individual could be referred. He was advised that there was no age limit. The numbers were very small and a package would be put together to fit around an individual rather than them fitting into the main stream services. The Integrated Community Services Manager confirmed that she had checked with the specialist team and they had reported that of the 155 cases open, 30 were under 65. The Clinical Service Manager ABM UHB added that there had not been an increase in the age profile.

A member asked what the relevance was of data on people with dementia in Cardiff and the Vale of Glamorgan. The Integrated Community Services Manager replied that officers had been asked specifically to provide that information.

A Member asked how many short stay beds were available. He was advised that there were 2 respite beds and criteria around accessing them. Usage of the beds varied with some families using them more than others. They did not appear to be over-subscribed and there was no waiting list. An analysis of use was being undertaken although they would not be able to give the proportion of those with dementia.

A Member asked how robust the sources of funding were. The Health and Social Care Officer, BAVO explained that most funding was provided annually although there was some 2 year funding. Funding was a priority and continued to be a concern. The Corporate Director Social Services and Wellbeing was aware of the difficult financial provision and the Medium Term Financial Strategy. The proposals did take account of the need to invest in early intervention and wellbeing services. The sum of £10 m had been allocated to each region, £5m for 2018/19 and the remainder the following year. New initiatives would not start until the way forward was known. Grant money was in place but this was not permanent funding and she was aware of the huge challenge ahead.

Members agreed that it was crucial that the Bridgend element of any funding was identified and that Bridgend retained that funding. The Corporate Director Social Services and Wellbeing explained that this had already been arranged in other areas. It had been agreed in principle and efforts were being made to ensure there was as little disruption as possible. The Cabinet Member for Social Services and Early Help and the Leader sat on the group and would continue to ensure Bridgend was a front runner in any plans.

Recommendations

Members were concerned if the proposal for Bridgend Council to transfer healthcare services to Cwm Taf University Health Board from Abertawe Bro Morgannwg University Health Board that residents did not see a decline in the service they received. Members therefore recommended that Officers and Cabinet Members continue engagement and build on strong partnerships with both Health Boards. Members further recommended that when Welsh Government allocate grant funding to support the delivery of the National Vision, that Officers and Cabinet members lobby to ensure that Bridgend was not disadvantaged in anyway and ensure we were allocated an adequate share of the funding according to our trend analysis.

Members recommended that officers provide a further training session on Dementia to all Elected Members, care homes and key staff to increase awareness and enable them to become Dementia Friends

Further Information

Members asked to receive the Community Health Council report on dementia for information

Members asked to receive information on the GP Practice populations. To include details of the surgery practice broken down by location and to include a map. Members stated the information would be easier for them to analyse if they knew the percentage of patients diagnosed with dementia for each surgery.

Members asked for further information on the programme of awareness of dementia and how they reach out to the public on the importance of lifestyle changes to prevent the onset of Dementia and how to live well with Dementia.

How many EMI beds have been lost in BCBC? Officers stated that this was available in the Care Home Strategy report which they would share with members.

How many short break beds are available to support younger people and their families with dementia?

Members requested the item stay on the Forward Work programme for the Committee to revisit in 9 months' time to provide further information and update members on the progress made since this meeting.

41. URGENT ITEMS

None

The meeting closed at 12:00