Havering
LONDON BOROUGH

Cabinet

18 NOVEMBER 2015

Subject Heading:	**INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE – DEMENTIA AND DIAGNOSIS TOPIC GROUP REPORT**
Cabinet Member:	**Cllr Wendy Brice-Thompson,** Cabinet Member for Adult Social Care and Health
CMT Lead:	**Isobel Cattermole** Group Director for Children, Adults and Housing
Report Author and contact details:	Wendy Gough Committee Officer Tel: 01708 432441 Wendy.gough@onesource.co.uk
Policy context:	Dementia and Diagnosis in Havering
Financial summary:	There is none associated with this report.
Is this a Key Decision?	No
Is this a Strategic Decision?	No
When should this matter be reviewed?	November 2016
Reviewing OSC:	Individuals

The subject matter of this report deals with the following Council Objectives

Havering will be clean and its environment will be cared for	[]
People will be safe, in their homes and in the community	[x]
Residents will be proud to live in Havering	[]

SUMMARY

The attached report contains the findings and recommendations that had emerged after the Topic Group scrutinised the subject selected by the Sub-Committee in September 2014.

The environmental, equalities & social inclusion, financial, legal and HR implications and risks are addressed within the Topic Group's report.

RECOMMENDATIONS

That Cabinet **note** the report of the Topic Group.

REPORT DETAIL

Introduction

1. The attached report identifies the pre-diagnosis of dementia, the assessments that are carried out to identify memory loss and the support that is in place for people living with dementia.
2. During the review, the Topic Group noted the process for referrals from GP's to the memory service currently run by North East London NHS Foundation Trust (NELFT) and the Clinical Commissioning Group (CCG).
3. The report notes the training and education that is available to GP's to ensure early diagnosis of possible dementia together with other symptoms which could cause memory loss.
4. It also explored best practice in the borough's care home in supporting residents living with dementia. The report identifies a number of recommendations for NELFT, CCG and Adult Social Care to implement.

REASONS AND OPTIONS

Reasons and Options

Under the Local Government and Public Involvement in Health Act 2007, s. 122, Cabinet is required to consider and respond to a report of an Overview and Scrutiny Committee within two months of its agreement by that Committee or at the earliest available opportunity. In this case, Cabinet is required to do this at its meeting on 18 November 2015. Cabinet is also required to give reasons for its decisions in relating to the report, particularly in instances where it decides not to adopt one or more of the recommendations contained within the report.

Alternative Options Considered

There are no alternative options.

IMPLICATIONS AND RISKS

Financial Implications and Risks:

There are no direct financial implications arising from this report, which is for information only.

The financial implications and risks related to any proposed initiatives referred to in this report will be addressed by the Lead Member through the Health and Wellbeing Board, as the need arises. New initiatives will be subject to the appropriate authorisation process and the availability of funding.

Legal Implications and Risks:

The recommendations in this Report relate mainly to the CCG and therefore this Committee has no power to require compliance. Provided this is borne in mind there are no legal implications in making these recommendations to the CCG."

Human Resources Implications and Risks:

The recommendations and content of this report do not present any HR risks or implication for the Council, or its workforce, that can be identified at this time.

Equalities and Social Inclusion Implications and Risks:

The Equality Act incorporates a general duty to ensure that services meet the needs of people with protected characteristics such as disability. It also imposes a further duty to make reasonable adjustments so that people with a disability are not put at a substantial disadvantage. The recommendations made in the report should ensure that people with dementia and their carers from all communities are able to access information, advice and services. Where required, information should be provided in a variety of languages and formats. The organisation will use the concept of 'cultural competence' and develop services that are sensitive to clients' cultures and to differences among people and cultural groups. The recommendations included within this report are a starting point to developing such services.

BACKGROUND PAPERS

None to this covering report

Appendix

REPORT OF THE
INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE
DEMENTIA AND DIAGNOSIS TOPIC GROUP

1.0 BACKGROUND

1.1 At its meeting on 9 September 2014, the Individual Overview and Scrutiny Sub-Committee agreed to establish a topic group to scrutinise the different stages of diagnosis, how assessments are carried out and the support in place for people living with dementia.

1.2 The following Members formed the topic group at its outset: Councillors June Alexander (Chairman), Ray Best, Philip Hyde, and Viddy Persaud.

1.3 The topic group met on five occasions, two were visits to care homes in the borough so all aspects of the support and care available in Havering could be reviewed. The Topic Group has now reached its findings and conclusions which are detailed in this report

2.0 SCOPE OF THE REVIEW

2.1 Awareness for all of memory loss

- Where information can be sought
- Contact details for advice and support (advertisement of)

2.2 Pre-diagnosis

- What the GP assesses?
- What training is available for GP in carrying out assessments?
- What determines a referral to the Memory Service?
- Other symptoms that may cause memory loss, which are not dementia related.

2.3 Understanding the diagnosis

- What is offered by the Memory Service?
- What other services are available and by whom?

2.4 Living with Dementia

- What services are there for people living with dementia?
- How do people who live with dementia cope?

3.0 FINDINGS

3.1 The group met with representatives from the North East London NHS Foundation Trust (NELFT) and Clinical Commissioning Group (CCG) to understand how referrals were made to the Memory Service and care homes. The GP explained that generally patients, partners or relatives will pick up on the signs of memory loss and contact the GP. All

patients were assessed as there could often be other issues that can a cause memory loss. These included UTI's Vitamin B12 deficiency, constipation, depression, anaemia or thyroid problems. If none of these issues were present, then the patient was referred to the memory service, which is run by NELFT. The memory service carried out a diagnosis to find out if dementia is the cause. Referrals to specific nursing homes with specialist nurses for people with dementia were made by NELFT or the GP.

3.2 The group asked if patients were tested for dementia at the same time as other health checks were carried out, i.e. flu jab. It was explained that a mini-cognitive screening was carried out at some GP surgeries, however not all. It was noted that Havering had become the second London Borough to be awarded "working to become a Dementia friendly community" status. As a result of the DAA, all GP surgeries had signed up to provide extended appointment times, or appointments at times when it suits the patient. All practices had committed to this. (Recommendation 4.1)

3.3 The group asked about the training and education of GP in identifying possible dementia and how this was monitored. It was noted that there was a GP master class which was an accredited course and run by an old age psychiatrist. This training was open to all GP's, however whilst a percentage of GP's had been trained, there was a difference between being trained and putting into practice. The group agreed that this was something that all GP's should commit to, as it was important for the ageing population of Havering. (Recommendations 4.2)

3.4 It was noted that there were 126 GPs over 48 practices in Havering. At least one GP from each of these practices had been on the training, with more training planned for the future.

3.5 The group was informed that the waiting time for a referral from a GP to the Memory Service was 3.8 weeks, a second appointment with the Memory Service, if it was felt necessary, was hoped to be achieved within 4.2 weeks. Therefore it was a total of 8 weeks for diagnosis and treatment to start. Members felt that this was an improvement however would wish for a shorter time scale to be put in place. (Recommendation 4.3)

3.6 The group raised concerns about where friends and family can go to get advice, if they suspect someone has early signs of memory loss. It was stated that there were a number of places that individuals could contact to get advice, these included the Alzheimer's Society, The Adult Social Care Front Door service and for those wishing to access information online, the Adult Social Care Information and Advice platform could assist. Members agreed that these contacts needed to be publicised more. (Recommendation 4.4)

3.7 Further concerns were raised about family and friends speaking direct to their relatives GP about any memory loss concerns. It was noted

that under the data protection act family and friends could only speak to a GP with the consent of the patient.

3.8 Following advice from officers, the group agreed that if individuals were to consider advance care planning, including giving consent to a relative or friend, before any sign of memory loss, this would assist in being able to speak to the GP about their concerns. (Recommendation 4.5)

CCG Focus Group, Alzheimer's Society, St Cedds.

3.9 The group was invited to a focus group, run by the CCG and Dementia Action Alliance. This included people living with dementia and their carer's. The CCG was keen to engage with the group to find out what could be put in place to make life easier for people living with dementia and their carer's.

3.10 The group found that in the majority of cases an early diagnosis would be beneficial together with the support from GP's. Others explained that they were not aware of the support groups run by the Alzheimer's Society, like "Singing for the Brain", and this needed to be more publically advertised.

3.11 The group agreed that there needed to be more publicity around the early signs of dementia, so that a professional diagnosis could be made, and support put in place for the individual and for their family. (Recommendation 4.6)

Visit to Care Homes in the Borough

3.12 The group visited two care homes in the borough to understand the care, support and activities that were available. The group gained an understanding of what worked well in care homes. These included a smaller sized home, with no more than 40 bedrooms, ensuring that there were adequate members of staff, all of whom had a good working relationship with the residents and ensuring that there were management on call seven days a week.

3.13 Other areas which the group felt worked well were having access to a secure garden, residents being encourage to personalise their own rooms and choice across all aspects of what the residents wished to participate in. The group were able to observe different activities and were informed that there was a number of entertainment sessions provided, including professional singers, Pets as Therapy Dogs, and organised day trips. The group felt that a home should feel safe, secure and welcoming for all its residents and visitors.

3.14 The group found areas which did not work so well and would need improving upon. These included little choice at meal times, grouped entertainment and activities, as it was observed that not all residents would participate or be engaged.

3.15 The group felt that a care home environment should not be clinical, residents should be treated with respect and ensure that their needs are met. (Recommendation 4.7)

4.0 RECOMMENDATIONS

4.1 To ensure that GPs are carrying out memory tests during general and routine health checks of individuals and ensure that appointment times are provided when it suits the patient.

4.2 To ensure that all GP's are trained in recognising the first signs of memory loss and to ensure that these skills are put into practice alongside recommendation 4.1.

4.3 To reduce the number of weeks for diagnosis and treatment of individuals at the Memory Clinic.

4.4 To publicise relevant contact details for information and advice more widely, using local publications such as "Living".

4.5 To promote and encourage advanced care planning for individuals so that GP's have "early consent" from patients for GP's to be able to hear relatives concerns and advise accordingly.

4.6 To publicise the early possible symptoms of dementia through a national and local advertising campaign.

4.7 For the Individuals Overview and Scrutiny Sub-Committee to receive regular updates from the Quality and Brokerage and Safeguarding Teams on any issues raised in respect of care homes in the borough.

ACKNOWLEDGEMENTS

During the course of its review, the topic group met and held discussions with the following people:

Wellington Makala – NELFT
Clare Burns – CCG
Jordanna Hamberger – CCG
Dr Maurice Sanomi – Clinical Director at CCG and local GP
Barbara Nicholls – Head of Adult Social Care and Commissioning

The following comments are submitted by members of staff:

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Background Papers List

Notes of Dementia and Diagnosis Topic Group Meetings:

8 October 2014
4 November 2015
16 April 2015
22 April 2015
4 August 2015