

# BRIEFING NOTE

Agenda Item 9.

TO: HEALTH SCRUTINY AND PERFORMANCE PANEL

DATE: 27 APRIL 2010

RE: DEMENTIA WORKING GROUP – UPDATE

## Purpose

To receive the terms of reference of the Dementia Working Group established by the Panel at its meeting on 13 October 2009.

## Background

The Health Scrutiny and Performance Panel identified 'Unauthorised Absence' as a potential issue to investigate during the 2009/10 municipal year. The Panel were concerned about dementia and how this affected the residents of Walsall, the working group wished to investigate the situation.

The Panel are asked to; -

1. Consider the working groups terms of reference and
2. Recommend that the topic of 'dementia' is considered in 2010 / 2011 municipal year.

## Author

Nikki Ehlen

Scrutiny Officer

☎ 01922 652824 or [ehlenn@walsall.gov.uk](mailto:ehlenn@walsall.gov.uk)

Walsall Council Scrutiny and Performance Panel Work Group  
Initiation Document

<b>Work Group Name:</b>	Dementia Working Group
<b>Panel:</b>	Health Scrutiny Panel
<b>Municipal Year:</b>	2009-10
<b>Lead Member:</b>	Councillor Ault
<b>Lead Officer:</b>	Andy Rust / Michael Hurt
<b>Support Officer:</b>	Nikki Ehlen
<b>Membership:</b>	Councillor Ault Councillor Creaney Councillor Woodruff

<b>1. Context</b>
<p><b>Why has this work group been set up? Consider the main drivers behind it</b></p> <p>The panel were aware that the National Dementia Strategy (2009) had been launched and were interested in implementation at a local level to ensure improvements in dementia care in Walsall. Members were aware of the following factors and wanted the working group to make recommendations to add value at a local level; -</p> <ul style="list-style-type: none"> <li>• People are scared of dementia</li> <li>• The public need to understand dementia and awareness needs to be improved</li> <li>• There is a reluctance to admit memory loss</li> <li>• There is good practice in Walsall</li> <li>• National documentaries have featured dementia and highlighted issues that need addressing</li> <li>• Dignity in care needs consideration this includes dementia care (care homes)</li> </ul>
<b>2. Objectives</b>
<p><b>What do you want it to achieve? It is important to have clearly defined outcomes at the start to give the working group direction and ensure it adds value.</b></p> <p>The working group supports the priority areas of the Walsall dementia strategy.</p> <ol style="list-style-type: none"> <li>1. Early Intervention &amp; Diagnosis</li> <li>2. Community &amp; Carer Support</li> <li>3. Acute Hospital Care</li> <li>4. Living Well in Care Homes</li> <li>5. Prevention &amp; Health Promotion</li> <li>6. Planning for &amp; End of Life Care</li> </ol>

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<b>3.</b>	<b>Scope</b>
	<p style="color: red;">What should be included and excluded?</p> <ol style="list-style-type: none"> <li>1. Definition / identification of dementia</li> <li>2. Causes of dementia</li> <li>3. Numbers of people in Walsall with dementia</li> <li>4. Therapies for dementia</li> <li>5. Carers strategy</li> <li>6. Good practice in dementia</li> <li>7. Personal experiences / case studies</li> <li>8. Mini conference</li> <li>9. What is needed from members / Member awareness</li> </ol> <p>A visit to facilities for dementia in Walsall may be of benefit for the group.</p>
<b>6.</b>	<b>Equalities Implications</b>
	<p style="color: red;">There is a legal and moral obligation to ensure that, when undertaking a scrutiny review, the impact of policies; procedures; strategies and activities is considered within the 6 strands of equality (Age, Disability, Gender, Race, Religion or Belief, and Sexual Orientation)</p> <ul style="list-style-type: none"> <li style="color: red;">• How will the working group consult with each of these six groups regarding this review and its outcomes?</li> <li style="color: red;">• If an EIA has been carried out for this service\policy then what were its outcomes? Can this be mapped into the review? If no EIA has been carried out by the service is one required and can this be reported to the working group?</li> <li>• Black Minority Ethnic groups are underrepresented in memory clinics in those people known to services.</li> <li>• Cultural differences?</li> </ul>
<b>4.</b>	<b>Who else will you want to take part?</b>
	<p style="color: red;">Think about who else, other than lead officers and members, it would be useful to include either as part of the working group or to bring information at specific points. For example- partners, stakeholders, other authorities.</p> <ul style="list-style-type: none"> <li>• Press</li> <li>• Age concern</li> <li>• Memory clinic Walsall</li> <li>• Voluntary organisations</li> <li>• NHS / Council including a representative from Social, Care and Inclusion (e.g. social worker)</li> <li>• A clinician from the memory clinic</li> <li>• A representative from the Manor Hospital</li> </ul>

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	<ul style="list-style-type: none"> <li>• A GP lead</li> <li>• A representative from a care home</li> </ul>
<b>5.</b>	<b>Timescales &amp; Reporting Schedule</b>
	<p style="color: red;">Needs to be completed within the same municipal year and so should be able to report to full panel by the last meeting at the latest but consider the subject- is there anything else that it may need to tie into (e.g. academic or financial year or to coincide with national/sub-regional developments)</p> <p style="color: red;">How often will update be provided to full panel?</p> <p>By 27April 2010</p>
<b>6.</b>	<b>Risk factors</b>
	<p style="color: red;">Are there any obstacles that can be predicted? For example, is it dependent on other organisations outside your control and duty to cooperate? Identifying these factors early should help minimise their impact.</p>

Date Agreed:		Date Updated:	
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