Department of Health

Yorkshire & Humber Improvement Partnership

Yorkshire & Humber Improvement Partnership
Regional Review of Dementia
Bradford Locality Report

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- Healthy Mind Intensive Support Team.
- Airdale Community Mental Health Team and wards staff from the Airedale Hospital.

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Please Note

The analysis in this report is based on the material collected during the review process, with notes taken during the visit appraised by the Local Dementia Lead and supplied to the report authors. The submissions to the authors are taken on face value as being materially factual and correct.

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Executive Summary

In August 2009 the Yorkshire & Humber Improvement Partnership developed a dementia peer review programme that would investigate the progress made towards the implementation of the National Dementia Strategy in the fifteen localities in the Yorkshire & Humber region. This report documents these finding for the Bradford locality, particularly focussing in on the seven priority objectives of the Implementation Plan.

Good quality early diagnosis and intervention for all – currently 38% of people with dementia in the Bradford locality have a clinical diagnosis of dementia and are registered with their GPs. No formal referral pathways appear to be in place consistently across the locality, however very good-working relationships between the CMHT and primary and social care staff groups ensure good referrals and that support with dementia care is readily available. Specialist dementia services have been organised around the Memory Assessment and Treatment Service (MATS) and are provided by the four CMHT. Further pathways between the MATS and the voluntary sector are currently being developed.

Improved community personal support services – no specialist Home Care Service is provided at present, but support is provided by the recently re-configured local authority six-week enablement service and an intensive Home Care team from an independent provider. Currently under consideration is a specialised service for the early stages of dementia that would entail the local authority service developing stronger links with the CMHT. A relatively new Resource Allocation System exists and around 450 people receive Direct Payments from the local authority.

Implementing the Carers' Strategy for people with dementia - the majority of day care facilities in Bradford are provided by the voluntary sector and commissioners anticipate that the Individual Budgets schemes, once introduced will have a major impact on the shape of future support services for carers.

Improved quality of care for people with dementia in general hospitals - an informal Liaison Service is provided into the general hospital by the CMHT, but this is a very limited although widely used service. Commissioners are looking at further developing this service and in particular the training requirements for the general hospital. Named leads for dementia have been identified in the community hospitals, but it is unclear about the leads in the general hospitals.

Living well with dementia in Care Homes – no Care Home Liaison Service currently exists in Bradford, however a new service should commence in 2010/11. The service specification is currently being developed and the required investment has been identified.

An informed and effective workforce for people with dementia/carer training and awareness – no integrated training plan currently exists for dementia but commissioners are undertaking a baseline audit. Staff groups advised of the availability of good courses and potential funding for professional training through the Bradford Dementia Group. Issues relating to undergraduate training were raised as new hospital staff are expected to have prior knowledge of dementia.

A joint commissioning strategy for dementia – a joint commissioning strategy has been developed that included consultations with carers and people with dementia. The joint investment plans cover the Memory Assessment & Treatment Service, enhanced CMHT, Care Home and acute hospital liaison, crisis at home service, the development of well-being café and housing related support. The strategy is evidence that the commissioners recognised that the current provision of care is unsustainable. New service investments are premised on an invest-to-save basis and all aspects of the current commissioning are being reviewed to identify efficiencies such as low occupancy in specialist mental health in-patient beds.

1 Introduction

The National Dementia Strategy[1] was published in February 2009 following an extensive public consultation process. The Strategy is ambitious; its aim is that all people with dementia and their carers should live well with dementia. The Strategy also defined the framework for implementation, which is now published as *Living Well With Dementia: National Dementia Strategy Implementation Plan*[2]*. It* sets out the task ahead to deliver the aspirations of the National Dementia Strategy and identifies seven[3] priority objectives that will help provide the foundations for successful implementation, leading to improvements in the quality of the lives of people affected by dementia.

The implementation plan also specifies *that by 31st March 2010, Deputy Regional Directors (DRD)*[4] *and their regional teams will have completed a baseline review of dementia across their locality measuring against the objectives identified in the strategy and will ensure there is a jointly owned action plan for each locality that key partners have co-produced and co-own.*

In response to this requirement, in August 2009 the Yorkshire & Humber Improvement Partnership, led by the Dementia Strategy Lead, developed a dementia peer review programme that would investigate the progress made towards the implementation of the Strategy in the fifteen localities in the Yorkshire & Humber region.

This report documents the findings of the Bradford locality review, focussing primarily on progress made towards implementation of the seven priority objectives, although the report does contain details of the remaining objectives in the report appendices. The findings of the review are presented in three main sections in the report and are structured in the following way –

- *Implementation Plan Priorities* – analysis of the responses submitted to the Review Team in relation to the seven priority objectives.

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[1] Living with dementia: A National Dementia Strategy - Department of Health – February 2009

[2] www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103136.pdf

[3] Good quality and early diagnostic support services (objective 2); Improved community personal support services (objective 6); Implementing the Carers' Strategy (objective 7); Improved quality of care for people with dementia in general hospitals (objective 8); Living well with dementia in Care Homes (objective 11); An informed and effective workforce for people with dementia/carer training and awareness (objective 13); A joint commissioning strategy for dementia (objective 14)

[4] Deputy Regional Director for Social Care and Local Partnerships

- *Service Users & Carer Perspectives* – collation of the responses provided by service users and carers of their experiences of dementia services to date.

- *Good Practice, Priorities and Areas for Improvement* – a summary of the responses provided by participants as to current strengths of the service provision and areas where further development is required.

Chapter 4 of this report contains an action plan template for key partners in each locality to complete in light of the review findings. In addition to the above chapters of this report, a number of appendices also exist that contain the response data collected during the review process. These appendices are –

- Appendix 1 - containing the descriptive evidence collected in section 4 of the Metrics Proforma in support of progress made with the seven priority objectives of the Strategy.

- Appendix 2 - containing the descriptive evidence collected in section 4 of the Metrics Proforma for the remaining objectives of the Strategy. This evidence has been included in this report for completeness, but has not contributed to the analysis provided.

- Appendix 3 – containing the detailed responses to section 3 of the Metrics Proforma relating to strategic questions about the locality.

- Appendix 4 – containing the quantitative evidence about dementia in the locality and collected through section 2 of the Metrics Framework.

Material presented in Appendices 1-3 has been extracted from the data collection proformas and where appropriate, have been collated to reflect the triangulation of responses from the participating groups visited as part of the review process.

2 Review Methodology

The methodology used in this review process incorporated a number of research techniques including surveys and semi structured interviews. The collection of data was coordinated around the *Metrics Framework* that contained four key sections that are listed below with further details in Appendix 5 -

- Section 1: Local Service Description
- Section 2: Quantitative Metrics
- Section 3: Strategic Issues
- Section 4: Descriptive Evidence

The Local Services Description section of the above Metrics Framework was completed by the Dementia Strategy Lead and forwarded to the Locality Dementia Lead, along with the Quantitative Metrics section of the document, for review and completion prior to the Review Team visit. The Review Team visits were co-ordinated by the Dementia Strategy Lead, with the Locality Dementia Lead for each area organising the locality visit programme, incorporating opportunities for the Review Team to meet and interview the following groups of partners and stakeholders[5] -

- Chief Officers and Senior Officers from the local health and social care organisations.
- Primary Care Trust, Adult Social Care commissioners and Third sector partners
- Up to three care pathway staff groups which could include memory clinics, secondary care services, community teams, primary care teams, specialist services, home care providers, Care Home providers and third sector provider organisations
- Carers and people with dementia.

Notes of the locality visits were recorded by a dedicated member of the Review Team and were circulated to the Locality Dementia Lead for verification as an accurate record of the discussions had during the visit. The evidence gathered here for section 3 and 4 of the Metric Framework was collated with the evidence gathered in section 1 and 2 of the framework, and is presented and analysed for the locality in this report.

[5] The choice of groups being interviewed by the Review Team reflected the local service configurations and as no two localities are identical, the types of group participated varied from locality to locality.

3 Findings of the Review Team in the Bradford Locality

3.1 Implementation Plan Priorities

This section of the report contains a summary of the evidence collected in Section 2: Quantitative Metrics and Section 4: Descriptive Evidence of the data collection proforma, relating to the seven priority objectives of the National Dementia Strategy Implementation Plan. Full details of the questions posed and responses given for this locality are recorded in Appendix 1.

Objective 2: Good quality early diagnosis and intervention for all

All people with dementia to have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis sensitively communicated to the person with dementia and their carers; and treatment, care and support provided as needed following diagnosis. The system needs to have the capacity to see all new cases of dementia in the area.

The baseline data submitted to the Review Team for the Bradford locality in relation to Section 2: Quantitative Metrics are outlined in Table 1.

Table 1: Good quality early diagnosis and intervention for all	**2009 Baseline**
Number of patients currently registered with GPs as having dementia	1,845
Registered patients as percentage estimated total population with dementia aged 65 years and over	38%
New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	135 referrals 108 assessed (1 of 4 services)
Apr 2009 – Review visit	34 (1 of 4 services)
Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	Information not available
CT/MRI brain scans for clarification of dementia diagnosis: Average waiting time from referral to CT/MRI scan date over last 12 months (weeks)	6-week target for all scans met by the PCT, majority of scans completed within 3 weeks (70%). Median point is less than 2 weeks. This data is for all CT/MRI scans.
Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	Minimum waiting time is less than one week, maximum is less than 6 weeks

In Bradford it is estimated that around 38% of the population with dementia have a diagnosis and are registered with their GPs. The proportion in the locality is marginally lower than the regional rate of 39% and five-percentage points higher than the national rate of 33%.

Progress reported in descriptive evidence in the Bradford locality (Section 4 of proforma) –

- Very good working relationships exist between the CMHT and local primary and social care staff groups that facilitates referrals and support in relation to dementia and dementia care, although it does appear that no formal referral pathway is in place.

- The Memory Assessment and Treatment Service (MATS) have been developed in Bradford to provide the specialist services for dementia and are operated by the CMHT.

- Pathways between the MATS and the voluntary sector are currently being developed through the Dementia Advisor project.

Objective 6: Improved community personal support services.
Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to Specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services.

The baseline data submitted to the Review Team for the Bradford locality in relation to Section 2: Quantitative Metrics are outlined in the Table 2.

Table 2: Improved community personal support services	**2009 Baseline**
How many hours of specialist home care for people with dementia are currently offered per year?	circa 9,000 hrs pa. No specialist service for long-term packages; In 2008-9 we had approx. 75 users going through specialist crisis support & enablement service, each for up to 12 weeks. This service is not yet District-wide, but will be in 2010-11.
Number of people with dementia currently in receipt of individual budgets?	Current data collection doesn't distinguish people with dementia; legal framework re mental capacity & direct payments has been an issue, we've just had new guidance re mental capacity.

Progress reported in descriptive evidence in the Bradford locality (Section 4 of proforma) -

- The local authority operated Home Care service has recently been totally re-configured to provide a six-week enablement service, while an intensive Home Care team is provided through an independent provider. Under current consideration is the development for the local authority run service to become a more specialised service providing support in the early stages of dementia. This would include developing stronger links with the CMHT.

- A Resource Allocation System exists in the locality, but it is a relatively new development. Staff training is to be undertaken in older people's services on the allocation system during the remainder of the year.

- Around 450 people receive Direct Payments from the local authority.

Objective 7: Implementing the Carers' Strategy for people with dementia.
Family carers are the most important resource available for people with dementia. Active work is needed to ensure that the provisions of the Carers' Strategy are available for carers of people with dementia. Carers have a right to an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia. This will include good-quality personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected.

The baseline data submitted to the Review Team for the Bradford locality in relation to Section 2: Quantitative Metrics are outlined in the Table 3.

Table 3: Implementing the Carers' Strategy for people with dementia.	**2009 Baseline**
Number of Carer Assessments carried out for Carers of people with dementia Apr 2008 – Mar 2009	Information not available
Apr 2009 – Review visit	Information not available
Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009	Information not available
Apr 2009 – Review visit	Information not available

Progress reported in descriptive evidence in the Bradford locality (Section 4 of proforma) –

- Following public consultations on the future of residential homes in the locality, commissioners have contracted with the voluntary sector to provide the majority of day care facilities in Bradford.

- Commissioners also anticipate that the Individual Budgets schemes, once introduced will have a major impact on the shape of future support services.

Objective 8: Improved quality of care for people with dementia in general hospitals. Identifying leadership for dementia in general hospitals, defining the care pathway for dementia there, and the commissioning of specialist liaison older people's mental health teams to work in general hospitals.

Progress reported in descriptive evidence in the Bradford locality (Section 4 of proforma) –

- The CMHT provide an informal Liaison Service for two-days a week into the general hospital, but there are funding and capacity issues with the service at present. This service is widely used in the general hospital, but reports have suggested that it is not always used appropriately.

- Commissioners are looking at further developing this service and in particular the training requirements for general hospital teams to improve the care of people with dementia.

- Named leads for dementia have been identified in the community hospitals, but managers want to develop this in the general hospitals.

Objective 11: Living well with dementia in Care Homes.
Improved quality of care for people with dementia in Care Homes through the development of explicit leadership for dementia care within Care Homes, defining the care pathway there, the commissioning of specialist in-reach services from community mental health teams, and through inspection regimes.

The baseline data submitted to the Review Team for the Bradford locality in relation to Section 2: Quantitative Metrics are outlined in the Table 4.

Table 4: Living well with dementia in Care Homes	**2009 Baseline**	
Number of registered beds in residential and nursing care in your community for dementia	439 are providing specialist dementia care (i.e. dementia as primary need).	
If possible, indicate what percentage this is of the total provision of residential and nursing care beds	(11%)	
Number of Care Home beds in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
4* rating (Excellent)	625	16%
3* rating (Good)	1,951	49%
2* rating (Adequate)	937	23%
1* rating (Poor)	145	4%
Not rated*	358	9%

Progress reported in descriptive evidence in the Bradford locality (Section 4 of proforma) -

- No Care Home Liaison Service currently exists in Bradford, however a new service should commence in 2010/11. The service specification is currently being developed and the required investment has been identified.

Objective 13: An informed and effective workforce for people with dementia/carer training and awareness

All health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.

The baseline data submitted to the Review Team for the Bradford locality in relation to Section 2: Quantitative Metrics are outlined in the Table 5.

Table 5: An informed and effective workforce for people with dementia/carer training and awareness	2009 Baseline
Number of dementia awareness courses available for mainstream staff per year	Council workforce development unit runs "Caring for people with dementia" course; 3 sessions in 2008-9 trained 41 staff; 2 sessions to date in 2009-10 have trained 31 staff.11 training sessions run for VCS staff by Community Involvement Network since April 2009 with 112 people attending. Leading & Teaching in Mental Health (for staff) – 68 sessions from 9 peer educators; 465 Health & social care staff trained. Health Trainers run general mental health courses and training is also available for care home staff through Quality Premium 3 process. Figures not known for PCT, and other NHS provider organisations
Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	41
Apr 2009 – Review visit	31
Number of dementia awareness courses available for Carers per year	3 courses run annually by Alzheimer's Society that caters for both carers and users with 18 places. Total of 27 places for carers. The course is wider than just dementia awareness. The Carers Resource Bradford & District have won the local "Caring with Confidence" contract.
Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	27
Apr 2009 – Review visit	27

Progress reported in descriptive evidence in the Bradford locality (Section 4 of proforma) -

- No integrated training plan currently exists for dementia in the locality, but commissioners are undertaking a baseline audit of training needs that will inform their Training & Development Plan.

- Staff groups advised that there was a good distance-learning course on dementia available through Bradford University and that professional training could be funded through the Bradford Dementia Group.

- Dementia training needs to be embedded into undergraduate training programmes, because although new members of ward staff are given an information sheet on dementia during their induction sessions, there is an expectation of prior knowledge of the condition.

Objective 14: A joint commissioning strategy for dementia.
Local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet these needs. These should be informed by the World Class Commissioning guidance developed to support the Strategy.

Progress reported in descriptive evidence in the Bradford locality (Section 4 of proforma) -

- A joint commissioning strategy has been developed in Bradford that included consultations with carers and people with dementia. The strategy provided for a joint investment plan that identified funding for MATS, enhanced CMHT, Care Home and acute hospital liaison, crisis at home service, the development of well-being café and housing related support.

- This strategy is evidence that the commissioners are investing in preventative and early intervention services as it is recognised that the current provision of care is unsustainable given the predicted demographic growth and in particular the impact of the expected higher prevalence of dementia among some BME groups.

- Funding for the planned developments are coming from a number of sources including the PCT, local authority and DoH funded schemes. However new investment is premised on an invest-to-save basis that includes aligning housing related investment with health and social care investment and the development of liaison services to reduce the non-elective admissions to hospital.

- All aspects of the current commissioning are being reviewed to identify efficiencies e.g. low occupancy in specialist mental health in-patient beds has

been identified as a potential efficiency saving that could support the above re-investment.

3.2 Perspectives of Carers & People with Dementia

An integral part of the region review of dementia was to obtain the views of both people with dementia and carers with regard to their experiences of dementia in the locality. During the Review Team visits, the Locality Dementia Leads arranged sessions with both groups of individuals to explore these experiences. The notes generated during the session are summarised below.

Experiences with dementia in Bradford

- Good examples of activities for people with dementia e.g. life history etc.

- The service provided by the day centre facility was reported as brilliant. One carer reported it gave them both space from each other, with his wife in a place where she has to be independent of him. Another carer reported access to the day centres was relatively easy. Further comments on the day centre included that it provided people with dementia a bigger choice of experiences than could be provided at home.

- Confidence building for people with dementia i.e. one carer reported when they are together, people talk to him and not to his wife and she was beginning to struggle with language. At the day centre she has to cope independently and this is good for her and has given her confidence back.

- The Alzheimer's Society has linked up well with activity at the day centre and they are involved in providing training. Carers are involved in their "coping with forgetting" course and their support group for carers and users.

- The process of assessment and diagnosis of dementia is improving. One carer reported that the GP was very responsive and supportive, and referred to the Memory Clinic quite promptly, while another carer reported that it had taken over six years to get a diagnosis, while the past three years have been very good and a lot of support has been provided by RMN.

- People with dementia are involved in planning and delivery of services.

- Improvements could include better Intermediate Care and smaller groups for carers to meet in so they can share things as the illness progresses.

3.3 Good Practice, Immediate Priorities and Areas for Improvement

During the Review Team visit to the localities, sessions with Chief Officers and Senior Service Providers were arranged to explore the strategic issues facing the locality in terms of dementia care. Officers present were requested to provide examples of good practice, immediate priorities and areas for improvement for their locality, as detailed in Section 3: Strategic Issues of the data collection proforma and documented in Appendix 3.

The evidence collected in the above sessions was then supplemented with additional material gathered in the more detailed interviews with locality commissioners and staff groups. The following are the combined views on the locality.

Examples of Good Practice in the Bradford Locality

- Commissioners are very proud of the way in which they had strongly developed their preventative service in the community, building on the work that had been carried out around partnerships for older people mainly around mental health.

- Good working relationships among commissioners across the different organisations in Bradford is a strong asset and by planning services together the best use can be made of the resources available. Reviews are conducted jointly which means that commissioners have a clear picture about what is going on in the district – this is a major achievement.

Immediate Priorities and Areas for Improvement

- Enhanced role of the CMHT in providing a crisis at home service and enablement service. The development of MATS across the whole locality will also impact on the CMHT.

- Improvements in intermediate care for people with mental health needs.

- Provision of incentives to Care Homes to improve care for people with dementia to a specified standard and to develop a Care Home Liaison Service.

Positioning of the Locality to Meet the Objectives of the National Dementia Strategy

In terms of preparedness to meet the National Dementia Strategy, on a scale of 1 – 10, Bradford considered they were an 8.

4 Jointly Owned Action Plan Template for the Implementation of the National Dementia Strategy

This chapter of the report contains a Jointly Owned Action Plan Template for use by key partners in the locality to create a co-produced and jointly owned plan for the implementation of the objectives of the National Dementia Strategy to be produced by 31st March 2010,

The following template is based on the model used in the National Dementia Strategy Implementation Plan and published by the Department of Health.

Action Plan for the Bradford Locality			
NDS Objective	Action	Lead Person/ Organisation	Target Date
Good quality early diagnosis and intervention for all			
Improved community personal support services			
Implementing the Carers' Strategy for people with dementia			
Improved quality of care for people with dementia in general hospitals			
Living well with dementia in Care Homes			
An informed and effective workforce for people with dementia/carer training and awareness			
A joint commissioning strategy for dementia			

Appendix 1:

Detailed Findings Relative to the Priority Objectives of the National Dementia Strategy

The questions in Section 4: Descriptive Evidence of the data collection proforma are based around thirteen of the seventeen objectives of the national strategy. Appendix 1 documents the recorded responses given by the relevant groups involved in the local review to the seven key priority objectives of the National Dementia Strategy Implementation Plan.

National Dementia Strategy Objective 2:
Good quality early diagnosis and intervention for all

All people with dementia to have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis sensitively communicated to the person with dementia and their carers; and treatment, care and support provided as needed following diagnosis. The system needs to have the capacity to see all new cases of dementia in the area.

How this can be delivered

- The commissioning of a good-quality service, available locally, for early diagnosis and intervention in dementia, which has the capacity to assess all new cases occurring in that area.

Is there a local procedure or protocol for social care staff (social workers and home care staff) or primary care staff (e.g. district nurses, health visitors etc) to refer onto other agencies if they suspect dementia?

Commissioners -

- Yes, very good working relationships between our Area Management Teams and CMHT. Until eighteen months ago a lot of our CMHT were co-located within area teams so are familiar with each other and would be confident about referral routes.

Is there a single system or single point of access for referrals to Memory Assessment Clinics from primary and social care? If yes how effective is it?

Commissioners -

- Relationships between Primary Care, local Care Management Team and CMHT are positive and the level of information sharing is good, including single point of access (SAP). We struggle in terms of implementing a single assessment process. There is the Memory Assessment and Treatment Services (MATS) pathway out of secondary care into primary care. Memory Service will be based in one of their practices. Clinic in each of the health centres.

Is there a single system or single point of access for referrals to specialist services for people with dementia from primary and social care? If yes how effective is it?

Commissioners –

- The City CMHT have established a discrete service, which is available by GP referral. Pathway has been developed including assessments. Other 3 CMHTs currently provide MATS as part of overall 'casework', but we are investing in new District-wide MATS

What type of Memory Assessment Service is provided locally? Are there plans to implement a core set of assessment tools? List core set of assessment tools?

Commissioners –

- Pathway including assessment tools is being developed through the MATS project.

Are there clear systems/pathways from the Memory Assessment Service on to follow up or voluntary sector services? If yes how effective is it?

Commissioners –

- We hope to develop this through the Dementia Advisor project.

Do you offer a counselling service (or other support) for individuals newly diagnosed with dementia? If yes how effective is it?

Commissioners –

- A scoping exercise is currently underway with local counselling providers.

National Dementia Strategy Objective 6:
Improved community personal support services.

Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services.

How this can be delivered

- Implement *Putting People First* personalisation changes for people with dementia, utilising the Transforming Social Care Grant.
- Establish an evidence base for effective specialist services to support people with dementia at home.
- Commissioners to implement best practice models thereafter.

Is there a local specialist home care service for people with dementia?

Commissioners –

- An Intensive Home Support Team exists and is provided through Methodist Homes. This is a specification being developing further and extended to take the service district wide.
- The in-house Home Care service has been totally reconfigured to provide a six-weeks enablement service. Anyone new into the system will go through this system for six weeks. One of the things we are giving consideration to is whether the in-house service

in terms of any long term work can become more specialist in terms of dementia in the early stages.

What are the local arrangements for contract monitoring of community personal support services, in terms of quality, outcomes, staff competencies?

Commissioners –

- Looking at how we can work with providers to make them more open, focussed, flexible and to increase the engagement for service user's care.

In addition to referral routes to specialist services described above, are there clear routes or pathways for mainstream community staff to access advice and information from specialist services for people with dementia?

Commissioners -

- Expand and increase the role of CMHT and strengthen the links between the mainstream service to make it more robust.

Does the Local Authority have a resource allocation system (RAS) that includes older people with dementia? If not, are there plans to introduce this?

Commissioners -

- Yes a system exists but it is in its early days of operation. We are training up our care management staff in all our area and hospital teams and they have started using the new assessment documentation and the RAS – people are beginning to go through the system. During the year we will be rolling out the training to all staff in the Older People's Service.
- In terms of direct payments there are approximately 450. We can provide a breakdown in terms of client groups. People going through the system in terms of the new assessment process – we are looking at the RAS in terms of their entitlement and identifying what they would get in terms of the personal budget. Too early to say what the impact would be for people with dementia.

Are people with dementia supported to use individual budgets?

Commissioners -

- See above.

National Dementia Strategy Objective 7:
Implementing the Carers' Strategy for people with dementia.

Family carers are the most important resource available for people with dementia. Active work is needed to ensure that the provisions of the Carers' Strategy are available for carers of people with dementia. Carers have a right to an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia. This will include good-quality personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected.

How this can be delivered
- Ensuring that the needs of carers for people with dementia are included as the strategy is implemented.
- Promoting the development of breaks that benefit people with dementia as well as their carers.

What types of short breaks are provided for dementia carers? What other services are provided for carers?

Commissioners -
- There is referral information, signposting and planning for emergency service and day care services. Following our public consultation on the future of our residential homes including the day care provision, we have commissioned voluntary groups. Most of our day care would be within the voluntary sector.
- We anticipate over a period of time that the shape of this service will change, following the introduction of individual budgets. It is important to make sure we are supporting carers and we need to continue to carry out ongoing maintenance to support carers – this is very important to sustain services for people with dementia.

National Dementia Strategy Objective 8:
Improved quality of care for people with dementia in general hospitals.

Identifying leadership for dementia in general hospitals, defining the care pathway for dementia there, and the commissioning of specialist liaison older people's mental health teams to work in general hospitals.

How this can be delivered

- Identification of a senior clinician within the general hospital to take the lead for quality improvement in dementia in the hospital.
- Development of an explicit care pathway for the management and care of people with dementia in hospital, led by that senior clinician.
- The gathering and synthesis of existing data on the nature and impacts of specialist liaison older people's mental health teams to work in general hospitals.
- Thereafter, the commissioning of specialist liaison older people's mental health teams to work in general hospitals.

Do you have a specialist older people's mental health liaison service to local acute or community hospitals? If yes how effective is it?

Commissioners –

- There is a long way to go. Developing good Liaison Teams. Looking at Acute Liaison and the training required in general teams to improve the care of people with dementia.

Staff Group 2 -

- We provide a Liaison Service two days a week into the general hospital - this is at risk at the moment due to funding and capacity issues due to the reduction of staff numbers. We have a staff grade medic who is directly accessible so we do not need consultant/consultant referrals. This service is widely used but not always used properly, we need to be careful about what we accept.
- Anybody who has an acute mental health problem whilst an inpatient will be accepted as a referral (but they have to be acute). We provide advice with regard to management of medication and care options. Good relationship exists with ward staff.
- People keep their own social worker, care co-ordinator and occupational therapist if they already have one when in hospital. These individuals will also be involved in overseeing the discharge. Problems arise when people come onto the wards that have never been known to social services – we try to ensure the continuity of care.

Is there a named lead for dementia and a work programme to improve the experience of people with dementia in acute care? If yes please give name(s).

Commissioners –

- We do have named leads for older people's mental health within hospitals. The general managers at the hospitals want to develop that leadership within general hospitals.

Please identify any similar arrangements for any community hospitals in your area?

Commissioners –

- One senior liaison nurse in post to support community hospitals, Dr Sara Humphrey (GP with special interest) and clinical lead for older people.

National Dementia Strategy Objective 11:
Living well with dementia in Care Homes.

Improved quality of care for people with dementia in Care Homes through the development of explicit leadership for dementia care within Care Homes, defining the care pathway there, the commissioning of specialist in-reach services from community mental health teams, and through inspection regimes.

How this can be delivered

- Identification of a senior staff member within the Care Home to take the lead for quality improvement in the care of dementia in the Care Home.
- Development of a local strategy for the management and care of people with dementia in the Care Home, led by that senior staff member.
- Only appropriate use of anti-psychotic medication for people with dementia.
- The commissioning of specialist in-reach services from older people's community mental health teams to work in Care Homes.
- The specification and commissioning of other in-reach services such as primary care, pharmacy, dentistry, etc.
- Readily available guidance for Care Home staff on best practice in dementia care.

Do you have policies regarding - contracts to incentivise quality care; how contracts are monitored; continuing to use homes with lowest quality rating?

Commissioners –

- No information available.

Do you have a local Care Homes Liaison service that provides specialist support and input to Care Homes? If yes please describe the service? If not do plans exist to implement such a service?

Commissioners –

- No service currently available but it has been identified as an investment need for next financial year. A service specification is in development for implementation in 2010-2011.

National Dementia Strategy Objective 13:
An informed and effective workforce for people with dementia/carer training and awareness

All health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.

How this can be delivered

- Commissioners to specify necessary dementia training for service providers.
- Improving continuing staff education in dementia.

Is there a local health and social care education and training plan that includes dementia training and awareness? What is the availability of dementia related training programmes for practitioners for 2008/09 and uptake by sector? What is the availability of dementia related training programme for carers in 2008/9 and uptake?

Commissioners -

- We are just in the process of auditing what we are doing at the moment across health and social care in terms of training, education and development. The outcome of the exercise will give us a baseline for our Training and Development Plan. We are looking at new ways of working.

Staff Group 2 -

- "Cornerstone" training (3 day course) at Bradford University that has ten to twelve places every couple of months. These are training sessions about person centred care, physiology and how it affects different people. Looks very much at person centred care and their experiences. Will be rolled out to all staff.
- Ward staff: New members of staff are given information sheets when inducted, but there is an expectation that staff should have some prior knowledge of working with dementia. Following recruitment all staff have personal development plans. Staff who have a specialist interest are encouraged to take up further training.
- Dementia Training for Carers: Not aware of any specific carer training. Carers have had input from the Alzheimer's Society. Just been inputting into the Reminiscence Course that included users and carers – project with Alzheimer's Society and Bradford University and ourselves. A very successful course that is just coming to an end.
- Professional Training; Funded courses with Bradford Dementia Group, Bradford University. This training is funded by the consortium and is distance learning.

National Dementia Strategy Objective 14:
A joint commissioning strategy for dementia.

Local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet these needs. These should be informed by the World Class Commissioning guidance developed to support the Strategy.

What are the local arrangements for joint commissioning for dementia, including: -
- **use of JSNA?**
- **involvement of and views from people with dementia and their carers?**
- **links made to sustainable communities?**
- **extent of complementary plans between NHS and adult social care?**
- **policy and progress on recycling savings across organisations?**

Commissioners -
- "Emerging from the Shadows" is an established joint commissioning strategy. This involved consultation with service users/carers. We will have joint investment plan by Jan 2010, which will show amounts and alignment of investment in MATS, enhanced CMHT, Care Home and acute hospital liaison, crisis care at home, development of VCS and well-being cafes, social worker role in MATS, housing-related support. JSNA includes older people's mental health needs.
- New investment is premised on an invest-to-save case.

Are you confident that local services have the capacity and capability to address the increasing numbers of older people? Are there any particular demographic issues in relation to your own locality?

Commissioners –
- We are investing in preventive services and early interventions as we recognise that current patterns of provision are unsustainable given demographic growth. Bradford District has a relatively young population, linked to BME diversity of population. The demographic issues are therefore:
    - Diversity of District; growth in numbers of older people in Airedale / Wharfedale likely to be higher than district average and more similar to North Yorkshire;
    - Lack of information on any variations in dementia prevalence within BME groups. It is likely that known prevalence of hypertension and type 2 diabetes in south Asian communities, would lead to a higher incidence of vascular dementia.

What existing or future plans do you have for your devolved share of the funding accompanying the strategy for local implementation?

Commissioners –
- PCT has identified new investment to develop OPMH services. Additional DOH investment has been acquired to support the dementia advisor pilot.
- The Council is investing in sustaining POPPs - funded Health in Mind programme and with investment in the OPMH strategic review.
- This will lead to a joint investment plan in:
    - Sustaining a community involvement network, including well-being cafes, funded voluntary sector activities and dementia training for voluntary sector.

- Provision of crisis intervention and enablement services becoming district-wide.
- New Memory Assessment and Treatment Service (MATS) on a shared care basis between secondary and primary care to enhance early diagnosis.
- Dementia adviser role linked to MATS.
- Liaison specialist team working with acute hospitals and with Care Homes.
- Reconfigured and enhanced Community Mental Health Teams, including out-of-hours and crisis response capacity.

Given the current economic situation, do you have any specific plans linked to improving efficiencies?

Commissioners –

- Low occupancy of specialist mental health inpatient beds has been identified as a potential efficiency saving to be reinvested in community based services.
- Total Place pilot will enable us to align housing-related support investment with health and social care investments.
- Acute and Care Home liaison will reduce costs associated with non-elective admissions.
- Enhanced role of CMHT and crisis response will reduce costs associated with admissions to specialist secondary care.
- MATS services will prevent non-elective admissions e.g. for UTI, delirium, etc.

Appendix 2:

Detailed Findings Relative to the Remaining Objectives of the National Dementia Strategy

The questions in Section 4: Descriptive Evidence of the data collection proforma are based around thirteen of the seventeen objectives of the national strategy. Appendix 2 documents the recorded responses given by the relevant groups involved in the local review to the remaining six objectives of the National Dementia Strategy Implementation Plan.

National Dementia Strategy Objective 1:
Improving public and professional awareness and understanding of dementia.

Public and professional awareness and understanding of dementia to be improved and the stigma associated with it addressed. This should inform individuals of the benefits of timely diagnosis and care, promote the prevention of dementia, and reduce social exclusion and discrimination. It should encourage behaviour change in terms of appropriate help seeking and help provision.

How this can be delivered

- Developing and delivering a general public information campaign.
- Inclusion of a strong prevention message that 'what's good for your heart is good for your head'.
- Specific complementary local campaigns.
- Targeted campaigns for other specific groups (e.g. utilities, public-facing service employees, schools, and cultural and religious organisations).

What are you doing locally to improve public and professional awareness and understanding of dementia?

Commissioners -

- Members Dementia Scrutiny is still underway. We have talked to them about the needs of carers. They have been out to visit some of the "Well-being Cafes" to meet users and carers – met with a Focus Group where a number of carers came together and talked about their experiences of services. Over the next couple of months they plan to produce a report with recommendations. This will be aligned to work that has been carried out around dignity. Also involved in work in developing a training awareness Plan for elected members around dignity issues.

National Dementia Strategy Objective 3:
Good quality information for those with a diagnosed dementia diagnosis

Providing people with dementia and their carers with good-quality information on the illness and on the services available both at diagnosis and throughout the course of their care.

How this can be delivered

- A review of existing relevant information sets.
- The development and distribution of good-quality information sets on dementia and services available, of relevance at diagnosis and throughout the course of care.
- Local tailoring of the service information to make clear local service provision.

Is there a standard information pack offered at dementia diagnosis? If yes at what point is it distributed? How useful is it?

Commissioners -

- We do not have a single pack. We rely on the information provided by Alzheimer's Society. Dementia Advisor Project will pull together that set of information. Information needs to be individually tailored.

Staff Group -

- No there is no standard information pack for service users. We give an information pack out to relatives following diagnosis telling them about the ward and what to expect, it includes information about the signs and the symptoms of Alzheimer's disease. Other information giving takes place between consultants and patients.

National Dementia Strategy Objective 5:
Development of structured peer support and learning networks for people with dementia and their carers

The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. It will also enable people with dementia and their carers to take an active role in the development and prioritisation of local services.

How this can be delivered

- Demonstrator sites and evaluation to determine current activity and models of good practice to inform commissioning decisions.
- Development of local peer support and learning networks for people with dementia and their carers that provide practical and emotional support, reduce social isolation and promote self-care, while also providing a source of information about local needs to inform commissioning decisions.
- Support to third sector services commissioned by health and social care.

What type of peer support and learning networks are offered in your area (e.g. memory cafes, carer support groups, carer education groups)? Who provides them?

Commissioners –

- Well Being Cafes: These cafes focus on older peoples mental health across the board and are not dementia specific, although mostly attended by people with dementia and their carers are involved.

- The other element aligned with the Well-being Cafes is that we also have an amount of money that voluntary groups can bid for up to a maximum of £5K for initiatives i.e. to expand what they are currently doing in terms of older peoples mental health. The bidding process takes place every six months. Groups put forward their proposals for approval by the Project Group. The bids are very varied and we have had bids from cycling and wrestling clubs. The total pot is £200K. As part of the community role network they also provide a training programme for voluntary groups about how they can make themselves more inclusive.

Is there consistent provision in your area for these services (are these services provided equitably across the whole area)? If not, what plans are there to develop these functions?

Commissioners –

- Funding identified to expand café network.

National Dementia Strategy Objective 9:
Improved intermediate care for people with dementia.

Intermediate care which is accessible to people with dementia and which meets their needs.

How this can be delivered

- The needs of people with dementia to be explicitly included and addressed in the revision of the Department of Health's 2001 guidance on intermediate care.

Are local intermediate care & re-enablement services inclusive of people with dementia and other mental health disorders? Please define any specialist mental health provision available within these services, such as medical or community mental health team time?

Commissioners –

- The picture varies between intermediate care provisions – generally, where mild dementia is a 'secondary need', services can accommodate the person. However, it is often taken as an indicator that a person could not retain information during the rehabilitation process, and some providers don't have the flexibility and / or support to offer the opportunity to try rehabilitation.
- Airedale Care Collaborative team provide intermediate care services for older people with mental health needs. A review and redesign of intermediate care services across the district will ensure that services include people with mental health needs.
- We have 2 Intensive Support Teams for older people with mental health needs, which work closely with the CMHT. We are tendering for a District-wide service to start in 2010.
- The Airedale Care Collaborative Team, which brings together NHS, Council, independent providers and VCS to promote good hospital discharges and avoid admissions, and has a mental health specialist. This aims to improve access for people with mental health needs and support service providers to meet needs.

National Dementia Strategy Objective 10:
Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.

The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

How this can be delivered

- Monitoring the development of models of housing, including extra care housing, to meet the needs of people with dementia and their carers.
- Staff working within housing and housing-related services to develop skills needed to provide the best quality care and support for people with dementia in the roles and settings where they work.
- A watching brief over the emerging evidence base on assistive technology and telecare to support the needs of people with dementia and their carers to enable implementation once effectiveness is proven.

What range of housing support initiatives is available for people with dementia?

Commissioners -

- Extra Care housing is part of our residential strategy – consulting on the long-term development of extra care housing for older people.

What types of telecare device are available for people with dementia?

Commissioners -

- Pendant Alarm; Property Exit sensor; Medication dispenser; Smoke detector; Heat detector; Bed occupancy sensor; Chair occupancy sensor; Bogus caller button; Carbon Monoxide detector; Fall detector; Flood detector; Gas detector; Temperature extremes sensor; Memo minder; Just Checking (assessment tool); PIR's; Carer Alert; Magiplug.

National Dementia Strategy Objective 12:
Improved end of life care for people with dementia.

People with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the Department of Health End of Life Care Strategy. Local work on the End of Life Care Strategy to consider dementia.

How this can be delivered

- Initiating demonstration projects, piloting and evaluation of models of service provision prior to implementation, given the current lack of definitive data in this area.
- Developing better end of life care for people across care settings that reflects their preferences and makes full use of the planning tools in the Mental Capacity Act.
- Developing local end of life care pathways for dementia consistent with the Gold Standard framework as identified by the End of Life Care Strategy.
- Ensuring that palliative care networks, developed as part of the End of Life Care Strategy, support the spread of best practice on end of life care in dementia.
- Developing better pain relief and nursing support for people with dementia at the end of life.

Does End of Life training include the needs of people with dementia and their carers? Does your local palliative care strategy and services include people with dementia?

Commissioners –

- There is a Community Matron who specialises in end of life care together with dementia advisors. Jointly reviewed in terms of Older People's Mental Health and joint end of life care commissioned. Dementia is part of this programme that is being delivered for end of life care strategy.

Safeguarding

Please describe your local definition/reporting threshold for Safeguarding?

Commissioners –

- Just commissioning an external audit of our safeguarding arrangements in December. We think we have a fairly robust safeguarding arrangement in place. The audit is an external check to identify any gaps or areas that we need to focus on.

Dignity Champions

Do you have Dignity Champions within your dementia services? What sort of initiatives have they been involved with that are specific to the needs of people with dementia and their carers? What outcomes have these initiatives had?

Commissioners –

- We do have Dignity Champions. There is a local network of champions who will have a forum that meets to look at how to take forward the dignity campaign locally and share good practice. There are Dignity Boards in all our residential homes and a Dignity Board for life story work. Social Care Improvement Committee has worked on dignity issues. Senior members signing up to become dignity champions. Need a campaign – more to be done.

Appendix 3:

Bradford Locality Responses to Examples of Good Practice, Immediate Priorities and Areas for Improvement

What are the top 3 areas of local practice?
Commissioners -

- Preventative Work: We are very proud of the way in which we have strongly developed our preventative service in the community and building on the work we carried out around partnerships for older people mainly around mental health. Very clear linking with communities i.e. through our Meri Yaadain Service that is targeting the hard to reach group with significant health inequalities. From a Local Authority perspective older people's mental heath needs are seen as a wider agenda.
- Our "joint needs" - we do know from a commissioning point of view we are good at working together and planning to make the best use of resources. Reviews are conducted jointly which means that we have a clear picture about what is going on in the district – this is a major achievement. From a commissioning perspective we work as a virtual team across two organisations that speeds things up. We do not have a formal pooled budget but we align our spend and planning, so we have earmarked investment from two organisations and we look at it in totality and plan our needs.
- Crisis Enablement Team: One area of priority is for commissioning a crisis enablement support at home along with enhancing our flexibility with CMHT. Trying to make this a joined-up service. Issues identified with the Supporting People programme to support people around hospital discharge and support people at home. We are making sure that the specification for this is closely aligned with the Intensive Support Team and the CMHT. Older Peoples Mental Health Steering Group is multi agency. Jointly monitored to contract with our major provider. Intermediate care work is multi agency.
- City CMHT pilot – we want to develop on a district wide basis. There are four CMHTs across the district. The City Team has started to develop a discrete Memory Assessment & Treatment Service (MATS). This will be used as the basis for developing the discrete district wide service. We are linking dementia advisors to this pilot - two dementia advisors have now been appointed. Looking at whether this role could be expanded into supporting people in hospital.

What are the immediate top 3 areas of Development?
Commissioners -

- Intermediate Care and crisis support at home: People with mental health needs (dementia problems) tend to be excluded from this service. We are currently looking at opening up the criteria for mainstream intermediate care services to ensure we are not excluding people with dementia.
- Want to establish specific intermediate care service around people with mental heath needs. Need to keep them at home and support them in the community. So we want to develop a crisis response/emergency response service. Specialist intermediate care issue for people with dementia in residential care homes. This is linked to our Residential Care Strategy – as we do not want to wait for the results of the consultation, we are developing a small pilot in one of the residential homes. We are looking at the business case for one unit being used to test out a unit for intermediate care. The PCT is very keen on getting our intermediate care services right across the board. Large impact of this is the cost of secondary care and linking with efficiencies to provide better care for people with dementia. Relationship with Care Trust – they have been very involved in the Older

Peoples Mental Health work and this initiative could not be delivered without their input. All of our Health Trust colleagues are on the "Health and Well-being Partnership". Joint commissioning - one of the consequences of trying to align things together is that it takes a bit extra time. We are very keen to develop the service specification for the Crisis Support at Home. We need to share this with the Care Trust and the PCT to ensure the specification is developed in relation to enhancing the CMHT fits together – this means we have to put more time into the process to bring it to fruition.

- Provider Sector Involvement: We have got various forums in terms of dementia providers and care home forums. There was a major event in September "Improving Care Quality" 160 representatives from various care homes in the district went to the sessions. One of the issues picked up was to include incentives to Care Homes to achieve certain a standard of quality of care. Dementia care was identified as our biggest challenge. Feedback from Care Home managers and staff is that they want to be inspected more frequently to show the improvements we are making regarding dementia standards.
- Quality Visitors is a group of older people that came from our Older Peoples Priorities Group who were interested in standards of care in care homes. They go into homes and do inspections and produce reports. We would want to make them into Dignity Champions and get them to audit the dignity champion agenda in care homes. Their reports go to the CQC and the manager of the establishment.
- Development of Memory Assessment Teams: This is in our Commissioning Plan for next year. Looking at taking it out of CMHT and having a more intensive service with GP and secondary care involved. This wider team would also include a social worker, dementia advisor, CPN etc. We see the dementia advisor as critical to this. The very nature of the fact that it is multi-agency and multi-disciplinary team means there is a lot of information so the dementia advisor gets the right amount of information at the right time during the pathway. The intention is to "go live" on a district wide basis. Relationship with GPs – one of the champions is a GP Dementia Lead for Older people. Very much champions providing this into Primary Care. Her practice is very "on board" with this. Work to be done around the rest of the district.
- Transition to an extra tier of service – seamless –people will move into the community services through CPN. Idea is there is no transition that they are looked after by the MAT Service and the range and breadth of the services means that people will not have to go through transitions. Idea is that there are no gaps for people to fall through with the help of dementia advisors.
- Joint psychiatric liaison service for care homes: We have a funding bid into the Regional Innovation Fund –an element of this is for care homes and hospitals. Keen to reach into the care homes and to support people in the homes so they can be kept there with confidence. Very keen to see what dividends this pays to this part of our commissioning plans for next year. Hoping for more money next year.
- Total Place Programme (TPP) – part of the Regional Strategy – now have the added benefit of the TPP – Bradford is one of twelve pilots nationally. The twelve pilots have to identify their themes - Bradford has chosen older people with mental health needs leaving general hospital. This has been carried out through the Bradford District Partnership. We are happy with the benefits in terms of raising the profile of the inpatient agenda. Total Place Programme is Treasury driven project – there are twelve national pilots and their aims are to look at Total Place in a given area and look at relationships between central government and local government.
- This Programme feeds back into the Budget. The programme is required to map out the total expenditure profile. Bradford spends £4billion a year, a quarter of which is health

related. Looking at a gateway back into the community. The Total Place Programme is an opportunity to challenge the ministerial thinking and improve services delivered for people with dementia.

What do you think you could do better?
Commissioners -

- Development of the role and function of CMHT – Looking at gaps in support with the aim of establishing more flexibility.
- Make better use of Telecare. We have recently revised our Strategy and are looking closely at the charges that are made in terms of Telecare to streamline them and make them simpler. We wish to configure Telecare to become a mandatory part of the care management process.
- Dementia Care and Care Homes: Need to improve our data system. Keen to establish a dementia dashboard – need to understand how our Commissioning Plan is working.

How well positioned are you locally to meet the objectives of the National Dementia Strategy?
Commissioners -

- In terms of preparedness to meet the National Dementia Strategy, on a scale of 1 – 10 Bradford considered they were an 8.

Appendix 4:

Quantification of the Baseline Position against the National Dementia Strategy

Prior to the Review Team visiting each locality, the Locality Dementia Leads were asked to complete Section 2: Quantitative Metrics of the data collection proforma, providing quantitative evidence about dementia in the locality.

Table 6 illustrates the responses to all the questions posed in the proforma, however in many cases data is not routinely available due to the newness of the need for collection.

Table 6: Baseline Position Against the National Dementia Strategy for the Bradford Locality

Objectives	Metrics	Position
Objective 2: Good quality early diagnosis and intervention for all	Number of patients currently registered with GPs as having dementia	1,845
	Registered patients as percentage estimated total population with dementia aged 65 years and over	38%
	New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	135 referrals 108 assessed (1 of 4 services)
	Apr 2009 – Review visit	34 (1 of 4 services)
	Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	Information not available
	CT/MRI brain scans for clarification of dementia diagnosis: Average waiting time from referral to CT/MRI scan date over last 12 months (weeks)	6-week target for all scans met by the PCT, majority of scans completed within 3 weeks (70%). Median point is less than 2 weeks. This data is for all CT/MRI scans.
	Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	Minimum waiting time is less than one week, maximum is less than 6 weeks
Objective 5: Development of structured peer support and learning networks for people with dementia and their Carers.	Number of referrals to peer support and learning networks Apr 2008 – Mar 2009	764 – referrals to well-being cafes.
	Total number of individuals currently using peer support and learning networks	1,193 people in 2008-9; 314 new to the network; detailed info available re referral source, gender, BME, age. But currently not whether person with mental health needs or carer.
Data sourced from the Bradford Metrics Framework submitted to the Review Team prior to visit on 18th November 2009		

Table 6: Baseline Position Against the National Dementia Strategy for the Bradford Locality

Objectives	Metrics	Position	
Objective 6: Improved community personal support services	How many hours of specialist home care for people with dementia are currently offered per year?	c. 9,000 hrs pa. No specialist service for long-term packages; In 2008-9 we had approx. 75 users going through specialist crisis support & enablement service, each for up to 12 weeks. This service is not yet District-wide, but will be in 2010-11.	
	Number of people with dementia currently in receipt of individual budgets	Current data collection doesn't distinguish people with dementia; legal framework re mental capacity & direct payments has been an issue, we've just had new guidance re mental capacity.	
Objective 7: Support for Carers	Number of Carer Assessments carried out for Carers of people with dementia Apr 2008 – Mar 2009	Information not available	
	Apr 2009 – Review visit	Information not available	
	Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009	Information not available	
	Apr 2009 – Review visit	Information not available	
Objective 10: Housing support, housing–related services and Telecare	Number of people with dementia who are supported to live at home, including in extra care or sheltered accommodation	Information not available	
	Number of people with dementia supported at home with a Telecare device.	42	
Objective 11: Living well with dementia in Care Homes	Number of registered beds in residential and nursing care in your community for dementia	439 are providing specialist dementia care (i.e. dementia as primary need).	
	If possible, indicate what percentage this is of the total provision of residential and nursing care beds	11%	
	Number of Care Home beds in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
	4* rating (Excellent)	625	16%
	3* rating (Good)	1,951	49%
	2* rating (Adequate)	937	23%
	1* rating (Poor)	145	4%
	Not rated*	358	9%

Data sourced from the Bradford Metrics Framework submitted to the Review Team prior to visit on 18th November 2009

Table 6: Baseline Position Against the National Dementia Strategy for the Bradford Locality

Objectives	Metrics	Position
Objective 13: An informed and effective workforce for people with dementia/Carer training and awareness	Number of dementia awareness courses available for mainstream staff per year	Council workforce development unit runs "Caring for people with dementia" course; 3 sessions in 2008-9 trained 41 staff; 2 sessions to date in 2009-10 have trained 31 staff.11 training sessions run for VCS staff by Community Involvement Network since April 2009 with 112 people attending. Leading & Teaching in Mental Health (for staff) – 68 sessions from 9 peer educators; 465 Health & social care staff trained. Health Trainers run general mental health courses and training is also available for care home staff through Quality Premium 3 process. Figures not known for PCT, and other NHS provider organisations
	Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	41
	Apr 2009 – Review visit	31
	Number of dementia awareness courses available for Carers per year	3 courses run annually by Alzheimer's Society that cater for both carers and users with 18 places. Total of 27 places for carers. The course is wider than just dementia awareness. The Carers Resource Bradford & District have won the local "Caring with Confidence" contract.
	Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	27
	Apr 2009 – Review visit	27
Safeguarding	Number of people over 65 referred to Adult Safeguarding processes Apr 2008 – Mar 2009	337
	Apr 2009 – Review visit	Information not available
	Number of people with dementia referred to Adult Safeguarding processes Apr 2008 – Mar 2009	90
	Apr 2009 – Review visit	Information not available
Data sourced from the Bradford Metrics Framework submitted to the Review Team prior to visit on 18th November 2009		

Appendix 5:

Structure of the Data Collection Proforma used in The Review Process

The data collection proforma used in this review process consisted of four sections, these are: -

Section 1: Local Service Description

- Containing background information on the types of services available in the locality to support carers and people with dementia. The information was compiled from regional and national data sources and was provided to the Locality Dementia Lead for verification.

Section 2: Quantitative Metrics

- Containing the quantitative measures assigned to the objectives of the national strategy e.g. number of referrals to memory clinics etc. The Locality Dementia Lead was required to complete the data trawl prior to the Review Team visit. Response listed in Appendix 4 of this report.

Section 3: Strategic Issues

- Containing questions for Chief Officers and Senior Service Providers, soliciting examples of good practice, immediate priorities and areas for improvement for the locality. The Review Team collected responses to questions in this section during their visit to the locality. Responses listed in Appendix 3 of this report.

Section 4: Descriptive Evidence

- Containing approximately 30 questions investigating the progress made to-date in the locality in implementing the objectives of the National Dementia Strategy. The commissioners in the locality were asked to respond to all the questions in this section of the proforma during their semi-structured interview with the Review Team. Other participating groups were asked only the questions from this section that were deemed relevant to their involvement in dementia in the locality, thus providing additional evidence to that of the commissioners, as well in parts a triangulated insight into the provision and quality of service provided in the locality. Responses listed in Appendix 1&2 of this report.