

# Yorkshire & Humber Improvement Partnership Regional Review of Dementia Doncaster Locality Report

**Veronica Brown**  
Dementia Strategy Lead  
Yorkshire & Humber Improvement Partnership

On behalf of

**Philip Lewer**  
Deputy Regional Director  
Yorkshire & Humber  
Social Care and Local Partnerships  
Department of Health

Supported by

**Michael Jackson**  
Cornsay Research Services

December 2009

## Acknowledgements

The authors of the report would like to thank all those involved in the Doncaster locality review that took place on the 30<sup>th</sup> September 2009 and in particular the group of carers from the Doncaster - Young Onset Dementia Service.

The Review Team for the Doncaster locality visit consisted of: -

- Peter Flanagan - Yorkshire & Humber Improvement Partnership
- Veronica Brown - Yorkshire & Humber Improvement Partnership
- Howard Waddicor - City of Sheffield
- Philip Ruickbie - Alzheimer's Society
- Sarah Moody - Alzheimer's Society
- Philippa Slevin - Barnsley PCT

The Doncaster team consisted of: -

- Wayne Goddard - Doncaster NHS (Locality Dementia Lead)
- Andrea Owens - Head of Commissioning for Mental Health and Substance Misuse
- Dianne Domenico - Head of Commissioning Development – Older People, Learning, Physical and Sensory Disabilities
- Kath Poultney - Commissioning Officer for Older People, DMBC
- Michelle Clarke - Joint Commissioning Manager Mental Health and NHS Doncaster
- Fay Wood - Carers Co-ordinator for DMBC

The staff groups included representatives of: -

- Doncaster Memory Clinic
- Doncaster Young On-set Dementia Service

The authors of the report would also like to thank the following individuals for their support during this project –

- Philip Lewer Deputy Regional Director Yorkshire & Humber Social Care and Locality Partnerships
- Peter Flanagan - Yorkshire & Humber Improvement Partnership
- Sally Rogers - Yorkshire & Humber Improvement Partnership
- Lynn Edgar- Review note taker
- Mary Donohoe - Yorkshire & Humber Improvement Partnership

### For Further Information

If you would like further information about this report please contact Veronica Brown who is the Dementia Strategy Lead for the Yorkshire & Humber Improvement Partnership, Telephone 07977577186 : email [Veronica.Browm@yhip.org.uk](mailto:Veronica.Browm@yhip.org.uk)

Michael Jackson is a freelance researcher and can be contacted via [Michael.Cornsay@btinternet.com](mailto:Michael.Cornsay@btinternet.com)

### 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.

# Contents

	Page No
<b>Executive Summary</b>	4
<b>1 Introduction</b>	6
<b>2 Review Methodology</b>	8
<b>3 Findings of the Review Team</b>	
3.1 Implementation Plan Priorities	9
3.2 Perspectives of Carers & People with Dementia	16
3.3 Good Practice, Priorities and Areas for Improvement	17
<b>4 Jointly Owned Action Plan Template for the Implementation of the National Dementia Strategy</b>	19
<b>Appendix 1:</b> Detailed Findings Relative to the Priority Objectives of the National Dementia Strategy	20
<b>Appendix 2:</b> Detailed Findings Relative to the Remaining Objectives of the National Dementia Strategy	29
<b>Appendix 3:</b> Doncaster Locality Responses to Examples of Good Practice, Immediate Priorities and Areas for Improvement	34
<b>Appendix 4:</b> Quantification of the Baseline Position against the National Dementia Strategy	36
<b>Appendix 5:</b> Structure of the Data Collection Proforma used in The Review Process	39

## 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 findings for the Doncaster locality, particularly focussing in on the seven priority objectives of the Implementation Plan.

**Good quality early diagnosis and intervention for all** – currently 45% of people with dementia in the Doncaster locality have a clinical diagnosis of dementia and are registered with their GPs. Referral pathways exist for GPs and social care staff to specialist memory assessment clinics, while those for primary care staff are under development. The Memory Clinic operates using standardised dementia assessment tools and has seen a large increase in its caseload in the last year.

**Improved community personal support services** - a specialist home care service for people with dementia is in operation in Doncaster and the community-based staff have access to a 24-hour telephone help line to a mental health team. Doncaster also has a Young On-set Dementia service currently producing good results and highly recommended by carers and people with dementia. A Resource Allocation System exists in Doncaster and two people with dementia are in receipt of individual budgets - further development work in the above areas is being explored.

**Implementing the Carers' Strategy for people with dementia** - a “short break” voucher system exists in Doncaster, although perhaps not deemed flexible enough by carers. Doncaster has a number of respite facilities, but an improved co-ordinated approach to respite may maximise the benefits to carers and people with dementia.

**Improved quality of care for people with dementia in general hospitals** - A newly established hospitals Liaison Service currently exists in Doncaster, along with named leads for dementia. A network of Dementia Champions is being developed on wards in the acute hospital to support the improvements in the quality of care given to people with dementia.

**Living well with dementia in care homes** – a successful Care Home Liaison service is currently in operation that regularly provides a number of referrals for admissions to the general hospital and for mental health consultations. Care Home contracts are being standardised to a governance system to enhance CQC and compliance activity.

**An informed and effective workforce for people with dementia/carer training and awareness** – dementia awareness training has been provided to all 58 care homes in the locality. Training with primary care staff is planned once referral pathways have been established. The Memory Clinic has received an increase in referrals as GPs awareness to dementia increases. Work with the voluntary sector needs a more co-ordinated approach, bringing together the disparate elements of good practice evident in Doncaster.

**A joint commissioning strategy for dementia** – a joint commissioning forum has been in place for 18 months resulting in a much more co-ordinated approach between health and social care sectors - a project worker is now in post working with 4 joint commissioning managers. However funding and accountability challenges still remain, but opportunities to remodel services should be taken to provide better outcomes in such areas as day hospital and day care services to benefit carers and people with dementia.

# 1 Introduction

The National Dementia Strategy<sup>1</sup> 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*<sup>2</sup>. It sets out the task ahead to deliver the aspirations of the National Dementia Strategy and identifies seven<sup>3</sup> 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 31<sup>st</sup> March 2010, Deputy Regional Directors (DRD)*<sup>4</sup> *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 Doncaster 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.

---

<sup>1</sup> Living with dementia: A National Dementia Strategy - Department of Health – February 2009

<sup>2</sup> [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_103136.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103136.pdf)

<sup>3</sup> 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)

<sup>4</sup> 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<sup>5</sup> -

- 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.

---

<sup>5</sup> 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 Doncaster 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 Doncaster locality in relation to Section 2: Quantitative Metrics are outlined in Table 1.

<b>Table 1: Good quality early diagnosis and intervention for all</b>	<b>2009 Baseline</b>
Number of patients currently registered with GPs as having dementia	1,510
Registered patients as percentage estimated total population with dementia aged 65 years and over	45%
New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	488
Apr 2009 – Review visit	204
Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	12 weeks
CT/MRI brain scans for clarification of dementia diagnosis: Average waiting time from referral to CT/MRI scan date over last 12 months (weeks)	Depends on urgency. 4 – 6 weeks routine
Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	Same day to 6 weeks depending on urgency

In Doncaster it is estimated that around 45% of the population with dementia have a diagnosis and are registered with their GPs. The proportion in the locality is higher than the regional rate of 39% and one-third higher than the national rate of 33%.

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

- A referral system exists for social care staff and GPs to specialist services, although a referral pathway for primary care staff is still being developed.
- Referrals to the Memory Clinic are increasing, due to greater awareness of dementia among social and health care professionals in the locality.
- The Memory Clinic operates using standardised dementia assessment tools including ECG and CT Scans. The clinic also aims to return care management to GPs once cases are stabilised to maintain capacity within the clinic, this generally occurs after approximately six-months. However the clinic caseload has increased recently from 80+ cases to 500+ cases per year.
- Evidence suggests that in the locality there are strong links between GPs and the voluntary sector in the provision of information, advice and guidance.

**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 Doncaster locality in relation to Section 2: Quantitative Metrics are outlined in the Table 2.

<b>Table 2: Improved community personal support services</b>	<b>2009 Baseline</b>
How many hours of specialist home care for people with dementia are currently offered per year?	Information not available
Number of people with dementia currently in receipt of individual budgets?	Estimated at 2 individuals

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

- A commissioned specialist home care service for people with dementia exists in the locality, operated by Allied Healthcare.



- A 24-hour help line to the mental health team exists for community staff to access advice and information from specialist services for people with dementia. However the commissioners in the locality suggested this arrangement might need improvement.
- A Resource Allocation System exists in the locality, but currently only 2 people with dementia in continuing care currently hold individual budgets. A joint approach in the locality needs further development.

**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 Doncaster locality in relation to Section 2: Quantitative Metrics are outlined in the Table 3.

<b>Table 3: Implementing the Carers’ Strategy for people with dementia.</b>	<b>2009 Baseline</b>
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 Doncaster locality (Section 4 of proforma) –

- A “short break” voucher system exists in the Doncaster locality, which is flexible and can fund breaks or *other items such as washing machines*. An annual limit of £500 is set for funding as a one-off payment.
- Feedback from carers on the subject of respite included comments that they would prefer a more flexible approach, so they could *receive respite on their terms* and not just have to take anything that was on offer.

- A number of additional respite facilities were available in the locality that include the Befriending Service operated by the Alzheimer's Society; planned, emergency and preventable respite provided by Doncaster MBC; a number of care homes also provide day support. However it was considered that a more integrated or co-ordinated approach to respite was required in the locality to maximise the benefits to carers and people with dementia.

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 Doncaster locality (Section 4 of proforma) –

- A newly established Liaison Service currently exists in the Doncaster locality that covers both the acute and community hospitals.
- In addition a network of Dementia Champions is being developed across the acute hospital wards, with individuals receiving additional training (6 days). It is hoped that these champions will be able to challenge the current quality of care on these wards, provided to people with dementia.

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 Doncaster locality in relation to Section 2: Quantitative Metrics are outlined in the Table 4.

<b>Table 4: Living well with dementia in care homes</b>	<b>2009 Baseline</b>	
Number of registered beds in residential and nursing care in your community for dementia	1,067 dementia beds	
If possible, indicate what percentage this is of the total provision of residential and nursing care beds	42%	
Number of care homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
3* rating	11	13%
2* rating	54	63%
1* rating	10	12%
0* rating	2	2%
Not rated*	9	13%

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

- A Care Home Liaison service exists in the locality.
- Care Home contracts, similar to Home Care facilities are to be standardised to improve monitoring and compliance activity.

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 Doncaster locality in relation to Section 2: Quantitative Metrics are outlined in the Table 5.

<b>Table 5: An informed and effective workforce for people with dementia/carer training and awareness</b>	<b>2009 Baseline</b>
Number of dementia awareness courses available for mainstream staff per year	No formal training plan, however delivered through DMBC, Liaison service and Nurse Consultant. Data currently not captured as a whole.
Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	Data not fully captured, however all 58 care homes have received dementia training. (2,056 beds). 1,722 staff trained. Delivered through an 8 session training package. It is planned to deliver this package throughout health and Social Care.
Apr 2009 – Review visit	Data not fully captured see above
Number of dementia awareness courses available for Carers per year	Data not formally captured but DMBC, YODS, Memory Therapy Service and Liaison service provide education and awareness training.
Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	Data not fully captured
Apr 2009 – Review visit	Data not fully captured

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

- More work required with primary care staff once referral pathway is developed.
- A more co-ordinated approach and action plan is required for training according to commissioners in Doncaster, bringing together valuable but disparate elements of good practice currently evident in the locality.

- Referrals to the Memory Clinic have increased through greater awareness of dementia among GPs and social care staff. On-going refresher training programme might ensure sustained awareness among staff groups.

**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 Doncaster locality (Section 4 of proforma) -

- A joint commissioning forum has been in place for 18 months in the Doncaster locality and has led to a much more co-ordinated approach. A joint commissioning project worker has been recently appointed to work alongside the 4 joint commissioning managers.
- The commissioners in Doncaster plan to ensure that people are screened more effectively and timely and their intention is to enhance the capacity of the Memory Clinic and supporting services to meet the expected demand.
- The commissioners plan to use their joint commissioning facility and Spotlight money to fund their share of the cost of the implementation of changes to dementia services.

## 3.2 Perspectives of Carers & People with Dementia

An integral part of the regional 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, posing the questions - *what's good about your experience with dementia in the locality?* and - *what's not so good about your experiences with dementia?* The notes generated during the session are reported below.

### What's good about your experience with dementia in Doncaster?

- Carers thought the service was *really excellent* from the dementia team particularly for people using the Young On-set Dementia Service. Services at Fulwood Drive and PROP were found to be *very good -very helpful*.
- Response times - good generally when requesting help
- Health care - good diagnosis, *GP and Health side of things – seamless*
- Alzheimer's Society - good
- Telecare - community alarm system good
- The overall assessment on a scale of 1 (Poor) – 10 (Good) from the carers was 10, 9, 9, 9.
- There should be more one-stop shops as there is with the Young On-set Dementia Service

### What's not so good about your experience with dementia in Doncaster?

- Waiting times for Social Services input - *very long waiting list to get in help from first contacting them for help – this can be months. Once you are on the list you get excellent service.*
- Communications between care staff - Social Services and Health workers repeatedly go through old ground when visiting – *do not read notes*. Each time a new health or social care worker visits they have to go through all the information again including financial – carers find this *distressing and frustrating*.
- Carers reported that *sometimes in the early stages of diagnosis the interests of the carers are not taken into consideration and they feel excluded*.
- Concerns about continence service expressed by all carers who had problems with getting enough products and the quality and size of the products did not meet their needs. They had to pay themselves to get the necessary products. Provision of continence products a big issue for all carers
- Carers reported that they *do not like means testing* for support
- Carers also found that *sometimes information can be confusing*

- Carers stated that getting access to good respite was an issue *being able to get it when and where they want it and not having to take anything that is on offer*
- Carers felt that it would be beneficial if *there could be someone on each hospital ward who is trained and has the knowledge and skills to deal with people with dementia.*

### **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 and 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 Doncaster Locality**

- Existence of specialist services for people with dementia i.e. Memory Clinic and Young On-set Dementia Services.
- Referral pathway from GPs and social care staff to specialist services.
- Liaison Service for people with dementia in general and community hospitals.
- Network of Dementia Champions in acute general hospital.
- Care Home Liaison service.
- Strong links between GPs and Voluntary Sector.
- Joint Commissioning forum that has been in existence for 18 months.
- Pro-active support from the local Alzheimer's Society.

#### **Immediate Priorities and Areas for Improvement**

The following points have been collated from responses given to the specific questions on this issue plus additional material taken from responses to questions posed to individual objectives.

- Referral pathway from primary care staff
- Increase in the numbers of people with dementia using individual budgets
- Review of the adequacy of the 24-hour help line support between mental health teams and community staff.

- Review the co-ordination of the respite facilities within the locality.
- Development of a more co-ordinated approach to training & education for social and health care staff in relation to dementia care, to maximise the elements of disparate good practice within the locality. Carer training could also be incorporated into this programme.
- Build on the work of the Joint Commissioning forum to further enhance the links between health and social care sectors in terms of joint funding and the remodelling of services to deliver improved outcomes for people with dementia and their carers.

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

When asked how well positioned the locality was to meet the objectives of the dementia strategy, the commissioners in the Doncaster locality suggested 8 out of 10, although they noted that all the benefits of the progress made to-date might not be recognised by carers and service users at this point in time.

## 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 31<sup>st</sup> 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.

<b>Action Plan for the Doncaster Locality</b>			
<b>NDS Objective</b>	<b>Action</b>	<b>Lead Person/ Organisation</b>	<b>Target Date</b>
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-

There is a local procedure/protocol from the Social Care point of view – we have one single point of access for referrals since 2004.

**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-

- Only from social care – since 2004.
- Any assessment would come from single point of access to memory clinic. Referrals for screening with high resolution techniques etc. Passed on for scrutiny by consultant psychiatrist for the appropriate specific area.
- If there is a diagnosis of Alzheimer's treatment commenced by Memory Clinic. If after six months the patient is stabilised their treatment is handed back to their GP. Due to demand for services the Memory Clinic can only treat people in need of their services, a handful of patients may receive further treatment but if no further medical interventions are needed they are passed back to their GP.

Staff Group -

- Evidence of increased dementia awareness in GPs. Shown through number of referrals of people in early stage dementia. 20-25% are referred back to GP and where applicable are retested 1 year later.

- Normal response time is 2 weeks. Increase in demand for treatment has impacted on staff and there is currently an 8-week waiting list (due to staff illness). There are no bottlenecks to the memory clinic.
- People remain at clinic for monitoring of needs. Demand has increased from 80+ per year to a caseload of 500+.
- Post diagnostic support to person with dementia and Carer requires measurement as this is increasing for people who have been attending clinic for above 12 months.
- Social Care support can take 3-12 months to action if not deemed as urgent
- Staff Group highlighted that because the clinic (SPA) has been established since 2002 a lot of their patients are now requiring more complex social care management.

**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 –

- We are building on the Local Consultation we know that there is further work to be carried out with in terms of shared care, case management and referrals. If someone is at risk of dementia and discharged to the care of their GP they are provided with a care pathway to ensure continual monitoring.
- A crucial gap has been identified in provision for other people with vascular or any other dementia who do not need medication. In such cases patients are referred to Primary Care services until picked up by Memory Services when further symptoms of dementia become apparent.

**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 –

- As regards a core set of assessment tools, there are a set of tests and blood tests that are used by GPs to assess dementia.
- A lot of the patients we see are affected by NICE guidance. For such patients who do not meet the NICE criteria the infrastructure exists within the Community to deal i.e. dementia cafes. Attempting to get together an “At Risk” register in GPs practices to provide good intervention appropriate to their care.

Staff Group –

- Standardised assessment tools in evidence inclusive of ECG, CT Scan as requested by medical staff for difficult health presentations.
- Limited demand for people with Learning Disabilities. Usually received diagnoses and treatment from Learning Disability Consultant. Memory clinic is responsive to referral but there is no pathway specific to people with learning difficulties.
- Young people with dementia are cared for through specialised service although memory clinic will pick up people as requested by young onset team.

**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 –

- Voluntary Sector are carrying out a lot of work within GPs surgeries to provide information, advice and guidance.

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

Commissioners –

- Yes

**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 –

- Yes commissioned by RDaSH with Allied Healthcare.

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

Commissioners –

- Through contract and service specifications. Plans in progress to standardise across Health and Social Care so we enhance the roles provided by CQC and DMBC contracts and compliance

**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 -

- Local Authority has a single point of access There is a Mental Health 24 hour help line. We need to look at how we can build this service up and signpost it. This area needs improvement.

**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 there is a generic budget support and personalised budgets available for people with dementia and mental health problems. Two people with dementia in continuing care hold personalised budgets. A joint approach to RAS across partners is required to develop personalisation further.

**Are people with dementia supported to use individual budgets?**

Commissioners -

- Yes two people use individual budgets.

**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 -

- Short Breaks: There is a short break voucher scheme; one voucher is equal to one nights stay. There is also a flexible support fund. This is a pot of money that is flexible and responsive to the needs of the carer, and can be used for a weekend break away or funds such items as washing machines. This fund has a £500 ceiling per annum and is a one off payment.
- We also fund the Alzheimer’s Society in Doncaster to provide a befriending service were someone can come into the home and stay with the patient whilst the carer has a break or takes time out at home.
- There are a number of homes that provide day support. Carers Grant funds part time worker in Young Onset Dementia care. Planning to fund a full time person in the New Year.
- Planned respite, emergency respite and preventative respite provided by DMBC. Emergency response service – If a carer has an emergency we can put a service in place immediately straight into the home for up to 72 hours



- No integrated or co-ordinated pathway for respite. Need to sort out the criteria for respite in regards to both patient and carer. There is a lot of good practice but it needs to be carried out in a more co-ordinated way.
- We also fund a free garden service 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 –

- Liaison Service covers general hospital and community hospitals but is newly established
- Recognise the need for Older Peoples Mental Health Liaison Service – currently developing dementia champions on all wards – this initiative started in June.
- Looking to expand on the acute wards. Not got the skills base on the ward – want to challenge the quality of care. Need to provide some support on the wards. Six days training needed to become recognised as a ward champion.

#### **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 –

- Service newly established
- Joanne Hirst & Tracey Hamilton

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

Commissioners –

- As above

**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 –

- Living Well with dementia in care homes – This is a piece of work under development, looking at doing some work with some homes. Work in progress.
- Contracts manager goes out on a regular basis to look at the financial delivery and financial management on an ongoing basis. Very aware that we need to do some closer work on contract areas.
- CQINS/QOF targets with RDaSH. Contracts monitored through a contracts Board and sub group.
- Homes with low quality rating – Doncaster continue to use homes with low quality rating but these homes are closely monitored i.e. more visits and we endeavour to work with them to improve their ratings.
- Regarding Care Homes like Home Care we are working on a standard contract and governance system to enhance CQC and contracts and compliance activity.
- People with dementia are funded through continuing health care. Funding is £20M 25% of which is from social care and 75% from health care.

**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 –

- A Care Home Liaison service exists in the locality.

**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 -

- Training for the professionals – Module – aware we need to do more work with primary care carers. Workshop with providers (PCT staff) being undertaken at the moment to look at pathways.
- Undertaking a lot of work with voluntary sector. Carers Week, Carers Rights Day. National Strategy we hope will bring the elements together to produce an action plan and more co-ordinated approach

Staff Group -

- Evidence of increased dementia awareness in GPs. Shown through number of referrals of people in early stage dementia.

**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 -

- JSNA is used to support our joint commissioning decisions through the LAA and the JCF. Involvement with dementia carers, LINKS and Sustainable Communities - engagement through formal and informal networks and forums.

- Working together between Health and Social Care – there is a half-day planned in October to look at these issues. There has been a joint project worker appointed in post for nearly a year now, actually got 4 joint commissioning managers.
- There is a lot of input into Supporting People and Older Peoples Housing and money is jointly funded.
- In terms of what could be done differently difficulties are experienced from a social care point of view in that they have elected members and have to be responsive to them which can be problematic in commissioning terms. It presents both challenges and also opportunities. Joint Commissioning forum has been in place for 18 months and this is resulting in a much more co-ordinated approach.
- With regard to our Healthy Ambitions and Transformation Agenda joint commissioning is being addressed through the joint Health and Well-being agenda. This is a neighbourhood model and Area managers are involved in looking at the whole agenda and drawing up a plan of action. Under this structure a representative will feed back to the SHA. We feel this is about value for money and added value, new money and old money being reinvested. RDaSH hold monthly and weekly meetings with service managers to monitor performance.
- When considering de-commissioning services we are undertaking a day care review. There is a need to refresh and identify any possible changes. We are currently looking at our contracting and recently tendered for our home care provision. Alzheimer's Society is providing a good service. Our planned objective is to provide 49% of service within the community.
- MH Strategy is currently being refreshed to recognise joint commissioning intentions and will have a section specifically for dementia.
- Doncaster has a history of ring fencing savings and investing in OPMH. PCT spend 11.8% (c£60M) on Mental Health)
- Dementia is a Spotlight initiative for the PCT from Healthy Ambitions and the MH pathway.

**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 have the numbers from last year and this year but they have been recorded without the numbers for dementia. Can extract this information.
- Through the milestones of the Spotlight initiative we plan to ensure people are screened more effectively and timely and enhance the capacity of memory clinic and supporting services to meet the expected demand. This equates to 1,600 people not currently known to service.

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

Commissioners –

- Joint Commissioning and use of Spotlight money.

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

Commissioners –

- QIPP regional work, an example has been given regarding dementia cafes for peer and carer support and education. Dementia pathway event booked for 23<sup>rd</sup> October for all stakeholders to map the current pathway.

## 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 -

- From information gathered from Dementia Strategy launch need to develop some local information and work with the Alzheimer’s Society. Recent work with health colleagues and third party sector using posters and pictorial information around Doncaster. Want to build on this.
- Training for the professionals – Module – aware we need to do more work with primary care carers. Workshop with providers (PCT staff) being undertaken at the moment to look at pathways.
- Recognise the need for Older Peoples Mental Health Liaison Service – currently developing dementia champions on all wards to – this initiative started in June. Looking to expand on the acute wards. Not got the skills base on the ward – want to challenge the quality of care. Need to provide some support on the wards. Six days training needed to become recognised as a ward champion.
- Currently working on Information Strategy. Raised awareness. Social care team workers are signposting.
- Joint commissioning family and older people’s partnership.

##### Staff Group -

- Evidence of increased dementia awareness in GPs. Shown through number of referrals of people in early stage dementia.

### **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 -

- Yes - standard but done timely depending on position in pathway.
- Starts off with face-to-face comment in Clinic or with GP. Picked up by written information and signposting to all our other colleagues within the community. We also distribute Alzheimer's society publications.

### **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 –

- In terms of peer support and learning networks this is one of the gap areas. Consultation is developed through our Local Action Plan.
- Dementia Café locally provided by Alzheimer's Society. Plans to expand through Spotlight initiative and interagency cross boundary working with Rotherham

**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 –

- See above

Staff Group –

- Overlap in Carer support provided by both Memory Clinic and Community Memory Therapy Services. This is a joint venture between DMBS and Alzheimer's Society and 80% of input comes from CMTS (originally started in CMTS three years ago). There is a similarity in the names, which caused confusion to the reviewer and has been known to cause confusion to the person with dementia/carers.

**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 –

- RDaSH employ enablement workers. The PCT commission specific intermediate care setting however not dementia specific.

Staff Group 2 –

- The team work closely with GPs to raise their awareness of dementia and have a number of clients under 65 years of age - all of whom have been referrals from GP, have had a confirmed diagnosis from Consultant. Over 65's come through memory clinic.
- 15% of the team's caseload are people with Learning Disability some have both Learning Disabilities and Dementia.

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

Commissioners -

- Housing Support and Telecare: Social Care specific to do telecare. There are 12 people within the dementia service using the community alarm service. A needs assessment is made in the patient's home and equipment is readily available.
- Recognise there is a place for assistive technology and that it is a gap in provision. Currently looking at this piece of work.
- The full catalogue is available including door alarms, pressure mats, bed alarms, heat sensors, fridge monitors and a host of minor adaptations.

**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 –

- No training planned at the moment.
- Dementia training for carers comes through Memory Clinic and Dementia Groups. This area needs to be developed.
- Need to raise awareness within the BME community for both stroke and dementia
- Needs to have a more co-ordinated approach.
- Regular training based here at the Memory Clinic for carers. Also have Health Promotion Officer who works alongside us and gives presentations but these are not specifically for dementia.

**Safeguarding**

**Please describe your local definition/reporting threshold for Safeguarding?**

Commissioners –

- Safeguarding: Do not consider that enough people with dementia are being picked up by Safeguarding Board. Alerters seem to be very cautious. April 2009 to present there has been 25 referrals for people with Dementia.

**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 –

- Dignity Champions – Yes throughout commissioning and provision. Dignity and Respect are core components of Dementia training plans.

## Appendix 3:

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

#### What are the top 3 areas of local practice?

Commissioners -

- Care Homes Liaison service
- Memory Clinic
- Young Onset Dementia Services

There are clear criteria and clear pathway and single point of access helps with all of this.

Staff Group –

- Currently piloting a late night clinic to enable people to attend without taking time off work. This is showing a high demand.

Staff Group 3 –

- Intergenerational work they have done with schools going into the day centre and the children and the people with dementia complete diaries. The diaries and narrative are used a lot to evidence outcomes for individual people with dementia.
- Carers and people with dementia were regularly consulted to improve service delivery.

Other Contributor -

- Young Onset Dementia – Funding is established. Service is producing good results – outcome should be certain. Can plan long term.
- Care Home Liaison Service – From the information this looked to be really excellent service that has proved its worth in terms of admissions to hospital and the mental health consultations.
- Good record in terms of working with GPs and incentivising them.

#### What are the immediate top 3 areas of Development?

Commissioners -

- Up to carers and people with dementia to identify at event on 23<sup>rd</sup>.
- Massive gaps in respite, intermediate care, carer support, education and training.
- Carers Support
- Respite
- Education and Training

#### What do you think you could do better?

Commissioners -

- Funds, Selling ideas, and relationships i.e. how you deal with people and developing local relationships. Links between health and social care. There is a commitment there already – first step of this challenge is raising awareness.
- Links between health and social care

Other Contributor –

- Workforce – Need to show that the workforce are trained and developed to raise awareness and meet the needs of people with dementia.
- Joint Commissioning – Opportunities for joint commissioning do not appear to be taken up, in particular day hospital and day care service. There seems a real chance to get a

remodelled service that would provide better outcomes. All a bit patchy - lots of good examples. They are confident they will deliver the National Dementia Strategy if they work together to improve the needs of dementia sufferers and their carers.

- Respite – need reinforcing

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

Commissioners -

- They considered themselves 8 on the above scale
- Noted that carers and service users may not see the service as an 8 as patients and carers do not see what is happening.

## 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 Doncaster Locality**

Objectives	Metrics	Position	
Objective 2: Good quality early diagnosis and intervention for all	Number of patients currently registered with GPs as having dementia	1,510	
	Registered patients as percentage estimated total population with dementia aged 65 years and over	45%	
	New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009		488
		Apr 2009 – Review visit	204
	Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	12 weeks	
	CT/MRI brain scans for clarification of dementia diagnosis: Average waiting time from referral to CT/MRI scan date over last 12 months (weeks)	Depends on urgency. 4 – 6 weeks routine.	
	Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	Same day to 6 weeks depending on urgency	
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	Data not currently collected but will be as part of new specification.	
	Apr 2009 – Review visit	Data not currently collected but will be as part of new specification.	
	Total number of individuals currently using peer support and learning networks	Unsuccessful as a demonstrator site but as a partnership we have plans to commission a service through the Alzheimer's Society and Dementia Cafes across Rotherham and Doncaster. Plans for dementia advisors as part of Spotlight work.	
Data sourced from the Doncaster Metrics Framework submitted to the Review Team prior to visit on 30 <sup>th</sup> September 2009			

**Table 6: Baseline Position Against the National Dementia Strategy for the Doncaster 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?	Information not available	
	Number of people with dementia currently in receipt of individual budgets	Information not available	
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.	Do not keep data but now will do	
Objective 11: Living well with dementia in care homes	Number of registered beds in residential and nursing care in your community for dementia	1,067 dementia beds	
	If possible, indicate what percentage this is of the total provision of residential and nursing care beds	42%	
	Number of care homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
	3* rating	11	13%
	2* rating	54	63%
	1* rating	10	12%
	0* rating	2	2%
Not rated*	9	13%	
Data sourced from the Doncaster Metrics Framework submitted to the Review Team prior to visit on 30 <sup>th</sup> September 2009			

**Table 6: Baseline Position Against the National Dementia Strategy for the Doncaster 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	No formal training plan, however delivered through DMBC, Liaison service and Nurse Consultant. Data currently not captured as a whole.
	Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	Data not fully captured however all 58 care homes have received dementia training. (2,056 beds). 1,722 staff trained. Delivered through an 8 session training package. It is planned to deliver this package throughout health and Social Care.
	Apr 2009 – Review visit	Data not fully captured See above
	Number of dementia awareness courses available for Carers per year	Data not formally captured but DMBC, YODS, Memory Therapy Service and Liaison service provide education and awareness training.
	Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	Data not fully captured
	Apr 2009 – Review visit	Data not fully captured
Safeguarding	Number of people over 65 referred to Adult Safeguarding processes Apr 2008 – Mar 2009	368
	Apr 2009 – Review visit	65
	Number of people with dementia referred to Adult Safeguarding processes Apr 2008 – Mar 2009	Information not available
	Apr 2009 – Review visit	Information not available
Data sourced from the Doncaster Metrics Framework submitted to the Review Team prior to visit on 30 <sup>th</sup> September 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.