

# **Yorkshire & Humber Improvement Partnership Regional Review of Dementia East Riding of Yorkshire Locality Report**

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The staff groups included representatives of: -

- Carers Relief Service
- Intensive Home Treatment Team and inpatient facility in East Riding
- Old School House Residential Care Home.

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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.

# 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	17
3.3 Good Practice, Priorities and Areas for Improvement	18
<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	31
<b>Appendix 3:</b> East Riding Locality Responses to Examples of Good Practice, Immediate Priorities and Areas for Improvement	37
<b>Appendix 4:</b> Quantification of the Baseline Position against the National Dementia Strategy	39
<b>Appendix 5:</b> Structure of the Data Collection Proforma used in The Review Process	42

## 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 East Riding locality, particularly focussing in on the seven priority objectives of the Implementation Plan.

**Good quality early diagnosis and intervention for all** – currently 26% of people with dementia in the East Riding locality have a clinical diagnosis of dementia and are registered with their GPs. A referral protocol exists to specialist support and advice for primary care and social care to the CMHT via the GP. All referrals to the Memory Assessment Clinics are via the CMHT, although younger people are referred for assessment at the Young Peoples' Memory Service in Hull. There is a good working relationship in the locality between the CMHT and the local Alzheimer's Society.

**Improved community personal support services** - no specialist Home Care service exists, however all domiciliary services provide support to people with dementia and there is a specialist Sitting Service available for carers. A limited provision of specialist advice and information to community staff is provided by the CMHT and Out-Patient Mental Health services. A Resource Allocation System is in operation in the locality and a total of 19 people with dementia have Individual Budgets in one form or another. Support is available for the use of the budgets, but this is not dementia specific.

**Implementing the Carers' Strategy for people with dementia** – an extensive range of breaks for carers is available as part of the Core Offer Service provided in the locality. These opportunities include drop-in groups, Carer Passports to Leisure – discounted access to leisure centres, Carer Relief Sitting Service, telephone befriending, short flexible breaks and access to caravans in Bridlington. The Carer Emergency Cover system is also available in East Riding and provides a pre-arranged emergency back up plan.

**Improved quality of care for people with dementia in general hospitals** – a Liaison Service for the general hospital is currently under development while a consultant psychiatrist provides a temporary liaison function with support from the Intensive Home Treatment Team, Crisis Resolution and CMHT. The Out-Patient Mental Health services participate in acute hospital nursing training days with sessions on improving the care and treatment of people with dementia. Named leads for dementia exist in the acute trust.

**Living well with dementia in Care Homes** – no formal Care Home Liaison Service currently exists within the locality, but some consultant psychiatrists and CMHT staff provide regular ‘clinics’ in specific residential homes, although the practice is not routine due to CMHT capacity limitations.

**An informed and effective workforce for people with dementia/carer training and awareness** – no formal plan is currently in place, but commissioners are working on a Workforce Development and Training Strategy to support the development of care clusters for people with dementia. Staff groups reported a number of dementia training opportunities that they were aware of that had been used by colleagues.

**A joint commissioning strategy for dementia** – key partners in the locality have developed a Local Dementia Strategy that sets out the plans that are required for the delivery of the National Dementia Strategy. The views of carers and people with dementia have been gathered as a matter of course during the development process of the strategy.

# 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 East Riding 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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<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.

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<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 East Riding 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 East Riding 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	1,228
Registered patients as percentage estimated total population with dementia aged 65 years and over	26%
New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	Information not available.
Apr 2009 – Review visit	Information not available.
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)	MRI 1.9 weeks CT 1.3 weeks
Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	MRI min <1 wks MRI max 7 wks CT min < 1 week CT max 6 weeks

In East Riding it is estimated that around 26% of the population with dementia have a diagnosis and are registered with their GPs. The proportion in the locality is lower than the regional rate of 39% and below the national rate of 33%.



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

- A referral protocol exists to specialist support and advice for primary care and social care staff that suspect someone has dementia. These referrals are to the CMHT via the GP, who undertake physical screening prior to the assessment for dementia.
- The protocol, part of the National Service Framework appears to be effective, however is not fully implemented across the locality.
- All referrals to the Memory Assessment Clinics are via the CMHT, although there is no dedicated early memory assessment service in East Riding. Younger individuals requiring assessment are referred to the Young Peoples' Memory Service in Hull.
- The Memory Assessment Clinics are introducing the Addenbrookes cognitive assessment tool with staff training being provided by the Psychology Department in Hull.
- There is a good working relationship in the locality between the CMHT and the Alzheimer's Society.

**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 East Riding 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?	690 per wk x52 = 35,880
Number of people with dementia currently in receipt of Individual Budgets?	Total 19 x14 Direct Payments, x4 IB Virtual x1 IB Managed

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

- No specialist Home Care service for people with dementia is available in the locality, however all domiciliary services provide support to people with dementia and there is a specialist Sitting Service available for carers.
- The provision of specialist advice and information to community staff is generally provided by the CMHT and Out-Patient Mental Health services. However due to capacity issues in the mental health teams, sometimes community staff are not able to access the support they require.
- A Resource Allocation System is in operation in the locality and a total of 19 people with dementia have Individual Budgets in one form or another. Support is available for the use of the budgets, but this is not dementia specific.

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 East Riding 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	65
Apr 2009 – Review visit	Information not available.
Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009	77
Apr 2009 – Review visit	51

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

- Following an assessment carers are offered a Core Offer Service that focuses on providing short breaks for carers from their roles. The opportunities available through the Core Offer Service include drop-in groups, Carer Passports to Leisure – discounted access to leisure centres, Carer Relief Sitting Service, telephone befriending, short flexible breaks and access to caravans in Bridlington.
- The Carer Emergency Cover system is also available in East Riding and provides a pre-arranged emergency back up plan.

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 East Riding locality (Section 4 of proforma) –

- The Liaison Service for the general hospital is currently under development. There has been several multi-agency workshops held to contribute to this development and there have been site visits to other localities to see services in action. Currently a consultant psychiatrist provides a temporary liaison function with support from the Intensive Home Treatment Team, Crisis Resolution and CMHT.
- The Out-Patient Mental Health services also contribute to regular acute hospital nursing training days to deliver sessions on improving the care and treatment of people with dementia in acute settings.
- The CMHT provide support to the community hospitals in the locality.
- Named leads for dementia exist in the acute trust.

**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 East Riding 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	3,522	
If possible, indicate what percentage this is of the total provision of residential and nursing care beds	81%	
Number of Care Homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
4* rating	15	15%
3* rating	67	67%
2* rating	15	15%
1* rating	3	3%

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

- No formal Care Home Liaison Service currently exists within the locality. However some consultant psychiatrists and CMHT staff aim to provide regular ‘clinics’ in specific residential homes to offer proactive and preventative advice to minimise and prevent behaviours that challenge. However, this is not routine practice in light of CMHT capacity issues.

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 East Riding 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	6
Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	Total 132
Apr 2009 – Review visit	23 attended 20 due to attend 20/11/09 25 due to attend 4/3/10 Total 68
Number of dementia awareness courses available for Carers per year	2008/09 – 320 09/10 - Now ongoing 4 x Lets Talk sessions at Dementia Cafes in East Riding. Please note we used to hold up to 4 information courses a year in East Riding (very much demand-led) but a rigid programme of 10 weeks was not suitable for all carers so now piloting 'Lets Talk' sessions with a planned itinerary of 6 sessions – flexible, person with dementia able to attend or to do other activities concurrently. More flexible approach devised due to feedback from carers and people with dementia who are also about to be consulted on content of programmes and future content will be led by carers and people with dementia themselves. Attendees can attend what interests them rather than attending full course so reaching more people with tailored information.
Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	33 ERYC staff 34 family carers This figure includes training of 'formal' carers and family carers.
Apr 2009 – Review visit	27 ERYC staff 20 family carers This figure includes training of 'formal' carers and family carers.

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

- No formal plan is currently in place, but commissioners are working on a Workforce Development and Training Strategy to support the development of care clusters for people with dementia.
- Staff groups reported a number of dementia training opportunities that they were aware of that had been used by colleagues.

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 East Riding locality (Section 4 of proforma) -

- Key partners in the locality have developed a Local Dementia Strategy that sets out the plans that are required for the delivery of the National Dementia Strategy. The views of carers and people with dementia have been gathered as a matter of course during the development process of the strategy.

## 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, 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 East Riding?**

A number of carers reported that the friendliness of people involved in dementia care made a lot of difference and that the support provided was good. One carer attended the Carers Support Group at the hospital in Goole once a month and found it very helpful and felt like being part of the family. The Alzheimer's Society staff that ran the Memory Café at the hospital were found to be lovely friendly people.

### **What's not so good about your experience with dementia in East Riding?**

A summary of the issues raised by carers and people with dementia is –

- Greater public awareness of dementia is needed because there are a lot of older people suffering from dementia, who do not know enough about it and are not in touch with support services. Greater awareness would also help people with dementia feel less fearful of mixing with the public and also begin to see the removal of the stigma of dementia making people unwilling to admit there is a mental health problem in the family.
- People with dementia living in rural areas face additional concerns of social isolation.
- A provision of information is needed on practical issues such as financial advice, Powers of Attorney, Wills, benefits and community charges etc. so as carers you can pick out what you need when you need it. A series of telephone numbers – that would enable people to find the right services and help when they need it.
- A provision of information is also needed on care issues e.g. how to cope with violence/aggression behaviour, details of emergency support and respite opportunities.

### **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 East Riding Locality**

- Partnership working, across statutory agencies and with the third sector and good links with independent providers.
- Carer services, including Carer Sitting service and Carer Support.
- Learning Disability / dementia clinics and recognising the needs of people with a learning disability and commitment to improve the experience of those with dementia.

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

- Telecare – key development area given the rural nature of the East Riding.
- Challenging Behaviour – an Intensive Home Treatment Team exists but insufficient support is being provided, particularly to Care Homes at times of crisis and prior to crises arising.
- Experience of people with acute hospitals – residents of the East Riding attend several different hospital trusts – a lot of work has been done with Hull & East Riding Trust to improve the experience including the use of patient passports.

#### **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, East Riding rated themselves a 6.

## 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 East Riding 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-

- The CMHT get lots of queries and requests for advice. They are encouraged to direct people through their GPs but this does cause some problems e.g. from a Family Support Worker's (FSW) perspective there can be blockages. Sometimes GP will not refer to CMHT if there has been a prior referral despite the FSW feeling there is a need for a person to be reassessed by CMHT. This is an increasing problem.

##### Staff Group 2 -

- Yes there is a pathway – people refer to CMHT, that is GPs, Social Services, they go direct to CMHT – there is an expectation that GPs will have done some physical screening.
- Yes, it is an effective pathway most of the time, different to Hull due to geography, but not everybody is fully aware of pathway – especially for younger people with dementia and some inconsistency, some CMHT send referrals back to GPs rather than take directly.
- There is a shared care protocol; this is part of National Service Framework, although everyone has signed up to it, it is not fully implemented. Neither is the care pathway for people with dementia.

**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 -

- All referrals are directed to CMHT. There is no SPA for East Riding. This can mean people have to give their information twice. We are currently looking at the appointment of social work staff in terms of full integration.
- There is not a dedicated Early Memory Assessment services within the East Riding. Referrals for people with dementia / suspected dementia are made to the local CMHT, where patients with increased levels of risk and vulnerability are given priority for treatment. The proposed 'stepped care model for dementia' developed by Humber Mental Health Teaching NHS Trust with its partners proposes to introduce a proactive and preventative response from early detection through to late stages of the illness
- The five East Riding based CMHT are individually linked to the GP practices within each of their respective localities. Therefore, referrals are made via the GP to the relevant CMHT. Referrals are screened within each CMHT to determine the most suitable response dependant upon presenting need and priority (For example: assessment by Consultant and / or CPN or joint urgent assessment by the Intensive Home Treatment Team (IHTT) and CPN within CMHT working hours).
- The IHTT operates from 8.00 a.m. to 9 p.m. 7 days per week. Direct referrals are accepted outside of CMHT working hours from GP's, Social Services (including Emergency Duty Team), Acute Hospital Wards and A&E Liaison Team, Crisis Resolution Home Treatment Team and OPMH in-patient units.
- Urgent referrals outside the working hours of IHTT are picked up by the Crisis Resolution Home Treatment Team (a team covering Working Age Adult Services during all other hours).
- The Younger Peoples' Memory Service is a small, specialised team covering Hull and East Riding. Referrals from East Riding come via East Riding GPs. Direct referrals are also accepted from neurologists post diagnosis.

Staff Group 2 -

- Yes, through the CMHT. However the assessment is not always as comprehensive as it could be e.g. we have no access to psychology.

**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 –

- Humber Mental Health Trust are undertaking a large service redesign which will identify SPA for all home services but will not involve social care. Good working relationships but not formalised.

Staff Group 1 –

- The clients and carers come to the Intensive Home Treatment Team (IHTT) following a diagnosis of dementia. They attend integrated meetings with CPN and have liaison with service teams.
- There is a protocol for staff to refer to. Should it become obvious that a clients needs are changing the staff are aware they can come to us and we put the referral through for new assessment to the Care Management Team. We will also re-refer back to CPN for help and advice. CPN teams are very supportive.

- Carers Emergency Cover Service: If a carer had an unforeseen emergency they can ring us and in the short term i.e. 48 hours and up to 72 hours over a bank holiday, cares can be put in to support person with dementia to prevent residential care admission. People identified from the carer's assessment are already in the system. This is a short term back up plan that provides carers with reassurance.
- Copies of quality assurance forms provided to give an overview of carers issues. The thing most carers want is more time.
- We do not have the means or the budget to back fill posts. We have a working protocol within the carers themselves. If they have an emergency appointment or need cover urgently we will provide the cover from somewhere i.e. The Stars Service that has taken over from Home Help Service managed to provide a sitter at short notice when our teams could not provide one.

Staff Group 2 -

- Via CMHT – if inappropriate it will be signposted on.
- Operational policy (available on the internet) – define every potential pathway e.g. out of hours – crisis resolutions etc.
- IHTT – on the whole works well, took on broad changes. It is a secondary service within a secondary service that can cause confusion amongst other services.

**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 –

- We are introducing Addenbrookes Care cognitive assessment tool. Psychology in Hull is providing training for staff across Hull and East Riding (this test takes about 15-20 minutes) all staff have access to an assessment pack with the care assessment tool in.

**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 –

- There are close working relationships established with the local Alzheimer's Society. For example, CMHT staff refer directly to the Branch for 1:1 Family Support Worker involvement; group support and education; and peer support via the Memory Café's and the Younger Peoples' Club. In some areas, subject to Family Support Worker availability and capacity, the Family Support Worker attends the CMHT Clinical meetings and supports CMHT led group activity (for example, Holderness) to ensure strong working links are maintained.

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

Commissioners –

- No information available.

**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 –

- All domiciliary care agencies provide care to dementia service users. There is also a specialised Sitting Service. This service is only for people who meet the Fair Access to Care criteria.

Staff Group 1 –

- Each staffing team liaises with CPN and attends meetings. We attend reviews and area planning meetings. Key worker also invited to attend meetings/reviews. Diary notes and log kept of what we record from visits. We have close links with staff and care teams. We also attend case conferences and again, workers are involved in these.
- Yes it is very informative and effective. We like the process and like to be invited to reviews. 90% of the referrals are from the CPN team and will have an introduction with the CPN worker who provides us with the background information.

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

Commissioners –

- There is a quality monitoring team that forms part of the Business Management team within the Local Authority. The team work closely with Care Management and in-house managers to monitor and improve service quality across the East Riding. Senior managers and members of the Council visit randomly selected clients annually to quality check homecare services.

**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 -

- There are some difficulties with front line staff in terms of workforce issues. CMHT are working to capacity with people with increasingly complex needs and a high level of risk. Care Management Team is having to deal with difficult cases without specialist support.
- OPMH Teams do strive to develop close working relationships with other agencies and respond to queries / requests for advice from the wide range of health and social care staff who come into contact with people with dementia and their families during their day-to-day work.

Staff Group 2 -

- No pathway – but generally people will ring CMHT. Geography and locality of teams helps with this.

**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 -

- ERYC have developed a single RAS that includes all client groups. A number of older people with dementia have already been offered personal budgets (which includes virtual, mixed or cash budgets).

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

Commissioners -

- A total 19 people have Individual Budgets - 14 with Direct Payments, 4 with Virtual IB & 1 Managed IB. All people who require support in terms of the personal budget process are provided with support to do so but currently this is not dementia specific.
- Where these are virtual the authority commissions services on their behalf. Where they take the form of a Direct Payment (used within cash or mixed types), the support plan process considers risks and the support required and takes account of existing informal support. The Wilf Ward Family trust is our Direct Payment support agency and offer a range of services /levels of support and are currently working with people both with and without capacity

### 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 -

- Carers of people with dementia, who provide regular and substantial care, are entitled to a carer's assessment. A carer's assessment gives a carer the opportunity to discuss the help the person they care for needs, the help and support they are providing and things that would make caring easier for them. As the result of the carers assessment carers are offered **Core Offer Services**, which are accessed through the Carers Support Service. Many of the core offer services are about giving carers a short break from their caring role as detailed below:
- **Drop in Groups** - These are run in nine different venues across the East Riding monthly and offer complimentary therapies, an opportunity to speak to support workers, advice, information and an opportunity to talk to and get to know other carers in similar situations
- **Carers Passport to Leisure** – This card gives a carer 50% discount on all leisure activities run by the local authority at their leisure centres.
- **Carer Relief Sitting Service** – this is an additional service specifically for those carers who care for someone aged 60 years or more who has a diagnosed memory impairment: This service provides sitters to be with the cared for person while the carer has a short break. The sits are pre arranged between the carer and the sitter and can be during the day, evening or at the weekend for special occasions. They can be for up to eight hours at a time. It is a free service.
- **Carers Telephone Befriending Service** – this is an additional Service for Carers aged 60 or more – carers register with this service, which is run in partnership with Age Concern. Telephone be-frienders will then periodically call the carer either on Wednesday afternoons or Saturday mornings.
- The Carers Support Service also hired two caravans in conjunction with Doncaster County Council at South Cliff Caravan Park in Bridlington, which have been available to carers to go to for a short break. We are looking into setting this up again for the 2010 season. We are also in the process of renovating and refurbishing a bungalow in the grounds of Sewerby Park, which again will be available to carers for short breaks. Both the caravans and the bungalow are primarily about giving carers a break, but if it is a

carers choice and the setting is appropriate they can take their cared for person with them.

- In addition a proportion of carers will receive a cash **personal budget** as an outcome of the carer's assessment. The aim of personal budgets for carers is to give the carer power, choice and flexibility to organise their own support. Carers can decide to use the money to have short breaks from caring.
- East Riding has a **Short Flexible Breaks Service**, which provides paid carers to come and look after the adult being cared for in their home while the carer has a short break. These short flexible breaks are booked in advance in hour blocks. Carers usually book between 2 and 6 hours at a time. A carer may exchange all or part of their personal budget for the Short Flexible Breaks Service.
- The cared for person with dementia will also have an entitlement to have their needs assessed. A Community Care Assessment/Supported Assessment can be carried out and their needs will be assessed against East Riding of Yorkshire Council's Adult Services Eligibility Criteria. If they are eligible for support/services a support plan will be drawn up outlining their needs and how they will be met. If the cared for person has support/services, which could include a personal budgets, a direct payment, a commissioned package including domiciliary care or short stays in a residential home, one of the outcomes is often that the carer is also able to have a break from caring.

#### **What other services are provided for carers?**

- **Carers Support Service** - which provides a free help line, access to the centre every weekday morning, quarterly newsletters, invitations to conferences, support groups and a health trainer.
- **Carers Emergency Cover** -This service delivers alternative care, responding to the immediate needs of the cared for person, in accordance with the carers pre arranged emergency back up plan. The carers Emergency Cover Service can cover provide staff for up to 48 hours in the carer's home if an emergency such as a hospital admission,
- From a Mental Health point of view I think there is a lot more we can do to prevent carer breakdown. This has been translated into the step care model. Very difficult to get an individual's perspective and look beyond the main family care giver. Family Therapy practitioners useful for CMHT but only deals with a small group.

**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: No this is under development, although particularly challenging given the number of general and community hospitals in the area. We would benefit from working with other commissioners and providers across the region.
- A 'Mental Health and Learning Disabilities Strategy for the Acute Hospitals of Hull and East Yorkshire' is in the final stages of production. A business case for investment from NHS East Riding of Yorkshire is being prepared. Several multi-agency workshops have been held to begin mapping out the care pathway for the OPMH Liaison service and several clinicians and acute hospital managers have undertaken a visit to the Leeds OPMH Liaison service to inform the planning process. Currently, a Consultant Psychiatrist provides an OPMH Liaison role in addition to his locality consultant role. The East Riding Intensive Home Treatment Team, Crisis Resolution and Home Treatment Team and local CMHT also undertake assessments of patients requiring specialist OPMH assessment and treatment, dependant upon present needs and level of urgency.
- Specialist staff from the local OPMH Services contributes to regular acute hospital nursing training days to raise the profile of the Patient Passport and to deliver sessions on improving the care and treatment of people with dementia in an acute hospital setting.
- A 72-hour assessment area for the older person has been developed within Hull Royal Infirmary with the aim of reducing length of stay and allowing patients to be managed closer to home. It is envisaged that this ward will work closely with community and social partnerships to offer comprehensive and timely assessments of the older patient with facilities to support patients into the community in timely fashion.

**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 –

- The named dementia leads for Hull and East Riding are Steve Knight, Assistant Director of Nursing and Sheila Stead, Older Peoples' Project Manager. Motivation and commitment has improved since last year.

- In terms of workforce we have met particular challenges on the delivery. There is a great willingness to support people and is very much a cultural issue which we are addressing by getting people to think in a different way. Moving away from traditional working and getting people to see the needs of people with dementia.
- Lot of work done by Learning Disabilities in terms of the Acute Hospitals so the learning within the Acute Trust about working with vulnerable people has improved – this is a positive way of learning from each other's services.

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

Commissioners –

- The relevant CMHT (together with the IHTT, if necessary) respond to referrals from GPs / wards for patients in community hospitals. They will also actively continue their involvement through the patient's hospital admission, where necessary. There are discussions planned to look at rolling out the Patient passport to community hospitals.

**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 –

- The Council pays a basic rate for both homecare and residential care. However they do pay enhanced payments to providers who provide over and above the National minimum standard to meet an individual's assessed care needs. Contracts are monitored by the Planning and Procurement team through regular review and feedback from inspections, care management and carers. Where a home fails to meet the CQC standard for Adequate the Council will suspend placements and work with the provider to put together a time limited improvement plan. All homes that do not meet the CQC standard Good have to demonstrate they have an improvement plan to achieve this standard and their performance is actively monitored as part of the contact monitoring arrangements.

**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 –

- Some Consultant Psychiatrists and other CMHT staff aim to provide regular ‘clinics’ in specific residential homes to offer proactive and preventative advice to minimise and prevent behaviours that challenge. However, this is not routine practice in light of CMHT capacity issues.

**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 aiming to develop a Workforce Development and Training Strategy to support the development of care clusters for people with dementia. We are also developing the Older People's Mental Health training model at one of our local universities.

Staff Group 1 -

- We do the core training, general carers training and also the 2-day dementia training course that includes challenging behaviour. We attend all the specialist training. The Local Authority provides the majority of the training with some from Health. The Training Department will look at buying in or sourcing specific training for us.
- Carers Training: This is carried out through the Carers Strategy Team. Some Carers have been on basic first aid and catheter training courses. These are usually on a 1-1 basis from a practising district nurse or ‘drop in’ client groups where specific trainers will come in and do a demonstration. If a carers wants something else I would signpost them over to the Carers Support Team.

**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 -

- The PCT and Local Authority have developed a Dementia Strategy in partnership with other stakeholders. This has informed the JSNA and views of people with dementia and their carers are being gathered as we engage with groups to seek their views.
- The Dementia Strategy Group reports to the East Riding Older People Partnership Board, with a secondary reporting line to the East Riding Mental Health Partnership Board. Both partnership boards report to the Health and Social Care Executive that has Chief Officer representation from both commissioning organisations, to ensure joint planning between the NHS and Adult Social Care.

**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 –

- The issue of demographic growth is very significant for the East Riding. This is recognised within the PCT WCC plans and Health Strategy and clearly iterated within the Dementia Strategy.

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

Commissioners –

- See above.

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

Commissioners –

- See above.

## 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 -

- The challenge for us is carrying out the marketing strategy over the next five years. The Older People's Public Health Lead leads an awareness group that related to the Dementia Strategy Group. She has engaged the Marketing and Communications manager of the PCT and he has worked with us to produce a more formal strategy.
- We are looking to develop a Dementia Dignity Care Award and have been offered sponsorship and a prize by a local business. The Acute trust is extremely keen about this idea and we are hoping that the National Alzheimer's Society might be interested in this as an area of good practice. This initiative has not yet started but we are meeting in the New Year to develop proposals. The idea is to engage not just health and social care agencies but also local businesses, where we enter into a partnership to provide awareness training and award teams who are able to demonstrate their achievements on these 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 -

- CMHT manage this on an individualised basis as they do not want to overwhelm people. Information is tailored and most teams use the resources of the Alzheimer's Society to provide information as it is easily accessible to the team and online. CMHT rely on Alzheimer's Society for memory cafes that include education and carer support groups etc. and there is a Family Support Worker in the local branch for people who do not want to be involved in group support.
- Very Early diagnosis: Think we are missing a high proportion of these people. Cafes are good for people to find out what is going on and have had some successes with people in the early stages. The social aspects of the café are also important. Model in Hull where we do awareness programme. Put this into the cafes and people can chose what elements of the programme they want to attend. Looking at the cafes and how to bolt on other resources. There are plans to roll out this model across the district.
- Younger Peoples Club: Services are scarce and the Joint Commissioning Manager, NHS ER (PCT), has engaged with this Group and paid two visits as a result of which younger people now go directly to Peter about the local strategy and what their priorities are. There is a specialist for younger people with dementia in Humber Mental Health Trust.

Staff Group 1 –

- Our team works closely with the Carers Support Team who would make the first visit to identify needs prior to us seeing clients. If carers want more information we will either ring through to Occupational Health or go back to the Carers Support Team. We would act as a co-ordinator and find the information for people.
- We do have some carers who have wanted extra information and they are signposted to in-house services or CPN teams.
- Not aware of any standard information pack.
- They have their own service user's guide and carer's information booklet.

Staff Group 2 -

- No. All staff rely on Alzheimer's Society (there are plans to adapt the information pack provided by the Memory Service at Hull).

### **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 –

- Alzheimer's Society - Aldbrough Café is run weekly and attended by up to 32 carers and people with dementia and includes information sessions, social outings and meaningful activities. Many attendees use local community transport to access the service in very rural area. Supported by local CMHT who work very closely with Alzheimer's staff. Three other memory cafes (held monthly) now established in Goole, Bridlington and Beverley – all based on very successful Aldbrough café model. Three carers support groups in Goole, Hessle and Hedon offering support and information for carers and fully supported by local CMHT. Younger persons with dementia group which meets bi-monthly is a social group, arranges activities and outings but also has an important campaigning role for younger peoples services in the area and local commissioners have visited several times to consult with the group.

#### **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 –

- The Alzheimer's Society provides the cafes and there is no consistency across East Riding because it is a very large predominantly rural area. Plans to roll out other cafes would require additional funding – and is cited in NDSE implementation plan. Plans to run stage specific groups for carers and people with dementia and specialist groups for diverse.

**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 –

- Intermediate Care and re-enablement services are inclusive

**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 -

- There are two providers of purpose built extra care housing. Our strategy is to reduce dependence on Care Homes. The Housing Strategy has just been completed, it is a generic strategy but within this are vulnerable groups. We have just developed an Older People's Strategy that will be ready in the New Year.
- We are also looking at re-modelling some of our sheltered schemes to develop extra care accommodation. To this end we are in the process of identifying schemes within East Riding where we could put a care team in. Hanover will be able to do an 'outreach' service for people they already know.

## What types of Telecare device are available for people with dementia?

Commissioners –

- No information available.

### **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 –

- We have some key professionals with a keen interest in end of life care and who are involved in conferences and training events. Locally there is a gap in the end of life pathway for people with dementia. We are hoping from this regional review we can identify good practice in this and other areas that we can utilise. We have engagement from the Health Trust to develop local care pathway. Learning Disability services adopt the Elderly Care pathway.

## **Safeguarding**

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

Commissioners –

- We are reviewing the provision of advocacy services; we currently have a number of providers but need an over-arching strategy.
- The Council has a specialist team who deal with both general safeguarding referrals and Deprivation of Liberty Safeguarding referrals. This has provided a much better overview of issues across residential care in particular and has led to being able to quickly identify homes where there are particular issues. This has speeded up the appropriate responses from both Care management and health colleagues. This has led to a number of inappropriate placements for people with dementia being highlighted and provided a basis to begin to review commissioning practice at both a joint strategic level and at a local level.

- If a member of staff within an establishment or an agency suspects or is informed of an incident or incidents of adult abuse, they consult with their line manager and decide whether a referral should be made to Social Services or Police. Dependent on the circumstances there may be issues about the vulnerable adult consenting to a referral and what to do if the vulnerable adult does not consent.
- In terms of a threshold, it is something we plan to develop in the future; as a new team we have taken all referrals and dealt with them on a case by case basis; which we have needed to do in order to see the volume and content of referrals.

### **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 –

- There are Dignity Champions at every level of the Council from Corporate Management Team to front line services. The East Riding has printed 10,000 Patient Passports which have been made available across the East Riding to those in residential care and who live in the community to support them when they admitted into hospital, there has been evidence that those with a patient passport have had more positive experience of hospital than those without, although there is still work to be done with staff in the acute sector.
- The specialist in house residential service developed emergency overnight bags for residents that are always ready with personal belongings and important information so if someone is admitted to hospital at short notice they have their own things with them. Families have been particularly positive about the impact this has had for their loved ones. The practice is being adopted in homes across the independent sector.
- Advance End of life Care planning is being used within the in-house residential service to direct the staff in achieving a truly personalised plan to encompasses every wish and need at the end of an individuals life. This is supported by detailed person centred plans that evolve with the individual as their illness progresses. The home is widely recognised for its high quality care and the manager is involved with the Business development team to ensure the lessons learned from this work are shared across the independent sector. The main outcome for individuals is that they are able to have personalised care that has maintained people in their own home even when their illness has meant there have been significant changes and through periods where individual behaviours have become very difficult to manage.

## Appendix 3:

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

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

Commissioners -

- Partnership working is the core of our joint working and the Dementia Strategy Group is a multi agency group.
- Carers Service including Carer Sitting Service and Carer Support - there is a lot of good work being done through the Alzheimer's Society in terms of carer support groups. Carer Groups also run by Local Authority.
- Learning Disability / dementia clinics - recognising the needs of people with a learning disability and commitment to improve the experience of those with dementia. Learning Disability clinics are an area where we have been doing good work in terms of recognising this is a key population for us and having the structures in place to identify their needs and provide support. This initiative developed in Learning Disability services initially and arose out of vulnerable people having difficult periods of care in the Acute Trust, this is particularly significant for people with Downs Syndrome. Work over the last few years has culminated in the pathway. We have been working on Downs Syndrome and dementia for a number of years now.

Staff Group 3 –

- One of the good things is the person centred dignity in care approach that we have. We are proud of the way staff have taken on 'dignity in care'. This has improved the way we look at the individual service users. We do not stereotype individuals and we work around their care planning. This new care unit (Local Authority) has been open for two years now and the facilities are state of the art – it has obviously been a good use of public money.
- There is a vast array of in-house policies looking at the way we are caring and forward thinking. This helps workforce development. We have a dedicated staff team and work on health and social care standards, we have placements and a health and social care apprentice will be starting soon. We work openly with the community and have well integrated links with local primary schools.
- The home has a good reputation and we work closely with care management, health service, district nurses and good links with Alzheimer's Society.

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

Commissioners –

- Telecare is a key development area in particular given the rural nature of the East Riding. The work is now underway but on a relatively small scale and needs to be expanded.
- Experience of people with acute hospitals: In East Riding people go into a number of different hospitals. There is a lot of good work going on within Hull and East Yorkshire Trust i.e. patient passports. The Trust recognises that it needs to do more in terms of training staff and liaison psychiatry needs to be developed in some way. Even though we feel there is some good work in Hull and East Riding Trust there are other hospitals in York, Scarborough and Goole and significant challenges with Bridlington Hospital as this Trust has changed its ways of operating CMHT and we are increasingly getting referrals for people out of area. The patient passport has been recognised nationally as an example of good practice.

- Challenging behaviour: There is a project underway in Humber at present time reviewing hospital at night arrangements and looking at what is available in terms of Out of Hours support i.e. the Intensive Home Treatment Team who follow people from East Riding and assess people. They liaise effectively and support people who access services. There is a Crisis Home Intensive Treatment Team. It is most important that we work with colleagues to identify what is an underlying condition and what is dementia.

#### Staff group 3 –

- Self-Funders and Worried relatives: Relatives see the local authority as a safe place for their loved ones and therefore a number of people who are self-funding and who are looking for good quality day care ring up for advice. We have to put people on the right pathway to access services. These self-funders seem to be looking for information. If people meet the criteria for statutory services they get a better experience and more support. Self-funders do not get same level of support.
- Quality development for independent private providers in particular the inequality in the outcomes that people get in different areas e.g. member of staff accompanying them to hospital, some homes do and some do not. One way we could improve on this is to offer training to private sector service providers. It would be useful for local authority managers to attend good quality reviews thereby become involved in a network forum to get positive outcomes for individuals. It would be positive to have network forums for managers of private providers to share good practice.
- Younger people with dementia - this group of people at the moment do not have the same access to resources to appropriate services. This is particularly difficult where there is challenging behaviour.

#### **What do you think are greatest challenges?**

##### Commissioners -

- A clearer stepped care pathway: We have formed a multi professional group to look at NICE guidelines and the Dementia Strategy. There are five levels of response for people with dementia including early prevention, early diagnosis early psychosocial interview. We are not just looking at people with dementia but at the family as well. One of the main issues about residential care is extreme carer breakdown and the provision of specialist treatment for those with challenging needs. We then translated these five steps into a treatment package within the care cluster model. All partners think it is a concise and easy to use model to introduce across the system. East Riding Council and Alzheimer's Society are working with us to translate the five steps into services and for people with dementia and their carers. We see the Dementia Advisor role as critical to signposting people in the right direction and this role is written into the East Riding Strategy and it is inclusive of Older People, Younger People and Learning Disability clients with dementia and also the prison population. This is a key challenge and a crucial role within the step care model.

#### **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, East Riding rated themselves a 6.

## 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 East Riding Locality**

Objectives	Metrics	Position
Objective 2: Good quality early diagnosis and intervention for all	Number of patients currently registered with GPs as having dementia	1,228
	Registered patients as percentage estimated total population with dementia aged 65 years and over	26%
	New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	Information not available.
	Apr 2009 – Review visit	Information not available.
	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)	MRI 1.9 weeks CT 1.3 weeks
	Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	MRI min <1 wks MRI max 7 wks CT min < 1 week CT max 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	101
	Apr 2009 – Review visit	92
	Total number of individuals currently using peer support and learning networks	117
Data sourced from the East Riding Metrics Framework submitted to the Review Team prior to visit on 10 <sup>th</sup> December 2009		

**Table 6: Baseline Position Against the National Dementia Strategy for the East Riding 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?	690 per wk x52 = 35,880
	Number of people with dementia currently in receipt of individual budgets	Total 19 x14 Direct Payments, x4 IB Virtual x1 IB Managed
Objective 7: Support for Carers	Number of Carer Assessments carried out for Carers of people with dementia Apr 2008 – Mar 2009	65
	Apr 2009 – Review visit	Information not available.
	Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009	77
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	99
	Number of people with dementia supported at home with a Telecare device.	Information not available.
Objective 11:		
Living well with dementia in Care Homes	Number of registered beds in residential and nursing care in your community for dementia	3,522
	If possible, indicate what percentage this is of the total provision of residential and nursing care beds	81%
	Number of Care Homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number Percentage
	4* rating	15 15%
	3* rating	67 67%
	2* rating	15 15%
	1* rating	3 3%
Data sourced from the East Riding Metrics Framework submitted to the Review Team prior to visit on 10 <sup>th</sup> December 2009		

**Table 6: Baseline Position Against the National Dementia Strategy for the East Riding 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	6
	Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	Total 132
	Apr 2009 – Review visit	23 attended 20 due to attend 20/11/09 25 due to attend 4/3/10 Total 68
	Number of dementia awareness courses available for Carers per year	2008/09 – 320 09/10 - Now ongoing 4 x Lets Talk sessions at Dementia Cafes in East Riding. Please note we used to hold up to 4 information courses a year in East Riding (very much demand-led) but a rigid programme of 10 weeks was not suitable for all carers so now piloting 'Lets Talk' sessions with a planned itinerary of 6 sessions – flexible, person with dementia able to attend or to do other activities concurrently. More flexible approach devised due to feedback from carers and people with dementia who are also about to be consulted on content of programmes and future content will be led by carers and people with dementia themselves. Attendees can attend what interests them rather than attending full course so reaching more people with tailored information.
	Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	33 ERYC staff 34 family carers This figure includes training of 'formal' carers and family carers. 27 ERYC staff 20 family carers
	Apr 2009 – Review visit	This figure includes training of 'formal' carers and family carers.
Safeguarding	Number of people over 65 referred to Adult Safeguarding processes Apr 2008 – Mar 2009	213
	Apr 2009 – Review visit	299
Safeguarding	Number of people with dementia referred to Adult Safeguarding processes Apr 2008 – Mar 2009	41
	Apr 2009 – Review visit	72
Data sourced from the East Riding Metrics Framework submitted to the Review Team prior to visit on 10 <sup>th</sup> December 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.

