Department of Health

Yorkshire & Humber Improvement Partnership

Yorkshire & Humber Improvement Partnership
Regional Review of Dementia
City of Hull Locality Report

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

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Executive Summary

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

Good quality early diagnosis and intervention for all – currently 33% of people with dementia in the City of Hull locality have a clinical diagnosis of dementia and are registered with their GPs. A specialist assessment and triage service is provided with a single access point, with staff groups suggesting that this approach works well with quick response times. The memory assessment service is for the early detection of older people with memory problems and is achieved by extending the relatively simple method of pattern recognition of suspected dementia by the GP. Voluntary sector pathways are well established in the locality and a generic counselling facility is available.

Improved community personal support services - a specialist Home Care service is being developed and currently no pathway exists for general community staff to access advice and information on dementia, although commissioners are keen to address this issue. A Resource Allocation System exists and an Individual Budgets scheme is in the early days of operation, but the numbers with dementia holding actual budgets is unknown. Most carers reported having little knowledge of the scheme and once explained, some expressed anxieties about the responsibilities associated with them.

Implementing the Carers' Strategy for people with dementia - commissioners reported a significant provision of Respite available through the Care Home providers and through the direct payment scheme. Some carers reported being unaware of the short-break and Respite opportunities, although others used the facility regularly. All carers agreed that there was uncertainty as to what support was available to them or what would happen in an emergency situation. Improved communications with carers may resolve the issue of significant vacancies in Care Homes raised by commissioners.

Improved quality of care for people with dementia in general hospitals - a Liaison Service exists in the acute hospital and commissioners are investing significant levels of resource in the service over the next few years to address the perceived issue of high numbers of people with dementia being admitted to hospital and improve the quality of their care. A named lead for dementia in the acute trust has been identified.

Living well with dementia in Care Homes – specialist dementia care advice is provided to staff of Care Homes through the Intensive Home Treatment Team. Commissioners pay a premium to Care Homes to improve the quality of care provided and there is a dedicated team to monitor quality through spot checks. Commissioners have also actively engaged with local planners to improve the provision of specialist developments from Care Home providers.

An informed and effective workforce for people with dementia/carer training and awareness – a number of courses on dementia are available for mainstream staff and carers to attend in Hull, with 210 staff and 24 carers attending since April 2009. Although numbers are increasing in context of those involved in dementia care the training capacity and numbers are low. Staff groups reported that minimal specialist dementia training opportunities were available to them.

A joint commissioning strategy for dementia – a draft joint commissioning strategy has been developed and incorporates the population changes predicted for the locality over the next 15 years. This strategy identifies significant investment for dementia of £2.5m and is the largest single planned investment for Hull over the next few years.

1 Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2 Review Methodology

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

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

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

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

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

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

3 Findings of the Review Team in the City of Hull 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 City of Hull locality in relation to Section 2: Quantitative Metrics are outlined in Table 1.

Table 1: Good quality early diagnosis and intervention for all	2009 Baseline
Number of patients currently registered with GPs as having dementia	848
Registered patients as percentage estimated total population with dementia aged 65 years and over	33%
New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	148
Apr 2009 – Review visit	105
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)	3 – 12 weeks (more usually 4 weeks)
Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	3 – 12 weeks (more usually 4 weeks)

In City of Hull it is estimated that around 33% 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 equal to the national rate of 33%.

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

- A specialist assessment and triage service is provided with a single access point. Referrals are accepted by anyone and self-referrals are also accepted. Staff groups suggested that this approach works well with quick response times, although it was also suggested that further staff training was still required to help improve the detection of the symptoms of dementia.

- The memory assessment service being provided in the locality is for the early recognition of older people with memory problems, i.e. suspected dementia or mild cognitive impairment, and their families, by GP's and Primary Care Practitioners. This is done by extending the relatively simple method of pattern recognition of suspected dementia by the GP.

- Voluntary sector pathways are well established in the locality and a generic counselling facility is available for people accessing the memory service.

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 City of Hull locality in relation to Section 2: Quantitative Metrics are outlined in the Table 2.

Table 2: Improved community personal support services	**2009 Baseline**
How many hours of specialist Home Care for people with dementia are currently offered per year?	55,068 - (sample of 1 week – 1059 x 52)- From local commissioner of home care based on total hours per week for clients with a primary or secondary category of 'Dementia'. This is under-recorded.
Number of people with dementia currently in receipt of individual budgets?	0 - However 6 are in receipt of a direct payment although not through an individual budget.

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

- A specialist Home Care service is currently being developed and the development includes a significant amount of training in dementia for the local authority Home Care staff.
- No pathway currently exists for general community staff to access advice and information from specialist services for people with dementia. Commissioners are keen to address this issue.
- A Resource Allocation System exists in the locality and an Individual Budgets scheme is currently in operation, although the number of people with dementia who hold actual budgets is unknown.
- Further information and education is required to enlighten carers as to the benefits of the Individual Budgets scheme, as presently carers reported having

little knowledge of the scheme and once explained, expressed anxieties about the responsibilities associated with them.

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 City of Hull locality in relation to Section 2: Quantitative Metrics are outlined in the Table 3.

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

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

- Commissioners reported that a significant provision of Respite was available in the locality through the Care Home providers and through the direct payment scheme. It was however acknowledged that further development of these facilities might be required.

- Some carers reported that they were unaware of the short-break and Respite opportunities that were available in the locality, while one reported they used the facility regularly. All carers agreed that there was uncertainty as to what support was available and as to what their entitlement was, or as to what would happen in an emergency situation.

- Improved communications between carers and commissioners on the availability of the Respite provision would benefit the carers and may resolve the issue of significant vacancies in Care Homes.

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 City of Hull locality (Section 4 of proforma) –

- A Liaison Service exists in the acute hospital and commissioners are investing significant levels of resource in the service over the next few years to address the perceived issue of high numbers of people with dementia being admitted to hospital and improve the quality of their care. A 72-hour assessment ward is being introduced to provide focus to the care provision.

- A named lead for dementia in the acute trust has been identified.

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 City of Hull locality in relation to Section 2: Quantitative Metrics are outlined in the Table 4.

Table 4: Living well with dementia in Care Homes	**2009 Baseline**	
Number of registered beds in residential and nursing care in your community for dementia	Information not available.	
If possible, indicate what percentage this is of the total provision of residential and nursing care beds	Information not available.	
Number of Care Homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
4* - Excellent rating	14	25%
3* - Good rating	30	54%
2* - Average rating	12	21%
1* - Poor rating	0	0%

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

- Specialist advice in terms of dementia care is provided to staff of Care Homes through the Intensive Home Treatment Team.
- A premium is paid to Care Homes in Hull to improve the quality of care and the local authority has a dedicated team to monitor quality through spot checks.
- Commissioners have actively engaged with local planners in the planning applications process for specialist developments from Care Home providers.

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 City of Hull locality in relation to Section 2: Quantitative Metrics are outlined in the Table 5.

Table 5: An informed and effective workforce for people with dementia/carer training and awareness	**2009 Baseline**
Number of dementia awareness courses available for mainstream staff per year	1 traditional course in dementia awareness. E-Learning programme in dementia awareness. NCFE L2 Certificate in dementia awareness. 1 x Dementia and sight loss. 2 x Dementia and challenging behaviour. 2 x Diet and dementia.
Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	92
Apr 2009 – Review visit	210
Number of dementia awareness courses available for Carers per year	4 per year
Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	32
Apr 2009 – Review visit	24

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

- A number of courses are available for mainstream staff and carers to attend in Hull, with 210 staff and 24 carers attending since April 2009. The numbers so far this year for staff shows an increase of 150% and for carers two-thirds of the total of 08/09 have already attended courses so far this year (by November 2009). However in context of the numbers of staff involved with dementia care and the numbers caring, the training capacity and numbers are low.

- Staff groups across the locality reported that there appeared to be minimal specialist dementia training available to them.

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 City of Hull locality (Section 4 of proforma) -

- A draft joint commissioning strategy for the locality has been developed based on a needs assessment exercise undertaken recently and incorporates population changes predicted for the locality over the next 15 years.

- This strategy identifies significant investment for dementia of £2.5m, in addition to the hospital Mental Health Service and the Intensive Home Care Treatment Service and is the largest single planned investment for Hull over the next few years.

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 the City of Hull?

- The Young Peoples Memory Service is good but short staffed.
- The local Alzheimer's Society – helps develop good friendships with others and offers support where necessary.
- Bethume Day Centre – daily diary excellent and carers well informed

Improvements required from your experience with dementia in the City of Hull?

- The initial diagnosis process needs to be made quicker to minimise distress of individuals and carers and to provide rapid access to support services.
- More carer assessments so carers can feel as if they are being supported and have access to appropriate information.
- Greater provision of information is required and the documentation of care pathways with telephone numbers and useful information required for each stage of the process. This document should include the availability of Telecare and home help products, availability of and eligibility for short breaks and Respite facilities in Hull etc.
- More support services are needed for younger people with dementia in the locality.
- Increased awareness of dementia for staff on hospital wards to improve the quality of care provided. Hospital staff need to better understand the needs of people with dementia.
- Better emergency Respite planning i.e. pre-arranged contingency plans for cover for carers in case of an emergency.

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 City of Hull Locality

- Patient Passport developed for Learning Disability users, it is hoped this will be rolled out over the whole of Primary Care in the future. The passport is an A4 leaflet giving a range of information needed by the service user.
- There are plans to develop a Telecare project to support people with dementia in their own homes.
- There are also plans to develop a Centre of Excellence for people with dementia providing funding is secured from the Department of Health.
- Good staff commitment, effective clinic system and care model.

Immediate Priorities and Areas for Improvement

- Liaison Service across the acute trust and the 72-hour assessment medical ward for the elderly.
- Intensive Home Care Model: this is something that can be built upon and examples of good practice currently exist. Improving access generally and making it as simple as possible by using SPA, triage and signposting.
- Working with Care Home providers to develop dementia mapping to help them to identify people developing dementia and to better manage the needs of people with dementia.

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, Hull considered themselves a 9.8. Positive areas include clinical champions e.g. memory clinic, care clusters being developed which are to be adapted nationally.

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

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

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

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

Appendix 1:

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

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

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

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

How this can be delivered

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

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

Commissioners –

- Yes we have a single point of access, one phone number and one email address. This is a single point of access for any age - anybody can refer (opened up to self referrals in October) and can access Mental Health Service through this point. We are looking at ways to develop this process further, with work still ongoing.
- This point of access provides specialist assessment and triage. Referrals are assessed within seven days and then moved on to the right treatment pathway. This prevents people from being sent to the wrong service by GPs.

Staff Group 1 –

- Yes it does exist, although more work/training is required to ensure that people exhibiting symptoms of dementia are being picked up. I would not be confident that people had much level of knowledge.

Staff Group 2 –

- A protocol and single point of access exists. A member of the Intensive Home Treatment Team (IHTT) works with the team on a daily triage of referral basis.
- The system works very well with their response time being quick and the person usually being seen the next day.

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-
- Yes to the Specialist Mental Health Service Teams.

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 –
- Yes to the Specialist Mental Health Service Teams.

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 –
- Early Memory Services - Early recognition of older people with memory problems i.e. suspected dementia or mild cognitive impairment and their families, by GP's and Primary Care Practitioners. This will be done by extending the relatively simple method of pattern recognition of suspected dementia by the GP.
- To provide early assessment and timely treatment for older people and their families in order to prevent patient and family distress and disability in the future.
- We will be able to assess and treat 200 new cases of older people with suspected dementia and their families/carers with the following methods:
- Assessment will:
    - Review patient cognition, personal preferences, family/social circumstances and medical status of both person and family [the latter to be provided by the referring GP]
    - Will start within 7 working days from receipt of GP / Primary Care Practitioner referral, which will need the necessary medical and physical information on patient and carer from the GP or Primary Care Practitioner [the latter may be accessed from GPs who fail to provide by the Administrator.
    - Will usually be conducted at the out-patient Hull Memory Clinic/Centre where both patient and family will attend. In rare instances the staff will offer an in-home assessment for patients or families who are too frail to attend.
- Timely Treatments at **Step 1** [i.e. Early Intervention level] to commence within 14 working days to include:
    - Patient and family awareness, understanding of memory problems in ageing, understanding the meaning of diagnosis and prognosis and information on methods of preventing disability and promoting healthy and well being in early dementia.
    - Cognitive rehabilitation and stimulation involving both patient and family to maximise patient strength and resources.
    - Purposeful Personal and Social activity to promote mental health well-being.
    - Physical activity plans to promote mental health and well-being.
    - Family 'Carer' education on methods of preventing disability and promoting health and well-being for their relative Mild Cognitive Impairment or Early Dementia.
    - Early referral for anti-dementia drug treatment.
- Timely referral to Step 2 and 3 psychosocial interventions (PSI-dementia) and pharmacological treatment where they exist within current old age mental services in Hull.

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 –

- Yes.

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

Commissioners –

- Yes but via single point of access to generic counselling only**.**

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 –

- Not as yet as this is being developed. A lot of time has been invested in providing training by the local authority for Home Care staff generally. There is a good record of uptake for training from Home Care providers but there is always room for improvement. The training requirement is not a specific part of the current contract, although this is subject to review. As we have regular meetings with Home Care providers we can give them training.

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

Commissioners –

- We have a dedicated team that provides the reviewing and contract management for Home Care and a support team for the residential Care Homes. Spot checks are carried out together with CQC and there are regular reviews of performance.

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 -
- Not sure at present, it will be one of our top priorities to sort out. Not sure at present how it will be provided. Needs to be addressed

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.

Are people with dementia supported to use individual budgets?

Commissioners -
- Process started in August so it is "early days", so yes in principle but quite limited in numbers. There are approximately ten with Individual Budgets and unsure how many of these have dementia.

Carers –
- Yes there was an awareness/knowledge of individual budgets.
- One carer stated that in her opinion it made vulnerable people more vulnerable if they had personalised budgets. Did not think that people with dementia were able to "run their own business" i.e. deal with employment law and training etc. OK for younger people but older people would find it more difficult. There were also concerns expressed about hiring people who may not be suitably qualified.
- Two carers were not fully aware of individual budges but did know about direct payments.

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

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

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

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

Commissioners -
- There is a significant provision of Respite available through our Care Homes. Other methods such as direct payments to use in different ways i.e. going on holiday or care provision. This is an area that needs development.

Carers –
- Not had any knowledge of short breaks or respite services that can be used.
- Not sure what would happen in the case of an emergency.
- One person does have a carers break once every six weeks.
- There is a degree of uncertainty as to what support and services are available and what people are entitled to.

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

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

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

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

Commissioners –
- There is a Liaison Service in the acute hospital and a new consultant psychiatrist. We have the ambition to have a hospital based Mental Health & Learning Disabilities Liaison Service. This is one of our development priorities in hospitals as we feel there is a need for a specialist service to support people in hospital, a lot of whom will be people with dementia. Significant levels of resources available over the next two years to develop this service.

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 –
- Yes, Mike Wright is the dementia lead for the acute trust. Mike is the Director of Nursing and chairs the Mental Health and Learning Disability Programme Board. They have some dedicated staff to develop the Mental Health and Learning Disabilities Strategy.
- The acute trust has just introduced a 72-hour assessment ward that will impact on the quality of care provided.

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

Commissioners –
- No information available.

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 –

- Yes we do pay a premium and a dedicated team of two people carry out spot checks and monitors them. Alongside this there is the review team.
- Yes we do use homes with a low rating, but there is support in place for staff to move people to other Care Homes. Two staff work with these service areas and dedicate time, effort and training for these particular Care Homes. We do have a number of our Care Homes that have significant vacancies and there are concerns about the quality and level of care in these homes.
- Part of our extra care strategy is to talk to the homes and discuss what different models of care they can deliver i.e. extra care. The issues in Hull are the commissioning of specialist developments. We now have good engagement with the Planning Department to work with them to look closely at planning applications.

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 –

- Yes specialist advice in terms of dementia is provided through the Intensive Home Treatment Team. Part of their work is enabling people to stay in residential care.

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 -
- Yes, eight courses available for mainstream staff: 2008/09 - 92 staff attended. 09/to-date 210 staff attended.
- Carers 4 courses per year 2008/9 8, 2009/to-date 24.

Staff Group 2 –
- Minimal training on dementia care.
- Training for carers via Alzheimer's Society.

Staff Group 3 –
- Do not have mandatory course for 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 -

- The draft Joint Commissioning Strategy is based on the needs assessment work carried out. Despite the pressure on us to redraft our plans in line with the current financial constraints, investment in dementia is still our biggest single planned investment over the next few years. £2.5m in terms of new development and this does not take into account the hospital Mental Health Service and the Intensive Home Care Treatment Service.

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 –

- No, not yet. We have based our plans on a 15-year projection in terms of the changing population.

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

Commissioners –

- No information available.

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

Commissioners –

- We have an ambitious development plan and we are aware of the workforce issues and the demographics.

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 -

- We held an NDS stakeholder event in June and approximately 240 people, staff, users and carers attended and it was a good day, the Alzheimer's Society and local services provided speakers. The attendees considered the top priority for them was the number of people in Care Homes and the lowest was improved information. Despite this, 40% said they did not know where to go for quality information, so we have some work to do to develop this.
- In the same week the local paper contacted us about a dementia awareness campaign
- We have met with PCT marketing team and are focussing down on the list of priorities arising from the stakeholder day to build the campaign around them. We are also working with Public Health and looking at going out into Hull and raising awareness in other ways as well e.g. arts and reading groups.
- In terms of awareness this is the core part of our awareness raising and we feel that the message has to be simple and to be reinforced. We will be building on this with our public event and use this information to steer the investment planning.
- The largest ethnic community in Hull is the Chinese, we are talking to the Chinese elders about our plans but work is at an early stage.

Staff Group 1 –

- I have had to stop some of the public awareness this year. We had some road shows and a TV campaign that resulted in lots of calls to the service for information. Due to the high volume of calls, this became too stressful for the admin staff so we asked them to cut down on the number of calls. The best way to raise awareness is to do talks and demonstrations and get people in to talk to others. We have made some videos. Training and awareness was well evaluated.

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 –

- Good quality as was indicated from the stakeholder process.

Staff Group 1-

- Once diagnosis is confirmed the Alzheimer's Society have a set of information relating to diagnosis so they are signposted to them. We provide them with care planning. As well as having standard information of good quality information they have an individualised pack of information. We tend not to hand out standard pack. Information is provided on a tailored basis that means it is more person-centred.
- Issues still exist as to what information needs to be given, how the information is given and the timing that the information is given to recipients. Such topics as benefit eligibility, council tax advice and legal issues as Powers of Attorney and Living Wills.

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 –

- We have a very active Carers Centre jointly commissioned by the local authority and primary care trust. We are currently doing a piece of work through "Caring with Confidence" which includes dementia. Peer support to carers on how they can claim benefits, as take up has not been great. We are trying to involve as many people as possible by targeting specific groups, one of which is carers for people with dementia and we have a marketing company looking to see why people do not take it up.

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 –

- Engagement with carers is an area where we should be doing more work. There is a Joint Carers Strategy that is out for consultation at the moment. One of the positive things is that as we roll out the awareness campaign people will know where to point people. We are pro-actively trying to target services. Now we have the joint Strategy we are recruiting for some carer's support workers, these new posts sit within the Local Authority but we are talking together about how we jointly use them. One of the main objectives is to find the "hidden" carers, the ones not known to the services and who therefore do not receive any support.
- Younger Carers is an issue being considered as part of the Carers Strategy.
- There are also issues around people with Learning Disability and their parents who get dementia – people who have different needs and want to stay together.

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 –
- Not good, this is one of the things that came out of the stakeholder event in June. It is about trying to move forward. The 72-hour ward has been a way to get more people motivated to look after people. Intermediate Care Service is a joint initiative between health and social care located within one of the residential homes.

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 -
- Telecare: Developed quite a responsive support service that works through the Home Care and provides an Out of Hours Support service. We are looking at integrated service for Telecare and Telehealth service.
- Telehealth is currently mainly around people with heart conditions. Uptake of Telecare has been good where people are interested. Home Care service is moving it on as there is sufficient interest now within Mental Health Teams. Good in parts but work to do.

Looking at working with universities – there is now a lecturer who lectures on Telecare and Telehealth and this increases the awareness of professionals.

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 –

- Yes there is a draft "end of life" strategy at the moment. The result of this strategy will be rolled out across the system. At the moment some "end of life" care comes from the Intensive Home Care Treatment Service i.e. no dedicated service.

Safeguarding

Please describe your local definition/reporting threshold for Safeguarding?

Commissioners –

- Safeguarding process in this area is going through a change. Used to cover Hull and East Riding but now there are two separate processes.
- Process of investigations: At the moment a dedicated team is being set up. Just recruiting staff to go back and look at the information systems that currently exist to make sure the systems are in place. We hope to improve upon this. The learning feeds back into the workforce development and training.

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 –

- Yes. Dignity and Care champions. We have a growing number of champions and we are looking to promote this agenda.

Appendix 3:

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

What are the top areas of local practice?
Commissioners -

- In terms of work in progress we have the Patient Passport developed for Learning Disability users and it is hoped this will be rolled out over the whole of Primary Care in the future. The passport is an A4 leaflet giving a range of information needed by the service user.
- We are in the process of developing good innovative practice in the way we are using dedicated technology to support carers and users at home. We have some additional funding to use to help people with dementia maintain themselves to continue to live independently. This is an area we are developing and focusing on. Joint Mental Health and Learning Disability Strategy has generated some excellent work. The draft is still out for consultation and will be going to the Board next week. This is work in progress but it gives a sense of the direction of travel.
- We are also looking to try and address some of the housing needs for people with dementia. We are currently in the process of developing a bid to the DoH for a PFI programme for a Centre of Excellence for people with dementia. The bid is important as it shows how we are dealing with the broader issues of people with dementia and includes extra care.

Staff Group 2 –

- Staff commitment and enthusiasm to dementia care.
- Memory Clinic system is good but they don't see enough people.
- 5 Stepped care model

What are the immediate top areas of Development?
Commissioners -

- Building on the work that was mentioned, through World Class Commissioning, we are seeing investment in A & E Liaison Service and Older Peoples Services that over time will reflect some of the services that have been available for people of working age. Recognising how many people are in hospital with dementia because there are no sufficient systems to deal with them.
- We are involved in training with staff from the Acute Trust, introducing easy tools that they can use to identify people with dementia. Intensive Home Care Model: this is something we can build upon and we already have some good practice. Improving access generally and making it as simple as possible by using SPA, triage and signposting.
- Health and Social Care are focussing on the needs of carers. This is an area we recognise needs development and we are investing in this. We are working with Care Home providers to develop dementia mapping to help them to identify people developing dementia and to prevent people being moved between care homes. It is important from our point of view that people who need residential care continue to get that support and that care homes can better manage the needs of people with dementia through the training and development programme.
- Acute Liaison: The Strategy will help develop this programme. There are lots of things we should be doing for people with dementia. We are working with colleagues in the

Acute Trust who have introduced an initiative in the form of the 72-hour assessment medical ward for the elderly to address the negative impact of people having long stays in hospital. We are currently talking with liaison and specialist mental health staff – about the possibility of putting long-term conditions staff in the ward. This initiative means that if people have to go into acute care they are dealt with quickly and results in speedier discharge. This also links to the expanded Re-enablement Service.

What do you think you could do better locally

- Quality of Primary Care is not currently where we intend it to be in the future. Fifty percent of GPs are below average by definition and this plays out in support for carers. We have just commissioned and secured five new GP practices in the city, expanding the primary care that we have and introducing an element of competition between practices. We expect to see some patient migration to these new practices and we have good staff measures in place to improve this.
- One challenge for the future is that some of our information recording systems and databases are not efficient. We want to make it possible that anyone who has early signs of dementia is detected and reported/recorded by staff. Current software system does not help this process.
- Acute Trust: Information is an issue for the Acute Trust. We need to be more sophisticated about our collection of data. Partnership working is excellent. Need to ensure the motivation is there.
- How we roll out our personalised budgets programme for people with dementia and their carers. We have some people who are receiving direct payments. We are working to develop personal budgets and make sure we have the advice and support service in place to support them. Staff are more accepting of this now, this is a big exercise for us in terms of "shifting the culture" and some staff are struggling with the concept.
- Looking to develop a better focus and responsiveness for people with early onset dementia - better approaches and ways of managing this group.
- People with Learning Disability and Dementia: This is an area that needs to be addressed in our joint commissioning as Learning Disability users have a high risk of developing dementia.

Staff Group 2 –

- Low numbers in memory clinics.
- Where people go with complex needs/bed blocking – not enough places for those people
- Need more specialist homes – people currently going out of area.
- Relationships with health and social care - care management is poor.
- Psychology input poor.

Staff Group 3 –

- Would like to see a speedier approach in relation to getting a diagnosis. Getting the support in place that is needed
- Formal assessments after diagnosis are also difficult and have taken up to four months.

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, Hull considered themselves a 9.8.
- Positive areas include clinical champions e.g. memory clinic, care clusters being developed which are to be adapted nationally.

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 City of Hull Locality

Objectives	Metrics	Position
Objective 2: Good quality early diagnosis and intervention for all	Number of patients currently registered with GPs as having dementia	848
	Registered patients as percentage estimated total population with dementia aged 65 years and over	33%
	New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	148
	Apr 2009 – Review visit	105
	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)	3 – 12 weeks (more usually 4 weeks)
	Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	3 – 12 weeks (more usually 4 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	Information not available.
	Apr 2009 – Review visit	Information not available.
	Total number of individuals currently using peer support and learning networks	Information not available.
Data sourced from the City of Hull Metrics Framework submitted to the Review Team prior to visit on 24th November 2009		

Table 6: Baseline Position Against the National Dementia Strategy for the City of Hull 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?	55,068 - (sample of 1 week – 1059 x 52)- From local commissioner of home care based on total hours per week for clients with a primary or secondary category of 'Dementia'. This is under-recorded.	
	Number of people with dementia currently in receipt of individual budgets	0 - However 6 are in receipt of a direct payment although not through an individual budget.	
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	74 We only have 40 units extra care. Sheltered housing does not yet have specific records relating to disability of tenants. Data based on current, community based service agreements rather than during the period agreements. Includes clients either a primary or secondary 'dementia' category or a temporary EMI placement. These services and the Telecare services are not yet recorded on Social Care Database, linked with disability of service user.	
	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 If possible, indicate what percentage this is of the total provision of residential and nursing care beds	There is now no requirement to register for the provision of dementia/EMI. Providers can accept people with dementia as long as they demonstrate that the needs can be met. However Hull has a block contract for dementia with challenging behaviour.	
	Number of Care Homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
	4* - Excellent rating	14	25%
	3* - Good rating	30	54%
	2* - Average rating	12	21%
	1* - Poor rating	0	0%

Data sourced from the City of Hull Metrics Framework submitted to the Review Team prior to visit on 24th November 2009

Table 6: Baseline Position Against the National Dementia Strategy for the City of Hull 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	1 traditional course in dementia awareness. E-Learning programme in dementia awareness. NCFE L2 Certificate in dementia awareness. 1 x Dementia and sight loss. 2 x Dementia and challenging behaviour. 2 x Diet and dementia.
	Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	92
	Apr 2009 – Review visit	210
	Number of dementia awareness courses available for Carers per year	4 per year
	Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	32
	Apr 2009 – Review visit	24
Safeguarding	Number of people over 65 referred to Adult Safeguarding processes Apr 2008 – Mar 2009	424
	Apr 2009 – Review visit	285
	Number of people with dementia referred to Adult Safeguarding processes Apr 2008 – Mar 2009	131
	Apr 2009 – Review visit	89
Data sourced from the City of Hull Metrics Framework submitted to the Review Team prior to visit on 24th November 2009		

Appendix 5:

Structure of the Data Collection Proforma used in The Review Process

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

Section 1: Local Service Description

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

Section 2: Quantitative Metrics

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

Section 3: Strategic Issues

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

Section 4: Descriptive Evidence

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

Children and families
Offender Health
Mental Health
Social Care