

Yorkshire & Humber Improvement Partnership Regional Review of Dementia Kirklees 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 findings for the Kirklees locality, particularly focussing in on the seven priority objectives of the Implementation Plan.

Good quality early diagnosis and intervention for all – currently 43% of people with dementia in the Kirklees locality has a clinical diagnosis of dementia and are registered with their GPs. A protocol for health and social care staff is currently in operation that enables referrals through to the Adult Services via various Gateway points. Commissioners are working towards developing a single point of access for Memory Assessment Services, but currently two different service configurations exist across Kirklees, including a consultant led diagnostic clinic and community team operated clinic. The Memory Clinics utilise a number of standards tool during their assessment process and the Alzheimer’s Society is commissioned to provide input into the memory assessment process at the point of diagnosis.

Improved community personal support services – the specialist Home Care service for people with dementia in Kirklees is part of the mainstream service provided across the locality. Dementia training is provided to staff groups from the local authority in-house operated service, while independent providers are being paid to provide dementia training to their staff groups. The training is supplemented by the provision of information and advice from the specialist services to community staff. A Resource Allocation System is due to be launched in 2010 and currently no Individual Budget Scheme is in operation.

Implementing the Carers’ Strategy for people with dementia – the Crossroads Service provides weekly breaks for up to 4 hours, while the Alzheimer’s Society provides a variety of breaks, groups and drop-in breaks in both the north and south of the locality. A number of other services are also provided by a variety of providers including the Carer’s Emergency Support Service.

Improved quality of care for people with dementia in general hospitals - a Liaison Service provides education, advice and support to the general hospitals staff on mental health issues, as well as providing assessments for older people who have complex needs. Around 30 Dementia Champions have been trained in the general hospital and there are designated leads in the general hospitals for dementia.

Living well with dementia in Care Homes – a Care Home Liaison Service exists for dementia support in the locality. The local authority provides incentives to place people with dementia in Care Home and there is a scheme for establishments to become registered as a specialist dementia home.

An informed and effective workforce for people with dementia/carer training and awareness – no integrated plan for dementia training is available in the locality, although all partners have their own individual plans linked to the broader workforce development issues, including a number of training courses for staff in the Care Home and Home Care services. The Alzheimer’s Society also provide a significant amount of carer training. In the general hospital a number staff from non-clinical teams have been trained as Dementia Champions.

A joint commissioning strategy for dementia – the commissioner priorities in Kirklees include improvements to the suitability of accommodation for older people in particular their mental health needs. The local authority and PCT have also recently signed up to joint working to improve efficiencies in commissioning for services across the health and social care sectors.

1 Introduction

The National Dementia Strategy¹ 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 seven³ 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 Kirklees 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.

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 stakeholders⁵ -

- 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 Kirklees 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 Kirklees locality in relation to Section 2: Quantitative Metrics are outlined in Table 1.

Table 1: Good quality early diagnosis and intervention for all	2009 Baseline
Number of patients currently registered with GPs as having dementia	1,790
Registered patients as percentage estimated total population with dementia aged 65 years and over	43%
New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	661
Apr 2009 – Review visit	320
Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	10 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)	Information not available.
Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	Information not available.

In Kirklees it is estimated that around 43% of the population with dementia have a diagnosis and are registered with their GPs. The proportion in the locality is higher than the regional rate of 39% and ten-percentage points higher than the national rate of 33%.

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

- A protocol for health and social care staff is currently in operation that enables referrals through to the Adult Services via various Gateway points.
- Commissioners are working towards developing a single point of access for Memory Assessment Services, but currently two different service configurations exist across Kirklees. In the north of Kirklees the Memory Assessment Service is operated with a consultant led diagnostic clinic, while in the south the Community Mental Health Team (CMHT) operate the facility. An extensive number of standard assessment tools are available for use by the Memory Service.
- The Alzheimer’s Society is commissioned to provide input into the Memory Assessment process at the point of diagnosis, through their “Changes” carer education programme etc, while a counselling facility can also be provided if necessary.

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 Kirklees 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?	During 2008-09 approximately 51,000 hours of homecare were provided to service users with dementia.
Number of people with dementia currently in receipt of Individual Budgets?	No-one with dementia currently receives an Individual Budget.

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

- There is no specialist Home Care service for people with dementia in Kirklees as it is the view of the commissioners that the service would be best suited as part of the mainstream service.
- Dementia training is provided to staff groups in the local authority operated Home Care services, while independent providers are being paid to provide dementia training to their staff groups.
- Information and advice is available for community staff from a number of specialist services such as the Memory Clinic, the Alzheimer’s Society and Community Mental Health Teams. Clear Pathways and referral routes are available and accessible either through our Gateway Services or Health Primary Care.

- The Resource Allocation System is due to be launched in 2010 and currently an Individual Budget Scheme is not operational in the locality, but it is anticipated that when it does operate, it will be along similar lines as the Direct Payment Scheme.

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 Kirklees 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		970
	Apr 2009 – Review visit	Calculated annually – proxy indication 611
Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009		91 service users with dementia received short breaks. 656 carers (of service users with dementia) received a short break service during the same period - this figure includes every service that could be construed as a short break and cannot be broken down.
	Apr 2009 – Review visit	Crossroads – 49, Alzheimer's Society – 166, In-house day care (Knowl Park House, The Homestead and The Grange) – approx 150 Note – This will include an amount of double counting as carers may access a range of the above services.

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

- The Crossroads Service provides weekly breaks for up to 4 hours, while the Alzheimer's Society provides a variety of breaks, groups and drop-in breaks in both the north and south of the locality.

- A number of other services are also provided by a variety of providers including the Carer's Emergency Support Service.

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 Kirklees locality (Section 4 of proforma) –

- A Liaison Service exists that provides a number of functions including education, advice and support to staff of the general hospitals in relation to mental health issues, as well as providing assessments for older people who have complex needs. The team also act as a link between the CMHT and the acute trust.
- Around 30 Dementia Champions have been trained in the general hospital.
- Named dementia leads have been identified in the general hospitals.

Objective 11: Living well with dementia in Care Homes.

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

The baseline data submitted to the Review Team for the Kirklees 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	665 in specialist homes/units	
If possible, indicate what percentage this is of the total provision of residential and nursing care beds	25%	
Number of care homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
3* rating	1	6%
2* rating	13	72%
1* rating	3	17%
0* rating	0	0%
Not rated*	1 (new home)	6%

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

- A Care Home Liaison Service provides dementia support to the homes locality.
- The local authority provides an additional payment for service users to be placed within specialist Dementia homes and a scheme exists for establishments to become a specialist registered dementia home. The Adult Services have provided additional support to the homes applying to join the scheme.
- There are systems in place to monitor the quality of care in all Care Homes and procedures exist to deal with those failing the minimum standards.

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 Kirklees 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	12 Awareness Courses per year. Targeted more in- depth courses for specialist staff. 18 Advanced Programmes in 2008-09. 5 to date in 2009-10 Dementia care Mappers- 60+ in SWYPFT. Primary Care and Acute Trust unknown at this stage
Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	179
Apr 2009 – Review visit	140
Number of dementia awareness courses available for Carers per year	Carers- 'Changes' a 6-week rolling programme delivered by SWYPFT to carers following diagnosis. Number of courses delivered not available None at present, delivered by LA this is an area we will be developing to address the current deficit.
Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	Information not available.
Apr 2009 – Review visit	Information not available.

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

- There is no integrated plan for dementia training in the locality, although all partners have their own individual plans linked to the broader workforce development issues.
- A number of dementia related training courses have been provided to staff of Care Home and Home Care services in the locality.

- The Memory Clinic team have recently provided a workshop on dementia mapping and the general hospital staff groups have found this useful. An evaluation of the training is being undertaken. The Memory Clinic also provides a carer education programme in both the north and the south of the locality.
- A number of individuals in the general hospital have also received training and are designated Dementia Champions. Staff groups involved also include non-clinical groups such as porters and catering staff.

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 Kirklees locality (Section 4 of proforma) -

- The commissioner priorities in Kirklees include improvements to the suitability of accommodation for older people in particular their mental health needs. The aspiration is to ensure that new Care Homes and other accommodation is built with a relevant design specification, rather than having to adapt the building at a later date. Partnerships have been formed with the departments within the local authority responsible for housing and planning.
- The local authority and PCT have recently signed up to joint working to improve efficiencies in commissioning for services across the Health and Social Care sectors.

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 Kirklees?

- Carers were very positive about experiences of Claremont and spoke very highly about the manager and the staff. A lot of references to it being like “a family environment”.
- Continuity of staffing in Claremont was cited as being important both to the residents and to the carers.
- Former carers also cited good experiences of “end of life” care that their husbands had received which had “helped a lot”.
- A carer from the Daisy Room centre also spoke highly of the centre at Nabcroft stating that the “staff were excellent” and “the specialist doctor could be contacted any time”. The carer also stated that he had experienced the ‘Changes’ carer education course and found it useful. Documentation and information helpful and he gets additional information as he goes along. However it was added “that the carers group is taking up a lot of time”.
- Carers also stated that they felt there was an improving awareness amongst GPs of dementia.

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

- Carers felt that the continuity of care provided by Claremont wasn't repeated across social services.
- Carers also reported that there had been some issues around accessing equipment i.e. wheelchairs at the home. Identified issues around North and South Kirklees in respect of transport and equity of service.
- It was also felt by carers that extra staff were needed at the home to meet increased needs.

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 Kirklees Locality

- Focus on team partnership. Enthusiasm and willingness of everyone continue to work in terms of delivering on the National Dementia Strategy.
- Workforce – quality of the training and forward-looking approach in terms of the development of workforce across the whole system.
- The focus for commissioners has been the provision of personalised services for people with dementia. Evidence gathered through the joint needs assessment process has assisted these developments, enabling decisions to be made on what plans to take forward.

Immediate Priorities and Areas for Improvement

- Improvements to Intermediate Care.
- Identify savings from other contracts to release the funding to develop gaps in services e.g. to recruit the Admiral Nurses.
- Improve training for GPs in terms of recognising dementia symptoms.
- Development of a re-enablement team.

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

- Considered to be 8 on the scale of 1 – 10 in terms of preparedness.

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 Kirklees 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-

- Health and social care protocol is in place. This now requires refreshing and re-launching and has been identified as a priority action within the Kirklees dementia Strategy Action Plan.
- Currently people are able to refer through Adult Services various Gateway points. We also have a team of staff (CSW) who take referrals from other professionals where people have dementia. This team is available to offer help and support to people with dementia as well as offering more detailed assessment to help inform care planning.

Staff Group 1 –

- All referrals to single point of access – Assessed where referral needs to go to RMN 5, 6, 7 who do screening visits – straight into services.
- Referrals taken from anyone, Primary, Social Care, SWYMH, and Day Services to create Assertive Outreach – no self-referral or voluntary sector (would go back to GP). Referral options – Memory Clinic/CMHT.

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 – there are separate Single Points of Access for North and South Kirklees.

Staff Group 1 –

- SPA only in South Kirklees to Memory Clinic.
- SPA in North Kirklees through the CMHT.

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 as above.

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 –

- N. Kirklees – Consultant-led diagnostic clinic.
- South Kirklees – community-based service, with diagnostic clinics.
- A small service for younger people with dementia is also provided across Kirklees.
- The following assessment tools are utilised in the locality - Health and Social Care Assessment; MMSE; Bristol's Activity of Daily Living; SARN (Summary Assessment of Risk and Need); Sainsbury Risk Assessment; HAD scale; GDS; BeHave AD; Multidisciplinary Risk Assessment

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 –

- Alzheimer's Society is commissioned to provide a service at point of diagnosis in the memory service. They provide support services, peer support, carers groups and one to one support.
- Peer support, self-care management and education are provided via the 'Changes' Carers education programme, Expert Patients Programme and Looking after Me course. We are currently exploring how EPP and LAM can be made dementia specific and link more closely with the Changes programme to support people newly diagnosed understand, manage the condition and make life choices.

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

Commissioners –

- Counselling can be provided through the new IAP (Improved Access to Psychological therapies) if appropriate.

**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 –

- There is no specialist Home Care service in the area. The staff groups of the general local authority service have received training on dementia care. It is felt that the numbers of people likely to have a dementia mean that the whole service should be trained in dementia care, this way users of Home Care services do not need to change service providers if they develop the condition. There has been experience of a specialist dementia service before, but it was deemed too complicated to work out.
- We are paying for some of the independent Home Care staff to have training in dementia and some the smaller providers tend to offer a more specialist service generally and train their staff accordingly.

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

Commissioners –

- We monitor all providers 6 monthly that includes feedback from users via home visits and usually also involves consulting carers for people with dementia. Feedback is also sought from brokers, social workers and the performance unit, and all forms part of any improvement plan issued.
- A clear process is in place for setting improvement plans with timescales. Assistance and advice is also given and providers are supplied with information about other professionals who can assist, e.g. movement and handling advisors. Providers are also advised about sourcing training, some of which is provided by the Council. Plans are in place for dementia training for the independent sector.

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 -

- Information and advice is available from a number of specialist service for people with dementia, such as the Memory Clinic, the Alzheimer's Society and Community Mental Health Teams. Clear Pathways and referral routes are available and accessible either through our Gateway Services or Health Primary Care.
- We are currently recruiting Dementia Advisors and Admiral Nurses to enhance these services and support people to access services and information at the right time.

Staff Group 1 –

- By phone or people knowing whom to contact.

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, to be launched in 2010.

Are people with dementia supported to use individual budgets?

Commissioners -

- People with dementia will be supported to use individual budgets, once launched using the same systems as currently operate in our Direct Payment Scheme. Through the JSNA – down to CMHTs.

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?

Commissioners -

- Crossroads provides weekly breaks of up to 4 hours (or enhanced service in special circumstances)
- Alzheimer's Society provide in South Kirklees:
 - 6 x monthly carer support groups
 - 2 x monthly 'living with dementia' group
 - 1 x weekly, full day for person with dementia to give carer a break
 - Weekly 'drop ins'
 - Weekly – younger persons social group
- Alzheimer's Society provide in North Kirklees:
 - Weekly luncheon club for person with dementia and carer
 - Weekly social drop in Cleckheaton
- Commissioned Day care services provided by the local authority and independent sector.
- Residential/nursing Respite provided by local authority and private sector provision.

What other services are provided for carers?

- Alzheimer's Society provides:
 - Telephone support
 - Drop in support
 - Home visits
 - Carer Respite
 - General advice, benefits advice and form filling, telephone follow ups
- Carers Gateway (Local authority).
- Carers Support Officers.
- Information, advice and signposting.
- "Looking after Me" course.
- Various social activities and training.
- Carers Personal Budgets to buy additional breaks, practical help etc.
- Carers Emergency Support Service/emergency card.

- Carers Advocacy.
- Range of locality support groups (Community Liaison) e.g. St Andrews Support Group
- People with dementia also attend day care at Knowl Park House, The Grange and the Homestead, therefore giving the carer a break. They are also supported by Community Support Workers.
- Changes Programme – a 6 week rolling programme supporting carers to understand the condition provided by the Memory Clinic.
- An Admiral Nurses (newly commissioned) will be in place in early 2010.

**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 –

- Yes, the aims of the liaison service currently provided to Huddersfield Royal Infirmary and Calderdale Royal Hospital are:
 - To provide education, consultation and advice for the general hospital multi-disciplinary team, the person and their carer.
 - To encourage appropriate and timely access to specialist mental health services when required.
 - To provide advice and support to general hospital staff regarding improved standards of care and clinical practice in key areas to individual people with dementia, depression and delirium following agreed protocols of the primary care team.
 - To provide responsive and comprehensive mental health assessment for older people with complex needs in the general hospital settings at Huddersfield Royal Infirmary and Calderdale Royal Hospital.
 - To act as a link between the Community Mental Health Teams and the Acute Trust.
 - To work in partnership with the general hospital multi-disciplinary team in an advisory role to facilitate appropriate discharge planning where there is a mental health component.

- To work collaboratively with health care professionals in the general hospital setting (in an educational role) to meet the mental health needs of the older person and to promote person centred care.

Staff Group 2 –

- A liaison nurse works between the general hospital site and the wards. If a patient is admitted to the acute hospital liaison will take place with consultants on the general site with support from the ward. Trust works closely with people doing individual dementia care mapping to see if there is a more appropriate care plan for that person.
- Standard 4 projects produced around 30 champions in the hospital that link up quite well.

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 –

- Named lead for people with dementia in general hospitals.
- Anita Routledge for the Mid Yorks Health Trust
- Sharon Hall for Calderdale Health Trust
- Fostering joint working so that where it overlaps with LD they work together.

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

Commissioners –

- As above

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

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

How this can be delivered

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

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

Commissioners –

- The Council pay an additional £20 per person per week for service users placed within specialist Dementia homes.
- In addition a quality premium scheme is available on an optional basis for all specialist registered dementia homes. Participation enables the provider to receive an additional £10 per service user per week. Adult Services have provided support to the homes to assist them in meeting the criteria for joining the scheme. This support has included -
 - Reminiscence training including £500 to purchase reminiscence materials.
 - Specialist Dementia Care Foundation Training – 4 staff trained per care home.
 - Life History Work training – including contribution towards staff time to create the life history books for existing residents.
- Further consultation with the providers has shown that additional training is required in life history work and care planning. This training is being sourced.
- Contracts are monitored on risk assessment basis. All dementia homes are monitored due to the vulnerability of the client group. A robust system is in place for issuing instruction and default notices.
- The Council has a procedure for dealing with poor providers. An overview of the current procedure is given below:
 - Adult Services follow up any issues brought to our attention. This is done in a number of ways, considering a number of different sources of information.
 - On some occasions we will have dialogue with CQC Inspectors to question comments and issues raised within reports and this can place issues in context, i.e. outlining whether a score/rating was based on a single case record or a system failure etc.
 - All care services operating within the Kirklees area are required to utilise the local Safeguarding Policy and Procedures and these are followed through using multi-

agency approaches. Care Services are now required by CQC to complete a self-assessment of the quality of their services and to maintain QA systems to identify areas of poor performance with in their services.

- Individual service users have their care needs monitored using the assessment and care management services and these will pick up individual areas of concern.
- All care homes rated poor receive a follow up visit from the Local Authority Contracts Unit. The service monitors the outcome of CQC reports and identifies risk areas and areas for the investment of Good Practice.
- Support will be provided on the day of a contract monitoring visit in terms of:
 - Practical advice to improve systems, e.g. good practice in recruitment policies, auditing medication, care planning.
 - Signposting the provider to other professionals, e.g. moving and handling advisors.
 - Providing information on training available through the Council.
 - Promoting access to training materials through Skills for Care that is funded by the Council.

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.

**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?

Commissioners -

- Currently local partners have their own individual plans but we are working closely to align these and link to broader workforce development issues. We do however have a proactive workforce development plan for the independent sector care homes and domiciliary providers.

Availability of dementia related training programmes for practitioners for 2008/09 and uptake by sector.

Commissioners -

- All 4 Council-run residential homes and day services for older people have had the 4-day dementia foundation course, for which we won a regional training award at the National Training Awards in November 2008.
- We have a leadership and management programme for managers of independent sector dementia homes that began in March 2009 and ends in March 2010.
- We have provided a 4-day dementia foundation course, including dementia mapping tools, for key staff in 16 Independent sector dementia homes.
- As part of a pilot programme, the 4-day dementia foundation programme was delivered to a number of independent sector home care providers.
- We began a monthly open programme dementia awareness course in March 2009.
- We are currently extending our plans to provide all 750 independent sector home care staff and 400 in-house home care staff with dementia awareness training over the next 18 months, and dementia awareness for independent sector care homes. We are also developing a bespoke course for assessment staff.

What is the availability of dementia related training programme for carers in 2008/9 and uptake?

Commissioners -

- SWYPFT have been delivering a carer education programme. Initially set up in North Kirklees this has now been rolled out in South Kirklees to ensure equitable access. We are currently exploring opportunities to develop "Looking After Me" carer programmes, which are specifically dementia related. It is anticipated that these will provide follow on support from the Changes programme.

Staff Group 1 –

- Two trained, trainers trained by BDG for DCM Bradford Level – 1 just left.
- Workshop on dementia mapping - 65 trained staff across SWYMHT – 6 month post to review effectiveness of the training in particular looking how mapping training is being used and observing it being used.
- Also provide national and international training – 5-day course – re experiential – 94-98% evaluation. Open to Local Authority and other PCTs (free places). Staff can access Local Authority and PCT training. Supporting via courses. Concentrating on trained staff. Supporting staff on University.
- For carers there is the Changes Programme (6 weeks) run by the MDT (medics, nurse input) – evaluated well. Started in North Kirklees now coming into South Kirklees
- When finished changes go onto 'Connections' run by SU/Carers.

Staff Group 2 –

- We have staff on the ward dementia care mapping training helped. Always have fifteen places across the Trust. Delivered three sessions last year (one next week). 60 staff have been trained as dementia mappers.
- Awareness training for members of staff included domestic staff & portering service that has made a big difference and empowered staff to make a difference in daily working practice. One of the porters from general hospital became a dementia champion with the Standard 4 Project and developed a standard for portering. This had a “knock on effect” for other services as well. Shared a lot with us and published in the Journal of Dementia Care. Catering Assistant also a dementia champion. This experience has inspired people to challenge managers.

**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 -

- Doing some work with Housing colleagues. The Accommodation Strategy is specifically for Learning Disability and Mental Health needs. Working with Housing to look at accommodation issues for Older People. Always looking for ways of bringing in additional data. Looking at whether we can bring in supplementary planning guidance to get developers of Care Homes or Accommodation for Older People to look at incorporate information in the design. Because this is not normally taken into account the council ends up carrying out adaptations as people's needs change. Need to look at how we can influence the additional financial pressures to reduce the size of the future pressures that we expect to have.
- Through the specialist health arena we are trying to promote and commission as a pathway. We are actively trying to facilitate the developers working with their partners so that they have the pathway and then they sub-contract. Commissioning for outcomes against outputs.

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 –

- A good understanding exists of both the local demographics and the current state of local carer services available to people with dementia.

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 –

- The Council and PCT have recently signed a joint document supporting initiatives to share plans to improve efficiency in the local health and social care economy which have been endorsed by the local strategic partnership.

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 -

- Dignity in care poster campaign involving people who use services and have dementia, initially aimed at Care Homes.
- Short-listed for Chartered Institute of PR Awards 2009 for the dignity in care campaign- received highly commended.
- Memory boxes. More than 60 people from 2 local authority care homes and 2 local authority day centres made memory boxes filled with cards, photos, crafts, war-time memorabilia, models, books, toys. The boxes helped service users to recall their past and retain their identity.
- DVD film clip as part of our customer excellence work – Castle Grange Care Home familiar pictures on mugs for people who use services.
- Breath of Fresh Air Week – outdoor social activities for people with dementia as part of awareness raising- promoted within all care homes.
- Dementia week media release produced with the health sector and the Alzheimer's Society.
- Produced information on Deprivation of Liberty for the website and shared information with independent provider.
- Produced DVD on Care Home Dementia Care for national conference.
- Represented the Council at Regional Dignity In Care conference and presented a plaque made by people who use services.

- Promoted the Dignity in Care Training award given to care home workers.
- Produced booklets on day opportunities for people with dementia.
- Produced an article on a person who uses day opportunities and who has dementia for Kirklees Together – the council's magazine that goes to 180,000 homes.
- Produced a range of carers digi stories for Carers Week and included carers of people with dementia.
- We are currently updating our care home online database search.
- Promoted protected meal times in specialist publications.
- Promoted the new role of Dementia Advisors in a media release.

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 -

- There is a standard information pack. Memory Monitoring Service has a more detailed information pack. The information is built upon as people go through the pathway.

Staff Group 1 –

- Information pack offered at diagnosis. Personalised to individual working on CD to inform people visually. Looking into development of tape etc. Highlights privacy and dignity issues and gives workers contact details.

Staff Group 2 –

- If diagnosed with dementia then the information given depends upon the severity of the condition. Patients are introduced to the ward and given a welcome pack detailing the care they will receive.
- Information about diagnosis comes from the consultant. Ward staff do explain the information, particularly issues around the behaviour and what is typical to their illness. Information tend to be drip feed to patients ensuring that not too much is given at any one time. Staff also work with carers in understanding the information given.

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 –

- The Alzheimer's Society provides: 2 x memory cafes, which meet weekly (1 in North Kirklees and 1 in South Kirklees), 11 x carer support/education groups which meet monthly. A mixture of paid staff and volunteers runs them.
- SWYPFT Changes Programme (carer support and education group) – has been run in North Kirklees for some time, and is now being extended to South Kirklees.
- The Expert Patients Programme and Looking After Me course also provide peer support opportunities for people with dementia and carers. We are currently exploring how EPP and LAM can deliver dementia specific programmes and link more closely with the Changes programme to support people newly diagnosed understand and manage the disease and continue to make planned life choices throughout their journey.
- Voluntary sector support groups are in place in some localities funded through Adult Services Community Grants e.g. St Andrews friendship group.

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

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

How this can be delivered

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

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

Commissioners –

- The June 2009 service specification for the provision of Intermediate Care Teams, including the 'rapid response function, and residential bed bases within the Kirklees Intermediate Care Pathway included the mental health posts based with the Intermediate Care Teams.
- Since then, in the light of the prevailing economic climate, NHS Kirklees reviewed the original funding of ongoing developments across all directorates. Regrettably, the funding for intermediate care was scaled down and these mental health posts will not now be funded as intended.
- It does remain the intention of NHS Kirklees to provide mental health input into Intermediate Care, particularly around assessment of need and supporting clients in these beds and other community settings. We just have to be even more innovative and creative to ensure that these needs are met appropriately and sustainable from other provisions during the remainder of this financial year.

**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 -

- Local housing assessments identified need for more extra care facilities. The Council is currently working on specific units for people with dementia e.g. 6 two bedroom units and 4 singles bedroom units. Going beyond this tried to base it on the same principle that we used when we redesigned Care Homes, therefore all the extra care facilities being built will be designed with dementia in mind. It is considered best to design the extra care facilities as a whole for people with dementia – meaning they don't have to move from mainstream accommodation should they develop dementia.

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

Commissioners -

- A lifestyle assessment of the individual is made and a number of options for Telecare are considered around that person's lifestyle. There has been an increasing uptake in the number of people using care phones, pressure pads, buzzers and movement sensors. There is a need to think about these issues when carrying out the assessment about people's lifestyle planning and personalisation all of which give people some of their freedom back. The general hospital has just agreed a package for someone coming out of hospital and it has been built into his package.

**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 –

- End of life contracts have recently been reviewed
- A Kirklees and Calderdale End of Life Strategy group is in place and has made connections with the Local authority and NHS Dementia Lead to ensure strategies and services developed include people with dementia
- A sub group is currently developing end of life strategies within home care services. It is envisaged that the strategies will include people with dementia.
- Training is also being rolled out in residential/nursing care homes to support end of life care with people with dementia. Recent bench marking work conducted to implement Gold Standards Framework within care homes identified the needs of people with dementia at the end of life and is taking forward improvements to increase opportunities for Advanced Care Planning and ‘advanced prescribing’ to improve pain management at end of life. Two nurses have been appointed to lead this work to drive up EOL care standards within residential and nursing homes

Safeguarding

Please describe your local definition/reporting threshold for Safeguarding?

Commissioners –

- Good engagement. Issue around whether or not the statistics reflect a representative picture of the local community. There is a BME development worker.

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 champions exist in the locality.
- Raising awareness with staff team / carers/ family members.
- Amanda Waring DVD – “ Who do you See”.
- Putting up notice boards in prominent positions in each establishment to raise awareness of the campaign.
- Recruiting more Champions within the teams.
- Developing Action Plans to improve quality of service delivery and the environment – dementia friendly.
- Using the Behind Close Doors Audit Tool to make required improvements.
- Organising a Dignity in Care and Dementia Conference for partner organisations to share good practice.
- Implementing ‘protected mealtimes’ to improve the dining experience and improve nutrition and hydration
- Personalising items/activities- e.g. personal crockery, calendars, personalising personal residential space within bedrooms
- Life history work- memory boxes, storyboards etc.
- Reminiscence work and activities
- Involving residents and carers in Dignity work/activities e.g. creating Dignity mosaic plaques- one of which was presented to Sir Michael Parkinson- Dignity Ambassador.

Appendix 3:

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

What are the top areas of local practice?

Chief Officers –

- Local Authority Homes – 2 homes Castle Grange and Claremont – these are new homes and we are proud that they are really designed with people with dementia in mind. Joint pilot underway with Alzheimer's Society and DoH working with the South Asian community.
- SWYPFT, Mental Health Trust working in an innovative way to develop the multi media life history toolkit. Joint Research going on with Warwick University- regarding interventions and recovery options for people with alcohol related dementias.
- Real focus in terms of partnership working and how staff work together. Real strength with the Local Authority, political sign up and understanding of the implications of dementia issues. Cross member working party – developing services and prioritising dementia. Members understand the demographics in terms of dementia and the need to protect this area.
- In terms of training there is good In-house knowledge from our own dementia homes and we try to emulate good practice within the independent sector. Training for independent staff in dementia homes i.e. memory boxes and dementia awareness training. Private sector staff will receive training to understand and spot dementia, rolling this out at the moment to independent home care dementia staff also.
- In terms of awareness raising work being done to raise awareness, there is an expectation that the homes we contract with will carry out the staff training and they are incentivised to do this (qualify for extra payments for staff undergoing the life history work training)
- Specialist areas around dementia e.g. Young Onset Dementia Unit and Admiral Nurses to support carers of people with dementia
- Strength and quality of the JSNA – JSNA just been revised.

Senior Officers –

- Training re life history work
- PDU Stage 1 – Did not have as a whole service. All services in Kirklees have now gone down this route – considered quite an achievement. Shows commitment to Older Peoples Services
- Enthusiasm and willingness to do the job
- Good Partnership with Mental Health Provider, Commissioning Trust, PCT and Local Authority – through the Dementia Collaborative. Work that we have done around Admiral Nurses and Mental Health Advisors. Partnership working is strong.

What are the immediate top areas of Development?

Chief Officers –

- Savings from other contracts to release the funding to develop gaps in services e.g. to recruit the Admiral Nurses. Not just new money – recycling existing resources. Important in terms of the current financial position. About how we become more efficient
- Extend training for Health and Social Care staff in the independent sector to improve quality

- Early diagnosis – looking at developing better training for GPs in terms of recognising symptoms and also have an incentive scheme to build in to get them on board.
- Looking at care for people with dementia in acute hospitals. Joint inpatient programme where matrons in hospital pick up on mental health and vulnerable people in hospital. Looking at training the matrons so dementia can be picked up early. Extend the Vulnerable-Inpatient Programme- VIP card.
- General care for people with dementia – how we can improve intermediate care. The setting in which we provide intermediate care beds – need to evaluate and look at improving care in particular within their own homes.
- Looking at where we go next. Looking at a process with the Local Authority to see how we would go about prioritising and distributing investment. Conversation with Local Authority about how the process could be developed in an up-front and transparent way. Need to have a proper strategy so we can be publicly accountable.
- Need to continue to do Joint Strategic Needs Assessments. We have a Joint Dementia Strategy agreed which is currently out for consultation. We need to look critically, look at “where we want to be” and how we resource it ensuring we are getting value for money given the current financial climate as there will be difficult decisions to make.
- Detailed Quality and Dementia Strategy – Currently two debates going on, firstly to identify some integrated working with PCT as a way forward for inefficiencies. Looking at Integrated pathways and how joint savings could be made by looking at the social/ health care in a holistic way. Both organisations committed to looking at this. Adult Care has high political input. Secondly, recognition politically of the benefits of preventative work. Work carried out to forecast expenditure indicates that expenditure would be lower due to preventative work being undertaken.
- At the moment Leader of the Council is a Non-Executive Director of the PCT, which strengthens joint working. Local Authority and Health Senior management teams have joint sessions. Willingness to work in partnership to identify some of the issues. Strong relationship between PCT and Local Authority driven by good personalities and there have been some examples of joint working that has paid off for both parties. Further meeting to be held to look at joint commissioning and procurement. Understand that there are extra-shared benefits arising from joint working and continuing to build on this relationship.
- Re-enablement team – lot of work carried out to bring the provider side staff together to deliver this agenda. Think that both the two senior teams have a real willingness to take it forward. The appointment of a Joint Director of Public Health is a massive step forward in terms of partnership working. Need to filter down joint working – Recognise there will always be more work to do on partnership working.

Senior Officers –

- Funding for Admiral Nurses – need to make it happen
- Embedding of the PDUs – do it across everybody. Managers also going through PDU accreditation. An Action Plan to help us take forward this accreditation is need for consistency.
- Dementia Care Mapping work. Six-month post – looking at the future of dementia care mapping. Working with Bradford University providing training for 65 mappers across the region. Training nationally and internationally. Now want to look at the care mapping approach to get it included in every day practices.
- Receptive mapping – two people work on the mapping and one breaks off and works alongside staff to role model positive behaviour to see how the behaviour improves. Need a four-year plan.

What do you think you could do better?

Chief Officers –

- Raise the profile – Conference in the spring aimed at raising the profile of dementia.
- Early diagnosis- improve earlier diagnosis
- Better understanding of some of the issues around public health prevention – need to dispel the myth that it is inevitable, deliver risk and prevention messages

Senior Officers –

- Everybody doing it – good teams – marketing and promoting what we do better. Make us reflect.
- Organisational marker systems making sure it all hangs together.
- Practice Development – looking at the structure and what we have and the people. More formal recognition for this i.e. health care assistants

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

Chief Officers –

- Considered that they were 8 on the scale of 1 – 10 in terms of preparedness.

Senior Officers –

On a scale of 1 – 10 it was generally agreed that in terms of preparedness Kirklees was a good 8.

Appendix 4:

Quantification of the Baseline Position against the National Dementia Strategy

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

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

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

Objectives	Metrics	Position
Objective 2: Good quality early diagnosis and intervention for all	Number of patients currently registered with GPs as having dementia	1,790
	Registered patients as percentage estimated total population with dementia aged 65 years and over	43%
	New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	661
	Apr 2009 – Review visit	320
	Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	10 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)	Information not available.
	Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	Information not available.
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	Alzheimer's Society: 1,083 people with dementia & 609 carers
	Apr 2009 – Review visit	Alzheimer's Society: 618 people with dementia & 306 carers
	Total number of individuals currently using peer support and learning networks	From the Alzheimer's Society: as above, in addition a total of 216 contacts were made between Jan- Sept on wider aspects of dementia.
Data sourced from the Kirklees Metrics Framework submitted to the Review Team prior to visit on 29 th October 2009		

Table 6: Baseline Position Against the National Dementia Strategy for Kirklees 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?	During 2008-09 approximately. 51,000 hours of homecare were provided to service users with dementia.	
	Number of people with dementia currently in receipt of individual budgets	No one with dementia currently receives an Individual Budget. Our IB scheme will be launched in January 2010.	
Objective 7: Support for Carers	Number of Carer Assessments carried out for Carers of people with dementia Apr 2008 – Mar 2009	970	
	Apr 2009 – Review visit	Calculated annually – proxy indication 611	
	Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009	91 service users with dementia received short breaks. 656 carers (of service users with dementia) received a short break service during the same period - this figure includes every service that could be construed as a short break and cannot be broken down.	
	Apr 2009 – Review visit	Crossroads – 49, Alzheimer’s Society – 166, In-house day care (Knowl Park House, The Homestead and The Grange) – approx 150 Note – This will include an amount of double counting as carers may access a range of the above services.	
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	567 1/4/08-31/3/09	
	Number of people with dementia supported at home with a Telecare device.	145	
Objective 11: Living well with dementia in Care Homes	Number of registered beds in residential and nursing care in your community for dementia	665 in specialist homes/units	
	If possible, indicate what percentage this is of the total provision of residential and nursing care beds	25%	
	Number of Care Homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
	3* rating	1	6%
	2* rating	13	72%
	1* rating	3	17%
	0* rating	0	0%
Not rated*	1 (new home)	6%	
Data sourced from the Kirklees Metrics Framework submitted to the Review Team prior to visit on 29 th October 2009			

Table 6: Baseline Position Against the National Dementia Strategy for the Kirklees 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	12 Awareness Courses per year. Targeted more in- depth courses for specialist staff. 18 Advanced Programmes in 2008-09. 5 to date in 2009-10 Dementia care Mappers- 60+ in SWYPFT. Primary Care and Acute Trust unknown at this stage
	Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	179
	Apr 2009 – Review visit	140
	Number of dementia awareness courses available for Carers per year	Carers- 'Changes' a 6-week rolling programme delivered by SWYPFT to carers following diagnosis. Number of courses delivered not available None at present, delivered by LA this is an area we will be developing to address the current deficit.
	Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	Numbers attending Changes programme not available at present
	Apr 2009 – Review visit	Numbers attending Changes programme not available at present
Safeguarding	Number of people over 65 referred to Adult Safeguarding processes Apr 2008 – Mar 2009	908
	Apr 2009 – Review visit	1,002
	Number of people with dementia referred to Adult Safeguarding processes Apr 2008 – Mar 2009	112
	Apr 2009 – Review visit	153
Data sourced from the Kirklees Metrics Framework submitted to the Review Team prior to visit on 29 th October 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.