

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

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December 2009

Acknowledgements

The authors of the report would like to thank all those involved in the City of Leeds locality review that took place on the 15th October 2009 and in particular the group of carers and people with dementia from the Alzheimer's Society Day Centre.

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

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

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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 City of Leeds locality, particularly focussing in on the seven priority objectives of the Implementation Plan.

Good quality early diagnosis and intervention for all – currently 42% of the people with dementia in Leeds have a diagnosis and are registered with their GPs. Referral protocols exist for GPs/PCTs and care homes to access the Memory Clinic and include a telephone hotline for use by both professional staff as well as informal workers. The local Alzheimer's Society appears well integrated into the dementia pathways activity in Leeds.

Improved community personal support services - an Older Peoples Mental Health Community Support Service provides short-term re-enablement service and a more longer-term support service dedicated to dementia care. A website facility and networks are in place to support community staff with advice and information on dementia from specialist services. A Resource Allocation System is currently under development and two people with dementia in Leeds use Individual Budgets.

Implementing the Carers' Strategy for people with dementia - Respite provision has recently been re-commissioned and now provides a more diverse range of opportunities for carers. The recent uptake of carer breaks had been lower than expected and so a more innovative approach was taken towards carer support that included consultations with carers prior to the re-commissioning. Carers generally felt that the support for them in Leeds was quite good overall, although concerns had been raised regarding short breaks and *being told what they need*. Day Centres and Outreach Services were identified as *brilliant* and some carers thought that Individual Budgets might offer better flexibility in choosing breaks.

Improved quality of care for people with dementia in general hospitals - a Liaison Service has been in operation for many years covering the two general hospital sites. The service is a high volume service, contracted to receive 1,600 referrals per year and also provides high quality training and support. The Liaison Team has developed good working relationships with some wards in the general hospitals and there is a designated dementia lead in the acute trust, supported by a matron and a geriatrician.

Living well with dementia in care homes – a Care Home Liaison Service has existed in Leeds for a number of years and operates to identify new dementia referrals for assessment and to work with people to avoid unnecessary admissions to hospital. The Commissioners continually monitor care homes against a whole range of quality frameworks and through contracting provide incentives to improve the quality of care.

An informed and effective workforce for people with dementia/carerer training and awareness – Commissioners are working with staff groups to identify a co-ordinated approach to staff training, however the training that is currently provided by the mental health trust reaches only a relatively small number of staff, in particular in the general hospitals where it is generally not seen as a priority. No formal co-ordinated plan exists for carers, but the local Alzheimer's Society does provide a carer training programme.

A joint commissioning strategy for dementia – a new assessment of adult mental health services has been recently commissioned that includes adult services and dementia. Commissioners are also planning services for the next 20 years and are engaging with key partners in the locality to identify the services of the future, including a staged approach to the provision of suitable accommodation.

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 City of Leeds 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 City of Leeds 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 Leeds 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	3,364
Registered patients as percentage estimated total population with dementia aged 65 years and over	42%
New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	1,000
Apr 2009 – Review visit	Information not available
Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	Medic 2 Weeks Nurse 6 – 8 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 – 4 Weeks
Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	Information not available

In City of Leeds it is estimated that around 42% 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 nine-percentage points higher than the national rate of 33%.

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

- Referral protocols for GPs/PCTs and care homes have been in existence for a number of years.
- A single point of referral to the Memory Clinic exists. The process includes a referral via a telephone hotline for use by both professional staff as well as informal workers. The Mental Health Trust is leading a review into how successful these referral mechanisms are.
- The local Alzheimer’s Society appears well integrated into the dementia pathways activity in Leeds.

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 Leeds 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?	640
Number of people with dementia currently in receipt of individual budgets?	2

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

- An Older Peoples Mental Health Community Support Service exists in Leeds to provide short-term re-enablement support for people in their own homes.

- Commissioners in Leeds are pro-active in promoting and developing networks within the locality for access to information and referral pathways via their website development.
- A Resource Allocation System is currently under development.

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

The baseline data submitted to the Review Team for the City of Leeds 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	218/ Day care 425
Apr 2009 – Review visit	Information not available

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

- Respite provision in Leeds has recently been re-commissioned, with four organisations now providing a diverse range of opportunities for carers.
- Commissioners had recognised that a more innovative approach was needed towards carer support and have consulted with carers regarding short breaks prior to the re-commissioning.
- Carers generally felt that the support for them in Leeds was quite good overall, although concerns had been raised regarding short breaks and *being told what they need*. Carers also thought that Individual Budgets might offer better flexibility.

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 Leeds locality (Section 4 of proforma) –

- A liaison service has been in operation for many years covering the two general hospital sites in Leeds. The scope of the service includes post admission short-term assessments, diagnosis, care planning and facilitation of home treatment. The service is contracted to receive 1,600 referrals per year and provides high quality training and support.
- The Liaison Team has developed good working relationships with some wards in the general hospitals, but unfortunately this level of inter-working is not replicated on all wards in the general hospitals.
- The Liaison Team are looking to develop more support mechanisms for carers and encourage better links between the specialist and generic elements of intermediate care.
- There is a designated dementia lead in the acute trust, supported by a matron and a geriatrician.

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 Leeds 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	ASC 130 places	
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
3* rating	12	25%
2* rating	27	56%
1* rating	8	17%
0* rating	1	2%
Not rated*		

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

- A Care Home Liaison Service exists in Leeds and is based in the mental health trust. The scope of the service is to identify new dementia referrals for assessment and to work with people to avoid unnecessary admissions to hospital.
- Commissioners in Leeds continually monitor care homes against a whole range of quality frameworks.

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 Leeds 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
Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	1,119 ASC workers since 2007
Apr 2009 – Review visit	1,119 ASC workers since 2007
Number of dementia awareness courses available for Carers per year	Information not available
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 City of Leeds locality (Section 4 of proforma) –

- Commissioners are working with staff groups to identify a co-ordinated approach to staff training.
- Training currently provided by the Mental Health Trust reaches a relatively small number of people. Training plans exist for clinicians in the general hospitals, but the uptake is reported low as not generally seen as a priority.
- No formal co-ordinated plan exists for the training of carers, but the local Alzheimer's Society manager provides a carer training programme.

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 Leeds locality (Section 4 of proforma) –

- A new assessment of adult mental health services has been recently commissioned that includes adult services and dementia. This activity should inform the implementation of the dementia strategy in Leeds.
- Commissioners are also planning services for the next 20 years and are engaging with key partners in the locality to identify the services of the future. This includes a staged approach for accommodation provision, starting with 1,000 units, but planning to increase to this 4,000.

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.

About your experiences with dementia in City of Leeds

People with Dementia –

- All the individuals who were interviewed at the Day Centre in Leeds expressed appreciation for the service provided by the Alzheimer's Society, saying they were *very pleased* and *happy* with the activities and the chance to interact with others.
- One gentleman stated that he valued the centre because it meant that his wife could have *some time and space of her own*. However he did also state that he wasn't aware of any other support that would benefit his wife. A second individual at the Day Centre echoed this same point.

Carers –

- Carers reported that they had experienced difficulty in getting a diagnosis and follow-up support. They felt *lost in the system*.
- One carer reported that she was desperate for a short break but did not feel the services were in place for her to utilise this. Some reported that often they were told what they needed rather than being asked.

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 Leeds Locality

- Very strong partnership arrangements in terms of the dementia framework and the coming together of multi-agency professionals to take the Dementia Service forward.
- Good working relationship between the third sector and the health & social care sectors in Leeds, in particular with the Alzheimer's Society in the delivery of dementia cafes and the links with the Carers Strategy work in the locality.
- Demonstrator Project status and pilot site for the National Information Prescription Service
- Liaison Service through the Mental Health Team in trying to address the general hospital agenda for people who are admitted into the acute hospital who have got existing dementia.
- Service reconfiguration – a re-designation of some of the Out-Patient Mental Health centres as resource centres with emergency beds for crisis interventions and the redefining of some of the day facilities into Outreach services.
- Good practice – re-enablement for people with dementia. Findings from the Liaison Service are notable and have been the inspiration for further work. Now been proved that people with dementia can be rehabilitated.

Immediate Priorities and Areas for Improvement

- Huge Acute Trust. Some of their patients have not had their fair share of access to dementia services because treatment has tended to be secondary care based. There is a need to ensure that this does not occur in the coming years.
- Memory Service – currently a lot of people are being seen and given a mixture of interventions, the service needs to be assessing roughly twice as many than as at present to meet the numbers projected in the full Dementia Strategy.
- Need to improve communication to clinical groups explaining the benefits of early interventions for people with dementia. Also still a significant public awareness and education agenda needs to be delivered.
- Care Homes – standards and ideals. Progress has been made over the last 2/3 years. Need the current strategy to be taken forward – presently on hold.

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 Leeds 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-

- A PCT protocol has existed for some years. We are looking at the spread of referrals throughout the city. The highest levels of referrals come from West Leeds with the referrals from other areas in the locality being very patchy. We regularly attend target training and a new series of presentations are due to commence next month.

Pre-visit submission –

- Two protocols exist - GP and care homes that use a generic tool attached to single access point (SAP).

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 is a single point of access in the Mental Health Trust. There is a phone number to ring to make a referral. The process is not too rigid and more informal referral routes are also acknowledged.
- Lot of work has been undertaken with neighbourhood networks, cafes, sometimes an informal worker will phone up with a referral. The information is taken and the Memory Service will make contact.

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 –

- From the social care side a pilot social care protocol exists in Local Authority Homes. A lot of time has been spent on awareness raising. This protocol has been tested and evaluated and 20 referrals arose from this work.
- Mental Health Trust team looked at the referrals that had been generated and looked at people coming through the system over a 6-month period. Looking to spread this project to other areas.

Pre-visit submission –

- Yes as above and more informal routes too through cafes and Neighbourhood networks.

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 –

- There is a set of assessment tools in place.

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 there are clear pathways and excellent relationship with Alzheimer's Society.

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

Commissioners –

- Yes

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

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

How this can be delivered

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

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

Commissioners –

- No not in the generic sense – there is a specialist Older Peoples Mental Health Community Support Service with two strands –
 - Short-term re-enablement service - working with people in their homes for up to a six-week period.
 - Long term Older Peoples Mental Health Community Support Services dedicated to dementia care.

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

Commissioners –

- More rigorous arrangements than two years ago. Adult Social Care re-commissioning staff are split between strategic and contract/business development officers – they continue monitoring for Quality Assurance Framework – lot of development happening over the last few years. Doing more work with NHS.
- Investment framework does not specifically include standards relating to dementia care. Community Support Service has been part of the development programme and Scrutiny Pilot Project.

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 -

- This is much more about networks and the work we do within the communities when people know who to contact in their locality – particularly in view of the website.

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 -

- The RAS is under development. It is led by a Service Manager from operational side. There is a core agenda – 14 strands one of which is the RAS, this will include special reference to dementia.
- Looking at self-directed support and the impact on commissioning
- Uptake is higher in Leeds than other areas. Contrary to national picture a high proportion of older people are taking this up.

Carers -

- They did not recognise individual budgets when discussed – either by term or function.

Are people with dementia supported to use individual budgets?

Commissioners -

- Yes two people use individual budgets.

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

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

How this can be delivered

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

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

Commissioners -

- There has been consultation with carers (generic) around short breaks, looking at how they would like to see these shaped in the future. People with dementia acknowledged in this consultation.
- Commissioners have recognised a need to look more innovatively at the nature of carer breaks and how these are offered.
- Dedicated commissioning officer for carers. Recently recommissioned respite. Service went out to tender and four organisations were successful. They provide a diverse range of opportunities.
- There is currently less take-up of carer breaks than expected, but this has only just been identified and the team are looking at how they can address this.

Pre-visit submission –

- Sitting services
- Intergenerational work
- Residential
- Carer support
- Carer groups
- Information services

Carers -

- Support for carers - overall it was quite good.
- They did not like being told what they needed. The carer's needs did not easily fit into existing standardised services but could be met potentially through individual budgets.
- They were offered short breaks – bad experience in them not meeting their needs as the people with dementia and carer came as one unit. Did not seem to be very flexible.
- On the positive side they thought the Alzheimer's Society Day Centre and Outreach Services were brilliant and that this type of support was very good.

**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 this has been in place in some form for over 10 years. The team was expanded in 2005 to include a Senior Mental Health Practitioner. Further development of the service took place. Now it is a large team working on two hospital sites – LGI and St James. Still more work to do.
- Contract through the POPPs programme is to –
 - work with people after admission to hospital;
 - to work with people through the assessment stage in the short term assessment unit to support for diagnosis and care plans;
 - facilitate the treatment at home or in specialist Mental Health Service - working with people where mental health is a co-factor amongst other problems.

- Over 1,600 referrals last year. Liaison team contracted to deliver high volume and high quality training and support.

Staff Group –

- Approximately 1,450 referrals in the last year. High volume service. Twelve whole time equivalent staff – one consultant psychiatrist, nurses and admin. Service operates 9 – 5. Possible business case for extending hours. 50% of people are not previously known to social care. Lot of people previously undiagnosed.
- Seem to be a lot of issues and concerns around the relationship with the General hospital staff. Difficulties getting them to attend training sessions. Difficulties getting them to “take on board” the sort of things they would like them to change in the way they work with people with dementia.
- Liaison Team has built up a good working relationship with two wards at the LGI but there are other wards they are still struggling with.
- There is intermediate care provision for people with mental health issues, including dementia, but the team feels that it is not flexible enough and they tend to cherry-pick people. Reject people with more challenging behaviour.
- Generic intermediate care where people need physical rehabilitation are reluctant to take people with dementia. Despite research showing that people with dementia can be rehabilitated.

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 –

- There is a named lead for dementia in the Acute Trust - Dr Graham Johnson.

Staff Group –

- There are three - a nominated matron and geriatrician as part of the POPPS programme. There is also a nominated consultant on the Mental Health Steering Group hosted by the Acute Trust (but that person has no interest in Mental Health or dementia).
- Mental Health Liaison Service has been going for eleven years although it was originally a smaller team. They provide training for different professional groups in the general hospital. They themselves, as practitioners, have good access to training.
- They do provide some individual support for carers including telephone support. Some of the general nursing staff do recognise that they were not working in an optimum way with people with dementia but are constrained by work systems, which are more focussed on the other medical conditions.
- Done some work with the University successfully getting involved in nursing training. It has proved particularly effective when students shadow a member of staff.
- Area of development - looking at more support mechanisms for carers. Trying to encourage better links between the specialist intermediate care and the generic intermediate care.

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

Commissioners –

- Yes.

**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 and No. We pay over the odds in Leeds for residential nursing care. Effectively we do provide incentives for them but also stipulate that there needs to be good performance for renewal of contacts with them.
- We continually monitor with a whole range of quality frameworks. An example would be the recent problems we had with a provider where there has been safeguarding and dignity issues. As a result of these issues we met with them and also included care management staff.
- We performance monitor and devote more and more resources into these types of issues - Safeguarding, DoLs Mental Health Capacity Acts. Just launched a more advanced stage 2 training course on dementia.
- Two years ago Department of Health provided a capital grant to improve the fabric in care homes. Confident process with service users and experts. Care homes were asked to put in bids and show how the money would make a difference to the dignity of the residents – they had to demonstrate the improvement to the life of the people living there.

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 –

- There is a Care Home Liaison Service – This is a small service and sits within the Mental Health Trust. Current service had been around for 15 years. Looking at those services as part of the Mental Health review.
- The function of the service is to support care homes over a range of issues –
 - individual new referral to people in the service.

- working with people in their homes to avoid unnecessary admissions into hospitals. Their work includes training around medicines management.

**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 but we do not have the overarching document. Event planned on 6th November - about 50 people attending. Need to work with them to work through the process of strategy and implementation plan to take to the Board.
- Carers – some attend on an individual basis and a lot of informal training given on support through carers groups.
- More formal social support for trainers happening in the Mental Health Trust. Only reaching a small number of people. Need to improve on that.
- Alzheimer's Society Branch manager is the trainer for their Carers Training Programme. He has raised the profile over dementia.

Staff Group -

- Have a training plan for clinicians in the general hospitals, but tends to be low uptake and not seen as a priority by the Acute Trust. Training times for themselves to update their skills. Also do training for the Mental Health Trust.

Carers –

- No mention of any educational support for carers.

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

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

What are the local arrangements for joint commissioning for dementia, including: -

- **use of JSNA?**
- **involvement of and views from people with dementia and their carers?**
- **links made to sustainable communities?**
- **extent of complementary plans between NHS and adult social care?**
- **policy and progress on recycling savings across organisations?**

Commissioners -

- JSNA – there are some gaps around mental health.
- Process going on at the moment and we have commissioned a new assessment of Mental Health across the board in terms of adults and dementia is included in this. Should have this by end of year. Outcome should inform how we take forward the Dementia Strategy.
- Through that process there is a whole engagement process going on with a wide range of professionals, carers and groups. Very helpful for taking this agenda forward.
- Consultation information just commissioned.

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 –

- Making the right plans structurally as much as individual needs. 4000 units of accommodation for life planned. We have made a start with 1000.

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

Commissioners –

- Important that we are planning 20 years ahead, working with other departments and PCT and engaging providers.

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

Commissioners –

- Improving efficiency - we are working on this agenda.

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 -

- Leeds is commissioning the Alzheimer's Society to carry out Dementia Awareness sessions for older people as part of the Health and Well-being agenda.
- Support the development of an Older People's website - there are 9 pages on dementia
- Pilot site for the National Information Prescription Service - have invested a lot of time with people with dementia and carers coming into the service. Local information sits within local Mental Health Trust who provide lots of information for people with dementia and their carers.

Pre-visit submission –

- Workforce Event 6.10.09 To Set Priorities For Leeds
- Media Messages e.g. POPPS & Peer Network
- Presentations
- Public health campaign to start autumn/winter 09

Carers –

- Was not enough information around and all had difficulties accessing information.
- National information on TV although they felt that there was no great level of public awareness
- GPs did not offer any help.

- There was a division between those that had access to the internet and those that did not.

**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 -

- Information Pilot in the city – project contributed to the National Information Prescription service.
- Memory [Service] users are asked about their information needs at each contact and this is recorded in their notes.

Pre-visit submission –

- Alzheimer’s handbook
- Who cares handbook
- Infostore website

Carers -

- There was an information pack available but it is not tailored to meet individual need on diagnosis. They did not feel it was particularly useful to them at the time of diagnosis although there were some different experiences within the group.

Staff Group –

- Information on dementia issued by Memory Service. Staff group only gave a minimum as and when referrals made to Memory Service.

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 –

- Lots of work has been carried out with Neighbourhood Networks in terms of training and development.
- Alzheimer's Society carried out work a couple of years ago - wanted to back up information (Isolation Pack) consistency. This could be improved. Invited some Neighbourhood Networks to tell us their views on how they can support people with memory loss and dementia. These networks cover certain parts of Leeds but not the whole city yet.

Pre-visit submission –

- Memory cafes and carer support groups

Carers –

- Peer Support – the carers did not recognise the peer support that existed. They wanted people to help them find their way through the system to get the help they needed.
- There was evidence of peer support during the discussions that took place but the carers did not openly acknowledge it at the time.
- From discussions with the reviewers they recognised the discussions they had had with staff were in fact carer assessments. There needs to be further clarity from workers of what the person is receiving.
- No mention of any educational support for carers.

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 –

- Developing a standard set of expectations - consistency from diagnosis onwards and assessment.
- Development of standards across health, social and voluntary sectors.

- Specification of service standards to be incorporated into new contracting processes due to be initiated next year and up and running within two years.
- This development in response to the recognition that currently real gap exists in service consistency.

**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 –

- We currently have mental health specialist intermediate care but this is not dementia specific.
- Community support team in particular – provides three elements of service. Staff from Mental Health - Rapid Response, Specialist Home Care and Community Mental Health Teams all work in the same room.
- Not yet truly integrated but very good partnership working in the city. Focuses on intervention and providing treatment in people's 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 range of housing support initiatives is available for people with dementia?

Commissioners -

- We are approaching the issue of older peoples housing in a structured way. Bid was put forward for £280M of private finance to develop specialist older peoples housing in the city and successfully obtained £180M. This money will deliver 240 units of extra care housing and another 500 units new build “life time” homes that have telecare in their infrastructure. This accommodation adapts to the changes in individuals lifestyles. This is a 10-year programme and we are at the beginning of the process.
- Just invested in a consultation exercise to forecast support needed over the next 20 years in order to identify and put the right model in place. There is a pilot scheme with Department of Health in South Leeds, which is looking at developing a model of care for “live in extra care” scheme that will eventually spread out citywide.
- Working with independent sector providers looking at “market management” – we are currently over-provided with residential care and need to get providers to reshape their provision and look at building for extra care needs. Want to influence the whole thinking across the council about responding to the needs of older people. In order to fund this need to look at pulling out of residential care over the life of the project and reinvesting in what people will need in extra care schemes. This will probably result in about one third of the current residential provision being needed. A good example of this is the Housing Support Scheme – POPPS grant set up Housing Support Scheme through Community Links in an area of Leeds that is high in social deprivation and ethnicity with a mixed BME community. This looked at supporting people with dementia and mental health needs. Working with people who are “on the edge” – very successful. Service has recently been re-tendered and re-commissioned.

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

Commissioners -

- There are 3,000 people using telecare in the city of which 75% have dementia. Mental Health team uses telecare as part of their assessment process. Neighbourhood networks promote telecare.

Carers -

- Telecare. One carer had telecare installed – following a gas leak. There was little knowledge of telecare.

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 –

- Couple of years ago we looked at “end of life” care for consistency – dementia issues were included. This has slipped. Meeting to be held next week regarding this issue. Links back to care home teamwork.
- Local palliative care strategy and services does not particularly include the needs of people with dementia - hope to have some reinvestment in it.

Safeguarding

Please describe your local definition/reporting threshold for Safeguarding?

Commissioners –

- Safeguarding – We have had, for a number of years, a Leeds Adult Protection Policy that mirrors “No Secrets” – we have been over the last year reviewing and updating this policy and this is now complete. As a consequence of a disappointing inspection last year regarding safeguarding we have invested a huge amount of resources into it. Every single member of staff in Leeds has to attend training on safeguarding.

Dignity Champions

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

Commissioners –

- Dignity Champions. We do not really separate out. Dignity in Care – not separate for people with dementia.
- Older Peoples Mental Health has highlighted where these concerns are – we have an official website. Dignity is seen as part of what we do as a whole for older people.
- Recently had a Dignity Audit within Mental Health so able to produce the evidence from the results of the audit.

Appendix 3:

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

What are the top 3 areas of local practice?

Chief Officers -

- POPPS work - very strong partnership arrangements in terms of the framework and the coming together of multi-agency professionals to take the Dementia Service forward. In order to deliver the strategy you need the evidence. One of the good things is the willingness to do the work. There has been a lot of co-operation and joint working behind the scenes to embed the Strategy and work around POPPS has gone down particularly well. There are challenges about some of the work in terms of how to move forward i.e. inter-relationship in areas across the community and work around acute hospitals identifying how in-patients can access services.
- Good relationship with the third sector and work with Alzheimer's Society. We are in the Demonstrator Project. The pilot will build on work started by POPPS on dementia cafes, targeting people who are newly diagnosed with dementia and their carers. Proud of the fact that they work well with the Alzheimer's Society to deliver these services and link in very closely with our Carers Strategy.
- Work done around resource centres and preventative work in terms of people being re-designated and reordered some of the OPMH centres to be resource centres with emergency beds for crisis interventions. Redefining some of the day facilities into Outreach. Good liaison with CPNs and the Outreach Service. Some good work in the community in the preventative sector – this is growing and able to improve. Seen a reduction in overall bed days moving into the system. In patient beds continuing to decrease. Focus supporting people in the community not in acute beds. Liaison psychiatrist supports staff and patients in hospitals dealing with dementia. Community Support Centres in social care. Community support. Clearly had a high impact – had an effect on the generic social care.

Senior Service Providers –

- Demonstrator Project. Really pleased that we can address unmet needs and have a chance to influence the shape and delivery of the Dementia Strategy. In particular the memory service – leading to diagnosed people living on their own. Huge unmet needs – gap between diagnosis and service provision. Good partnership board.
- Improving access to people with dementia - Liaison with Mental Health Team. Trying to address the general hospital agenda for people who are admitted into the acute hospital who have got existing dementia.
- Dementia cafes – Well established link with the development of good Carers Networks. Need to develop the responses that carers want e.g. unplanned needs – what happens. Need to work much harder to deliver that. Getting better at planned response but unplanned responses – need to work harder. Positive feedback received from people with dementia.
- Good pro-forma to develop Telecare. Good plans through “housing for the future” should build systems in. Should publicise it well and use it as a model. Should get peoples views on living in these units.
- Access. Lower percentage of people gets a diagnosis and service. Still got a considerable way to go. Flawed data and benchmarking figures in respect of the number of people accessing the service.

- Living well in residential care – There are unseen elements for example the self-funders but nevertheless now the numbers are known, re-commissioning can occur and these arrangements can be communicated with people. Need to be “managing the market” with Intelligence and be in a better position to know what we need. Quality of residential care will improve.
- Good practice – re-enablement for people with dementia. Findings from the Liaison Service are notable and have been the inspiration for further work. Now been proved that people with dementia can be rehabilitated.
- Prevention and dignity work – long way to go. Crosses agendas – still a few challenges.

What are the immediate top 3 areas of Development?

Chief Officers -

- In terms of the agenda for the Mental Health Services, to continue to do the good work we are doing. Have been difficult times going forward on this. Pressures on the systems. Challenge to make sure that the views of people are considered. Look at the sum total and make sure that we spend it well and in the right way – this is a big challenge.
- Huge Acute Trust. Some of their patients have not had their fair share of access to services because we have tended to be secondary care based. Need to ensure that we do not do this in the coming years. Inefficiencies – looking to target that area (contracts) – with a view to investing in dementia services. Information systems in Leeds are not as good as they are in other parts of the regions. We have the Leeds Strategic Resources review taking place because of the scale and mixture of the challenge. We have had to take external advice to support us in this due to the paucity of information. We need to understand what we are doing before we can support agenda needs. In some instances not had a realistic view of how this is joined up across the community. Seen an increase of people admitted with secondary diagnosis of dementia from the acute side. May need to develop service in a different way to support them in a different setting. The issues are the same in social care. No new money. Not even inflation. We have just come to the end of a major consultation on our day centres. In order to increase the opportunities for specialist day centres we have to reduce generic day centres. Not straightforward - challenging agenda but we are behind this change. Get extra value for every penny in system. Information is a challenge for social care as well as the health service. Reshaping the system is a challenge. .
- Workforce – personalised approaches. Big culture change. Trying to get the culture change and join up the whole system to produce a personalised approach. Conference coming up soon. Recognise the challenge and need to put things in place to meet it.

Senior Service Providers –

- Memory Service – although a lot of people are seen and given a mixture of interventions – there is still a long way to go in terms of numbers and the full Dementia Strategy. Need to be assessing roughly twice as many people as currently do.
- Whilst we have our local agenda – what we need is a refresh – we are currently doing it but not sharing what we are doing. Need to be better at explaining the benefits of early interventions. Not really “telling the story” – lot of professional barriers. Still a significant public awareness and education agenda. Social Isolation toolkit – have not rolled out as well as we should have.
- Priority – Care Homes – Standards and ideals. Issues around physio usage in care homes and assessments – progress has been made over the last 2/3 years. Need the current strategy to be taken forward – presently on hold.

What do you think you could do better?

Senior Service Providers –

- More should be done with workforce development – more meaningful OT activity.
- Increasing expectation of the public sector. Evidence based practice - there is a need to demonstrate and evaluate. Spend more time evidencing –needs to be more systematic. From a psychiatry point of view felt we did better a couple of years ago in terms of Mental Health. It was a very good structure to work up and deliver POPPS. Currently systems do not seem to work as well. What is needed is a Local Implementation Group with accountability to develop the Local Implementation Plan.
- Takes a long time to get agreement on sustainability of key projects on POPPS. PCT agreed to sustain it but then did not have the funding – meaning transfer of resources from memory services into some other area.
- Concern expressed regarding Leeds Hospital Trust – barriers to improving agendas.

How do you work in partnership to do this?

Chief Officers –

- There is a duplication of services in Health and Social Care and we are looking at focusing the resources and moving forward in a more joined up way.

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 Leeds Locality

Objectives	Metrics	Position
Objective 2: Good quality early diagnosis and intervention for all	Number of patients currently registered with GPs as having dementia	3,364
	Registered patients as percentage estimated total population with dementia aged 65 years and over	42%
	New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	1,000
	Apr 2009 – Review visit	Information not available
	Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	Medic 2 Weeks Nurse 6 – 8 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 – 4 Weeks
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	Information not available
	Apr 2009 – Review visit	Information not available
Objective 6: Improved community personal support services	Total number of individuals currently using peer support and learning networks	120 per month
	How many hours of specialist home care for people with dementia are currently offered per year?	640
	Number of people with dementia currently in receipt of individual budgets	2
Data sourced from the City of Leeds Metrics Framework submitted to the Review Team prior to visit on 15 th October 2009		

Table 6: Baseline Position Against the National Dementia Strategy for the City of Leeds Locality

Objectives	Metrics	Position
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	218/Day care 425
	Apr 2009 – Review visit	Information not available
Objective 10: Housing support, housing-related services and telecare	Number of people with dementia who are supported to live at home, including in extra care or sheltered accommodation	Information not available
	Number of people with dementia supported at home with a telecare device.	3,000 over past 3 years 75% of all telecare users
Objective 11: Living well with dementia in care homes	Number of registered beds in residential and nursing care in your community for dementia	ASC 130 places
	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
	3* rating	12 25%
	2* rating	27 56%
	1* rating	8 17%
0* rating	1 2%	
Not rated*	0 0%	
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
	Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	1,119 ASC workers since 2007
	Apr 2009 – Review visit	1,119 ASC workers since 2007
	Number of dementia awareness courses available for Carers per year	Information not available
	Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	Information not available
Apr 2009 – Review visit	Information not available	
Safeguarding	Number of people over 65 referred to Adult Safeguarding processes Apr 2008 – Mar 2009	Information not available
	Apr 2009 – Review visit	Information not available
	Number of people with dementia referred to Adult Safeguarding processes Apr 2008 – Mar 2009	Information not available
	Apr 2009 – Review visit	Information not available

Data sourced from the City of Leeds Metrics Framework submitted to the Review Team prior to visit on 15th 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.

