

Yorkshire & Humber Improvement Partnership Regional Review of Dementia North East Lincolnshire 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.

Contents

	Page No
Executive Summary	4
1 Introduction	6
2 Review Methodology	8
3 Findings of the Review Team	
3.1 Implementation Plan Priorities	9
3.2 Perspectives of Carers & People with Dementia	17
3.3 Good Practice, Priorities and Areas for Improvement	18
4 Jointly Owned Action Plan Template for the Implementation of the National Dementia Strategy	20
Appendix 1: Detailed Findings Relative to the Priority Objectives of the National Dementia Strategy	21
Appendix 2: Detailed Findings Relative to the Remaining Objectives of the National Dementia Strategy	29
Appendix 3: North East Lincolnshire Locality Responses to Examples of Good Practice, Immediate Priorities and Areas for Improvement	35
Appendix 4: Quantification of the Baseline Position against the National Dementia Strategy	37
Appendix 5: Structure of the Data Collection Proforma used in The Review Process	40

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 North East Lincolnshire locality, particularly focussing in on the seven priority objectives of the Implementation Plan.

Good quality early diagnosis and intervention for all – currently 35% of people with dementia in the North East Lincolnshire locality have a clinical diagnosis of dementia and are registered with their GPs. A referral protocol exists routing all suspected dementia cases through the GP, for physical screening, on to the Memory Service via the single point of access to the CMHT. A triage assessment is undertaken prior to referral to the Memory Clinic, where a full assessment is carried out either in a community environment or as an outpatient, depending on the complexity of presenting symptoms. The care pathway caters for follow-up interventions from the Admiral Nursing Service, although there is no evidence of a link to the Alzheimer’s Society.

Improved community personal support services - no specialist Home Care service is currently provided however specialist provision for people with dementia has been identified as a requirement in the forthcoming service re-design plans. A Resource Allocation System is currently being piloted and the support requirements for those with Individual Budgets are being investigated. Carer feedback suggests that to ensure that the Individual Budgets scheme is effective, more work is required on communicating the benefits to carers and people with dementia.

Implementing the Carers’ Strategy for people with dementia - the Willows Resource Centre is the facility in the locality that provides short breaks for people with dementia and their carers. The centre provides a range of Respite and Day Care services for people with special needs that cannot be met in the mainstream services.

Improved quality of care for people with dementia in general hospitals - a Liaison Service operates in the general hospital that aims to support and train the staff in the detection and care planning of older people in the hospital environment who have mental health problems. A named lead for dementia has been identified in the acute trust.

Living well with dementia in Care Homes – no formal Care Home Liaison Service exists in the locality, but the appointment of a Mental Health Practitioner at the Haverstoe Unit is expected to improve the quality of care for people with mental health needs. Following the introduction of the Chorley model for Care Homes, that includes an incentive payment scheme, the quality of care has improved significantly, with the proportion of homes rated good/excellent increasing from 44% to 74%.

An informed and effective workforce for people with dementia/carers training and awareness – a Dementia Academy is to be established with the universities of York and Hull, to develop training programmes for all levels of practitioner need. Carers reported that training provided through the Alzheimer’s Tukes Café was found to be very useful.

A joint commissioning strategy for dementia – joint commissioning happens routinely in the locality due to the existence of the composite health and social care trust. Commissioners proactively use the findings of the JSNA to inform the commissioning framework for the Older People’s Mental Health services and they also acknowledge that the predicted demographic changes are likely to provide major challenges to the community health and social care services. However these issues will be subjected to debate internally through the commissioning framework process.

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 North East Lincolnshire 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 North East Lincolnshire 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 North East Lincolnshire 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	699
Registered patients as percentage estimated total population with dementia aged 65 years and over	35%
New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	295
Apr 2009 – Review visit	216
Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	2008/09 = 6.6 days 2009/10 = 3.6 days
CT/MRI brain scans for clarification of dementia diagnosis: Average waiting time from referral to CT/MRI scan date over last 12 months (weeks)	Approx. 2 weeks.
Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	2 weeks min. 3 weeks max.

In North East Lincolnshire it is estimated that around 35% of the population with dementia have a diagnosis and are registered with their GPs. The proportion in the locality is lower than the regional rate of 39%, but marginally higher than the national rate of 33%.

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

- A referral protocol is well documented in the locality, with all suspected cases of dementia being routed through the GP to eliminate any physical cause.
- There is a single point of access to specialist mental health services via the CMHT, who undertake a triage assessment to identify the appropriate service needed.
- The Memory Clinic provides a community assessment for those referrals that present with clear symptoms of dementia, while the more complex cases are seen through an outpatient service. During the assessment process a number of established tools are utilised by staff.
- The dementia care pathway caters for follow-up intervention from the Admiral Nursing Service following diagnosis of dementia, but there is no evidence of a link to the Alzheimer's Society.
- A counselling facility is available for carers and people with dementia following a diagnosis via the Memory Clinic.

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 North East Lincolnshire 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?	Information not available.
Number of people with dementia currently in receipt of individual budgets?	1 Direct Payment. 1 Self Directed Support Assessment.

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

- No specialist Home Care service is currently provided for people with dementia, however there are plans to re-design the service in the near future and specialist provision has been identified as a requirement.
- Commissioners acknowledge that more work is required in providing clear pathways for general staff to access information and advice on dementia from specialist services.
- A Resource Allocation System is currently being piloted in the locality and the support requirements for Individual Budgets from people with dementia is also being investigated.
- Carer feedback suggests that more work is required on communicating the benefits of Individual Budgets and the re-assurance of the application process, to ensure that the effectiveness of the scheme is maximised.

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 North East Lincolnshire 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	292
Apr 2009 – Review visit	98
Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009	177
Apr 2009 – Review visit	94

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

- The Willows Resource Centre is the facility in the locality that provides short breaks for people with dementia and their carers. The centre provides a range of Respite and Day Care services for people with special needs that cannot be met in the mainstream services.

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 North East Lincolnshire locality (Section 4 of proforma) –

- A Liaison Service operates in the general hospital that aims to support and train the staff in the detection and care planning of older people in the hospital environment who have mental health problems.
- A named lead for dementia has been identified in the acute trust.

Objective 11: Living well with dementia in Care Homes.

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

The baseline data submitted to the Review Team for the North East Lincolnshire 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	11	
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 CSC/CQC.	Number	Percentage
3* rating	Information not available.	
2* rating		
1* rating		
0* rating		
Not rated*		

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

- Since April 2009 the quality of Care Homes in the locality has improved significantly following the introduction of the Chorley model. An incentive payment scheme has also been initiated and since April the proportion of Care Homes rated good/excellent has increased from 44% to 74%.
- No formal Care Home Liaison Service exists in the locality, but a development at one of the homes (Haverstoe Unit) is expected to improve the quality of care for people with mental health needs through the appointment of a Mental Health Practitioner.

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 North East Lincolnshire 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	5 Dementia Awareness Courses ran this year. 3 other dementia courses to run once each this year to be increased if demand is evident.
Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	80
Apr 2009 – Review visit	67
Number of dementia awareness courses available for Carers per year	CMHMS running 3 x 10 place courses in 2009/10 1 at Certificate in Dementia Awareness
Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	0
Apr 2009 – Review visit	0

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

- A Dementia Academy is to be established in collaboration with the universities of York and Hull, which will provide the focus for the development of training programmes at all levels of practitioner need.
- Carer training has been provided through the Alzheimer’s Tukes Café, which was found to be very useful.

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 North East Lincolnshire locality (Section 4 of proforma) -

- The North East Lincolnshire Care Trust Plus is an integrated commissioning organisation i.e. composite health and social care trust, therefore all commissioner activity is on a joint basis across the traditional health and social care sectors. Commissioners also report that the JSNA process proactively provides the basis for the current commissioning framework for the Older People's Mental Health services.
- Commissioners acknowledge that the predicted increase in the demand for services from the future demographic changes is likely to provide major challenges to the community health and social care services in terms of capacity to respond in a timely fashion. However the issue will be subjected to debate internally through the commissioning framework process.

3.2 Perspectives of Carers & People with Dementia

An integral part of the regional review of dementia was to obtain the views of both people with dementia and carers with regard to their experiences of dementia in the locality. During the Review Team visits, the Locality Dementia Leads arranged sessions with both groups of individuals, posing the questions - *what's good about your experience with dementia in the locality?* and - *what's not so good about your experiences with dementia?* The notes generated during the session are reported below.

What's good about your experience with dementia in North East Lincolnshire?

- Experiences of the current services were discussed with people with dementia in the locality and all individuals present agreed that in Haverstoe “everyone was really nice” and “the Willows group is very likeable” and the venue was a “nice place”.

What improvements to your support would you like to see in North East Lincolnshire?

- Other than a walking group, the people with dementia could not identify any improvements that could be made to their current service provision.
- Carers however suggested the following –
 - A specific set of services for younger onset dementia patients.
 - Better training for both carers and nurses, including the recognition that dementia is on a lot of levels i.e. it is not just about someone who is forgetful, it is about an holistic view and a better understanding of their needs, sometimes these are very complex issues.
 - Alert cards with emergency details would be really good.
 - More localised nursing care.

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 North East Lincolnshire Locality

- Being the only Care Trust Plus in the country with the responsibility for health and social care budgets.
- Dementia Care Mapping activity.
- Admiral Nurse Service providing carer support groups training in the locality.
- Involvement of carers and people with dementia in the innovative design of facilities in the locality e.g. the acute beds capacity designed as flatlets so that carers can accompany their partners in overnight stays in hospital.
- The development of the Dementia Academy in collaboration with the universities of York and Hull, which will provide the focus for the development of training programmes at all levels of practitioner need.

Immediate Priorities and Areas for Improvement

- Determining local needs and priorities through community engagement teams.
- Development of an overarching commissioning framework.
- Further development and understanding of local quality measures and outcomes and how these issues can be integrated with the contracting process and reflected in a “fully comprehensive” commissioning framework.
- Introduction of the re-designed Home Care service incorporating specialist support for people with dementia.

What are your greatest challenges?

- Closer working relationships between commissions and all provider organisations.
- Collaboration on use of resources.
- A consistent dementia training programme for carers and care staff in the locality.

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

Most of the areas are being addressed i.e. 9 out of 10, but others are not so good and there are very significant gaps.

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

Appendix 1:

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

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

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

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

How this can be delivered

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

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

Commissioners-

- Yes a referral protocol exists via the GP to the CMHT.

Staff Group 1 -

- Designed for Dementia and challenging behaviour.
- Referred to MMN from other homes. Panel to see if they fit in.
- Any Out of Area covered by the two Mental Health Nurses.
- Two Mental Health Nurses support other homes on Patient Centred Care and techniques to deal with Behaviour Psychology Symptoms Dementia.

Is there a single system or single point of access for referrals to Memory Assessment Clinics from primary and social care? If yes how effective is it?

Commissioners-

- Yes, access to the Memory Service is via CMHT.
- We are talking to the community groups at the moment about how to integrate clinical services into it. We have a model that is just being put into use, which is a single point of access. We want to make sure that the work is being done before the referral. On the issue of dementia patients having to give information more than once, they would have to report themselves. Starting this afternoon, we have two learning sites, community groups, which are about the development of our new case management. We have a developer

who is working with us on a single case record process. In a few months we should be able to start submitting information.

- An integrated single point of access is being introduced. The CT Plus is attempting to 'deliver' through a variety of methods the demand stream, facilitate the provision of excellence in information, and the development of preventative, well-being and early intervention services.
- In addition, the development of complex case management (integrated) at two commissioning groups as learning sites is underway. These teams will focus on those at the greatest of risk, most complex (definition agreed) and costly, including frequent flyers. A single case and shared record is being pursued.

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, access to the Memory Service is via CMHT.

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 –

- People who present with "clear" symptoms of dementia are assessed in a joint community visit, while those with more complex symptoms are seen through outpatient appointments (OPA). Assessment tools utilised in the process include SMMSE, Hamilton Depression Scale, Relative Stress Scale, Bristol ADL, Quality of Life Measure, ACE-R and Carer's 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 –

- Pathways in NE Lincolnshire provide for follow up with the Admiral Nursing Service.

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

Commissioners –

- A counselling facility is available through the Memory Clinic.

**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 at the moment, but work will commence in November 2009 to reshape all commissioning of home support services.
- We have done some work to redesign our Home Care service and have identified areas that require specialist services. We aim to complete it by 31st October 2010. We understand the costs of that and it will be standardized at each level.
- Future Plans: This will be a four-tier model; at tier 4 there will be the specialist providers. Competency and price will be determined, as will be the requirement to have a singly trained workforce (health and social care). It fits with personal budgets, and will provide for a level of home-based support not currently available.

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

Commissioners –

- Information not available.

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 -

- No and this needs to be tackled.

Staff Group 1-

- Community Matrons
- Delivery prescriptions.
- Admiral Nurses support pre-admission.

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, a pilot scheme is currently underway (70+ individual budgets) first line appraisal. We have nearly 500 direct members.

Are people with dementia supported to use individual budgets?

Commissioners –

- Yes and improved ways to do this are currently being explored via a pilot programme.

Carers & People with Dementia Group -

- Most carers didn't understand the individual budgets. Some had filled in forms and then heard nothing, while others had heard that they had to pay someone's National Insurance if they went down this route, which put them off. Others had been promised this and that, but nothing concrete. Most people found the whole process frightening.
- The good thing is that you are able to choose someone who fits in with your family and can have one person caring for the patient instead of a lot of different people.

**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 –

- Respite and Day Care is provided through The Willows Resource Centre, providing for needs that cannot be met through the mainstream services and are arranged by Care Managers.

Carers & People with Dementia Group -

- A pamper day is held at the end of the month, but most cannot attend as they have no-one to look after their partners.

- With regard to short breaks, one carer gets 5 nights over a period of 7 weeks and another gets 4 hours every Monday morning. Apparently Crossroads also do that, but the carers were not sure if they were still running or not.

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 service are to support and train staff in the detection of mental health problems, improve the inpatient care and to link with community organisations to improve and avoid delays to hospital discharge.
- Engagement of staff from the acute services in NDS delivery project groups including one Consultant Geriatrician, one Modern Matron and one Ward Manager.

Staff Group 2 -

- Yes, extremely. It is integral to other services.

Is there a named lead for dementia and a work programme to improve the experience of people with dementia in acute care? If yes please give name(s).

Commissioners –

- Yes, Karen Dunderdale, who has yet to engage with the NELCTP implementation programme.

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

Commissioners –

- There is no Community Hospital.

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

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

How this can be delivered

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

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

Commissioners –

- Yes.
- We had 28 homes and at the moment there is an oversupply of approximately 200 beds. We had no quality incentive scheme at all and there was very little specific provision.
- As of 1st April 2009 we have provided uplift and started operating the Chorley model in the North East Lincolnshire area. We have made a lot of improvement on our market. Dementia is a priority and our care contract has been Home Care redesign. By the end of September, 74% of the market was rated as good or excellent, from a low of only 44%, a significant improvement. The proportion of "excellent" homes has doubled from 8 to 16%.
- At 1st April 2009 an incentive payment/quality premium was initiated, targeted only at 2/3 star homes. A working group with long-term Care Home providers is now developing more detailed proposals for April 2010 to further enhance the judgement of quality linked to payment.
- Future plans: Placement policy from next April will only be undertaken in 2/3 star homes, although current placements are now at 70%+ in 2/3 star facilities.
- External support in the development of a model for long-term care (dementia) is being undertaken. In addition discussions underway with HICA to develop the 'Chorley' model in NE Lincs. Contract monitoring is regularly undertaken against a set of standards.

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, a liaison function has been established at the Haverstoe Unit.

- Additionally, specialist support nurses, covering wound management, continence management, infection control, and others all connected to the long term Care Home market.

Staff Group 1-

- No formal Care Home Liaison Service. Supported by two Mental Health Nurses and Mental Health Team.

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 to all three points above.
- The multi-agency and other stakeholder working group is developing the way forward (with York/Hull Universities) to initiate the Dementia Academy. This will provide the long-term focus for the development of training, and awareness at all levels in the system.

Staff Group 1 -

- HICA do training too – VRQ and NVQ.
- Dementia Mapping.
- Training programme for carers through George Hardwick Foundation.

Staff Group 2 -

- They put on training, including dementia awareness and there is also access to the University, Open University and to Bradford.
- They are looking at developing a carers training programme.

Carers & People with Dementia Group –

- The Alzheimer's Tukes Café ran courses, which were very useful.
- There are some things that everyone needs to know. The right training needs to be offered and on a level that people can understand it.
- Dementia Academy? There is talk about it, but think it has been knocked on the head.

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

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

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

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

Commissioners -

- The Care Trust Plus is an integrated commissioning organisation, through a composite health and social care Section 75. The JSNA actively provides the basis for the current work on the commissioning framework for OPMH (completion February 2010). Commissioning is based on four commissioning groups allowing for locality/neighbourhood approaches. Work on joint savings realisation underway.

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 –

- There are issues around services for younger people and the demographic for younger people in Section 1 of this document not being accurate.
- Significantly above national average over 75s and 85s will be challenging to the level of service responses required. Current capacity in community health and social care services will not be sufficient to respond to the predicted demand. Current work on commissioning framework will amplify the financial challenge, which will be subject to debate over the coming months in the CT Plus.

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

Commissioners –

- Information not available.

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

Commissioners –

- Information not available at time of submission, although OPMHS are bidding for funding into the Yorkshire & Humber Innovation fund showing savings in improving training and raising awareness through the Dementia Academy.

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 -

- Strategy Co-ordinator Role, Executive Steering Group (NDS Action Plan), Dementia Survey, NDS Newsletter, Awareness Day, Dementia Collaborative, NDS Web area, Dementia Academy, Accord, Market Shaping and Xtra Care.
- We are carrying out a lot of work with carers, raising awareness not just with dementia. This gives us the basis of using information more effectively. The Dementia Academy is an initiative if it comes about, then we have the basis for a much more widespread base, including directly managed support. We need to recognise the building blocks. Our membership needs to be used to spread information. Awareness and understanding needs to go both ways, it is a two way process. Accord is a real opportunity for us. Community engagement workers are identified on the database. We need to make people speak up about what they want and they need to link into the work that we are doing. There is a real issue of joining up.
- With regards to the structure in place, non-executives bring views on respect and dignity, lead directors specifically to respect and dignity and community groups also take responsibility on a local level. Every connection and feedback is joined up. We need quite a lot of spirit to get our voice across. We need to talk about quality audits and how we can use older people's organisations to measure important issues like respect and dignity. The community needs to be much more driven by these things.

- In respect of the Dementia Collaborative we only have one at this time, but we have put forward some ideas and are at the thinking stage. We need to take this further. The model is an established pattern of working here. There are some things we now need to do to see how we can get the intelligence back.

National Dementia Strategy Objective 3:

Good quality information for those with a diagnosed dementia diagnosis

Providing people with dementia and their carers with good-quality information on the illness and on the services available both at diagnosis and throughout the course of their care.

How this can be delivered

- A review of existing relevant information sets.
- The development and distribution of good-quality information sets on dementia and services available, of relevance at diagnosis and throughout the course of care.
- Local tailoring of the service information to make clear local service provision.

Is there a standard information pack offered at dementia diagnosis? If yes at what point is it distributed? How useful is it?

Commissioners -

- Yes, we have a tailored, consistent information pack that has been devised. The leaflets and booklets are excellent and we should all be using the same literature. We designed a service guide based on the information that people require.

Staff Group 1 -

- Standardised information pack is given at diagnosis and tailored to needs.
- Carers Group – Specialist Dementia Forum.
- Independent Service User and Carer Forum.

Staff Group 2 -

- They have a copy on the ward and use it with relatives. At the point they feel that they can take on the information. This is just basic information and if they want further information they can ask. A key worker will go through it with them so that it is not too overwhelming.

Carers & People with Dementia Group -

- Most were given information packs. They are available from different places and the information is fed through gradually.
- Some carers said that they got a lot of help from The Willows and didn't know what they would do without them.
- There is a Carers Forum on Victoria Street and if they do not have the information required, they will get it. They are open every day and conveniently situated in the centre of town, but most carers did not know about this.

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 –

- Admiral Nurses are planning to start up a Joe's Club, however, no evidence was available on submission.
- There is a regular Carers Group at The Willows with approximately 75 people attending.
- Three groups in Care Homes facilitated by the Independent Forum Older People's Mental Health co-ordinator, which are attended by 45 people.
- We had a really good programme set up, but things broke down with the Alzheimer's Society. Leeds/Bradford have some really good community based models. The main one is based in The Willows and is a really well established group. It will be part of the next steps and the Community Group is to look at that.

Cares & People with Dementia Group –

- The Willows meets on the last Wednesday of each month and is well attended, about 10 – 14 people.
- An Older People's Focus Group is held at The Gardens every Monday.
- The George Hardwick Foundation arranges meetings the 2nd Tuesday in every month.
- Most carers are unable to attend these meetings as they can't take the person they are caring for with them. One thought that she was too young and others felt that they would rather not be confronted with it all the time.
- The commissioners need to take action in this regard.

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 –

- Yes, given that the locality is small.

**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 –

- Information not available at the time of submission re General Older People's intermediate care.
- We have just redesigned our internal tier services. You cannot have two systems running. The two providers are now trying to make sure that no-one falls through the system. We have tried to close the gap and would prefer to use a single tier internal service.

**National Dementia Strategy Objective 10:
Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.**

The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

How this can be delivered

- Monitoring the development of models of housing, including extra care housing, to meet the needs of people with dementia and their carers.
- Staff working within housing and housing-related services to develop skills needed to provide the best quality care and support for people with dementia in the roles and settings where they work.
- A watching brief over the emerging evidence base on assistive technology and telecare to support the needs of people with dementia and their carers to enable implementation once effectiveness is proven.

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

Commissioners -

- The "Just Checking" system is being used to assist with the determination of level of support. It is acknowledged that the use of Telecare is an area for development as current availability is limited and being tested. Devices being used include gas detectors, water detectors, carbon monoxide detectors, tablet dispensers, intruder alarms, alarms on outside doors, smoke detectors and bed pressure mats are available.

- We are looking at the “Just Checking” system. There is a big difference between primary care staff and social services staff. We agreed to do this trial and a lot of concerns were raised about people’s safety. We have a story log about what efficiencies we are getting out of this. We improved the admissions by having the current information and are using it within the community health unit too. It helps to make other services more responsive. Carers or nurses can monitor when a patient has gone to bed and do not wake them up when they have, for example, only been asleep for an hour.

Carers & People with Dementia Group –

- When asked about Telecare, all carers at first said that they had not heard of it, but when explained, most said that they had and were using the devices themselves.
- One carer mentioned that electrical devices to help people are available from Care Link. He said that they are free in Grimsby and can’t understand why everyone doesn’t use them. There must be a way to get this information out.

**National Dementia Strategy Objective 12:
Improved end of life care for people with dementia.**

People with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the Department of Health End of Life Care Strategy. Local work on the End of Life Care Strategy to consider dementia.

How this can be delivered

- Initiating demonstration projects, piloting and evaluation of models of service provision prior to implementation, given the current lack of definitive data in this area.
- Developing better end of life care for people across care settings that reflects their preferences and makes full use of the planning tools in the Mental Capacity Act.
- Developing local end of life care pathways for dementia consistent with the Gold Standard framework as identified by the End of Life Care Strategy.
- Ensuring that palliative care networks, developed as part of the End of Life Care Strategy, support the spread of best practice on end of life care in dementia.
- Developing better pain relief and nursing support for people with dementia at the end of life.

**Does End of Life training include the needs of people with dementia and their carers?
Does your local palliative care strategy and services include people with dementia?**

Commissioners –

- We are putting together a broader end of life care strategy, which will include dementia care, and the deadline is end March 2010. A lot of the work is already ongoing.

Safeguarding

Please describe your local definition/reporting threshold for Safeguarding?

Commissioners –

- A review was undertaken of Safeguarding (Adults), this has resulted in the development of a 'hub and spoke' Safeguarding Team, the Board membership has been revised, as has the Operational Group; OPNH services have membership. Local Action Plan including DMCA/Dols.
- Referrals will be accepted from any source, including anonymous ones. Referrals will be progressed via safeguarding for any incidents where the abuse of a vulnerable person may be indicated. A person may be deemed vulnerable by means of mental, physical or learning disability, or due to their individual circumstances, which are assessed on a case by case basis.

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 –

- Non executive Champion.
- Carers Worker within OPMHS.

Appendix 3:

North East Lincolnshire Locality Responses to Examples of Good Practice, Immediate Priorities and Areas for Improvement

What are the top areas of local practice?

Commissioners -

- Being the only Care Trust Plus in the country with the responsibility for health and social care budgets.
- Dementia Care Mapping - We are keen to improve standards. We want to look at having best care within our units and bringing DCM into our locality. We have arranged for 23 people to go through the Care Mapping programme. People are pairing up and all work together to do the mapping. It is going really well. We feel that we should be allowed to put an action programme out together. We have a psychologist working with us to see how best to work together and do the right training programmes. We need to pool our skills and share resources and start a good working relationship. It will be quite costly, but worth it. Half of the staff are from Care Homes and the other half from other areas and they all want to be map trained. They want to tap into the support group and need to keep bringing people back to talk to each other. They are really enthusiastic and most try to sustain that.
- Admiral Nurses - We put a bid in and have jointly funded two Admiral Nurses to come to this facility. They run support groups and provide support and training. This has been one of our successes.
- Innovative design of facilities directed specifically by carers and service users - We have tried in all services to give people a sense of value that is not always present. The acute beds are designed like flatlets so that the carers can be admitted with the patients. You can have the carer live in the flatlet with the person so that we do not split up couples after 50 years of marriage. The flatlets also have kitchen areas and an added safety feature is that all kitchens are fitted with a roll-down screen, which is kept down until the patient has been assessed. It is important to us that people have a sense of value in our facilities and all our facilities are designed with that in mind. We feel that they can come to no harm and to retain a sense of normality can be empowering. Even simple things like the medicine cabinets are located in the rooms themselves so that they are easily accessible for the carers and this also means that nurses do not have to wheel trolleys with medicines into the rooms. The flatlets have a homely atmosphere and if you meet someone in their home, it is much easier to build a relationship with the patients. Over time they are developing a sense of community. It is a work-in-progress and the caseload for the 5 beds will be 12, i.e. 4 in and 8 out. Another revelation is that employees do all the cleaning themselves and the unit is almost pristine. Their employment scheme also includes the garden, catering, handyman jobs, preparing meals, etc. Staff are trained to deal with all needs so provide packaged care and any problems that may arise are sorted out immediately. There is a real sense of empathy now and staff are treated better. Our staff are subsequently more conscientious and feel like they actually live at the facility for the duration of their shift. One meal a day is provided and we feed the staff with the patients. There is also horticultural therapy, people spend a lot of time outside in the summer months watering and planting, more like a community.

What are the immediate top areas of Development?

Commissioners -

- Determining local needs and priorities through community engagement team.
- Development of an overarching commissioning framework.
- Local quality measures and outcomes - We need to understand quality and how we bring it all together. JSNA highlights the fact that we do not have a complete framework and work is well underway.

What are your greatest challenges?

Commissioners -

- Closer working relationships between commissioners and all provider organisations - A lot is happening at the moment and we make sure that everyone is working together. There is somebody who works specifically at going into Care Homes and doing training and we are looking at DCM and other things. We have 28 Care Homes in the locality. With regard to people's dignity, etc. we are relying on Care Homes that we would rather not be doing, we want to do more Home Care. We feel that very few people would need to be in a care home if clustered flats, etc. were available. As a provider we need to speak to people about bespoke care, adjusting people's homes, community faceted homes, etc. We need a balance and must not isolate people with dementia. We need to look at what different forms of assistance are required and this needs to be much more community based.
- Collaboration on use of resources to avoid duplication, i.e. pooling where appropriate.
- A consistent training programme for local carers and workforce is in development.

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

Commissioners -

- Most of the issues that are being addressed are a 9 out of 10, but others are not so good and there are very significant gaps. Unless these things work and are put in place properly, we will reach a point that they won't be able to perform the way we need them to.
- One area, dignity and respect, used to be very clinical and uncomfortable, but this has now been sorted out and our carers have been taught how to deal with it. Small improvements like this can go a long way and we will do anything we are good at, beyond primary care. We are prepared and ready.
- We have also held some awareness days, where people came in and told us what they would like. Within a room of people, some didn't have a clue about people with dementia, whereas others were quite knowledgeable and prepared.

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 North East Lincolnshire Locality

Objectives	Metrics	Position
Objective 2: Good quality early diagnosis and intervention for all	Number of patients currently registered with GPs as having dementia	699
	Registered patients as percentage estimated total population with dementia aged 65 years and over	35%
	New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	295
	Apr 2009 – Review visit	216
	Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	2008/09 = 6.6 days 2009/10 = 3.6 days
	CT/MRI brain scans for clarification of dementia diagnosis: Average waiting time from referral to CT/MRI scan date over last 12 months (weeks)	Approx. 2 weeks
	Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	2 weeks min 3 weeks max
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	40
	Apr 2009 – Review visit	41
	Total number of individuals currently using peer support and learning networks	75
Data sourced from the North East Lincolnshire Metrics Framework submitted to the Review Team prior to visit on 21 st October 2009		

Table 6: Baseline Position Against the National Dementia Strategy for the North East Lincolnshire Locality

Objectives	Metrics	Position
Objective 6: Improved community personal support services	How many hours of specialist Home Care for people with dementia are currently offered per year?	Information not available
	Number of people with dementia currently in receipt of individual budgets	1 Direct Payments 1 Self Directed Support Assessment
Objective 7: Support for Carers	Number of Carer Assessments carried out for Carers of people with dementia Apr 2008 – Mar 2009	292
	Apr 2009 – Review visit	98
	Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009	177
	Apr 2009 – Review visit	94
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	41
	Number of people with dementia supported at home with a Telecare device.	Overall information not available. However 9 Just Checking devices have been used in the assessment process for people with dementia.
Objective 11: Living well with dementia in Care Homes	Number of registered beds in residential and nursing care in your community for dementia	11
	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	Information not available.
	2* rating	
	1* rating	
0* rating		
Not rated*		
Data sourced from the North East Lincolnshire Metrics Framework submitted to the Review Team prior to visit on 21 st October 2009		

Table 6: Baseline Position Against the National Dementia Strategy for the North East Lincolnshire 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	5 Dementia Awareness Courses ran this year. 3 other dementia courses to run once each this year to be increased if demand is evident.
	Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	80
		Apr 2009 – Review visit
	Number of dementia awareness courses available for Carers per year	67 CMHMS running 3 x 10 place courses in 2009/10 1 at Certificate in Dementia Awareness
	Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	0
	Apr 2009 – Review visit	0
Safeguarding	Number of people over 65 referred to Adult Safeguarding processes Apr 2008 – Mar 2009	153
		Apr 2009 – Review visit
	Number of people with dementia referred to Adult Safeguarding processes Apr 2008 – Mar 2009	108
	Apr 2009 – Review visit	Information not available.
		Information not available.
Data sourced from the North East Lincolnshire Metrics Framework submitted to the Review Team prior to visit on 21 st 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.

