

# **Yorkshire & Humber Improvement Partnership Regional Review of Dementia North 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.

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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 North 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 Lincolnshire locality have a clinical diagnosis of dementia and are registered with their GPs. Clear referral pathways to specialist mental health services exist via the GP if health and social care staff suspect an individual has dementia. The Memory Assessment Service provides a range of psychosocial interventions for people both prior to and post diagnosis and conforms to the NICE guidelines. The assessment service is clinic based with community outreach, where assessments are done both at home and in the clinic. No formal pathways for follow-up from the voluntary sector exist, but where appropriate, signposting is carried out. All newly diagnosed individuals have a home visit from the CMHT and are referred for counselling services through their GP if required.

**Improved community personal support services** - no specialist Home Care service exists for people with dementia, however all people access a six-week intensive assessment period prior to referral on to the general Home Care service. No clear pathway currently exists for community staff to access advice and information on dementia, although there are informal links between the Home Care service and the CMHT. Commissioners wish to develop a more robust approach to supporting community staff.

**Implementing the Carers' Strategy for people with dementia** - provision for short breaks exists in North Lincolnshire and includes a sitting service, Respite care, day services and planning for emergency carer cover. Other services that can be accessed through the Carer Support Centre includes the voluntary organisations, local authority service providers and life-long learning, while the Alzheimer's Society provide advice, support and guidance to carers families etc. of people with dementia related conditions. Carer Assessments are also undertaken by the Alzheimer's Society.

**Improved quality of care for people with dementia in general hospitals** - a Liaison Service is provided in the general hospital for advice and support to hospital staff that includes dementia. The service provides for professional teaching and training, but due to volume of referrals this opportunity is currently limited. This service also provides a liaison outreach service to Care Homes in the locality. No named lead for dementia exists at present in the acute trust.

**Living well with dementia in Care Homes** – a Care Home Liaison service has existed in the locality for a number of years where referrals are accepted using a waiting list system, but urgent cases get a prompt response. A “Support in Placement” team exists in the local authority who oversees the Care Home contracts and provide a programme of annual reviews ensuring that quality of care standards are achieved.

**An informed and effective workforce for people with dementia/carer training and awareness** – no fully integrated training programme exists for dementia across sectors in the locality, however each organisation has it’s own programme of courses that in some cases are made available to other organisations (including private and voluntary sector organisations) and carers in the locality, while other courses have external validation through such organisations as Lincoln University.

**A joint commissioning strategy for dementia** – a joint implementation strategy and action plan has been developed with key partners that incorporates the priorities of people with dementia and was recently submitted to the Executive Commissioning Board. Commissioners acknowledge that the funding for new developments in dementia are not ring-fenced or protected, although they are confident that the funding will be made available for these developments as they will impact positively elsewhere in the care delivery model.

# 1 Introduction

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

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

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

This report documents the findings of the North 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.

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<sup>1</sup> Living with dementia: A National Dementia Strategy - Department of Health – February 2009

<sup>2</sup> [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_103136.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103136.pdf)

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

<sup>4</sup> Deputy Regional Director for Social Care and Local Partnerships

- *Service Users & Carer Perspectives* – collation of the responses provided by service users and carers of their experiences of dementia services to date.
- *Good Practice, Priorities and Areas for Improvement* – a summary of the responses provided by participants as to current strengths of the service provision and areas where further development is required.

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

- Appendix 1 - containing the descriptive evidence collected in section 4 of the Metrics Proforma in support of progress made with the seven priority objectives of the Strategy.
- Appendix 2 - containing the descriptive evidence collected in section 4 of the Metrics Proforma for the remaining objectives of the Strategy. This evidence has been included in this report for completeness, but has not contributed to the analysis provided.
- Appendix 3 – containing the detailed responses to section 3 of the Metrics Proforma relating to strategic questions about the locality.
- Appendix 4 – containing the quantitative evidence about dementia in the locality and collected through section 2 of the Metrics Framework.

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

## 2 Review Methodology

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

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

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

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

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

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

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

<b>Table 1: Good quality early diagnosis and intervention for all</b>	<b>2009 Baseline</b>
Number of patients currently registered with GPs as having dementia	701
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	175
Apr 2009 – Review visit	72
Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	8.9 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)	Average not available but current waiting times are: 2-3 weeks for CT scan in Scunthorpe 3-4 weeks for MRI scan in Grimsby
Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	Information not available

In North 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% and two-percentage points higher than the national rate of 33%.

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

- Clear referral pathways are available for all health and social care staff groups to refer to specialist mental health services via the GP if they suspect an individual has dementia.
- The Memory Assessment Service in operation in North Lincolnshire provides a range of psychosocial interventions for people both prior to and post diagnosis and conforms to the NICE guidelines. The assessment service is clinic based with community outreach, where assessments are done both at home and in the clinic.
- There are no formal pathways defined from the Memory Assessment Service for follow-up from the voluntary sector, but where it is felt appropriate, specialist health and social care staff will ensure that signposting to voluntary organisations is carried out.
- All newly diagnosed individuals have a home visit from the CMHT and are referred to counselling services through their GP if required.

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 Lincolnshire locality in relation to Section 2: Quantitative Metrics are outlined in the Table 2.

<b>Table 2: Improved community personal support services</b>	<b>2009 Baseline</b>
How many hours of specialist Home Care for people with dementia are currently offered per year?	Information not available
Number of people with dementia currently in receipt of individual budgets?	None on Individual Budget 1 recorded on Direct Payments

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

- No specialist Home Care service exists for people with dementia in the locality, however there is a six-week intensive assessment period prior to referral on to the general Home Care service.
- No clear pathway currently exists for community staff to access advice and information on dementia although some informal links do exist. Management recommendations have stated a more robust approach to supporting community staff with dementia is required and commissioners wish to review this situation.

**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 Lincolnshire locality in relation to Section 2: Quantitative Metrics are outlined in the Table 3.

<b>Table 3: Implementing the Carers' Strategy for people with dementia.</b>	<b>2009 Baseline</b>
Number of Carer Assessments carried out for Carers of people with dementia Apr 2008 – Mar 2009	7 Total carers assessments 797
Apr 2009 – Review visit	3 Total carers assessments 355
Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009	Short break = 13 Total 753 Respite = 10 Total 501
Apr 2009 – Review visit	Short break = 3 Total 243 Respite = 1 Total 67

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

- Provision exists in North Lincolnshire for short breaks including sitting services, Respite care, day services and planning for emergency carer cover.
- Other services that can be accessed through the Carer Support Centre include the voluntary organisations, local authority service providers and life-long learning, while the Alzheimer's Society provide advice, support and guidance to carers families etc. of people with dementia related conditions.
- Carer Assessments are also undertaken by the Alzheimer's Society.

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 Lincolnshire locality (Section 4 of proforma) –

- A Liaison Service is provided in the general hospital for advice and support to hospital staff regarding older people's mental health issues and in particular people with dementia or people with symptoms of dementia. The service also provides for professional teaching and training, but due to volume of referrals this opportunity is currently limited.
- This service also provides a liaison outreach service to Care Homes in the locality.
- No named lead for dementia exists at present 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 Lincolnshire locality in relation to Section 2: Quantitative Metrics are outlined in the Table 4.

<b>Table 4: Living well with dementia in Care Homes</b>	<b>2009 Baseline</b>	
Number of registered beds in residential and nursing care in your community for dementia	713	
If possible, indicate what percentage this is of the total provision of residential and nursing care beds	53%	
Number of Care Homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
3* rating	5	14%
2* rating	20	55%
1* rating	10	28%
0* rating	0	0%
Not rated*	1	3%

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

- A Care Home Liaison service has existed in the locality for a number of years and is linked to the hospital based service. Referrals are accepted from Care Homes using a waiting list system, but urgent cases get a prompt response.
- A “Support in Placement” team exists in the local authority who oversees the Care Home contracts and provide a programme of annual reviews that ensure that the quality of care provided in the homes meet with the required standards.

Objective 13: An informed and effective workforce for people with dementia/carer training and awareness

All health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.

The baseline data submitted to the Review Team for the North Lincolnshire locality in relation to Section 2: Quantitative Metrics are outlined in the Table 5.

<b>Table 5: An informed and effective workforce for people with dementia/carer training and awareness</b>	<b>2009 Baseline</b>
Number of dementia awareness courses available for mainstream staff per year	<p>Approximately 5 'dementia awareness' courses, Approximately 3 'Dementia 2' courses,            Approximately 3 'dementia walking not wandering' courses available per year through LA.</p> <p>RDaSH provided 4 workshops (2008) on care of older people with dementia</p> <p>No data available from NHS North Lincolnshire or Acute trust.</p> <p>Mental Health Liaison provide training in Care Homes when required            3 practitioners attended the dementia mapping courses in 2008.</p>
Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	LA run = 131 in house & 7 external delegates RDaSH = 42 health and social care staff
Apr 2009 – Review visit	Information not available
Number of dementia awareness courses available for Carers per year	<p>Alzheimer's Society – 15 per year awareness rising talks about dementia given to groups. Including other professionals and organisations.</p> <p>1 awareness raising talk given to BME groups. The Community mental Health Team for older people offer basic training for patient carers on an individual basis.</p> <p>Carers have the opportunity to attend all relevant Adult Social Services courses.</p>
Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	LA run = 36
Apr 2009 – Review visit	Information not available

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

- No fully integrated training programme exists for dementia across sectors in the locality, however each organisation has it's own programme of courses that in some cases are made available to other organisations (including private sector organisations) and carers in the locality, while other courses have external validation through such organisations as Lincoln University.

**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 Lincolnshire locality (Section 4 of proforma) -

- A joint implementation strategy and action plan for dementia has been developed with key partners demonstrating their real commitment to improving dementia in the locality and incorporating the views of older people and their priorities including the priorities of people with dementia. This strategy was recently submitted to the Executive Commissioning Board.
- Further mapping of how the market in the locality can meet the needs of people with dementia is required, as is further investigation to ensure there is capacity in the market, particularly in community personal support. Impacting on both issues are the predicted changes in the demographic of the locality.
- Commissioners acknowledge that the funding for new developments with dementia are not ring-fenced or protected, although they are confident that the funding will be made available for these developments as they will impact positively elsewhere in the care delivery model. There is also a need to review other part of the service provision to identify efficiencies that can provide funding.

## 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.

At the Carer Support Centre a number of personal experiences of dementia were relayed to the Review Team. Experiences varied considerably from good experiences that included smooth processes of diagnosis, regular visits from care staff and regular attendance at the Memory Clinic, good Respite and Day Centre provision, to the poor experiences that included “battling services”, difficulties in getting GPs to make referrals and poor support from social services. Carers have found that the Support Centre has been invaluable in terms of advice and information, and in particular what can be learnt from each other. A lot of carers find out about the Carers Support Centre by looking at GPs notice boards and not being signposted by care staff.

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

- People with dementia at Alvingham Road Day Centre reported that the staff were very obliging and helpful, the food was good and there were activities to do every day.
- It was also reported that the staff were well trained in dementia, the centre had a good mixture of dementia and mainstream clients and the centre was open seven days a week.
- The staff at the Travelling Day Service were patient in the care they gave users, also they were engaged, involved and happy. The service is a very person centred one, providing personalised individual therapies and care plans and life storybooks.

### **From your experience with dementia in North Lincolnshire what could be improved?**

- Carers felt that they did not always want Respite in Care Homes and would like to have respite at home where the people with dementia would know their surroundings and feel safe.
- In terms of short breaks, some Sitting Services are available but nothing specifically for younger people.
- Only a few people had heard of direct payments but felt that these were more of a burden than a help.
- GPs surgeries are very mixed in their information giving, although most carers had found details of the Carer Support Centre on literature in GPs surgeries.
- Public/professional awareness of dementia generally is not good in the locality and needs improving. In particular experience with some hospital staff was not very good for people with Alzheimer's disease. Awareness in Care Homes also needs improving.

### **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 Lincolnshire Locality**

- Recent consultation events on issues related to the National Dementia Strategy leading to a local launch event for the strategy in June 2009.
- Fresh Start prevention service including 40 Fresh Start Ambassadors who are older people whose responsibility it is to inform and engage the local community about events being planned by Fresh Start in the area. This service is a generic service for all older people, so people with dementia and their carers also benefit from the service.
- Travelling Day Service supporting people in rural areas.

- Rapid Response Service for older people, funded through the re-allocation of investment in residential care to Home Care support.
- Partnership working in the locality.

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

- Single Point of Access/Care navigation needs to be improved to enable easy access to care, support and advice following diagnosis.
- Increasing public and professional awareness to dementia.
- Actual joint financial planning now the governance infrastructure is in place.

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

In terms of preparedness to meet the National Dementia Strategy, on a scale of 1 – 10, North Lincolnshire considered themselves a 6.

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

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

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

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

## Appendix 1:

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

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

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

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

How this can be delivered

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

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

Commissioners –

- The main route for referral is through the single point of access via GPs.

**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 –

- The single point of access is the mechanism through which all referrals to CMHT are made. We have undertaken development reviews to try and improve efficiency. The single point of access is for Older Peoples services that includes, medical service, liaison service and CMHT. This allows us to provide an urgent response where necessary and to ensure that there is enough information in the decision-making to identify people appropriate for Memory Services at an early stage and thus avoid duplication.

**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 –

- The main route for referral is through the single point of access via GPs.
- Rapid Response Teams works 24/7. For people not needing a rapid response, multi-disciplinary team meets weekly and a response is given within seven days.

**What type of Memory Assessment Service is provided locally? Are there plans to implement a core set of assessment tools? List core set of assessment tools?**

Commissioners –

- We have a robust Memory Assessment Service. We provide a whole range of psychosocial interventions for people both in the run up to, and after diagnosis, with a good range of services. We have clear issues about capacity within the service due to increasing demand. The service conforms to NICE guidelines.
- Memory Assessment Service is a clinic-based model with community outreach. Assessments are done either at home (by nurse or OT) or in the clinic. Medical assessment is always carried out in clinic.

**Are there clear systems/pathways from the Memory Assessment Service on to follow up or voluntary sector services? If yes how effective is it?**

Commissioners –

- There is not a clear pathway, however it is recognised that if needed they can follow up with referral to social service or CMHT who would ensure signposting to appropriate voluntary sector services is carried out.

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

Commissioners –

- All newly diagnosed individuals have a home visit from CMHT and if appropriate they will refer on to counselling through GP or additional support from Alzheimer’s Society.

**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. We have a Home Care Service but it also deals with people who have had illnesses as well. The pathway in North Lincolnshire is that a patient is assessed for six weeks and then referred on to general home support service. We have mental health support worker



who works for CMHT – beyond this it is general Home Care. This is an area that we need to look at in the future given the projected demographic growth of dementia.

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

Commissioners –

- This is carried out by a newly structured performance section that overview the contracts and undertake joint reviews of Care Homes and Home Care Service.

**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 clear pathway exists but links made between teams, this is an area for development, currently not robust. Managers have recommended a Community Support Service.

**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 –

- No. Planning to introduce next year.

**Are people with dementia supported to use Individual Budgets?**

Commissioners -

- We have a Personalisation Support Project Team looking at expanding the use of Individual Budgets at the moment. Over the next six months will be looking at this issue. Need to ensure that this includes people with dementia and early onset dementia. Individual budgets are a challenge for people with dementia and their carers.

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

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

#### **How this can be delivered**

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

#### **What types of short breaks are provided for dementia carers?**

Commissioners -

- Drawing up an emergency plan about what needs to be done if they are ill or unable to continue as a carer – provider or care manager.
- Getting a break from caring, for example a sitter service (where someone comes in to look after the cared for person while carer does something else) – majority from Carer Support Centre.
- Respite care (overnight stays in a residential Care Home which can be part of regular programme, or to help carer to take a holiday) can use the voucher scheme – variety of registered Care Homes.
- Day services (where the cared for person takes part in a variety of social, learning or employment related activities) – majority is local authority provision.

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

- Advice on benefits and putting them in contact with local voluntary group and local authority providers.
- Lifelong learning (a chance to take up or continue a hobby, interest or learn new skills) – provided through Carers Support Centre.
- Alzheimer's Society offers advice, support, and guidance to Carers, families and friends caring for someone who has a dementia related illness. This support includes Carer Groups, Carers Information Programmes, Dementia cafes and support for other volunteers and professionals. Along with signposting to other appropriate services.
- The Carers' Support Centre can offer information and support that is tailored to individual needs as a carer. They run carers' support and social groups throughout North Lincolnshire and offer free, impartial advice and information for carers.
- Rethink provides help and support for carers of people with mental illness.
- Apna Sahara provides support and advice to carers in the BME community
- The Alzheimer's Society family carer team carry out most carer assessments and offer advice, guidance and signpost to appropriate services.

**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 –

- The Liaison Service is a combined service covering Care Homes and hospitals and is an incredibly busy service. One of our objectives is the professional teaching and training work that we do. We have carried out work on some of the wards. Due to the number of referrals coming in from Care Homes this has been delayed. We would like to see a further development of training.
- Reviewing inpatient beds for older people at present with a view if possible to provide less in-patient beds and re-invest in community 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 –

- No named lead for dementia.

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

Commissioners –

- Not applicable.

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

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

**How this can be delivered**

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

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

Commissioners –

- The 'support in placement' team carry out annual reviews of all older people Care Homes. The reviews set out to - identify senior staff member in all Care Homes to lead quality improvement in dementia care; support Care Homes to develop strategies for the management & care of people with dementia, incorporating any good practice resources and information; provide guidance for Care Home staff on best practice; ensure only appropriate use of anti psychotic medication for people with dementia.
- Currently policies and contract monitoring includes framework agreement; quality check, linked to fees.
- Contracts only continued with failing service if person wants to stay.

**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 –

- This is a very long established Care Home Liaison Service team and that is well known among services. People refer directly to this team, who operate a waiting list but if people have an urgent need the team will respond on the same day.
- This service linked to the hospital liaison based service.

**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 -

- At the present time there is not a fully integrated training programme for health and social care. However each organisation work together and offer a number of training places to their partner organisations, private sector and carers can access. There are plans to have an integrated training programme for the new type of worker to start in January 2010. This will include a whole unit on mental health care.
- There is an Adult Social Services training plan and RDaSH have their own training plan. NHS North Lincolnshire have their own training programme. Scunthorpe and Goole NHS Trust have their own training programme. The Community mental health team for older people offer support / advice and basic training for patient carers on an individual basis.
- Adult Social Care training plan aims to provide a three level dementia-training programme from April 2010 as well as workshops for providers and carers on a practical approach to care and well-being, memory books and treasure boxes. The aim is to link this into The Certificate in Community Mental Health for older people provided by Lincoln University, who are also looking to provide a specialist dementia unit in the Post-graduate inter-professional practice framework. Carers have the opportunity to attend all relevant Adult Social Services courses.
- Until the launch of the new training programme in April 2010 workforce development have commissioned external facilitators to carry out these courses to ensure staff have access to the knowledge needed to support people with dementia.
- We are also aware of one independent external company who are looking to provide dementia awareness training in schools and some private care settings.
- There has recently been discussion about setting up a network forum to provide speakers and workshops on dementia care. The intention is to set up a core group in North Lincolnshire to work with and learn from an established network group in a neighbouring geographical area.

**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 joint implementation strategy and action plan for dementia went to the Executive Commissioning Board in September following a workshop in July. There is a real commitment and we are looking at how we can plan joint commissioning.
- We are confident that the JSNA will support future spending on people with dementia. It is a generic JSNA that focuses on older people and includes people with dementia. It is a useful starting point to get people together and there was a lot of consultation and good representation of the views of older people and their priorities including the priorities of people with dementia.

**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 –

- Further mapping of how the market can meet the needs of people with dementia is required, as is further investigation to ensure there is capacity in the market, particularly in community personal support. Impacting on both issues are the predicted changes in the demographic of the locality.

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

Commissioners –

- Nothing ring fences to dementia but there is a commitment to ensure services that are not up to capacity are decommissioned to allow new service to be established.
- Financial projections to accompany the implementation plan are being developed.
- Following the success of the POPPs scheme we were able to confidently go to Council and the PCT and get money to sustain the work because it was delivering. Some of the money has come from mainstream services and it has gone into the preventative service. For example we are relying less on residential care and building up our Home Care facilities. Over the last 10-years the amount that has been spent on residential care has been going down and the spending on Home Care has gone up. Gradual shifting of resources going on.

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

Commissioners –

- Reviews of some of the existing services are planned as part of the implementation plan, which could identify where funding can re-directed.

## 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 -

- Identify & action specific community engagement (intergenerational) – Fresh Start data: Intergenerational work needs co-ordinating - lots of good practice out there. This work is linked up to the Fresh Start programme, which was originally part of the POPPs project that aimed to bring people together. Multi-Agency intergenerational work is PCT led and this group has links to Education and Social Services. Interlinking with Care Homes, schools and universities etc trying to get as many as possible involved. One of the Care Homes is linking up with a secondary school every Wednesday. Fresh Start Steering Group has now been operating for two years. Good feedback received.
- GP awareness sessions (QIPP): In terms of having a single mental health lead we have a retired but still practising GP who is working with RDASH and runs dementia awareness sessions for GPs and their staff.
- Link with Public Health to explore / determine public information / awareness.
- Map out what leaflets are available and identify the gaps. Produce detailed list of leaflets.
- Link to development of dementia adviser service business plan.
- Ensure the national publicity awareness programme gets raised locally using public information, regional links and publicity section.
- One year on - after the NDS' event Wednesday 3 February 2010. Outline proposed dementia awards for good services & linked to Fresh Start awards

- Develop a local communication plan for people with dementia and developing easy read and public summary of local implementation strategy.

**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 -

- No standard pack. Currently use Alzheimer's Society literature. The important thing is to look at the different forms of media we can use. Exploring the different ways we can do this. Very much in the planning – thinking laterally.

**National Dementia Strategy Objective 5:  
Development of structured peer support and learning networks for people with dementia and their carers**

The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. It will also enable people with dementia and their carers to take an active role in the development and prioritisation of local services.

**How this can be delivered**

- Demonstrator sites and evaluation to determine current activity and models of good practice to inform commissioning decisions.
- Development of local peer support and learning networks for people with dementia and their carers that provide practical and emotional support, reduce social isolation and promote self-care, while also providing a source of information about local needs to inform commissioning decisions.
- Support to third sector services commissioned by health and social care.

**What type of peer support and learning networks are offered in your area (e.g. memory cafes, carer support groups, carer education groups)? Who provides them?**

Commissioners –

- Alzheimer's Society has a dementia café set up in Scunthorpe through Fresh Start programme which is used as a hub. This service has 20 people attending per month and the feedback is very positive. We tried to expand the cafés into Barton as we wanted to be more sustainable locally, but found people did not want to take up the service. We are carrying out some work on why this did not happen and where we need to develop.

**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 –

- We met with the Alzheimer’s Society and the plan was to expand cafes over North Lincolnshire. The café would be run using an informal model that includes Assessment and Care Management staff working together with CPN etc. Now the new support workers are in place with Alzheimer’s Society we looking to explore this.
- We held a consultation event and one person with dementia attended and seven carers/family members. It is about putting the information across in the right way so people with dementia can be consulted (may need to be through carers).

**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 need to ensure that with the changes in team service and the development of our Home Care and Intermediate Care services, the needs of people with dementia are taken into account.



**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 have a newly opened extra care housing scheme for people over 55, 24 hour staffing, 51 units, one third of which are for high level needs including dementia - different people have different needs. Initial feedback is that this is a very good scheme.

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

Commissioners -

- 24 hour Home Support Service.

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

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

**How this can be delivered**

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

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

Commissioners –

- We have a local strategy. The strategy, which is led by PCT commissioners, does not exclude people with dementia. Review currently on hold pending the National End of Life Strategy.

**Safeguarding**

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

Commissioners –

- There is an older person's dignity and safeguarding champion at cabinet level (Stuart Wilson). We took a paper to the Cabinet asking the council to commit to zero –tolerance of adult abuse and put it on the same level as that of child abuse. At the same time put forward the Corporate Carers Scheme – the Council signed up and are being trained on this.
- With the increase in training and awareness, the number of referrals from last year to this year went up by 65%. What we are operating is quite a high threshold for things coming through as referrals. We have introduced the Alert Systems to catch things. On the Mental Health side there are not very many recorded cases received on safeguarding on mental health.

## 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 –

- The information about dignity comes from the Quality and Review Services Manager. Following the launch 12 months ago, some of what they are doing is linked to the seven outcomes one of which is Respect. People signed up on the day to say whether they wanted to follow up on this. Need to learn from this pilot and expand it further.
- Older Peoples Champion is Stuart Wilson. Trying to engage NHS and Social Services in that group. Trying to look at independent audit across all the sites to get it “bedded down” and have an independent team that can audit themselves as well. Encouraging each establishment to have a dignity champion we can use this to look at the way people experience services. There is a commitment there to keep on doing this and have an integrated audit team.

## Appendix 3:

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

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

Commissioners -

- Consultations on National Dementia Strategy (NDS) - 3 events held in North Lincolnshire
  - The Listening and Engagement event (Feb 08), the development of the NDS, cross section of people included Service users, Carers, Statutory (CSIP, North Lincolnshire Council, North East Lincolnshire, NHS North Lincolnshire) and non-statutory agencies.
  - Event (July 08) consulted and fed into draft strategy.
  - Local launch (June 09) had presentations and participants involvement in workshops to agree local priorities. Focus group reps from different areas, Carer, Carer Support Centre, Alzheimer's Society, Care Home, Home Care, Learning Disability, NHS NL, RDaSH.
- Fresh Start was originally part of our POPPs programme but is now part of the Local Authority prevention service. It is jointly funded between the Council and the PCT and has sustainability built into it, lots of the activities are self-sustainable and use volunteers. The Council gives a grant to volunteer organisations (Voluntary Action North Lincolnshire) that employ three community development workers. Their role is to go into the communities and to stimulate community activity to help to support older people. There is whole range of activities and the main hub of the programme is a monthly newsletter. This goes out into the community letting people know what is available and who to contact. This is growing all the time. We have created about 40 Fresh Start Ambassadors in neighbourhoods across North Lincolnshire. These Ambassadors are older people whose responsibility it is to inform and engage their friends and neighbours and community about the activities in Fresh Start in their area. This initiative is working well, and they suggest new things. One of the issues identified was some more activity for men as they are more difficult to engage – so they came up with chess. Fresh Start programme have developed a range of partnerships with Scunthorpe United Football Club, Health and Well-being and the Domestic Centre. There are numerous partnerships to improve the health and well-being of older people. Partnerships also with Leisure Services, Health Promotion Services and Public Health which all create a whole menu of services. They also commission their services slightly differently. Attempting to try and get local volunteer organisations to collaborate in the provision. Commissioning of a shifting service – not one large organisation – more a group of small organisations – these contracts are assessed according to their outcomes – very small but it works. In relation to Fresh Start services for people with dementia there are no dementia specific services, their services are open to everyone. There are a number of people with various levels of dementia who are accessing the “new age curling” activity, anyone can do this and it is a lot of fun. One of the things we want to do, and are doing through our restructure, is to expand our services to try and bring younger people with disabilities into this work. The programme is well established now in North Lincolnshire and we want to continue with it. We have a governance structure that includes the Fresh Start Steering Group that meets quarterly with the Ambassadors. Issues raised by the Ambassadors are reported back on at the following meeting. There is an emphasis on provision and some of the good things about it.

- Travelling Day Service: Operating in a few areas now. Funded from the Carers Grant. Lot of people in rural communities who cannot get to Day Centres. Real emphasis on carer support.
- Rapid Response Services for Older People: This is keyed into the Council CCTV/Call Centre. At any one time 24/7 we have trained carers on hand who can respond to emergencies – the work of this service is preventing some hospital admissions. The other indicator that we have worked on is getting people out of hospital quickly. This has been done with an emphasis on rapid response/intermediate care and working with the hospital and health colleagues. When we came into North Lincolnshire in 1996 we inherited a top-heavy market of residential care for older people and not a lot of Home Care. The investment has been to come out of residential care and into Home Care and to provide more help and support for people at home. We are trying to get Care Home providers to specialise and diversify. We now have a Prevention Section, just restructured and linking with PCT and commissioners to see where we can work together i.e. couple of years ago Fresh Start service met with a group of East Asian women when a member of staff recognised that three of them were expressing signs of diabetes, they were signposted to their GP. This is a real life example of how our Preventative Service can actually help in terms of diagnosis and referral. Fresh Start workers get to know people very well and can see changes happening, we provide training to support them and they have been receiving dementia training.
- Partnership working: Having only just become involved there is a real sense of strong partnership working and a lot has been squeezed out of a small pot, despite funding challenges over the last few years.

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

Commissioners -

- Single Point of Access/Care navigation to enable easy access to care, support and advice following diagnosis (Dementia advisor service): We need to change our terminology. There are actually several points of access. Our single point of access is for Specialist Mental Health Services where there is a single phone number for Adult Service. Mental Health and GPs – have the phone number of Memory Service. This is a challenge and not joined up.
- Public and Professional Awareness raising: Fresh Start is a good opportunity to help raise dementia awareness.
- Joint Financial Planning: Mental Health and Learning Disability services have been working on a pooled budget for 5/6 years now. Council and PCT established a high level Joint Management Board. It became quite focused on the finance side and just over a year ago it was reviewed. It has now changed a lot and is now linked into the Local Strategic Partnership (LSP) through the Well-being and Health Improvement partnership of the LSP. Beneath this there is a Joint Commissioning Board and anything that is jointly commissioned goes through it. There are five sub-groups that go directly into the high level board, these are Older People, Mental Health, Learning Disability, Physical Disabilities and Long Term Conditions & Carers. Dementia sits within Older Peoples Services.

## **What are your Greatest Challenges?**

Commissioners -

- We are currently in the process of working on a Business Case for the re-provision of inpatient wards, with the aim that in two years time we will have identified to what extent we need to carry out some new building. Older People and people with dementia will have single bedded en-suite accommodation. We have two wards in Scunthorpe General Hospital that are currently not up to standard. They are compliant with the mixed sex accommodation rules because we have made some changes to ensure compliance but they are not ideal.
- Have a robust communication strategy.
- Early diagnosis training for GP's and other primary care staff
- Timely profile raising – right time, right place, by right person
- Living well with dementia in Care Homes
- Develop clear leadership and care pathway in the acute trust
- Increased use of publication such as 'Direct'
- Jargon free leaflets
- Routine use of screening tool that can eliminate other causes of behaviour changes i.e. UTI
- Further resource mapping
- Development of various levels of training to include: general public, schools, life history, communication skills, interaction
- Open access and opportunities to mainstream services and facilities for people with dementia
- Short breaks / Respite provision – Choice, ease of access, good quality, adequately funded, in the community
- Improved data collection methodologies to understand how services are supporting people with dementia, providing carer support, care pathways and improving the lives of people with dementia and their carers
- Improving interface with public health activity
- Increase in the use of assistive technology, including telehealthcare.

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

Commissioners -

- In terms of preparedness to meet the National Dementia Strategy, on a scale of 1 – 10 North Lincolnshire considered themselves a 6.

## Appendix 4:

### Quantification of the Baseline Position against the National Dementia Strategy

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

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

**Table 6: Baseline Position Against the National Dementia Strategy for the North 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	701
	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	175
	Apr 2009 – Review visit	72
	Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	8.9 weeks
Objective 5: Development of structured peer support and learning networks for people with dementia and their Carers.	CT/MRI brain scans for clarification of dementia diagnosis: Average waiting time from referral to CT/MRI scan date over last 12 months (weeks)	Average not available but current waiting times are: 2-3 weeks for CT scan in Scunthorpe 3-4 weeks for MRI scan in Grimsby
	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	486 Alzheimer's society
	Apr 2009 – Review visit	Information not available
	Total number of individuals currently using peer support and learning networks	This is a drop in café. Number of people in November - 29 (inc both person with dementia and carers)
Data sourced from the North Lincolnshire Metrics Framework submitted to the Review Team prior to visit on 2 <sup>nd</sup> December 2009		

**Table 6: Baseline Position Against the National Dementia Strategy for the North 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?  Number of people with dementia currently in receipt of individual budgets	Information not available  None on Individual Budget 1 recorded on Direct Payments
Objective 7: Support for Carers	Number of Carer Assessments carried out for Carers of people with dementia Apr 2008 – Mar 2009  Apr 2009 – Review visit  Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009  Apr 2009 – Review visit	7 Total carers assessments 797 3 Total carers assessments 355 Short break = 13 Total 753 Respite = 10 Total 501 Short break = 3 Total 243 Respite = 1 Total 67
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  Number of people with dementia supported at home with a Telecare device.	08/09 19 Total = 3482, 09-RD 16 Total = 3296  Information not available
Objective 11: Living well with dementia in Care Homes	Number of registered beds in residential and nursing care in your community for dementia  If possible, indicate what percentage this is of the total provision of residential and nursing care beds  Number of Care Homes in your community with 4/3/2/1 star rated by CSCI/CQC.  3* rating 2* rating 1* rating 0* rating Not rated*	713  53%  Number Percentage 5 14% 20 56% 10 28% 0 0% 1 3%
Data sourced from the North Lincolnshire Metrics Framework submitted to the Review Team prior to visit on 2 <sup>nd</sup> December 2009		

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

Objectives	Metrics	Position
Objective 13: An informed and effective workforce for people with dementia/Carer training and awareness		Approximately 5 'dementia awareness' courses, Approximately 3 'Dementia 2' courses, Approximately 3 'dementia walking not wandering' courses available per year through LA.
	Number of dementia awareness courses available for mainstream staff per year	RDaSH provided 4 workshops (2008) on care of older people with dementia  No data available from NHS North Lincolnshire or Acute trust.
	Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009  Apr 2009 – Review visit	Mental Health Liaison provide training in Care Homes when required 3 practitioners attended the dementia mapping courses in 2008. LA run = 131 in house & 7 external delegates RDaSH = 42 health and social care staff  Information not available Alzheimer's Society – 15 per year awareness rising talks about dementia given to groups. Including other professionals and organisations. 1 awareness raising talk given to BME groups.
	Number of dementia awareness courses available for Carers per year	The Community mental Health Team for older people offer basic training for patient carers on an individual basis. Carers have the opportunity to attend all relevant Adult Social Services courses.
	Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009  Apr 2009 – Review visit	LA run = 36  Information not available
Safeguarding	Number of people over 65 referred to Adult Safeguarding processes Apr 2008 – Mar 2009	133
	Apr 2009 – Review visit	62
	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 North Lincolnshire Metrics Framework submitted to the Review Team prior to visit on 2 <sup>nd</sup> December 2009		

## Appendix 5:

### Structure of the Data Collection Proforma used in The Review Process

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

#### Section 1: Local Service Description

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

#### Section 2: Quantitative Metrics

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

#### Section 3: Strategic Issues

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

#### Section 4: Descriptive Evidence

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

