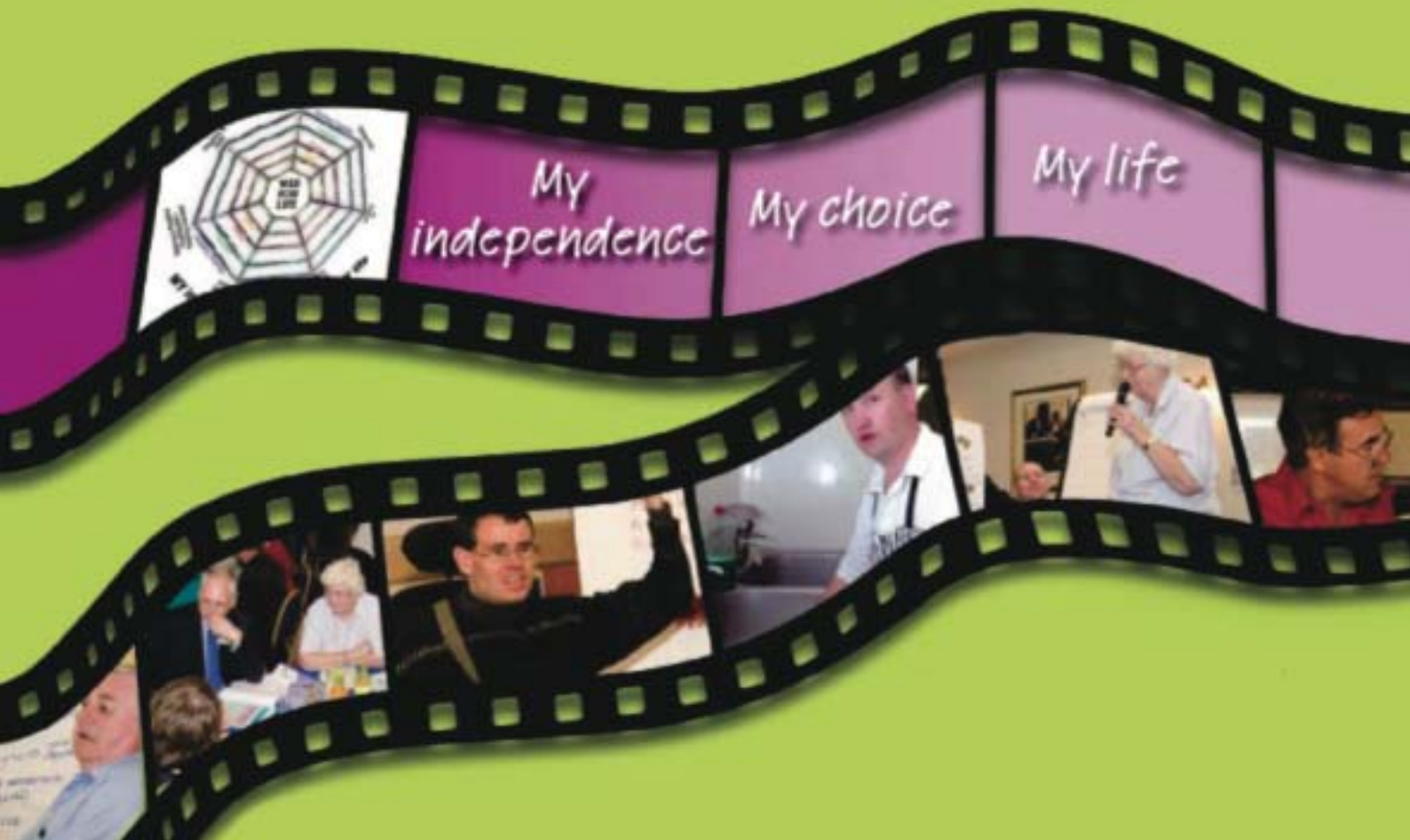
"To enable the people of Lincolnshire to know that should they or a family member have dementia, they will be able to get the information and support they need in order to live well with dementia."

# Lincolnshire Joint Commissioning Strategy for Dementia Care 2010-2014



**LINCOLNSHIRE JOINT COMMISSIONING STRATEGY FOR DEMENTIA CARE 2010 - 2014**

| | |
|---|---|
| **Document purpose** | To provide information on how far Lincolnshire has progressed with the implementation of the National Dementia Strategy. Why we need to make improvements, what people with dementia and their carers tell us is important, how we intend to make the changes (and timescales) to meet their aspirations and how we can judge success the document should be used to drive forward our commissioning intentions. |
| **Title** | Lincolnshire Joint Commissioning Strategy for Dementia Care 2010-2014 |
| **Author** | Deborah Shepherd, Lincolnshire County Council |
| **Publication Date** | June 2010 |
| **Target Audience** | Commissioners and providers of services for people with dementia and their carers. People living with dementia and their carers. District and County Councillors |
| **Consultation** | See appendix A for full list of people attending workshops to develop this Strategy. |
| **Circulation List** | Health Scrutiny Committee, Mental health for Older People Partnership Board, older people's forums, Regional Strategic Health and Department of Health, Commissioning teams in Health and Social Care, Carers Partnerships, Primary care via Cluster leads. |
| **Description** | How Lincolnshire County Council and NHS Lincolnshire intend to implement the National Dementia Strategy |
| **Cross Referencing** | National Dementia Strategy, C21st Care, End of life Strategy, Carers Strategy |
| **Action Required** | Secure funding, develop business plans, including the use of modeling tools, develop work plans, monitor and report on progress. |
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## 2. Executive Statement

I was pleased to be invited to listen to what carers and people with dementia felt was important to them to really "live well with dementia." The people who spoke to me personally and who were filmed talking about their experiences and wishes for the future gave me an insight into their lives and how important it is that we work together with them to achieve their aims.

Lincolnshire County Council and NHS Lincolnshire have worked with carers and people with dementia, providers of services and people who are interesting in helping to achieve the improvements we need and want to make. From our workshops we learnt about the simple requests- like the need for good quality information and advice that would make such a difference. We also heard about the importance of early diagnosis and then support for the carer as well as the person with dementia. We listened to people telling us about the types of support that help someone stay in their own home for as long as possible. We also heard about the need for well designed care homes with well trained staff so that if residential care is needed we bring the leading good practice and develop it in Lincolnshire.

We have developed not just a strategic vision for dementia care in Lincolnshire, but a clear plan- showing how we will make the changes to take this forward. This plan will be a working document that you will be able to see and judge for yourself if we are making progress.

We are currently working in a tight financial climate and have had to be careful about realistic objectives, however, we feel the strategy is achievable and will bring about key changes that people tell us are important.

I have no doubt that the many people who gave their time and support to help to develop this strategy will help us to achieve and judge the successful implementation.

**Cllr Graham Marsh**

**Executive Councillor for Adult Social Care and Supporting People**

## Foreword

The population of England is ageing and the number of people experiencing dementia is increasing. The National Dementia Strategy challenges health and social care commissioners and providers to develop and improve services for people with Dementia, to help them “Live Well with Dementia”.

The people of Lincolnshire are living longer with more people living into their eighties and beyond. Consequently, the number of people with dementia is also set to increase and we face a major challenge in providing their care and support both now and in the future.

NHS Lincolnshire, in partnership with Lincolnshire County Council, are working together to meet that challenge and will support people to live well with dementia in Lincolnshire.

Through a series of workshops, we have listened to the views and opinions expressed by the people of Lincolnshire. That has given us insight into some of the issues and concerns you have raised and we acknowledge the need for better information, access to earlier diagnosis and intervention and carer support. Services need to be flexible and responsive, enabling choice and control over care, to meet your needs.

This strategy acknowledges those concerns and describes our joint approach to deliver both innovative and improved services for people with dementia to ensure that they will live well with their dementia. It provides a clear plan of action, demonstrating how we will deliver those changes and improve dementia care throughout the county.

Although these are challenging times with greater emphasis on better use of resources, we are confident through joint working and redesign of dementia services that we can provide better and improved care for the people of Lincolnshire to ensure that they do indeed “Live well with Dementia.”

**Richard Childs**

**Chairman for NHS Lincolnshire**

***“Just because you have Alzheimer’s it’s not the end of the world – my wife and I decided to put our efforts into making a difference and I know that this strategy will go a long way towards that.”***

***Peter Johnson***

## 3. Introduction

The publication of the National Dementia Strategy "Living Well with Dementia" on 3 February 2009 identifies that positive input from health, social care, the third sector and carers of people with dementia can make all the difference between living well with dementia and having a poor quality of life.

This Lincolnshire Strategy is intended to simply and briefly identify the work we have undertaken to date, it outlines the services currently provided and shows the approach we are taking to ensure that Lincolnshire meets the challenges of the National Dementia Strategy and the aspirations of the People who live here.

We must recognise the financial constraints and challenges facing both health and social care, which means we must ensure we achieve better outcomes with the resources we have now.

Whilst the greater number of people with dementia will fall into the over 65 age group and therefore within older people's services we have some people with early onset dementia. Increasingly we are also seeing a growing number of people with learning disabilities who are developing dementia. These individuals need to be assured that their needs are very much part of this strategy and their aspirations and wishes will not always mirror those of an older person, but are just as important.

Underpinning the Strategy and providing a framework for delivering high quality services is the rigour of world class commissioning and the philosophy of Putting People First, which is a National initiative for the personalisation of Adult Social Care. World class commissioning focuses on improvement in health outcomes, looking at technical competence, governance and the need to see real outcomes for individuals. Putting People First puts the person who receives care at the heart of the process, ensuring their needs are clearly defined by them, they have clear understanding of the choices available to them and they make informed decisions about how those needs can and will be met.

Our vision, our strategy and our implementation plan have been developed by listening to what people with dementia and their carers tell us are important for them to live well with dementia.

How we have developed our strategy also involved the many providers of services, who are presently working with us in Lincolnshire, or who are interested in helping to improve the range of services available.

## 4. Summary

Lincolnshire Commissioning strategy for dementia care has been developed by bringing together people with dementia, their carers, and specialist organizations such as the Alzheimer's society, providers of services, health, social care and the voluntary sector. We have had help and encouragement from regional colleagues and from people working around the country who are interested in improving services, regardless of geographical boundaries. We wish to thank them for their time, patience, humour, advice, guidance, ideas

and belief that together we can improve services within Lincolnshire. (A full list of people who contributed to the vast amount of work undertaken at the 6 workshops is attached as **Appendix A**. I hope we have not inadvertently missed anyone from the list- but please accept our apologies in advance if your name is not shown.)

We have drawn on evidence of good practice and research nationally, regionally and locally to underpin and evidence the strategy.

We have learnt that already we have lots to be proud of in Lincolnshire - but finding what is available, where and how to access it was a huge factor for many people who have dementia or care for someone with the illness. It is important that this information is not lost, but advertised on websites of all local organisations with an interest in improving /promoting services for people with dementia. The detail of what services and support are available will be kept up to date by the dementia advisors who will, we hope, be a source of information and signposting for both people with dementia and their carers.

In the UK there are almost 700,000 people living with dementia. In Lincolnshire prevalence rates identify over 9700 (08) will have Dementia, although GP's records identify only 3,400. The picture in Lincolnshire shows a predicted increase of people with dementia over the next 15 years to over 17,800. In most districts that is between a 99% and 123% increase. People with dementia in Lincolnshire have told us what is important to them and their carers to help them live well with dementia.

1. Raise awareness of dementia locally as well as nationally.
2. Provide clear and easily accessible information and advice in variety of formats and locations (leaflets, web, advisors, and knowledgeable staff across organisations.)
3. Have a "Help centre" for information and advice signposting and support.
4. Clear screening process for GP's A&E, hospitals, NHS direct and social care
5. Developing a clear pathway for Memory assessment and diagnosis
6. Respite beds and sitting services available when needed, including emergency and no waiting.
7. Flexible day care 7 days per week.
8. Training- for staff in health, social care and voluntary sector and for family carers.
9. Good quality care homes that are suitable and welcoming for people with dementia.
10. Implement carer strategy to include carers support plan
11. Dementia team umbrella-"one stop shop" and one case manager.
12. High quality care for people with dementia in acute hospitals and mental health units.
13. Provide a range of housing options including extra care and Telecare to support the person living at home.
14. Dementia friends service-1:1 support and friendship
15. End of life planning from soon after diagnosis.

16. 24/7 rapid response service, multidisciplinary appropriate support for both physical and mental health needs.

## 5. Dementia Care - Our Vision for Lincolnshire.

> **"To enable the people of Lincolnshire to know that should they or a family member have dementia, they will be able to get the information and support they need in order to live well with dementia."**

Given this vision and the significant number of people within Lincolnshire who will have dementia and will need to call on the support of health and social care we wish to transform the services to provide appropriate information and support, access to good quality medical diagnosis and a choice of how they wish to live well with dementia.

## 6. What is Dementia?

It is estimated that over 700,000 people are living with dementia in the UK, with over 600,000 people in England alone. Dementia is usually characterised by an increasing loss in their normal patterns of memory, ability to carry out everyday tasks and often to even recognise familiar people or places. The person they have been gradually fades like an old photograph, leaving the imprint but not the depth of the individual. Some families describe changes in manner, aggression, values and pride that are wholly at odds with the person they knew and loved. But we have to realise that dementia is different for everyone, some will show very little signs to the outside world, managing to temper their symptoms with coping mechanisms that work for them-particularly if they have a partner who helps them "cope well."

Dementia describes a range of progressive, terminal brain diseases, caused by structural and chemical changes usually as a result of physical disease or stroke. Alzheimer's disease is the most common type of organic dementia for the over 65's and for the under 65's. Vascular dementia caused by strokes, Lewy bodies; fronto temporal and Parkinson's disease also come under the generic term we use of "dementia".

Whilst it is less common we are increasingly seeing early onset dementia-that is people under 65 with dementia. 50% of people with Down's syndrome aged 60-69 and 22% of those over 60 with other learning disabilities are now recognised to be at risk

Age and genetic background together with many of the health issues that have been identified as causal for other illnesses, such as smoking, high blood pressure, alcohol and obesity can lead to dementia. How quickly the dementia will progress and what symptoms will be evident over what timescale will depend on many factors, including the persons own situation, their usual coping capacity, social situation and other health issues.

> *"Dementia is one of the main causes of disability in later life…it has a disproportionate impact on capacity for independent living[1]"*

## 7. The National Dementia Picture

### 7. 1 National Evidence

The National dementia strategy was developed after the National Audit Office report (Improving services and support for people with dementia in 2007), concluded that:

> *"Dementia services in England were not providing value for money to taxpayers or people with dementia and their families."*

The Committee for Public Accounts reported that:

> *"The Department of Health had not given dementia the same priority as cancer and coronary heart disease, and dementia had not therefore had the same focus for improvement. The department agreed that it had not identified dementia as a priority, but said it would do so through the development of a national dementia strategy."*

### 7. 2 Demand

- There are approximately 700,000 people in the UK with Dementia.
- The number with dementia is expected to double in 30 years-to 1.4m
- 59 percent of dementia patients had two or more co-morbidities, that is concurrent illnesses or diseases
- 40% of people admitted to hospital have dementia.
- 50% of people who have a hip fracture have dementia.
- Over a third of people with dementia (244,000) live in care homes.
- At least two thirds of care home residents in the UK have dementia(244,000)
- 45% of care home residents have moderately severe to very severe cognitive impairment (Key facts from the Alzheimer's society (2007)
- 40% of people with dementia in care homes are not in dementia registered beds.
- Two thirds of people with late onset dementia live at home in the community. (Dementia: what every commissioner needs to know. A. Soc)

**Table 1: Prevalence rates for dementia in the UK by age group and gender**

| | 65-69 years | 70-74 years | 75-79 years | 80-84 years | 85+ years |
|---|---|---|---|---|---|
| Males | 1.5% | 3.1% | 5.1% | 10.2% | 19.7% |
| Females | 1.0% | 2.4% | 6.5% | 13.3% | 25.2% |

### 7.3 Financial implications

- Estimated cost is £17billion
- With an expectation of the cost trebling to £50billion by 2025
- Care home placements for people with dementia cost £7billion per year. 2/3 met by social care and 1/3rd by the person or family

### 7.4 Value of early intervention - evidence from the national dementia strategy

- Early provision of support at home can decrease institutionalisation by 22%
- Case management can reduce admission to care homes by 6%

## 8.0 Living well with dementia- the National Dementia Strategy

The National Dementia Strategy "living well with dementia" was launched in February 2009 and gave national, regional and local challenges to change dementia from being the poor relation of illnesses, with an initial implementation plan of 5 years. The strategy team worked closely with people with dementia, carers, providers of specialised services such as the Alzheimer's Society and considered research into the various elements that we need to consider to fully understand the impact of dementia.

The National Strategy has challenged Social Care, Health and Third Sector providers to work with Carers and People with Dementia to make significant improvements across three key areas:

- improved awareness and understanding,
- earlier diagnosis and support
- Living well with dementia-intervention and a higher quality of care.

The strategy has 17 key objectives as priorities, two for national/ regional teams to support, lead and challenge and 15 for local partners to address to see a real change in the way we enable people with dementia and their families in Lincolnshire to have a better quality of life.

## 9. Lincolnshire - Local Drivers for Change

### 9.1 Local evidence

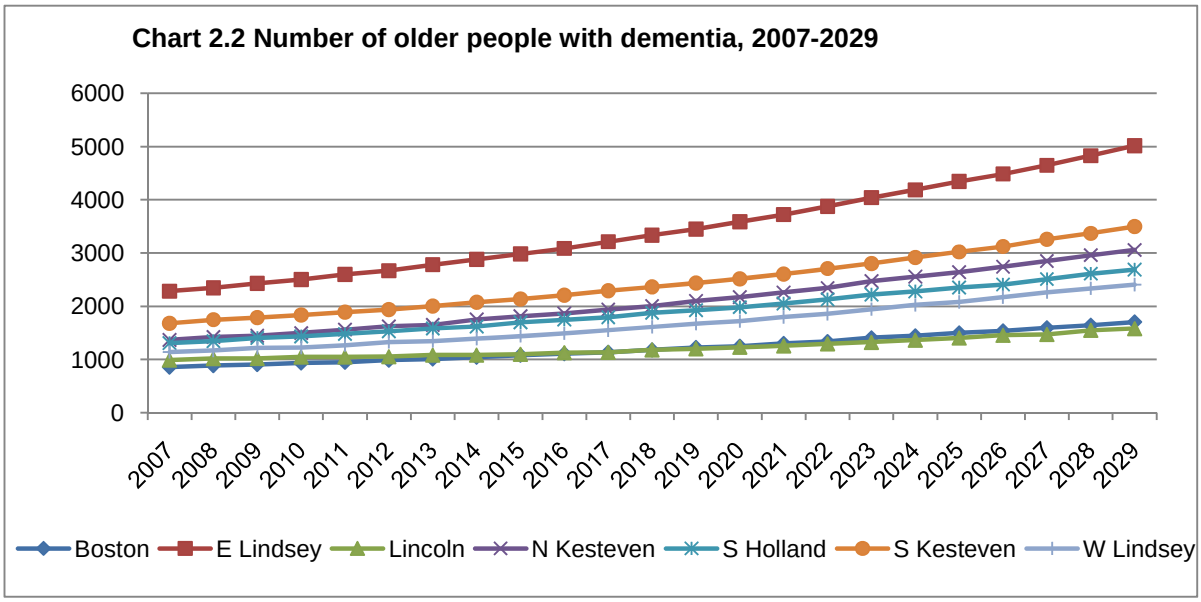
Lincolnshire is the fourth largest County in the UK, with a total area of almost 6000 square kilometers. It has a predominantly rural based population of around 692,800. The county has a mix of some large conurbations, sparsely populated rural areas and coastal communities that have an inward retirement migration. The increase in the older population varies across the County; however each district is predicted to see an increase. The majority of older people will lead full, active and healthy lives, playing a part in their communities, enjoying sport, leisure and cultural activities. However, there is an increasing number living longer which will also mean increased frailty and dependence, and poorer health.

**Table 2: Population aged over 65 projected to 2025[1].**

| County | 2008 | 2010 | 2015 | 2020 | 2025 |
|---|---|---|---|---|---|
| Lincolnshire | 141,000 | 150,400 | 179,200 | 201,900 | 226,900 |

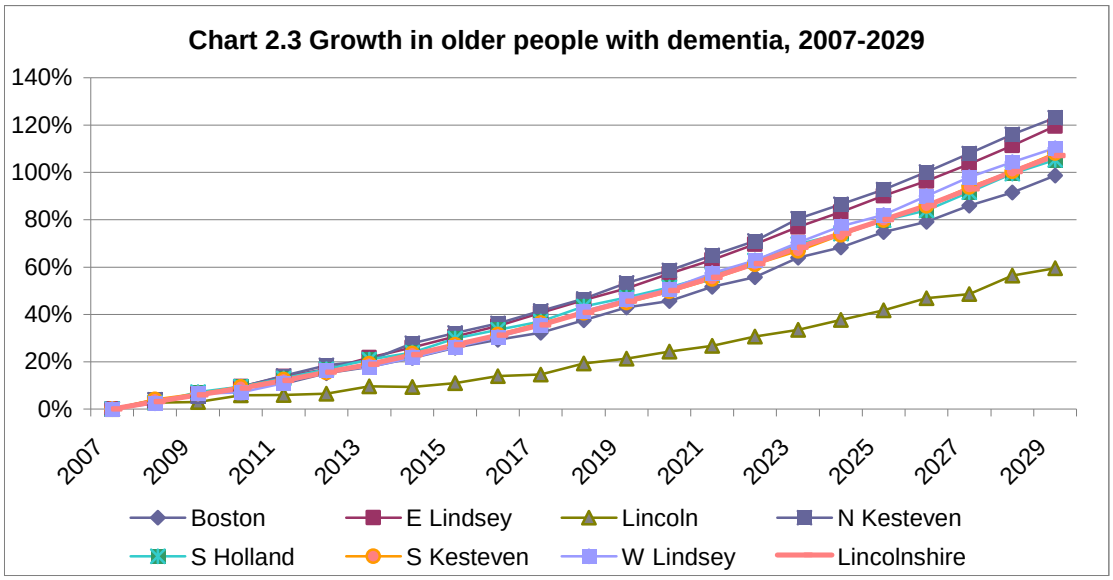
Projected figures show a growth in the numbers of people in Lincolnshire who are diagnosed with dementia. Each district shows an increase in numbers, with East Lindsey showing the greater number both now and in future projections. The East coast strip of East Lindsey traditionally being a place that people choose to move to retire, often from outside Lincolnshire when they are still in relatively good health and again often without the support networks of local family members.

**Table 3. Number of older people with dementia 2007-2029**




[1] www.Poppi.org.uk

**Table 4: Lincolnshire's projected increase of older people with dementia[2]:**




Lincolnshire figures show in 2008 we had approximately 9704 people with dementia, although only a third of them, just over 3,400 are registered on the GP's dementia register. (QOF)The 1/3rd figure also appears to be a roughly similar picture nationally. QOF also reports the number of patients diagnosed with dementia whose care has been reviewed in the previous 15 months. In Lincolnshire approximately 79.5% of relevant patients on the dementia disease register had received such a review (compared to 80.6% in the East Midlands as a whole and 80.4% across England)"[3].

The numbers of people with dementia in Lincolnshire are projected to increase to over 17,000 by 2025 (78%)[4] Apart from Lincoln (60%) it is estimated that the number of older people with dementia will grow between 99% and 123% in each District by 2029.

**Table 5: Age prevalence rates for dementia in Lincolnshire by severity (2008)[5]**

| Age group | Mild | Moderate | Severe | Total |
|---|---|---|---|---|

[2] Laing & Buisson the Supply and Demand for Care Services in Lincolnshire Jan 2008

Source: Lincolnshire Dementia Profile. 2009. East Midlands Public Health Observatory/East Midlands Development Centre.

[3] Source: Health and Social Care Information Centre, QMAS Database 2007/8 http://www.qof.ic.nhs.uk/ from Lincolnshire Dementia Profile. 2009. East Midlands Public Health Observatory/East Midlands Development Centre.

[4] Projecting Older People Population Information System - Sept 2008

[5] Source: Estimate prevalence by severity of dementia (Karolinska Institute)

| | | | | |
|---|---|---|---|---|
| 65-74 | 723 | 289 | 434 | 1447 |
| 75-79 | 819 | 328 | 491 | 1638 |
| 80-84 | 1196 | 479 | 718 | 2393 |
| 85+ | 786 | 2527 | 914 | 4226 |
| Total | 3525 | 3622 | 2557 | 9704 |
| | 36% | 37% | 26% | |

**Table 6: Projected severity rates in Lincolnshire**

| | **2008** | **2010** | **2015** | **2020** | **2025** |
|---|---|---|---|---|---|
| Mild | 3,525 | 3,712 | 4,304 | 5,103 | 6,055 |
| Moderate | 3,623 | 3,849 | 4,550 | 5,455 | 6,742 |
| Severe | 2,564 | 2,707 | 3,157 | 3,755 | 4,511 |
| Total | 9,703 | 10,259 | 12,000 | 14,300 | 17,291 |

## 9.2 Increasing demand on services

The projected growth in numbers of people with dementia will bring an increase in demand for services.

- For example, if the numbers of older people in care homes were to continue at the current rate then:[6]
    - by 2010 an extra 357 older people would be resident in care homes
    - by 2015 this would rise to an extra 1488, (a potential need for 30 new 50 bedded care homes within 7 years) and
    - By 2025 an extra 4843 older people would be resident in care homes.
    - Trying to meet the growing demand for care through traditional residential care is not desirable and will become increasingly unaffordable.
- Currently Lincolnshire Adult social care supports over 12,000 older people and their carers every week. The bulk of older people receiving support arranged by adult social care are over 80 years old.

[6] Lincolnshire's Older People's Commissioning Plan 2008

Home from home Alzheimer's society report 2008

- Home care is provided to over 3,300 older people who receive over 47,000 visits a week. Over 800 older people receive day care.
- We support 2,400 older people in residential care and a further 950 in care homes with nursing.
- It is estimated that there are over 1400 admissions per annum of patients with dementia to Lincolnshire's acute hospital beds
- 51% of people who used Lincolnshire Partnership Foundation Trust services were between 81 and 90 years of age with almost 50% living alone.
- Having an ageing population does give a challenge of recruiting and retaining staff to carry out vital roles in health, Social care and the voluntary sector. We know that we have to change the way we deliver services to ensure that people who require help have access to suitable services.
- Demand for Telecare as an alternative way to support independence saw a 100% increase in requests from the first to 2nd year of the service. From over 1000 in 07/8 to over 2000 in 08/9.

**9.3 Financial implications**

Health and Adult Social Care both invest significant sums into services for older people; in 09/10 this amounts to £16 million and £95 million respectively. Unpicking the sums specifically for dementia services is difficult and could be misleading as traditional services have been commissioned to meet a person's need not their medical diagnosis. Commissioning new services will focus on enabling people with dementia to be able to access mainstream services wherever possible.

- The range of Adult Social Care services adds up to a budget of over £95m per year.
- Health investment

**Table 7: PCT investment, Adult services per weighted older adult head 08/09**

| PCT | Investment (£'000s) | 65+ weighted population | Investment per weighted head (£) | Difference from SHA average (£/w head) | Difference from SHA average (£'000s) |
|---|---|---|---|---|---|
| Northamptonshire | 22,242 | 89,420 | £248.74 | £48.86 | 4,369 |
| Derby City | 8,522 | 37,117 | £229.61 | £29.73 | 1,103 |
| Leicester City | 10,718 | 49,404 | £216.96 | £17.08 | 844 |
| Leicestershire & Rutland | 17,934 | 84,145 | £213.13 | £13.25 | 1,115 |
| Derbyshire | 21,783 | 109,531 | £198.88 | -£1.00 | -110 |
| Nottingham City | 8,285 | 46,067 | £179.85 | -£20.03 | -923 |
| Nottinghamshire | 16,750 | 94,501 | £177.25 | -£22.63 | -2,139 |
| Lincolnshire | 20,058 | 114,390 | £175.35 | -£24.53 | -2,806 |
| Bassetlaw | 1,993 | 17,244 | £115.55 | -£84.33 | -1,454 |
| East Midlands SHA Summary | 128,286 | 641,819 | £199.88 | / | 0 |
| England Summary | 1,591,233 | 7,955,643 | £200.01 | / | / |

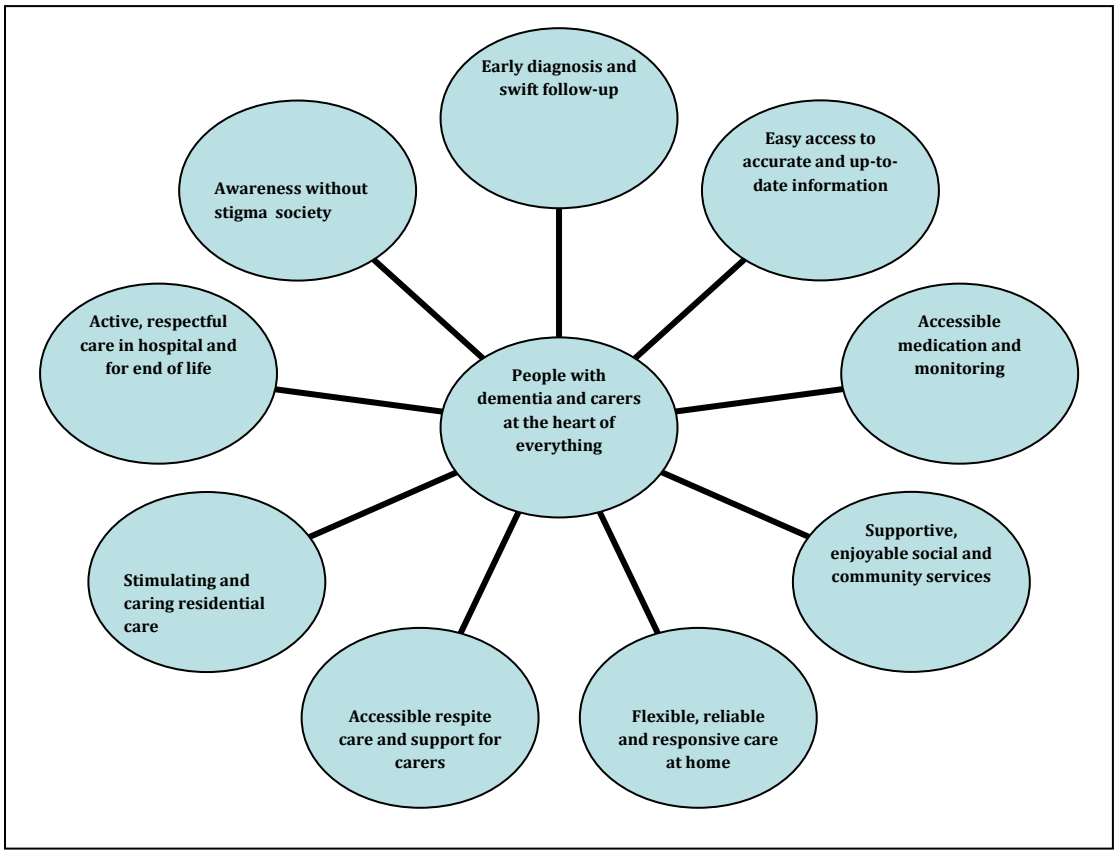
**Table 8: Breakdown of spend on Dementia care by Health and Social care 2009/2010**

| | |
|---|---|
| Residential (inc respite & short term care) | 49.16% |
| Specialist Community Based Assessment & Support Services | 22.37% |
| Specialist (Inpatient) Assessment | 17.98% |
| Home Care | 6.99% |
| Day Care (Dementia) - Provides carers a regular short break | 2.79% |
| Respite | 0.45% |
| Assistive Technology & Telecare | 0.15% |
| Advice & Information | 0.09% |
| Carer Support | 0.02% |

## 9.4 Consultation - How we identified what is important to enable people in Lincolnshire to live well with dementia?

- A series of visioning events have been held in Lincolnshire to look at the whole range of services that people value or wish to have available, these were not specific to people with dementia.
- Reviews of key services such as day care, extra care, and end of life care have already been held and feed into and from this Lincolnshire Dementia strategy 2010-2015.
- Regional meetings have been established to encourage people with dementia and their carers to share their positive stories so that we can understand what a good experience feels like.
- A powerful DVD has been produced from the regional meetings featuring local people telling their stories.
- A regional conference was held on the 2nd October with representatives from statutory, third sector, carers and people with dementia. The resulting report highlighting what people felt was really important to them is being used as a key document with which to judge our performance."

**Diagram 1: A chart designed by people with dementia and their carers from our region. (October 2009)**

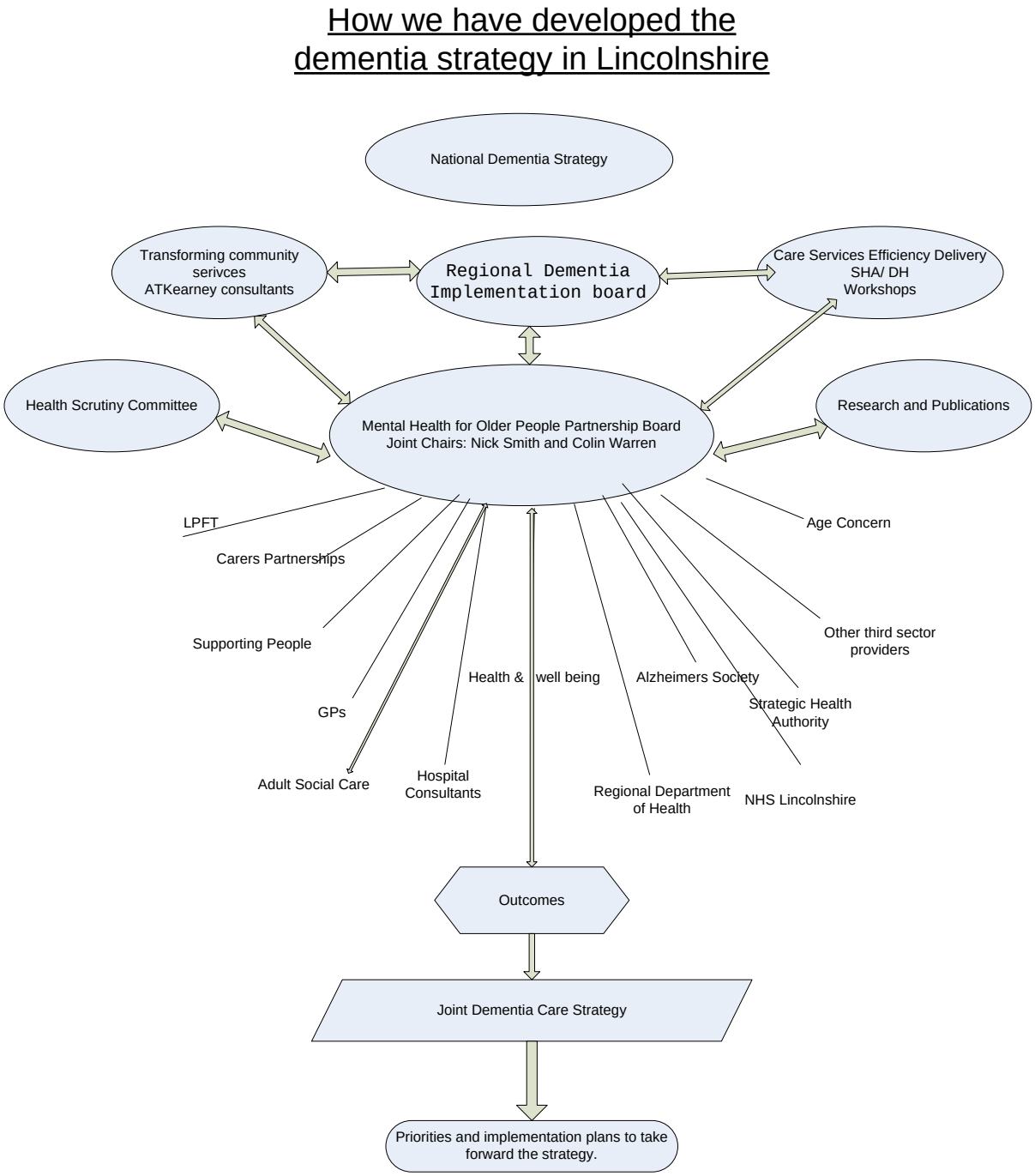



- Local meetings with established groups from Lincolnshire Alzheimer's Society, Age Concern, Carers Partnerships and other people (organisations and individuals) interested in developing or improving services for people with dementia and their carers were held from October.

- Diagnostic Workshops from October 2009 to January 2010 with key stakeholders working together.

From the consultations we have held with older people they have told us that they would prefer to remain in their own home, with a range of support services provided flexibly when they need them. The promotion of self directed support or personal budgets gives people freedom to chose what help they purchase and from whom, to help them maintain their life in the way that suits them. In reality this has been difficult for people who "lack capacity," but with changes in legislation and increasing support to change the way services are delivered this should improve. This does also give challenges to commissioners and providers of services as we need to manage the market to ensure that the services /support/ ideas that people tell us will make a difference are actually available for them to purchase.

**Diagram 2: How we have developed the dementia strategy in Lincolnshire.**



## 10. Lincolnshire's approach to Developing a Lincolnshire Joint Commissioning Strategy for Dementia Care

1. Transforming Community Services.
2. Consultations via themed workshops.

## 11. Understanding what we need to do in Lincolnshire

### 11.1 Transforming Community Services

During late summer of 2009 Lincolnshire identified three key areas: Dementia, End of life care and falls where we wanted to review the present and prioritise future delivery of Community Services. This review was part of NHS Lincolnshire's overall strategy to *"Improve Health and Improve Health Services." NHS Lincolnshire and Adult Social Care commissioners worked with colleagues across the East Midlands to learn from service user and carer engagement and to identify good practice*.

The three areas, dementia, falls and end of life care were considered separately, and drafts were discussed with key organizations, such as the Alzheimer's society, providers of services and staff working with older people. The final view of what a good community service should look like and priorities for development and change was then fed into the dementia workshops for discussion. The three areas obviously have much in common and themes intertwine as should be expected, to provide a joined up approach.

The full proposals for the transformation of community services are available as a stand alone document, however it is useful to highlight certain areas which later can be seen to reflect what the outcomes of our workshops identified. The key aspirations are summed up as:

**Community-based memory care**: Memory assessment and diagnosis with follow-on support and therapy flexibly provided within a range of community settings (e.g. surgeries, clinics, care centers, patient's home).

**Outreaching specialists:** Dementia specialists providing targeted education, training and support to Primary Care and Community Care (e.g. care homes).

**Dementia Advisors**: Information and advice for people with dementia and their carers from specialist advisors who also have the power to access quickly key low level services/support.

**Enhanced Low-needs Care**: A menu of community-based care and support (e.g. therapies, activities, respite)

**Long-Term Condition Care Management**: 1 team in each locality to provide the full range of services an older person might need to meet their health and social care needs.

From the work undertaken a 5 year roadmap emerged:-

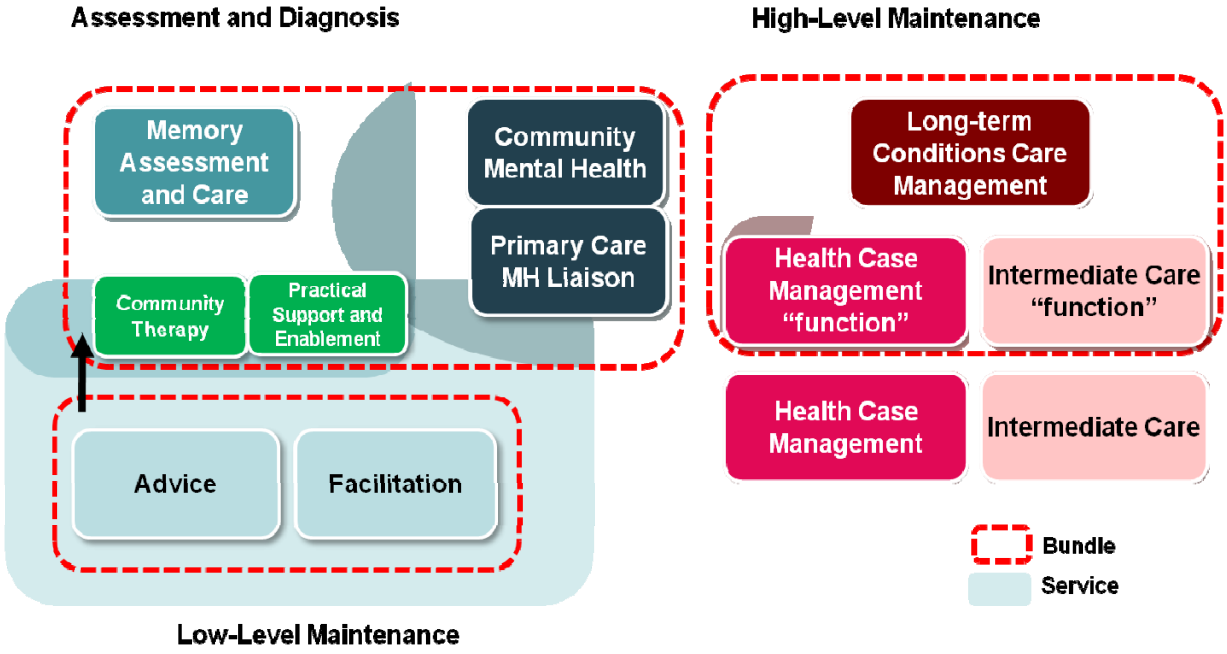
2010-11: Revised community-based memory assessment and diagnosis

2010-11: Enhanced low-level support through empowered Dementia advisors

2011-12: Training and support for primary and community care

2012-14: Integrated Long-Term Condition care management

**Diagram 3: showing the preferred "bundling" of services, From Transforming community services**




**11.2 Consultation and co-production series of 6 themed workshops.**

> ***"All you have to do to make a difference is think positive – we know that everything has to start somewhere and we wanted to work with other people who wanted the same thing.[1]"***

The Diagnostic workshops ran from 13th October to January 26th 2010 to help all partners to better understand what works and what we all wish to improve or develop. Carers and people with dementia were central to this workshop approach, although we appreciate that this cannot be the only way we develop our strategy. The workshops highlighted the need to develop a care and social pathway which will need to take into account

- provision of information and screening,
- rapid and effective specialist assessment;
- an accurate diagnosis sensitively communicated to the person living with dementia and their carers,
- Plus quality treatment, care and support provided as needed following diagnosis.

- This means that the care pathway has to span all the agencies an individual or carer might need.

**11.3 What did we learn from the workshops?**

Many people with dementia and their carers told us that finding out what is out there, how to access a service or advice and getting help when it is needed is often the most frustrating part.

Learning about dementia is not something most of us actively do unless we are in the position of either worrying about our own memory or that of a family member.

One carer had found advice through the Samaritans when she became desperate and didn't know where to turn for help. Others have sought help from GP's, voluntary organisations- often the well known and well respected Age concern and Alzheimer's society.

For many families the realisation that a relative may have dementia comes to light after a crisis, a hospital admission, the death or increasing care needs of a partner, who has been supporting the person with dementia.

The "crisis point" is the worst time to make life changing decisions, yet we know that it is this point when people feel "lost" and "vulnerable" and often agree to decisions that are not the best for them. Good quality timely advice and support to re-able, provide intermediate care, respite or use Telecare solutions may well reduce the often automatic assumption that residential or nursing care is needed.

The workshops identified what works well in Lincolnshire, at the key stage of need, for someone with dementia or someone who cares for the person. Not surprising for many was how difficult it was to identify exactly what services were available, where and how to access them. This was a key priority for change. The final document from the workshops outlines not only what is available and working well at each stage of the journey with dementia, but also what services are there in a crisis or may well be needed at different times regardless of how dementia has impacted on the person's life. **Appendix B.** Shows a list of the services

that work well in Lincolnshire. The Lincolnshire County Council website will have the full document.

**11.4 From this process we identified the following Priorities for Lincolnshire- Living Well with Dementia**

The workshops identified 16 priorities for Lincolnshire, which if implemented would provide a significant improvement in helping people to live well with dementia. The priorities and how we will approach the development of these services is contained in the implementation plan. This will be a working document so will be updated as developments occur and reported via the mental health for older people partnership board. It is useful to recall the work of the transforming community services which fed into the workshops and highlighted the same emphasis of service development.

1. Raise awareness of dementia locally as well as nationally.
2. Provide clear and easily accessible information and advice in variety of formats and locations (leaflets, web, advisors, and knowledgeable staff across organisations.)
3. Have a “Help centre” for information and advice signposting and support.
4. Clear screening process for GP’s A&E, hospitals, NHS direct and social care
5. Developing a clear pathway for Memory assessment and diagnosis
6. Respite beds and sitting services available when needed, including emergency and no waiting.
7. Flexible day care 7 days per week.
8. Training- for staff in health, social care and voluntary sector and for family carers.
9. Good quality care homes that are suitable and welcoming for people with dementia.
10. Implement carer strategy to include carers support plan
11. Dementia team umbrella-“one stop shop” and one case manager.
12. High quality care for people with dementia in acute hospitals and mental health units.
13. Provide a range of housing options including extra care and Telecare to support the person living at home.
14. Dementia friends service-1:1 support and friendship
15. End of life planning from soon after diagnosis.
16. 24/7 rapid response service, multidisciplinary appropriate support for both physical and mental health needs.

**11.5 What we have achieved to date**

We have already taken steps to address the initial gaps in service provision. This includes significant new investment by Lincolnshire NHS and Lincolnshire Adult Social Care (totaling £942,000 in 2009/10).

- A new hospital liaison service which offers timely and appropriate intervention to people with dementia or suspected dementia, of any age and to older adults with a suspected mental health need to prevent unnecessary admission to hospital; facilitate earlier discharge from hospital and improve User and Carer experience
- Case management in the community; the service aims to support older people with dementia to remain in the community and manage their complex needs to avoid unnecessary admissions to hospital and residential and nursing homes. They will also proactively support discharges from hospital wherever possible reducing the number of delayed transfers of care.
- Clinical dementia lead Gill Garden, Consultant in Psychological medicine
- Dementia specialist social worker was trialed but didn't work as hoped so no further development of this service.
- Better dementia awareness and training for staff –initially in health and Adult Social Care
    - Dementia awareness training in residential and nursing care homes.
    - Specialist dementia training for people working with carers of people with dementia
    - Dementia care mapping (DCM) and DCM in supported living.
    - Dementia academy for primary care.
- Dementia Advisors-County Wide
- Day care (mainstream) open to people with dementia
- Clearer information on what is available for people with Dementia.(via Dementia Advisors)
- Information and advice service for carers of people with dementia.(out to tender)
    - Emergency carers card scheme
- Better access to intermediate care- both in specialist settings such as residential and nursing homes and within the persons own home.

**11.6 How do we take this forward?**

We have taken all of the information from:-

1. What people with dementia and their carers have told us?
2. Local demand pressures.

3. Learning regarding the Transforming community services 5 year roadmap.
4. The 16 priorities from the workshops and set them into the National Dementia Strategy key objectives.

## 12. Implementing the National Dementia Strategy – The Key objectives in Lincolnshire

**Objective 1: Improving public and professional awareness and understanding of dementia.**

- Lincolnshire Priority statement 1. "Raise awareness of dementia locally as well as nationally."

**How we will achieve this.**

1. Promotion campaign with local radio, newspapers.
2. Provide training and awareness raising sessions e.g.

    a) To targeted groups-GP's, Social Care, Residential care homes.

    b) To community groups-Alzheimer's community sessions.

**How we will measure success.**

**Qualitative**

- If people are volunteering.
- If requests for training/ awareness sessions increase over years.
- Carer's feedback?

**Quantitative**

- Numbers and types of training sessions/people attending.
- Numbers of articles/ press releases/ interviews.
- *If public and professional awareness is being raised, quantitatively this should also translate into an increase in the numbers of assessed and diagnosed cases. I.e. it should start to address the recognised gap between predicted number of cases and actual number currently identified.*

**Timescale from Yr 1. 10/11**

**Objective 2: Good quality early diagnosis and intervention for all.**

- Lincolnshire Priority statement 4: “Clear screening process for GP’s A&E, hospitals, NHS direct and social care”
- Lincolnshire Priority statement 5. “Developing a clear pathway for Memory assessment and diagnosis “
- Lincolnshire priority statement 11. Dementia team umbrella-one stop shop and one case manager.

**How we will achieve this.**

1. Commissioned memory services in place and meeting specified outcomes.
2. Clear pathways developed and agreed with primary and secondary care.
3. Clear advice on how to access services and what can be expected at what stage of diagnosis. (Promoted via health, social care and third sector.)

**How we will measure success.**

**Qualitative**

- Evidence from people with Dementia and carers.
- Evidence from staff.

**Quantitative**

- Numbers on QAF register
- Numbers of reviews on QAF.
- Numbers referred for assessment and diagnosis.
- Numbers identified with other illnesses –rather than Dementia (and appropriate medical intervention.)
- Reduction in numbers of care home admissions (early diagnosis and provision of support at home shows decrease in care home admission is 22%)
- In terms of the goal of ‘early’ diagnosis, then numbers alone will not measure this. It will measure an increased identification, but this could be from any stage. If early detection is that or earlier in the time course of the condition in order to maximize treatment and intervention potential then some more specific parameters/outcomes would be required in terms of grading (i.e. increased numbers of mild AD)

**Yr 2 11/12 (Business plans year 1.10/11)**

**Already underway**

- Memory assessment within LPFT
- Memory assessment as part of acute hospital service- needs clearer pathways.

**Objective 3: "Good quality information for those with diagnosed dementia and their carers."**

- Lincolnshire priority statement 2. Provide clear and easily accessible information and advice in variety of formats and locations (leaflets, web, advisors, knowledgeable staff across organizations)

**How we will achieve this.**

1. Provide clear and accessible information and advice in a variety of formats and locations e.g. County Council customer service centre, websites, Alzheimer's society information, GP's surgeries
2. Information is not just paper. One of the best methods of information provision is that of face-to-face, inclusive of aspects of psychoeducation. Interactive information forums that enable greater qualitative benefits and promote/facilitate understanding. Many times just the provision of information alone in written format does not engender positive outcomes once beyond the basic details and sign-posting stage. Greater consideration of interactive forums, especially for specific groups (rather than just seeing all dementia as a homogenous group) could produce greater outcomes in terms of impacting upon key issues – such as crisis management, avoidance/delay of institutionalisation, reduction in use of psychotropic medications)

**How we will measure success.**

**Qualitative**

- Pack of information available to choose from. (Information prescription?)
- Leaflets /messages agreed with carers partnerships.
- Websites updated and linked with clear messages and information. (LCC/Lincolnshire NHS/Alzheimer's society/Age concern/ district councils.

**Quantitative**

- Numbers of new documents developed
- Requests for documents.
- Web page visits?

**Yr 1. 10/11**

**Objective 4: Enabling easy access to care, support and advice following diagnosis.**

- Lincolnshire Priority statement 3. “Help centre” for information and advice signposting and support. Via the Dementia advisors

- With regards the second element of the objective, support and advice following diagnosis is not solely a DA role. This is such a broad area with an extensive skills-based remit (dependent upon the nature of care, support and advice required) that largely requires needs dependent provision by medical, nursing, and social care providers on issues outside the remit of DA’s. DA’s add to and broaden the scope of this function. To limit the objective to the role of DA (with a case-load maximum of 200) would, in terms of both case-load capacity and also complexity/nature of support required, ostensibly exclude thousands of people with a diagnosis of dementia from support and advice if this objective were translated into real-life practice. I feel the scope of the objective needs to be much broader, multi-organisational and inclusive if the objective and true quality outcomes are to be achieved and representative of actual best practice.

**How we will achieve this.**

1. A Dementia Advisor service has been established, managed by the Alzheimer’s society with two full time advisors. Lincolnshire is one of the national demonstrator sites, established to evaluate the service model.

2. As per above, this needs to be expanded to more accurately represent the true scope and practice subsumed under this objective.

**How we will measure success.**

The measure of success will focus on the specification from National team and their chosen evaluation team. Locally we will also consider:

**Qualitative**

- Advisors recruited, trained, introduced to key organisations and service operational...

- Knowledge bank of information available for people with dementia and their carers.

- Information shared with partner organisations to encourage awareness and promotion.

- The Lincolnshire focus of national information from Alzheimer’s society.

- Feedback from carers and people with dementia.

- Evaluation of value to health and social care practitioners(reducing their involvement)

- What has changed through the development of the service?

- Again, as above, expansion beyond the limited role of DA’s needs to be addressed

**Quantitative**

- Number of referrals and ongoing involvement.

- Types of information given/links to other organisations.

- Ditto above

**Yr 1 10/11**

**Already underway**

- Dementia Advisors in post from December 2009 as part of National demonstrator pilot.

**Objective 5: Development of structured peer support and learning networks**

- Lincolnshire Priority statement 14. Dementia friend's service-1:1 support and friendship.

**How we will achieve this.**

We will not consider commissioning a peer support service until after the evaluation of the national demonstrator sites. However Alzheimer's society have peer support groups and are hoping to develop more. The carers partnerships also offer informal support networks for carers, with carers themselves identifying how and where they need support and if appropriate link to specialist groups. Informal buddy arrangements are developing, particularly with ex carers.

As per comments on objective 3. The use of psycho-education based interventions also provides a form of flexible and interactive peer support. I feel the scope of options/thinking around the issue again needs to be expanded beyond a single provider perspective if the huge demand and level of need is to be met and true qualitative change with outcome based improvements are to be made in the field of dementia care.

**How we will measure success.**

**Qualitative**

- Establish map of peer support groups and lead person/organisation and access information.
- Discuss needs and how this can be informally progressed with people with dementia and carers.

**Quantitative**

- Numbers of groups, frequency of meetings and numbers attending on a regular basis**.**

**Objective 6: Improved community personal support services.**

- Lincolnshire Priority statement 13 Provide a range of housing options including extra care and Telecare to support the person living at home.
- Lincolnshire Priority statement 16. 24/7 rapid response service, multidisciplinary appropriate support for both physical and mental health needs.

- Lincolnshire Priority statement 7. Flexible day care available 7 days per week
- Lincolnshire Priority statement 6. Respite beds and sitting services available when needed, including emergency and no waiting.

**How we will achieve this.**

1. To ensure that all contracts for services commissioned by health and social care (both internal and external) have the explicit requirement that people with dementia should be able to access them if appropriate to meet their assessed needs. It is appreciated that there will be occasions where the persons' capacity, behaviour or medical needs are so severe that it is not safe for them or other users of the service; however this should be considered on an individual basis with the desire to be inclusive. This will include daycare, intermediate care, homecare, sitting services, respite care.

2. Extra care housing commissioned by or with health or social care will have a minimum number of dedicated dementia tenancies and agreements in place that will allow for a person who develops dementia to be supported to retain their tenancy.

3. Home care services work well for people with dementia including people with highest most complex needs, with staff having as minimum requirement dementia awareness training. Dementia Care mapping has been piloted by home care providers and we hope to be part of continuing development.

4. Adult Social Care Re-ablement service to work well for people with dementia, with clear pathways and support.

5. Personal budgets are provided to people living with dementia, with all new social care assessments having their needs met via personal budgets.

6. Intermediate care provision is being reviewed to develop clear pathways and increased provision for people with dementia. Specialist support for intermediate care is also provided by LPFT.

7. Daycare service has been reviewed recently and where ever appropriate people with dementia will be able to access this. However there will need to be work undertaken to encourage specialist provision for people with moderate to severe dementia.

8. Community complex case managers are now available to help people with dementia to remain at home-but if they need a hospital stay they will facilitate swift discharge back home. This is a new service and needs to be firmly embedded and evaluated.

9. Telecare is already working well for people with dementia and needs to be increased to meet the increasing demand; however, more must be done to ensure that people who are not already within the social or specialist healthcare system can choose how this technology can help them to remain independent.

10. Respite services need to be developed further, particularly for people with moderate to severe dementia who are unable to access mainstream breaks. The carer's

partnerships are developing an accreditation scheme for sitting services, which will be judged and evaluated by carers in order to give users informed choice.

11. Rapid response service 24 hours per day needs to be coordinated and developed to improve the emergency call out response for Telecare, to reduce unnecessary hospital admissions and allow people without nearby carers to take up this service.

**How we will measure success.**

**Qualitative**

- Establish clear pathways to open access to mainstream services for people with dementia, unless they require specialist service.
- Trained staff in mainstream services to encourage welcoming of people with dementia.
- Feedback from people with dementia and their carers.
- Promote the use of Telecare including the self assessment tool for self funders or people who do not meet FACs criteria.
- Development of 24 hour response service- bringing together needs of a range of organisations

**Quantitative**

- Reduction in numbers of people with dementia requesting residential or nursing care.
- Increasing average length of stay in the persons own home after diagnosis. (We will need to establish base line data.)
- Increase in numbers able to access daycare, intermediate care, respite.
- Increase in numbers and time able to stay in extra care housing.
- Numbers of people with dementia enabled to remain in their home for rest of their life.

**Already underway**

- New mainstream day care specification open to people with dementia
- Telecare to support the person with dementia living at home.
- Information and advice service for carers of people with dementia out to tender.
- Emergency card scheme now established.
- Better access to intermediate care- both in specialist settings such as residential and nursing homes and within the persons own home
- Case management in the community
- Re-ablement teams throughout the County.

- Well trained homecare staff, many with Dementia care mapping skills

**Yr 2 11/12**

**Objective 7: Implementing the carers strategy for people with dementia.**

- Lincolnshire Priority statement 10. Implement Carers strategy to include carers support plan.

**How we will achieve this.**

1. Carers strategy has been developed and agreed in Lincolnshire. Written by and for carers
2. The carers partnerships are to develop a dementia group to look at what they wish to see developed, how and the priority**.**
3. Develop an accredited carers break scheme that incorporates sitting, befriending and time banks 2010.
4. Carers are developing accreditation scheme for sitting services.
5. "Develop a dedicated support service for carers caring for people with dementia. 2010-2013"

**How we will measure success.**

**Qualitative**

- Clear agreement from carers about their priorities and project plan for taking it forward.
- New information and advice service county wide.
- List of providers of sitting services for all areas, well used and increasing in numbers.
- Feedback from carers and people with dementia.

**Quantitative**

- Numbers of carers with carers assessment.
- Number of carers with PB.
- Number of carers able to access services- either via social care and health or via private providers.(including self funded)

**Yr 1 10/11 onwards via Lincolnshire Carers Partnerships.**

**Objective 8: Improved quality of care for people with dementia in general hospitals.**

- Lincolnshire Priority statement 4. Clear screening process for GP's A&E, hospitals, NHS direct and social care.
- Lincolnshire Priority statement 12. High quality care for people with dementia in acute hospitals and mental health units.

**How we will achieve this.**

1. Establish workforce training plan which will include hospital staff**.**
2. Encourage use of RCN and Alzheimer's Society leaflet- "this is me"
3. Clinical lead for acute hospitals to lead on development of clearer pathways.
4. Mental Health Liaison service firmly embedded within acute hospitals.
5. Complex case managers established to help the transition between home and hospital and ensure that appropriate services and support are in place including referral for diagnosis.

**How we will measure success.**

**Qualitative**

- Feedback from carers and people with dementia.
- Workforce development plan developed.
- Audit of anti psychotic medication
- Participate in Royal Collage of Psychiatrists' National Clinical audit of Dementia (dementia pathway)
- Increase use of intermediate care services to improve discharge.
- Information leaflets on wards about dementia

**Quantitative**

- Numbers of training courses held and participants**.**
- Number of people with dementia referred to specialist services.

**Already underway**

- New clinical dementia lead consultant in post based in Boston Pilgrim hospital
- High quality care for people with dementia in acute hospitals and mental health units
- A new hospital liaison service
- Complex case managers to support people with dementia from community to hospital and then to return home.

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

- Lincolnshire Priority statement 16 24/7 rapid response service, multidisciplinary appropriate support for both physical and mental health needs.
- Lincolnshire Priority statement 12. High quality care for people with dementia in acute hospitals and mental health units.

**How we will achieve this.**

1. Better access to intermediate care- both in specialist settings such as residential and nursing homes and within the persons own home.
2. Increase numbers of dementia specialist intermediate care beds.
3. Develop business case for increasing intermediate care at home.
4. Determine future bed based requirements for intermediate care
5. Determine future community based requirements for integrated intermediate care system

**How we will measure success.**

**Qualitative**

- Business cases and agreed funding arrangements for further development/redesign of Intermediate care services.
- Clear, easy to access pathways for intermediate care provided in range of settings.
- Clear and agreed performance information.
- Feedback from primary care.
- Feedback from carers and people with dementia.

**Quantitative**

- Shorter stays in hospitals.
- Increased numbers using intermediate care.(IC)
- Transparent data on numbers accessing Intermediate Care, who it is provided by, reasons for service and numbers returning home successfully.
- Reasons and numbers for non return home after period of Intermediate care.

**Yr 2 11/12**

**Objective 10: Considering the potential for housing support, housing related services and Telecare to support people with dementia and their carers.**

- Lincolnshire Priority statement 13: “Provide a range of housing options including extra care and Telecare to support the person living at home.”

**How we will achieve this.**

1. Implement the new extra care housing strategy. This includes the requirement for a minimum number of tenancies for people with dementia. It also stipulates that people who develop dementia after moving into extra care facilities should be provided with support to enable them to retain their existing tenancy.

2. **Develop Dementia Care Centres around the County. This is one of our key undertakings to transform services for People with Dementia in Lincolnshire.**

   **Our aim is to set up nationally recognised Centres of Excellence for supporting people with dementia and their carers**.

These centres would provide:

- A base for community services that support older people with dementia and their carers in the surrounding community
- A base for integrated team working between health and social care, such as community mental health teams
- A potential location for memory assessment clinics and early diagnosis support services
- A base for voluntary agencies who provide a range of preventative support services to the local community, such as dementia advisors
- Day services for assessment, therapy, planned and unplanned respite care
- A base for provision of specialist home care support services, including night-time support and emergency/carer response services linked to Telecare (see above)
- Respite care beds for both planned respite and emergency care
- Intermediate care
- Long-stay residential care
- Staff with expertise and understanding of dementia care

3. Ensure that links with Supporting People are developed further so that people are helped to remain in their own homes.
4. Develop closer links to the home improvement agency and district councils to ensure that the needs and wishes of people with dementia are clear and that any support needs are recognised.
5. Further develop and promote the use of Telecare to support people with dementia and their carers for people who are known to Adult Social Care and health and for those who wish to.

**How we will measure success.**

**Qualitative**

- Promotion of extra care vacancies in existing and new developments**.**
- Promote the use of Telecare including the self assessment tool for self funders or people who do not meet FACs criteria.
- Development of Dementia Care Centres.
- Development of 24/7 emergency response service linking health, ASC, Telecare, district councils. Ambulance and registered social landlords.

**Quantitative**

- Numbers of tenancies created or re designated for dementia care**.**
- Numbers of people supported to retain their home.
- Numbers of people who are able to stay at home for rest of their life.
- Numbers of people using Telecare to support their independence.

**Already underway.**

- New Extra care housing schemes.
- Telecare –judged an excellent service by CSCI.
- Shaping care for the 21st Century

Yr 1 10/11

**Objective 11: Living well with dementia in care homes.**

- Lincolnshire Priority statement 9**:"**Good quality care homes which are suitable and welcoming for people with dementia."

**How we will achieve this**.

1. To encourage gold standard for care homes within Lincolnshire.

2. To help identify what gold standard looks like for people with dementia.

3. To develop business case to trial the use of Telecare within care homes to help drive up standards.

4. To have clear and agreed training package for care home staff.

5. To have dementia lead for care homes

**How we will measure success.**

**Qualitative**

- Introduction of meaningful targets to achieve for gold standard in dementia care.
- Gold standard achieved for increasing number of homes.
- Dementia care mapping used in increasing number of homes**.**
- Feedback from carers and people with dementia**.**
- Trial to use Telecare equipment to improve services.
- Roll out of Telecare and learning from trial to help drive up standards**.**

**Quantitative**

- Numbers of home achieving gold standard in dementia care.
- Numbers of care homes where DCM has been undertaken each year.
- Reduction in safeguarding incidents reported in care homes.
- Reduction in safeguarding incidents found to be valid in care homes.
- Increase in training sessions held and numbers attending in care homes.
- Number of care homes using Telecare.

**Already underway**

- Dementia awareness training.
- Some dementia care mapping.
- Some evidence of high levels of training and interest from staff both in private and public sector.

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

- Lincolnshire Priority statement Priority 15: "End of life planning from soon after diagnosis**"**

**How we will achieve this.**

The dementia at end of life review has identified key priorities to meet:

1. For the service users/patients who are identified as frail (e.g. those rated on the Canadian Frailty Scoring Assessment (CHSA) Level score 6-7, used in the Frail Older People's Service pilot) staff are asked to raise awareness of the importance of completing relevant planning for the future e.g. making a will, advance care planning

2. Once a diagnosis of Dementia has been made, professionals need to take the opportunity to talk about preferences for care at the end of life and document these discussions. These may be conversations with carers and families, who can then advocate at the appropriate time

3. The Dementia register should record that people have been encouraged by their GP to consider their preferences for care at the end of life.

4. For people who are being cared for in a non Dementia specialist setting, staff can gain access to Dementia Advisers.

5. Where people are being cared for in a Dementia specialist setting, they have access to palliative care services e.g. Rapid Response Team when appropriate

6. Staff who deliver end of life care to people with Dementia need separate training in both end of life care and Dementia care. Research has shown that specialist training for delivering specific End of Life care for people with Dementia is not appropriate and this has been supported by local stakeholders.

7. Dementia Advisors need training in end of life issues, the pathway and how to access services.

8. Consider the commissioning of a Dementia Information Prescription, which would assist in increasing the diagnosis of the condition

9. The Carers' Palliative Care Strategy to take into account the specific needs of people who are caring for a Dementia sufferer based on previous carers' experiences.

10. Residential homes to access to End of Life training to increase their confidence in caring at palliative stages and reducing the need for acute hospital admissions in a crisis. To assess if residential homes specialising in Dementia care have already qualified for GSF/operate to LCP standards, and if not, to be prioritised for these schemes

11. To produce training needs analysis of all nursing and residential homes staff (as part of a wider health and social care staff analysis) against the new Department of Health End of Life Core Competencies. To match this against the Quality Assurance Framework being developed by Lincolnshire County Council Provider Services team (this benchmarks residential/nursing home standards

12. To analyse the Gold Standards Framework After Death Analysis tool for any specific learning outcomes from Dementia cases.

**How we will measure success.**

**Qualitative**

- Feedback from carers and people with dementia.
- End of life training established or incorporated within other training sessions.
- Training needs assessment and workforce development strategy in place.

- Dementia registers improved

**Quantitative**

**Objective 13: An informed and effective workforce for people with dementia.**

Lincolnshire Priority statement 8. Training for staff in health, social care and voluntary sector and for family carers.

**How we will achieve this**

1. To produce training needs analysis of primary and secondary care and social care teams.
2. To produce training needs analysis of all nursing and residential homes staff (as part of a wider health and social care staff analysis) against the new Department of Health End of Life Core Competencies. To match this against the Quality Assurance Framework being developed by Lincolnshire County Council Provider Services team (this benchmarks residential/nursing home standards
3. To encourage workforce planning with third sector.
4. To develop Training packages including train the trainer, dementia awareness raising for staff groups across the county in cooperation between health social care and third sector.
5. To work with carers partnerships to identify key training needs.
6. To continue to develop staff and use dementia care mapping, both in residential and supported living environment.
7. To provide mentoring and support to hospital staff from complex care managers(dementia care)
8. To encourage take up of dementia awareness training/information provision for staff outside of dementia care arena e.g. fire, police, libraries.
9. To run with Alzheimer's Society courses on working with family carers.

**How we will measure success.**

**Qualitative**

Workforce development plans undertaken and available, linking organisations wherever practical.

Take up of training materials.

New course developed.

**Quantitative**

Number of courses held and people attending dementia awareness.

Number of courses held and people attending dementia training.

Number of people taking more than 1 course on dementia.

**Already underway**

- Dementia care mapping
- Dementia care mapping in supported living-pilot area.
- Dementia care awareness training undertaken regularly by health and social care staff.
- Dementia care awareness training for the private sector- especially care homes.
- Dementia training for staff across all services to improve knowledge of working with carers of people with dementia. (From April 2010.)

**Objective 14. A joint commissioning strategy.**

**How we will achieve this**

1. This is the first joint commissioning strategy for dementia care in Lincolnshire**.**

**How we will measure success**

**Qualitative**

- Consultation on draft strategy and final document agreed.
- A joint commissioning strategy for dementia care approved and signed by ASC and NHS Lincolnshire after approval by members of the mental health for older people partnership board.(MHOPPB)
- An implementation plan agreed, regularly updated and available on websites of member organisations.

**Quantitative**

- Implementation plan updated after every MHOPPB meeting.

**Objective 15. Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.**

**How we will achieve this.**

1. The Care Quality Commission (CQC) the new national inspection body will bring together key performance indicators for health, social care and care home providers.

2. Within Health and Adult Social Care we will provide information and reports as required to CQC to provide a clearer local, regional and national picture of services for people with dementia.

3. The MHOPPB is now recognised as the local forum for development and implementation of the dementia strategy.

**How we will measure success.**

**Qualitative**

- Provision of good quality data with evidence of continuing improvement to CQC.
- Establish performance measures with CQC and internally to ensure that "gold standard" services are encouraged in Lincolnshire.
- Recognition from CQC (in annual reports) of progress with implementing outcomes of Dementia strategy.

**Quantitative**

- Benchmarking with Institute of Public Finance (IPF) comparator group**.**

**Yr 1. 10/11 Onwards**

**Objective 16: A clear picture of research evidence and needs**.

**How we will achieve this.**

1. We will take part in national audits on Clinical research, such as participate in Royal Collage of Psychiatrists' National Clinical audit of Dementia (dementia pathway)

2. 2 Dendron nurses are employed in Lincolnshire to promote research into Dementia services within Health environments.

**How we will measure success.**

**Qualitative**

- Audits undertaken and changes to working practices made as a result.
- National development into research.
- Local research projects undertaken and published.

**Quantitative**

National lead will dictate this element.

**Objective 17: Effective national and regional support for implementation of the strategy.**

**How we will achieve this.**

1. National leads have now been appointed, clinical and for provider services. We will express an interest in working with them to implement the improvements required.

2. Regional lead officers within the strategic health authority and department of health have been appointed and they are regular members of our MHOPPB and we are represented on the regional implementation group.

**How we will measure success.**

**Qualitative**

- Regular cooperation and joint working to improve dementia care.
- Benchmarking with east midlands authorities to support the regional development plan.
- Clinical leads established nationally and supporting local initiatives.
- Regional Strategic health and department of health leads appointed and working closely with Lincolnshire. Lincolnshire are Members of the regional implementation team and both regional leads are members of our Lincolnshire board

**Quantitative**

- Increased funding and support from national and regional teams.
- Number of new initiatives introduced to support local development.

## 12.1 Implementation plan

Our implementation plan will be a working document as it identifies what we are doing first and who is responsible for making the changes happen. The document will be regularly updated and will be judged under the governance arrangements. It is our intention to keep the live document available to view from the website of both NHS Lincolnshire and Lincolnshire County Council.

**Our priorities for 10/11**

- Improved public information.
- Dementia Advisors
- Supported housing options, including extra care and Telecare.
- Improved quality of care homes.

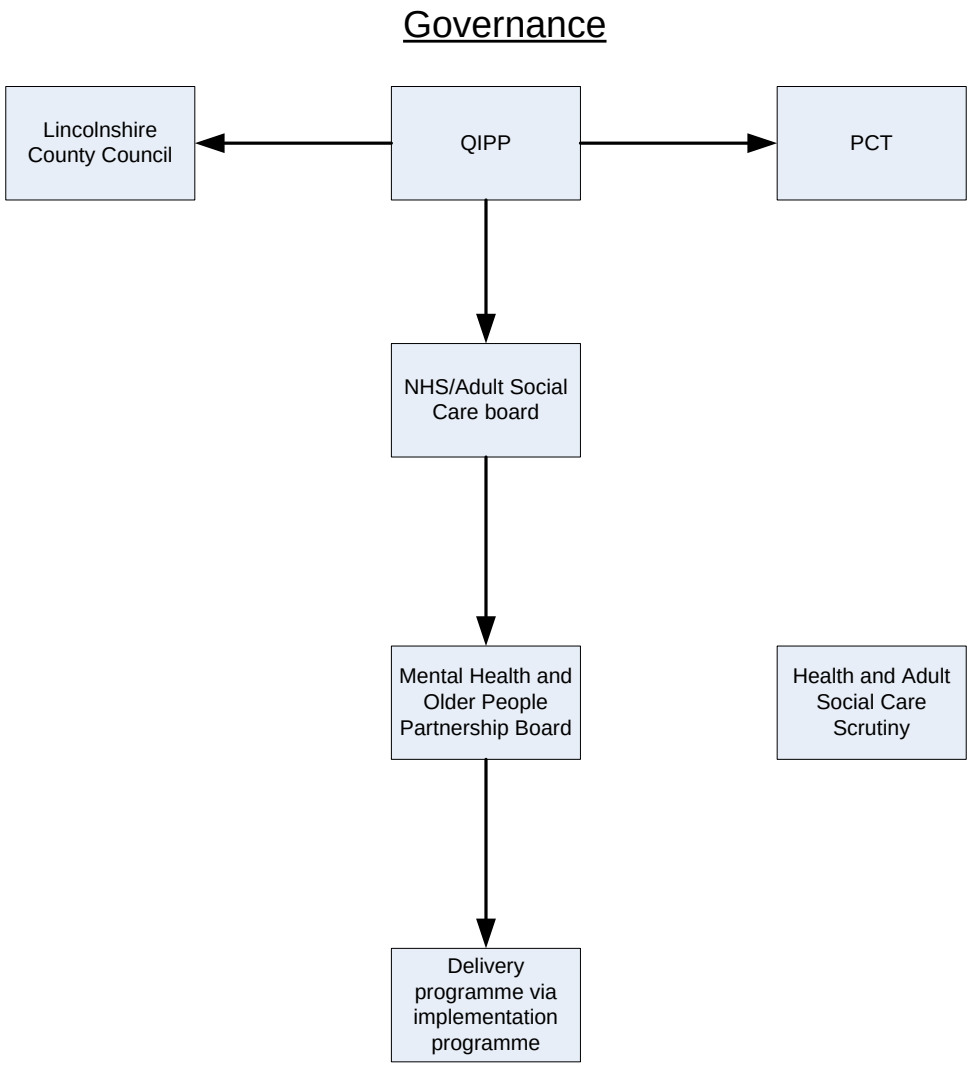
- Good quality end of life care.

**Priorities for 11/12**

- Early diagnosis and specialist memory services.
- Improved intermediate care
- Improved community personal support.

## 12.2 Leadership and Governance

The Mental Health for Older People Partnership Board (MHOPPB) is a partnership of key stakeholders who are interested in working together to improve outcomes and services for older people with mental health needs and their carers. The board's role is primarily concentrating on services for people with dementia (including early onset dementia), but appreciate that other medical and social needs will have an affect on outcomes. All members should feed into the MHOPPB and back to their own boards. (**Membership list is appendix C)**



## 12.3 Managing Performance

One consideration for this strategy is how to identify people with dementia, GP's are asked to keep a Register of people **diagnosed** with Dementia which was 3,441 people in 2008/09. If prevalence rates give an accurate expectation then we would expect to see over 9,704 people. (08/09) This difference raises key questions on:

- the accuracy of both figures,
- are the non diagnosed people able to get the help they require
- is it clear where and when to go for diagnosis,
- What difference diagnosis will make. (To the individual and to commissioners who need to understand and plan services to meet the level and type of need.)

Anecdotal evidence, both locally and nationally shows that people and carers may be reluctant to seek a formal diagnosis or GP's may feel that diagnosis does not bring any benefit to the individual or their carers. (We are addressing this point in our action plan).

Within Health a diagnosis will open doors to treatment and support within the NICE guidelines, whereas Adult Social Care asses the eligible need of the individual. (Which can also be the person's needs as a carer.) Neither organisation currently records dementia on performance records as a matter of course.

Adult Social Care and Health both have regulated performance targets to meet that are measuring outcomes as well as outputs. The targets are wider than Dementia, some looking at the whole of mental health services e.g. number of people with mental health needs accessing personal budgets, others concentrating on key issues such as delayed transfers of care. Providers of contracted services do have performance targets; however some older contracts may be focused on outputs rather than outcomes.

One of the aims of this strategy is to identify what is important to people who use the service and their carers and measure our success, gaps in provision or actions for improvement. Identifying key performance indicators and how we can judge success will be an element of each point on the implementation plan.

## 13 Making the Strategy a Reality

The Dementia care joint commissioning strategy for Lincolnshire has been developed in partnership with a wide range of individuals and organisations, using a variety of methods to identify the key priorities. We have an implementation plan that will be a working document, kept live and visible so that the people who helped to identify the strategy can tell us how we are progressing towards the outcomes they want to achieve. The plan however requires the commitment and support of national, regional and local people and organisations to drive the changes we need to make to meet the aspirations of local people with dementia and their carers.

## 14. Appendices

### 14.1 Appendix A

Lincolnshire Dementia Workshop Attendees

| | |
|---|---|
| Alison Pitt | Dementia Advisor, Alzheimer's Society |
| Anne Ward | Unit Manager, LCC Halmer Grange |
| Annette Lumb | Programme Manager, Department of Health East Midlands |
| Bev Miller | Carer, Barchester Healthcare |
| Carol Courtney | Admiral Nurse Lead, NE Lincs |
| Caroline Yates | LCC social worker |
| Chris Bowles | Assistant Director of Operational Development - LPFT |
| Colin Warren | Manager Mental Health – NHS Lincolnshire |
| Dalisay Santiago | Care Assistant, Barchester Healthcare |
| Dave Bassett | Service Manager Lincolnshire Alzheimer's Society |
| Deborah Shepherd | Commissioning & Development Officer, LCC |
| Denise Edwards | Unit Manager, LCC |
| Enid Boesser | Department of Health |
| Eziah Mahlatsi | Nurse, Barchester Healthcare |
| Frank Adegboyega | Home from Home Care |
| Gill Garden | Consultant Clinical Lead for Dementia, ULHT |
| Grace Soans | Physiotherapist, ULHT |
| Harry Smart/Jim Clarke | Senior mental health chaplain, LPT |
| Helen O'Leary | General Manager, Barchester Healthcare |
| Hilary Bradley | Carer of individual accessing a service |
| Ian Anderson | Director Adult Social Care, LCC |
| Izabela Leszczynska | Care Assistant, Barchester Healthcare |
| Jacquie Harrison | Service Manager, Home Support - LCC |
| Janet Beament | LPFT |
| Jayne Scotney | Head of Dementia Community, Barchester Healthcare |
| Jenny Noero | Clinical Psychologist LPFT |
| Jill Guild | Strategic Health Authority |

| | |
|---|---|
| Joanna Holland | LPFT |
| Joanne Wood | Team Leader, LCC |
| Julia Farmery | DeNDRoN Research Nurse, Lincs Clinical Trials Unit |
| Karen Rodgers | Mental Capacity Act Coordinator |
| Katie Liveley | Clinical Research Officer - ULHT |
| Kim Hughes | Workforce Planning & Development Manager, LCC |
| Lesley Hunter | Occupational Therapist - ULHT |
| Liz Atkinson | Team Leader, Communities Provider Services |
| Margaret Campbell | Staff Nurse, Barchester Healthcare |
| Marion Clark | Dementia Advisor, Alzheimer's Society |
| Martin Bennett | Performance officer, LCC |
| Marylin Ward | Area Manager - LCC |
| Mike Hubbert | Acting Finance and Business Manager, LCC |
| Mrs Gillian C Marshall | Individual |
| Mrs Norris | Relative of resident with dementia |
| Nick Smith | Head of Service, LCC |
| Pat Johnson | Carer of individual with Dementia |
| Paul Mansfield | East Midlands Regional Carers Lead |
| Paul Saunders | Quality Assurance Officer, LCC |
| Paul Taylor | Development Lead Older Adults, LPFT |
| Paula Colburn | Alzheimer's Society |
| Penny Turner | LCC Dementia Social worker |
| Peter Johnson | Individual with Dementia |
| Phyllis Lynn | Day Care Worker, LCC Linelands, Nettleham |
| Richard Wood | Service Manager, LCC |
| Roy Ballentine | Secretary/Treasurer Alzheimer's Society, Grantham |
| Sam Lines | LPFT |
| Sandra Baker | Activities Co-ordinator - Barchester Healthcare |
| Sarah Fry | Community Care Officer, LCC OP Team |
| Sharon Hall | Individual |

| | |
|---|---|
| Sonia Sylvester | Senior Practitioner, LCC |
| Sue Bailey | Nurse Advisor, Bromhead Medical Charity |
| Suzette Marshall | RN Team Leader Continuing Care |
| Tracey Perkins | Carer, Barchester Healthcare |
| Valerie Betts | Clinical Manager, Barchester Healthcare |

**Appendix B - What works well in Lincolnshire**

| OK - not in need of support | Need some low level of support | Need moderate support at home | Intensive support at home | Care home or hospital care |
|---|---|---|---|---|
| GP's | Advocacy Service | Adults Supporting Adults | Respite (LCC & Private) | Specialist Mental Health Nursing |
| Dendron –research nurses | Luncheon Clubs (Voluntary sector) | Voluntary sector | Intermediate Care (at Home and beds) | Independent Sector Homes |
| Wiltshire farm foods | Independent services | Transport services (LCC) | Young Person's Monthly Support Group | Nursing Care |
| | Safeguarding team | Home Care (Private & LCC) | Just Checking | Occupational Therapy |
| | Winged fellowship trust | Respite (Private & LCC) | Complex case managers – LPFT | Continuing Care |
| | Occupational therapy | Intermediate Care | Alzheimer's Coffee Mornings | Regular reviews |
| | Customer service centre (LCC) | GP's | Social Workers | Physio in Hospital |
| | Home maintenance (LACE etc, voluntary sector) | Young Person's Monthly Support Group | GP's | Hospice |
| | CALL | Memory Clinics | End of Life Care | Social Workers |
| | Individual budgets network (Lincs) | Brokerage (LCC) | Independent Mental Capacity advocate | Intermediate Care |
| | ULHT – United Lincolnshire Hospital Trust | LARS – Lincolnshire Assessment & Reablement Service | In-House day care/Flexible (LCC & Private | Marie Curie |
| | Day Care (In house and private | Telecare (Inc just checking system) | Telecare | Macmillan |
| | Adults supporting adults – at home day care | Specialist Ward for patients with medical problems and Dementia | Intensive Care Speech & Language Therapy | Palliative Care |
| | PAL's Patient Advice Liaison Service | | | |
| | Memory Clinics | | | |
| | Lincs Partnership Foundation Trust, Community Mental Health Team | | | |
| | Sitting Service | | | |

**Appendix C**

## Mental Health and Older People Partnership Board Members

| | |
|---|---|
| Alan Daniels | Rethink |
| Moira Potter | LCC- Head of Assessment and care management for older people. |
| Annette Lumb | Department of Health |
| Barry Earnshaw | Age Concern |
| Beverley Bolton | LPFT |
| Colin Warren | LPCT commissioning for people with dementia |
| Dave Bassett | Alzheimer's Society |
| Deborah Shepherd | LCC-commissioning for people with dementia/ Telecare |
| Dr Dee Gallup | GP |
| Jeanette Wood | LCC- Dementia training |
| Helen O'Leary | Barchester Healthcare |
| Jill Guild | Strategic Health Authority |
| Julie Farmery | NHS (ULH) Dendron nurse |
| Katie Liveley | NHS (ULH) Dendron nurse |
| Marilyn Ward | LCC service manager-dementia lead |
| Martin Wilson | LCC health and well being. |
| Nick Smith | LCC head of commissioning for older people |
| Dr O Gonzalez | LPFT |
| Richard Collins | LCC head of commissioning for LD, PD & MH |
| Richard Wood | LCC- care home service manager |
| Sarah MacGillvray | NHS Direct East Midlands |
| Sarah Oliver | LCC- representing Carers Partnerships |
| Sarah-Jane Mills | St Barnabas |
| Susannah Spencer | LCC training for home care |
| Sylvia Knight | NHS (ULH) |