

Dorset Health Scrutiny Committee

Scrutiny Review Panel

Dementia Services in Dorset

Summary

Dorset County Council



FINAL DRAFT JULY 2010

Summary

Dementia – What is it?

The term dementia covers a range of conditions but is a serious progressive decline in mental function. The brain stops working properly so that people with dementia have difficulty with remembering things, thinking clearly, communicating and doing day to day tasks. People with dementia may also experience mood swings, anxiety and depression. There is no cure for dementia. Once someone has dementia the condition will get worse over time until the end of life so there will be an increasing dependency on other people. How fast dementia progresses depends on the individual. However, there is a common misconception that nothing can be done. Early diagnosis tends to lead to better outcomes because more can be achieved in terms of any treatment, care and support. The result can be an improved quality of life for a number of years for both the person with dementia and their carers.

Why do the review?

There were a number of reasons why members thought a review of dementia services was necessary but what has sometimes been described as Dorset's "demographic time bomb" can perhaps be regarded as the main driving force. In 2007 a report entitled "Dementia UK" by the Alzheimer's Society predicted that by 2025 one million people in the UK will have dementia. Using population data and dementia prevalence rates, estimates have been made about future demographic trends in Dorset. These suggest that people over the age of 65 with dementia will increase from 7,796 in 2010 to 11,734 by 2025. Members were concerned about the challenges that this forecast presents to the future planning, commissioning and delivery of services.

How did we do it?

The focus of the review was to establish what life is like in Dorset for older people with dementia and for their carers. A Scrutiny Review Panel (the Panel) was set up to undertake this work. On the Panel were five elected members from the Dorset Health Scrutiny Committee who were joined by a number of invited representatives bringing different experiences and perspectives to the table. This included the Alzheimer's Society, the Dorset Age Partnership, a Carers' representative, Dorset Local Involvement Network (LINK), Dorset County Council and NHS Dorset. Commissioning bodies and service providers were invited to give written evidence for the Panel to consider. Three question and answer sessions were then organised for the Panel to hear and discuss in more depth certain aspects. Further information was collected through a series of one to one interviews and visits. Where visits or face to face interviews were not practical information was also gathered through telephone interviews or e-mail correspondence.

One of the most important aspects of the review was to hear from people across Dorset living with dementia and their carers. Their words and responses have been used to provide a "reality check" against which the other evidence has been judged. The Dorset LINK agreed to undertake this aspect of the review on behalf of the Panel. The questionnaires asked some specific questions but also allowed those responding the opportunity to write freely when asked "*Tell us one thing that could be done better to help you or the person you care for*". The results of

this engagement exercise have been used throughout the writing of this summary and the full report and when respondents are quoted bold text has been used to bring the subject alive and highlight the reality of living with dementia in Dorset in 2010.

What did we Find?

A. Evidence on the Dorset Context.

Demographics.

The statistics about future rises in population numbers and the prevalence rates of dementia help to illustrate and identify local areas where there may be pressure on delivering health and social care support in the future. West Dorset is projected to have the largest gain in the number of older people, with the number of people aged 65+ increasing by almost 20,000 by 2026. West Dorset is also predicted to see the largest increase in numbers of people with dementia increasing by approximately 1,740 by 2026.

The National Dementia Strategy.

In order to understand dementia services in Dorset the Panel felt that it was important to understand the vision that the Department of Health has as set out in the National Dementia Strategy, *Living Well with Dementia*, published in February 2009. The Strategy sets the context and framework against which the Panel could judge local service commissioning, provision and user experiences.

The South West Dementia Review - Dorset 2009.

Responsibility for ensuring that the National Dementia Strategy is implemented at a local level has been devolved by the Department of Health to the regionally based Strategic Health Authorities. In this region the South West Dementia Partnership convened a regional Dementia Review Group to go out and assess each of the 14 health and social care communities in the region and provide them with an evaluation of their strengths and weaknesses. There were some key headline messages for Dorset around the lack of joint commissioning, pooled budgets and a joint strategy or agreed action plan. Issues of consistency and equity of access to services depending on a person's location within Dorset were also highlighted. This gave the Panel some areas on which to focus.

B. Evidence from Commissioners.

Dorset's response to the South West Dementia Review.

The Panel was encouraged by the response that NHS Dorset had made to the South West Dementia Review Group and the evidence of collaborative working that had obviously taken place to produce a plan for implementing the National Strategy within Dorset. The Panel noted that joint and joined-up working are pre-requisites if the workstreams identified in the plan are going to achieve their objectives. The work identified in the plan represents a big challenge if Dorset is to become fully compliant with the objectives of the National Dementia Strategy. The Panel feel this is a matter of some concern for both NHS Dorset and the County Council's Adult and Community Services Directorate and will require further monitoring and scrutiny beyond the period of the current health scrutiny review.

Joint commissioning.

A joint commissioning structure was shared with the Panel but beyond this structure there is no evidence of joint commissioning actually happening.

Commissioning structures and terms of reference are still being developed. The Panel noted that there are no pooled budgets which would further suggest that joint commissioning is not established. The Panel concludes that this is an area that requires urgent attention.

Leadership.

When the Panel began making enquiries in December 2009 they were concerned that the locally agreed dementia action plan identified a need to adopt a project management approach but that no one had been appointed to take on this role and drive the work forward. When the Panel concluded in May 2010 this was still the position. The Panel feel that Dorset simply cannot afford such inertia in light of its year on year rising number of people with dementia; a view expressed very clearly by the local Service Manager for the Alzheimer's Society:

“It is time for the Dorset community to realise and take on board the fact that if they continue to bury their heads in the sand and hold endless consultation after endless consultation without taking forward actions, then they will miss the moment and the chance to make any meaningful difference to the lives of people affected by dementia in their county.”

(Written submission to Scrutiny Review Panel, 3 December 2009 from Dorset and Channel Islands Service Manager, Alzheimer's Society)

Funding.

The Panel were dismayed that money allocated to primary care trusts for the delivery of the National Dementia Strategy had not been ring-fenced by the Department of Health. NHS Dorset Commissioners explained that the funding had been allocated to primary care trusts as part of uplift on their annual financial allocation. They recognised dementia as a growing problem but emphasised that it was competing against all the other priorities that the Trust had. The Panel feels that NHS Dorset should make some attempt to calculate what proportion of their annual uplift relates to the National Dementia Strategy funding allocation and then evidence expenditure against this and publish how they are implementing the Strategy at a local level. Dorset County Council's Adult and Community Services Commissioners confirmed that no resource of any kind had been made available to them to implement the National Strategy as allocations had been given to the Primary Care Trust.

Joint funding arrangements.

A good example of a joint funding arrangement in action is the Dorset Partnership for Older People Project (POPP) The Panel learnt that Dorset POPP has been jointly funded by Dorset County Council and NHS Dorset, with a commitment to continue and expand this programme in the future. Dorset POPP has provided 'seed funding' for a number of dementia related initiatives including memory cafes, reminiscence groups and Singing for the Brain; generally delivered through the Alzheimer's Society. The South West Dementia Review highlighted Dorset POPP as an impressive project and recognised the value obtained from a relatively small investment. The Panel agree with this.

A workforce to support people with dementia.

Commissioners explained that Dorset has a growing number of older people who move into the County, whilst there is an exodus of younger, working age people. This has been the position for a number of years and continues. The number of older people requiring services is growing but there are simply not enough people to provide the care. A key feature to address this problem is the provision of affordable housing. In a new extra care housing development in Christchurch the Borough Council recognised social care staff as "key workers" and developed,

alongside the extra-care scheme, affordable housing to which key workers were given priority. The Panel support this approach to staff recruitment in the social care sector and feel it should be adopted by local housing authorities across the County.

An informed and effective workforce.

In terms of training, NHS Dorset confirmed that they are one out of ten national pilots for medical revalidation. Under this scheme all doctors will have an annual appraisal and be revalidated to prove their competence to practise. NHS Dorset feels that this revalidation and appraisal will provide an opportunity to ensure GPs are up to date on dementia. The Panel agree that this could provide a valuable lever to ensure good GP knowledge around dementia across the County. The County Council confirmed it has a robust approach to training with a clear training and development pathway for Dorset County Council staff working in the dementia field or within older people's services. It was also brought to the Panel's attention that the independent and voluntary sectors are able to access County Council run courses and that take up is particularly good for courses on dementia and mental health and well-being.

Safeguarding Adults.

The County Council's safeguarding adults' responsibility is to provide a professional and timely response to reduce the incidence of harm and improve the lives of the people at risk. Safeguarding people at risk in Dorset means conducting and coordinating investigations whenever harm is alleged or reported. It does not only mean responding to concerns raised, but also taking early action to maintain and develop practices which means harm is much less likely to occur, for example developing good core standards in Care Homes or reducing risks of harm to people in their own homes. Since June 2009 the County Council has been piloting a triage service to assess all safeguarding adults' alerts. This service provides a single point of access for all alerts, ensures all alerts are logged, consistently dealt with and passed on to the appropriate managers within the County Council or to another agency. In the Annual Report of the Adult Protection Committee in September 2009 an increase in the number of alerts was recorded. Contract documents issued to residential care homes by the County Council have clear specifications and expectations around the specific needs of people with dementia and relate to safeguarding responsibilities. The Panel, however, is concerned that the contracts for domiciliary care do not specifically mention expected standards concerning dementia. The Panel feels that, in light of the evidence around increasing numbers of adult safeguarding alerts, this needs addressing immediately.

C. Evidence from Service Providers

General Practitioners.

Evidence was received from the GP Clinical Lead for Older People Themes which includes dementia. He confirmed that there is no uniformity in service provision and that there is a lack of a definitive, objective test for the diagnosis of dementia. His evidence noted that across Dorset different GPs have different onward referral systems and not every practice has access to radiological facilities early enough or swiftly enough to make a prompt diagnosis. He also suggested that GPs are usually reluctant to make a diagnosis until they are completely satisfied that any treatable causes have been ruled out and that their suspicion has been confirmed by secondary care. He was in no doubt that the number of diagnosed cases is far less than the suggested prevalence rates.

“I care for my mother - I am a community support nurse. I think she has dementia but as far as I know it has not been officially diagnosed. (Words of a Carer in Dorset)

“Support and advice when first diagnosed. You are on your own and have to find your way. Understanding dementia is so difficult to deal with and convincing other family members of the problems is hard. (Words of a carer from Purbeck)

The community engagement exercise asked people whether they were given enough information about dementia when it was first diagnosed and 51% said either no they didn't get the information or they didn't know whether they did. People were then asked if they were given advice about how to find out more, who they could talk to, where they could go and so on. Of those who answered this question 11% said they got in-depth advice, 56% said they got basic advice but a significant 32% said they got no advice. The words of a carer who said *“after diagnosis there is nothing”* resonate very loudly here.

Community Based Mental Health Services for Older People.

There are two providers of community based mental health services for older people in Dorset: Dorset Healthcare NHS Foundation Trust covering areas in East and South Dorset (East Dorset, Purbeck and Christchurch); and NHS Dorset Community Health Services covering areas in West and North Dorset (West Dorset, North Dorset and Weymouth and Portland). They both provide Older People Community Mental Health Teams (Older People CMHTs), day hospital services and in-patient units. The South West Dementia Review Group reported that they were told of a difference in approach and service model between these two providers and so the Panel felt that this aspect in particular should be explored. The difference in approach and service model was borne out by the evidence collated by this Panel. From the information considered the two providers demonstrated that they: configure their services differently; allocate different levels of staffing resources to those services; and operate different referral systems for accessing those services. The question raised by these differences is whether there is equity across the County in terms of services provided and access to those services. The Panel feels that the differences suggested by the evidence are not desirable and Commissioners should look to achieve greater equity across Dorset in terms of the access to and delivery of Community Mental Health Teams for Older People.

Day Hospital.

Two representatives from the Panel spent a day at the Melcombe Day Unit in Weymouth to experience the type of service provided as this had been commended in the South West Dementia Review Group as having *“an holistic and inclusive approach to supporting people with dementia and carers”* and *“a ‘can do’ attitude which was enabling and normalising”*. This was certainly confirmed. The Unit also shares its good practice and looks to disseminate learning by allowing staff from other care settings to visit and experience a day at the Unit as the Panel's representatives did. The Panel supports this sharing of positive practice and suggests that this is undertaken more widely by those commended for their work.

In-patient Services.

Dorset Healthcare NHS Foundation Trust highlighted their successful application for funding from the King's Fund to enhance the healing environment. The

funding is to meet the costs of a two year programme to improve the patient experience on St Brelades Ward at Alderney Hospital, Poole. This will be achieved through the use of enhanced lighting and colour in conjunction with careful use of space and attention to layout. The alteration work is due for completion by December 2010 and the effectiveness of the changes in reducing falls and some of the challenging behaviours that can be associated with dementia will be assessed from then on. The Panel support such innovation and hope that the Dorset Health Scrutiny Committee will be advised of the outcomes of the programme.

Other Community based support.

As well as the statutory services the Panel were keen to collate a picture of other community based services that people with dementia and their carers may access or encounter on the patient journey and these included Alzheimer's Outreach Service and Dementia Support workers in East Dorset, Carers' Support Groups, Dorset POPP, WRVS Reminiscence Groups, Alzheimer's Society Memory Cafes and Singing for the Brain. The Panel feel there is a need to continually advise and inform the public about community based services and activities in all localities.

The Panel are satisfied that there is a good range of community services available. In conjunction with appropriate packages of social care people with dementia can be sustained in the community. However, one major concern to the Panel is that much of the community based support considered in the review is only available on a Monday to Friday basis.

“More opportunities for social interaction when not attending day hospital. Feel quite lonely at weekends” (Words of a woman with dementia, aged 80 from Weymouth and Portland)

D. Evidence About the Impact of Dementia on other Health and Social Care Settings.

The Panel was interested in learning about the impact that dementia is having in a variety of different health and social care settings. Those contributing were asked to identify the main challenges that dementia presents for them in their particular sphere of work.

From Acute Hospitals.

The response from the acute hospitals serving Dorset was that patients who are confused in hospital have a longer length of stay, have worse clinical outcomes, higher mortality and are less likely to return home than patients with no history of confusion. The impact of this is felt on discharge planning and the need for patients to have more intense medical input during their time in hospital. This raised concerns for the Panel. Two representatives from the Panel visited The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) to meet their lead consultant with responsibility for implementing the National Dementia Strategy within the Trust. The visit highlighted the degree of disorientation that patients can experience when admitted to a large general hospital and some of the behaviours that naturally follow from that such as anxiety, agitation and wandering. The hospital environment can quickly reduce an individual's ability to function and a degree of institutionalisation can take place very quickly. Poole Hospital NHS Foundation Trust and RBCH both referred to the ward based 'dementia champions' they have appointed and

Salisbury NHS Foundation Trust highlighted their development of 'dementia link nurses' on each ward to increase overall competency of staff. Dorset County Hospital NHS Foundation Trust highlighted an initiative within one of their wards (Barnes Ward) to provide a dementia day unit. The Panel is supportive of these initiatives.

From Community Hospitals.

There was a general consensus among the Community Hospital Matrons who responded that the number of people they are seeing who have a dementia has increased. They have limited expertise to deal with this and would call on the Older People Community Mental Health Teams to support them if necessary. The ability to access the Older People CMHTs did appear to differ between the West and the East of the County adding further weight to the evidence and concerns already set out about the different service models of Older People CMHTs across the County.

From Community Matrons.

Dorset has a team of around 30 Community Matrons. Their purpose is to sustain and maintain people with long-term conditions in the community and avoid them being admitted to acute hospital care. They are linked to specific GP practices. Two Community Matrons were interviewed by representatives from the Panel one working in the Purbeck area and one in the Bridport area. They shared concerns about older people with dementia who live alone, particularly in terms of their ability to take prescribed medication at the correct time and of the correct dosage. They highlighted that dementia is often a co-morbidity (i.e. it occurs on top of an existing medical condition such as Parkinson's Disease, diabetes or heart disease) and the patient is dependent on medication. Controlling the correct intake of medication is extremely difficult. Similarly, a person's vulnerability through their dementia can be heightened when they live alone.

From an Occupational Therapist.

The Panel received a presentation from the Head Occupational Therapist within the Weymouth CMHT which was followed by a question and answer session. This helped the Panel gain an understanding about how a person's communication and interactive skills impact on their ability to participate in activities. The Occupational Therapist suggested that periodic medical reviews or health checks could contain an element of dementia screening as this may lead to the earlier detection of symptoms.

From a Telecare Provider.

Telecare systems vary and there are numerous items of equipment that can be installed within a person's home that can assist in monitoring their well-being. Under the County Council's telecare initiative an assessment of needs is undertaken. Where it is felt that a person's independence will be further supported by a package of telecare items, a list of equipment is "prescribed". The County Council works with two providers of Careline monitoring services that fit the equipment and monitor it thereafter. The Manager of the Purbeck Careline was interviewed and explained that all telecare equipment, of this nature, when triggered sends an alert to the Careline Operator who then makes contact to establish that everything is well or, if not, summons appropriate help or support. Assessing how a person is and what has happened within the home is very difficult in cases where the person has difficulty communicating and may simply need reassurance. The Panel feels that telecare has much to offer in supporting people with dementia at home and provides a 'safety net' to a certain degree but it has its limitations. The Panel supports the county-wide access arrangements

for this service and would like to see information about telecare issued to everyone diagnosed with dementia, particularly those who live alone.

E. Evidence on Residential Care – Person Centred Approaches and Capacity of the Sector.

Person Centred Approaches.

Two residential care homes for older people were visited and interviews with senior staff carried out to ascertain the impact and challenges of dementia for them. One of the homes was provided by the County Council; the other was in the independent sector. Both are rated by the Care Quality Commission (CQC) as 'excellent'. It was very clear that the approach of both the managers is key to the high quality person centred approach to dementia care that we would all want for ourselves or our families. The manager of the independent sector home recalled the words of one resident who had said to her *"it's like having lots of daughters looking after you"*. The Panel feels there is much to be gained through peer learning and that the example and the ethos of these homes should be shared throughout the residential care home sector so that this approach becomes a locally agreed benchmark for quality dementia care which others should seek to achieve.

Capacity of the Sector.

Despite these examples of good practice the Panel heard concerns about the lack of dementia care home beds throughout Dorset which carers reported as very evident when trying to find appropriate respite care. In light of the demographic changes predicted for the County the Panel feel that NHS Dorset and the County Council's Adult and Community Services Commissioners should draw up an action plan that seeks to increase capacity within Dorset care homes to provide accommodation for people with memory loss and dementia.

F. Evidence on Carers and Dementia.

The Number of Carers.

From the outset of this review the Panel was anxious to explore and understand the impact of dementia on informal carers. Much of the evidence supplied by service providers touched on some of the issues facing carers and the community engagement work provided numerous insights. The Panel also held a question and answer session devoted to exploring the more formal type of support provided to carers from NHS Dorset and the County Council. The Panel learnt that the majority of carers are spouses, relatives or neighbours. Census data suggests that around 40,000 people in Dorset have a caring responsibility.

GP Carers' Register.

The Panel was advised that every GP practice is required to hold a carers' register and have a carers' lead but the registers vary in how and when they are completed and updated. The total number of registered carers falls well below the 11% of the population who said they provided unpaid care in the 2001 census. The Panel were concerned to learn that registration with a GP as a carer does not necessarily trigger any action. The Panel suggest that at the very least people on the GP carers' register should be referred to their local Carers' Caseworker for a carer's assessment and recalled by the GP practice for regular appointments to facilitate the monitoring of their well-being.

Training for Carers.

Training by the St John Ambulance for carers on dementia had been commissioned by NHS Dorset and a number of sessions have been run. The Panel were pleased to hear that when such training is organised it is accompanied by the provision of a short break service to enable the carer to attend. St John Ambulance and Dorset POPP have worked together to produce a Dorset version of a popular guide for carers called "If Only I'd Known That" by Susan Hartnell-Beavis, first published in Somerset in 2008. The booklet gives carers essential facts about caring and includes a Carers Information Directory. Its distribution has been widespread. It has been so well received that the Dorset LINK has funded publication of a further thousand copies this year.

Access to Information.

The community engagement also asked people if they felt they had access to the right information to help them make informed decisions and choices about the care and support that is available. Of those who responded 40% said yes, 35% said somewhat, 22% said no and 3% said they didn't know. So although three-quarters of respondents feel they have some access to information to help them make informed decisions a quarter of the respondents did not. The Panel feel that without good information people are simply not adequately equipped for their journey, or that of a loved one, through dementia.

Respite Care.

The Panel heard repeatedly that there are not enough respite care opportunities in Dorset and that those that do exist are difficult to access for someone with dementia. The issue of respite also seemed to throw up an area of potential conflict. It might be in the interests of the carer to access respite but such provision might not be in the best interests of the person they care for, particularly where it involves a temporary move to an unfamiliar environment outside of the usual home.

"I have not had any respite in 6 and half years. GP said if I had respite my husband would be even more confused. He had no thought for the carer!"
(Words of a carer from Dorset)

The Panel feel that these difficulties and dilemmas can be overcome through commissioning a variety of respite options including those that enable the cared for person to remain at home and for the respite care to come to them.

Self Funders.

The issue of self funding for social care whether in a residential setting or through a package of domiciliary care or telecare was a recurrent theme running through many aspects of this review. Nationally, the Department of Health ran a consultation during 2009 called "The Big Care Debate – have your say" which was centred on the future funding of social care. David Behan the Director General of Social Care within the Department of Health wrote a blog to highlight the consultation and said "Surveys tells us that more than half of people think that care will be free. But it's not. Care and support costs can be very high."
(<http://careandsupport.direct.gov.uk/blog/2009/07/the-big-care-debate-have-your-say>) Local people expressed a rather aggrieved perception of what is and what is not provided:

"Just because we have money we are expected to work everything out for ourselves..." (Words of a relative of a person with dementia, aged 64 from Purbeck)

“Not offered anything as a carer except a carers’ assessment which is an insult really when they can offer nothing for my mum because she has savings.” (Words of a carer, aged 57 from Purbeck)

The provision of social care is a cash limited public resource and, in the summer of 2006, the County Council took the decision to help only those most in need. To do this the Fair Access to Care Services (FACS) criteria are used to determine the level of someone’s needs. If these fall into the category of ‘critical’ or ‘substantial’ then that person is deemed eligible for assistance from the local authority. People eligible for social care services under the FACS criteria also have a financial assessment and depending on their financial circumstances, including their savings, may have to pay some or all of the cost of their care. For those who find that they are not eligible the local social service authority has a limited duty to signpost them to appropriate sources of help and advice. The non-eligible person has to independently research, locate, organise and pay for any social care service that they or the person they care for requires. This made the Panel see just how critical access to good information and advice is.

“Info at one source would be helpful. You need to find respite yourself.” (Words of a carer, aged 73 from Christchurch)

G. Evidence on Nutrition and Dementia

The Department of Health is keen to raise awareness about the link between good nutrition and good health for older people. Nutritional care is also a core theme within the Dignity in Care agenda so time was devoted in this review to consider how well people are advised about nutritional care in relation to dementia. The County Council’s Catering Services Manager made the following statement in her submission to the Panel: *“I personally believe, but would not have the evidence to prove, that carers of those with dementia in the community do not have easy access to advice and support on nutritional care...”*

To test the validity of this statement the community engagement work included some very specific questions about whether people had ever been given advice about nutrition and dementia. The results were startling but perhaps in light of the above statement not unsurprising: 70% said they had received no advice, 12 % said yes they had and 16% said they had received some advice, 2% were not sure. The Panel is dismayed by this finding on an issue so central to maintaining good health and well-being. The Panel believes that this has to change.

What Conclusions were reached?

The Panel has heard the voices of many people from across Dorset who are affected in some way by dementia. What they have shared about their experiences has provided valuable insight.

In conclusion here are some of the key points that came from the evidence considered.

There is a feeling that at many points along the dementia journey people are left to their own devices. They are expected to navigate services and sources of support but without being given or being able to find for themselves an adequate map of the information that they need to do this. A focus on providing good, reliable, up to date information about what help and support is available, across all services and in every locality is clearly needed.

The Panel is very concerned about the inability of NHS Dorset to identify within existing budgets specific funding to implement the National Dementia Strategy and the lack of a project manager to co-ordinate and drive forward work identified in the implementation plan. The Panel is worried that this will impede Dorset's progress in implementing the National Dementia Strategy.

Differences in community mental health services for older people exist between different parts of Dorset in terms of access, service configuration and provision. The Panel does not think this is desirable and that commissioners should achieve greater equity across the County in this respect as soon as possible.

Contracts for domiciliary care do not specifically mention expected standards concerning dementia. Although commissioners advised that contracts are being rewritten and in future will include minimum standards for dementia care no clear time scale was given for this. The Panel feels in light of the evidence it heard about increasing numbers of safeguarding adults alerts this should be addressed as a matter of urgency.

Commissioners also need to work in partnership with housing authorities to ensure that affordable housing continues to be made available locally for those working in the social care and health sectors. The Panel feels this will help with the recruitment and retention of staff that are and will be needed to support the growing older population of Dorset.

The Panel supports the hospital initiatives that are attempting to reduce patient disorientation and improve the patient experience. The Panel feels there is much to be gained through peer learning in many work spheres and services providing dementia care.

The Panel heard repeatedly that there are not enough respite care opportunities in Dorset and that those that do exist are difficult to access for someone with dementia. A variety of respite options need to be commissioned including those that enable the cared for person to remain at home for respite care.

The Panel suggests that at the very least people on the GP Carers' Register should be recalled by the GP practice for regular appointments to monitor well-being and if they would like a referral onto the DCC Carers' Caseworker team. This way carers' ability to care can be sustained.

Nutritional care is not always seen as an integral part of the care and support given to people with dementia. The validity of this statement was tested and confirmed by our community engagement work. The Panel believe that this has to change.

In light of these conclusions the Panel has drawn up a set of recommendations for action and these are set out on the following pages.

A Note from the Chair

We have pleasure in presenting this summary which is the culmination of many months work, and recommend its adoption to the Dorset Health Scrutiny Committee.

G.E Summers
Chair of the Scrutiny Review Panel

RECOMMENDATIONS

Theme 1. Person Centred Approach

1.1 People are at the centre of any service, any discussion or any issue around dementia.

Across the Dorset health and social care community dementia is recognised as an organic disease and should be regarded as a health condition that has health and social care implications. In line with the Department of Health's Dignity Challenge the Panel would like people with dementia in Dorset to be treated:

- with the same respect as any of us would want for ourselves or a member of our family; and
- as an individual by offering services that are personalised.

The work being done in relation to life histories and providing purposeful and meaningful activities is to be actively encouraged and disseminated throughout Dorset in health, care and support services for people with dementia.

Theme 2. Addressing the need for Information

2.1 Information from the start and throughout patient journey.

NHS Dorset and the County Council's Adult and Community Services should consider the appointment of dementia advisors or an information service from a third sector organisation. This would be for the provision of high quality, easily accessible information on dementia throughout the patient journey, for people with dementia or their carers so that, regardless of their financial circumstances (including self funders), they are well informed about all the services that could help support them.

2.2 Nutritional advice and monitoring.

Across the Dorset health and social care community nutritional advice should be regarded as an integral part of Dignity in Care and a defining factor in the quality of the care and support given to people with dementia. NHS Dorset should work with GPs to ensure nutritional screening and monitoring is undertaken within primary care settings where appropriate and that nutritional advice is given at the point of diagnosis and available thereafter through a named contact within all practices.

2.3 The County Council facilitates and supports the Catering Services Team to disseminate information on good nutrition and well-being to carers and staff working within residential care environments so that the changing eating habits of those with dementia that they care for are better understood and accommodated.

2.4 Telecare.

Telecare has the potential to support and maintain independent living. Information about telecare should be issued via GP practices / Older People CMHTs to everyone diagnosed with dementia, particularly those who live alone.

2.5 Dementia Champions.

All NHS Trusts and social care establishments including GP practices are encouraged to instigate 'dementia champions' (as exemplified by the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust) who can receive additional training and then disseminate this knowledge and positive practice to increase the overall competence and confidence for all staff caring for people with dementia.

2.6 Public Information Campaigns.

NHS Dorset should launch and repeat at regular intervals public information campaigns about dementia and local dementia services aimed at breaking down stigma and common misconceptions about the condition.

Theme 3. Issues for Carers

3.1 Carer Registration with GP.

NHS Dorset to ensure that when a person registers with their GP as a carer certain positive actions are triggered including them being recalled by the practice for regular appointments to monitor their well-being and if they would like a referral to the DCC Carers' Caseworkers team.

3.2 Involvement of Carers in decisions.

NHS Dorset to work with GPs around the inclusion of carers, where possible, in the care and treatment planning and decision making for people with dementia.

3.3 A range of respite opportunities.

Commissioners in NHS Dorset and DCC Adult and Community Services agree and commission a range of respite opportunities for carers with the purpose of supporting carers in a way that is appropriate to their particular needs and those of the person for whom they care.

Theme 4. Commissioning

4.1 Safeguarding Adults.

The County Council's Adult and Community Services commissioners should ensure that all DCC contracts for domiciliary care contain clear standards in relation to dementia care.

4.2 Dementia Care Pathway.

NHS Dorset to lead in the development of a care pathway for patients with dementia. Once agreed the Care Pathway should be implemented across Dorset to provide consistency in terms of referral routes from GPs to radiological facilities that assist diagnosis.

4.3 NHS Dorset to work with all GPs to agree the use of a consistent diagnostic test for dementia across Dorset.

4.4 The care pathway should include the patient being contacted (by the GP/ named advisor/ community matron/ Older People CMHT) from the point of diagnosis at regular, set intervals and at least every 6 months.

4.5 Joint Commissioning.

NHS Dorset and the County Council's Adult and Community Services should give urgent attention to joint commissioning of dementia care services for Dorset.

4.6 NHS Dorset should calculate the proportion of their annual spending allocation uplift (relating to the £60 million provided in 2009/10 and £90 million provided in 2010/11 to primary care trusts by the Department of Health to support implementation of the National Dementia Strategy) evidence expenditure against this and publish how the National Dementia Strategy is to be implemented locally.

4.7 Commissioners in NHS Dorset and the County Council's Adult and Community Services should agree a consistent service model, approach and referral system for the County, to achieve greater equity in the access to and delivery of CMHTs for Older People.

- 4.8 Commissioners in NHS Dorset and the County Council's Adult and Community Services should work with housing providers to ensure there is access to affordable housing across Dorset for younger people and in particular the workforce in the health and social care sectors.
- 4.9 Commissioners in NHS Dorset and the County Council's Adult and Community Services should identify outcomes and resources required to complete the National Dementia Strategy Implementation Plan for Dorset.
- 4.10 Commissioners in NHS Dorset and the County Council's Adult and Community Services should draw up an action plan that seeks to increase capacity within Dorset care homes to provide accommodation for people with memory loss and dementia.
- 4.11 Commissioners in NHS Dorset and the County Council's Adult and Community Services should work, where possible, to develop community based support services for people with dementia that include weekend and bank holiday cover.
- 4.12 **Training.**
NHS Dorset is asked to use the annual appraisal and medical revalidation process as a means of ensuring that Dorset GPs are up to date on how to help people with dementia.
- 4.13 Dorset County Hospital NHS Foundation Trust should facilitate trust wide training on dementia for all medical and nursing staff, (exemplified by the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust).
- 4.14 The Dorset Health Scrutiny Committee should write to the Nursing and Midwifery Council (NMC) to request that dementia care is a mandatory proficiency required for nurse registration and is regarded as an essential element when the NMC validates courses for registered nurse training.
- 4.15 NHS Dorset Community Health Services should facilitate across all community hospitals structured, consistent training for staff on caring for patients with dementia.
- 4.16 **Learning from excellence**
NHS Dorset and the County Council's Adult and Community Services facilitate the sharing of, and learning from, good practice by those commended for their work
- 4.17 All NHS Trusts are encouraged to develop positive initiatives such as Barnes Ward (Dorset County Hospital NHS Foundation Trust) that work to support patients with dementia whilst staying in hospital and to share good practice and learning between providers.

MORE INFORMATION

For a copy of the full report or for more information about this piece of work please contact

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