



East Midlands Dementia Strategy Collaborative Programme: Organisation of Services Diagnostic Screening Tool

NHS DERBY CITY and DERBY CITY COUNCIL In conjunction with Older Peoples Mental sub group





Programme Description

Policy Background:

Living well with dementia': A National Dementia Strategy (Department of Health 2009) is a five year strategy. The strategy aims to improve public and professional awareness of dementia, facilitate development of early diagnosis and intervention and facilitate high quality care and support. In order to support the delivery of the national dementia strategy at a regional level each region has a Regional Support Team.

Regional Support Team East Midlands

The regional support team provides and co-ordinates service improvement activity, specialist advice and facilitates sharing and disseminating best practice across the region.

Member of the regional support team

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Background: East Midlands Dementia Strategy Collaborative Programme

The East Midlands Regional Support Team is working with key stakeholder across 5 collaborative sites. Sites will focus on delivering the outcomes identified within the strategy for people with dementia and their carers. The sites cover the following sub-localities;

Nottinghamshire, Bassetlaw and Nottingham City,

Derbyshire and Derby City

Northamptonshire

Lincolnshire

Leicestershire, Leciester City, and Rutland

The Organisation of Services Diagnostic Screening Tool

Each collaborative site will participate in a diagnostic a workshop during the first phase of collaborative activity. The screening tool is designed to help you think through the things you need to do. The screening tool will be used in conjunction with additional sources of information to establish a baseline level of activity specific to the dementia strategy in order to inform the diagnostic workshop.





Stakeholders from across the region have told us that it would be helpful to know where there are examples of best or good practice and service improvement activity relevant to the dementia strategy occurring within the region. The tool will also provide valuable information in order to establish the regions current position.

Data Protection and Confidentiality

All data held will be held securely and comply with data protection. Data collected will be used to inform service development activity and advance the implementation of the national dementia strategy.

Data collected will be anonymised prior to being presented within the collaborative programme diagnostic workshop. Permission will be sought from you prior to sharing information for any other purpose.

Completing the screening tool

The questions cover the 17 objectives described within the national dementia strategy.

Step 1 Read the indicator for each question

Step 2 To answer questions read the descriptions of current activity (no/partial/yes or not applicable) and choose the description that best fits the organisation of services within your locality. **Click on the letter "a" to insert a tick in the box.**

Mark your choice by putting a cross in the box provided

Step 3 For each indicator there is a box to enter additional information and evidence. Please record any evidence you have to support the rating you have chosen including areas of good practice and challenges. Please add any additional comments, including don't know, that you think would be helpful to include. To attach a doucment or file, click "Insert" from the tool bar above, select "Object" from the dropdown menu. Select "Create from File" tab and browse for your document. Tick display as Icon box and then click "OK"





Summary

Indicators	No	Partial	Yes	NA	Comment
	RED	AMBER	GREEN		
2,3,4, <mark>8</mark> ,9,12,16,17	RED			Action Plans Required	
1,5,6,7,10,11,13,14, 15	AMBER			Progress in some or all areas but not	
				complete	
		GREEN			Meets all criteria

Good News Items

- 1. Awarded Peer Support Demonstrator site
- 2. Awarded Carer Demonstrator Site





Author:		(Partial: We are developing action plans covering some or all of the 4	Date completed:	Aug 2009
		areas identified)		

Summary: Derby's partnerships for older people are well established and working well. Partnerships for the development of dementia services are progressing well.

Relevant documents: http://www.derby.gov.uk/NR/rdonlyres/773CB175-485A-4669-A932-198978E257C1/0/OPPlan200809.pdf

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Co	Commissioning Older Commissioning Older SOCIAL CARE\DemerSOCIAL CARE\Demen						
	Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date				
•	Is there a joint commissioning forum with senior leadership engagement (e.g. PCT CEO, DASS) for adults or older	The Derby Older People's Strategic Planning Partnership (DOPSPP) is the local partnership board responsible for overseeing the development of services for older people. Group is led by the DASS and attended by other snr managers within the Council, NHS Derby City, VCS and older people's	Local partners have completed groundwork in mapping services for older adults with mental health problems in conjunction with local carers (see attached).				
•	people Is there a joint commissioning	representatives. DOPSPP produce an annual Older People's Plan setting out priorities for the coming year in seven themed areas (2008 plan attached).	Recent work has included engaging with local people about their priorities for local delivery of the National Dementia Strategy - attached is the summary of an				
	strategy in place for older people	Linked to this forum is the Older People's Commissioning Group - with members including ASS, NHS Derby City, and Supporting People to ensure close working and joint commissioning where appropriate. Derby City Older	event held in Feb 09. Subsequent work to identify priorities has involved work led by Derby LINks in the community cafes and carer support groups run by				
•	Are unmet needs identified and quantified jointly by partners	Peoples Mental Health Group is currently the leading force for joint commissioning for dementia locally.	Alzheimer's Society (example of consultation also attached).				
	partitors	This group will oversee progress made on a local dementia action plan and continue to identify gaps in local knowledge and unmet need. Attached is the most recent prevalence data – needs analysis undertaken by NHD Derby City further work is ongoing.	Service user and carer involvement will be central to the development of future projects and service development such as the NDS Peer Support pilot in Derby.				
		NHS Derby City has undertaken work under 'Transforming Community Services' identifying – Market Characteristics, Current providers and					





Tra	nsformation Options. (see ppt)	
	 ere is a Public Health 5 year strategic plan which identifies; smoking, ohol, obesity as key priorities. Smoking – 52 week quit service CVD working with practices to populate their 'at risk lists' (base line assessments and support provided to 'at risk patients' Alcohol Action plan implementing the National Alcohol campaign Obesity – Community Health Programme – 'Take Life On' 	





Objective 1		Title: Provide public information to improve public and professional awareness of dementia			
Author:	Jenny Appleby	Lead Person/ Group: Older People's Mental Health Group	Traffic Light Rating: Amber Partial: We are developing action plans covering some or all of the 4	Date completed: Aug 2009	
			areas identified		

Summary: Derbyshire is the first area for piloting a partnership awareness raising campaign to be distributed to all households in the city and county in autumn 2009.

Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
You are working with public	A partnership pilot is in place to promote awareness of dementia through the	Local engagement to date has highlighted this objective
health and partner organisations,	development of a leaflet offering basic advice on signs and symptoms,	as a priority. Suggestions have been made to raise
including the voluntary sector to	highlights prevalence, and how to get further information and support. This will	awareness as widely as possible through a variety of
produce information for the local	go out to every household in the county in autumn 09 (final version attached).	media campaigns and 'roadshows'.
population that:	Further, more targeted work is planned by the local partnership.	Feedback also includes the need to prioritise BME
Addresses Stigma	i utilier, more targeted work is planned by the local partnership.	communities and priority areas where other health
Describes how lifestyles	DMHST have team leaflets available for Derby City CMHT and Dovedale Day	issues are prevalent.
choices can help to prevent	Hospital. Inpatient ward leaflets are under revision due to recent relocation of	
dementia	wards.	
Describes the benefits of		
early diagnosis and		
intervention		
Describes what services are		
available and how to access		
the services how to access		
the services.		





Objective 2 Title: Early diagnosis and intervention

Author: T Prior Lead Person: T Prior Traffic Light Rating: Amber Date completed: Aug 2009

Summary: An Early Diagnosis and intervention service has been identified as a priority for development (memory assessment service)

However: a service specification is yet to be agreed. Care Pathway development has outlined the way forward and are attached.

Information prescription work has been started in relation to Dementia

This indicator is partially met, we are developing action plans covering all or some of the 4 areas identified

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Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
Have you developed a pathway	Psychological Therapy Services Despite the access to psychological	Consultation has identified the key elements of a service
for dementia that includes the	services within primary care for older people, it is felt that people with cognitive	and preferred model. See attached
following elements of early	impairment are not referred to these services, possibly as primary care staff	
diagnosis and assessment?	may not have the experience to work with this group or it is not accepted that	A non medical approach is preferred linked to primary
	this patient group may benefit from these services. (Carers & Vol Sector) Trent	and community services attached to this service would
Individuals and their carers are given information and	CBT recently awarded contract for Psychological Therapies to deliver Psychological Therapies Services in Primary Care (IAPT)	be the dementia advisor and positive links to IAPT.
are given information and advice that enables them to	Patient Advice & Liaison Group (PALs) Advocacy Services PALs filters and	Further links to Dementia Café will be required.
present themselves for	responds to issues raised by members of the public (Source Gap Analysis	Tartifor links to Bomeriaa Sale will be required.
assessment when signs and	2008)	Access to imagining and clinical screening will be
symptoms become apparent.	Pathways in process of development ratification	necessary
GPs and others in primary		•
care identify those with	DMHST Memory Services Care Pathway is currently under development this	Process mapping events for Derby City were held
worrisome symptoms and	pathway is for people currently referred to Derby City CMHT for memory	recently by DMHST and involved carers, voluntary
refer individuals for	assessment and diagnosis. (This is available in draft from C Pearson	sector, partners and commissioners. These events
assessment and diagnosis		formed the basis for the pathway development
those with worrisome		
symptoms and refer		





 individuals for assessment and diagnosis Specialist services deliver rapid access to early 	
diagnosis and intervention • An accurate diagnosis is	
 communicated sensitively Treatment, care and support is provided following 	
diagnosis	





Objective 3	Title: Good quality information for those diagnosed with dementia and their carers					
Author:	Lead Person:	Traffic Light Rating:	RED	Date completed:	Aug 2009	
Summary: Little progress on th	nis to date.					
Need to audit currer	nt information and practice					
Action Plan required	d to take this forward					
Indicator	Description of Current Activity/		Service	user / carer involve	ement to date	
Every person diagnosed with	Information is not yet provided comprehensively. H			m engagement includes		
dementia and their carers:	development of Community Café model to incorpor information for users and carers will support inform			wish to decide what info when. The community ca		
Is provided with good quality	will have wide involvement from local specialist and			o improve on local infor		
up to date and relevant	·	G	1	•	•	
information on dementia.						
Is given details of available						
local resources. • Receives information						
alongside discussion with a						
trusted professional.						





Objective 4	Title: Easy access to care, support and a	dvice following diagnosis (further evide	nce for effective models of care to be
	collected by national demonstration sites)	

Author: Lead Person: Traffic Light Rating: Date completed: Aug 2009

Summary: An review of current practice is required

NHS Derby recognises this is a priority in service provision development

Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
At the end of an episode of	A consultation exercise suggested that the dementia advisor role was	Following a consultation exercise this is viewed as
care individuals are	pivotal in walking through the service with the individual therefore the	a priority area.
discharged to a 'care	dementia advisor was seen as being involved from the very start and	
coordinator/ dementia	not just being discharged to.	
advisor' who provides		
ongoing low level support.	A clarification of episode of care would be welcomed – DMHST	





Objective 5	Title: Structured peer support and learning networks (further evidence for effective models of care to be collected by			
	national demonstration sites)			
Author: Jenny Appleby	Lead Person/ Group: Jenny Appleby (as project manager) Traffic Light Rating: Amber Partial: We have plans to develop peer support and learning networks and/or we have some examples of service in place Date completed: Aug 2009			

Summary: Derby has established peer support networks which are being expanded and enhanced through the National Demonstrator Pilot



Relevant documents: Commissioning Older

Relevant documents:		
Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
Development of peer support networks includes the following elements: • Carers receive practical and	Derby has been successful in being awarded status as a Peer Support Demonstrator site. This project has been developed through engagement with local service users and carers to date who identified this area as a priority. This project will build and expand upon existing local delivery of peer support, including development of more community cafes across the city, more carer	Local engagement has highlighted this area as a priority – and specific engagement work has taken place within existing peer support groups to find out more about needs (example as attached in section above).
 emotional support Information and advice to promote self care Social activity 	support groups, and the establishment of a one-to-one befriending scheme for service users with dementia. The Caring with Confidence course will also be promoted and delivered as part of the project. Priorities of the project will include greater access for BME communities and those with early on-set dementia as identified under-represented groups (see attached for further detail of project). Linked to this activity is a scheme forming part of the Carers Demonstrator Programme involving a befriending scheme for carers of people with dementia.	Local service users and carers will be represented on the Pilot Project Team and will be fully engaged in all aspects of the projects development, for example decisions re location of the cafes, the evaluation model etc.





Objective 6		Title: Improved community support services			
Author:	Jenny Appleby	Lead Person/ Group: Sally Curtis	Traffic Light Rating: Amber 6.1 Partial: We provide a range of services 6.2 Partial: We have clear plans and have begun to implement PPF personalisation changes which are specifically inclusive of people living with dementia	Date completed:	Aug 2009

Summary: There are plans in place to improve community support services for people with dementia and their carers, including the development of services through personalisation

Relevant documents:

Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
6.1 Development of a range	Work building on the local 2004-6 Best Value Review is underway to	Local people were consulted widely as part of the
of community support	focus the delivery of homecare provision on re-ablement and specialist	2004-6 Best Value Review
services includes the	provision such as dementia. The re-ablement team already supports a	
following elements:	number of people with dementia.	Local engagement highlights the need for
		homecare provision that takes into account people
 Early intervention/ re- 	Focused dementia homecare has been identified as a specific gap: at	with dementia and their carers needs - particularly
ablement services work	present home care is being provided / commissioned on a too generic	in terms of having a general understanding of the
well for individuals with	basis and plans are being considered to create specialist dementia	client group, greater flexibility, access to support
dementia work well for	homecare team as well as making sure independent sector providers	during crises and liaison with other health and
individuals with dementia	are as clear as possible about the standards to be achieved in providing	social care professionals.
Home care resources work	good quality dementia care. The needs of people fully or partly eligible for	
well for people with	NHS continuing care need to be considered as part of this work.	The needs of people with dementia and their
dementia and their carers		carers is being explored with a view to identifying
Homecare services are		what additional needs to access individual budgets





designed to meet the needs of individuals with dementia that have the highest and most complex need

- Access to services and service quality is at least equal to that of other client groups.
- 6.2 Putting People First (PPF) personalisation changes meet the needs of individuals with dementia and their carers and include the following areas:
- Universal services
- Choice and control
- Early intervention and prevention
- Social capital.

Training for the whole homecare workforce is also a priority to be addressed as part of objective 13.

The Council is still a regional leader around Direct Payments although uptake is slowing linked to overall resource management issues. Uptake for older people in general has picked up, although the extent of support for OPMH is not known.

Respite services are to be enhanced to offer more choice and flexibility for users and carers.

Day care to be developed within planned dementia resource centres and linked to wider support such as respite opportunities

Opportunities for day activities are also to be expanded through Extra Care housing development (see later sections)

DMHST Dovedale Day Hospital provides Cognitive Stimulation Therapy and Memory Retraining programme

CMHTs work in partnership with homecare services to meet the needs of those people with dementia who have the highest and most complex need

exist. Consultation regarding this issue specifically recently took place in the Alzheimer's Society run carer support group (July 2009).

Respite services are a priority as are day activities available and linked to specialist resource centres.

Obj	ective 7	Title: Implementing the Carers Strategy			
Author:	Jenny Appleby	Lead Person/ Group: Derby City	Traffic Light Rating: Amber	Date completed:	Aug 2009
		Carers Strategy Group	Partial: We aim to support carers of		
			people living with dementia to have		
			an assessment (if they choose to take		
			up the opportunity) and carers are		





offered some support through an
agreed plan.
We have some short break
opportunities which include direct
payments to individuals living with
dementia and their carers

Summary: Derby's Carers Strategy is in place and highlights areas for development. The Carer Demonstrator Pilot and the Peer Support Pilot will both support the implementation of this strategy

Relevant documents: http://www.derby.gov.uk/NR/rdonlyres/872E5039-5726-4A72-8A99-4D904D84A3B4/0/carers_strategy_fulldoc.pdf

Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
Key elements include: • Local Carers Strategy	A Carers Strategy is in place which has been developed in partnership with key partners and local carers. This specifically highlights needs in relation to people with dementia (see attached).	The Carers Strategy was developed by Derby City Carers Planning Group which has good representation from local carers. Needs have thus been identified in partnership. Public consultation on the contents of the
Implementation plans reflect the needs of people with dementia and their carers. Carers of individuals living with dementia are offered	The local Carers Demonstrator Project will support with the identification of carers and provide a range of support services across the spectrum of need – from discounted goods to respite. A specific scheme for carers of people with dementia (linked to the Peer Support pilot as above) will be implemented involving one-to-one befriending of carers of people with dementia reducing isolation and helping to identify additional needs. This pilot will also help identify local carers to make sure that their needs are assessed and access to	Strategy earlier this year enabled us to gain wider feedback from carers and members of the public. The bid for the Carers Breaks Demonstrator site reflected the ideas and concerns raised by carers. Further engagement work has taken place in carer support groups as above. Carers will be represented on
 an assessment and support appropriate to their needs. Good quality breaks for carers are available to 	support is available. Emergency planning for carers is in place which will be particularly valuable for carers of people with dementia.	a new Carers Strategy Partnership Board and a new Carers Engagement Forum will be established, which will include carers of people living with dementia
carers of individuals living with dementia.	The Peer Support pilot will allow carers to establish supportive friendships and to access the Caring with Confidence Course, run locally by Derbyshire Carers Association.	





Objective 8 Title: Improved quality of care in general hospitals (national project planned to further inform commissioning decisions as to precise content of services that should be delivered locally)

Author: Lead Person: Traffic Light Rating: Amber Date completed: Aug 2009

Summary: Development of care pathway ongoing



Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
Identification of a senior	Acute Trust submission	•
clinician within the general	Care Pathway in process of agreement	
hospital to take a lead for	Snr Clinician identified	
quality improvement in	Specialist liaison in place	
dementia in the hospital.	A full range of acute hospital services, both in-patient and outpatient	
	services, for residents are provided by the Derby Hospitals NHS	
An explicit care pathway is in	Foundation Trust. The facilities are currently provided on 2 sites- the	
place for the management	DRI or Derby City Hospital. Completion of RHS plans will see all acute	
and care of people with	services provided on the City Hospital site by 2010 A community	
dementia in hospital, lead by	facility will be provided within the grounds of the current DRI site.	
that senior clinician.		
	The Trust has recently reconfigured its business services into 6	
Specialist liaison older people	Directorates in which, older people who also have mental health	
mental health teams are	problems as well as physical needs, can be found.	
commissioned to work in		
general hospitals (wards and	The Trust is increasingly expected to function within national targets	
A&E).	e.g;- 4 hour wait, 18 week wait and is working towards reducing	
	lengths of stay whilst ensuring compliance with legislation such as	
	CCDDA and MCA and government guidance eg National Framework	
	for Continuing Healthcare and NHS –funded Nursing Care The Trust	





would welcome opportunities to work with both statutory and or community agencies to streamline and enhance discharge arrangements which improve patient experience/wishes e.g preferred place of death, rehabilitation/ recovery. The Grove hospital, previously at Shardlow, is now on the DRI site and is set to be part of the community facility. There are currently 4 wards that mainly cater for older people. Patients here have good support from a full range of AHPs and enjoy easy access to diagnostics. The Trust employs 1 WTE Consultant Nurse for Older people who works across the Trust and on an informal basis with the M/H Trust.

DMHST have recently completed a project funded by winter pressures monies to support older people with mental ill-health in the acute hospital.

DMHST Dementia Awareness Training and Dementia Certificate Training are open to and have been accessed by Acute Hospital Staff. (C Pearson has numbers attended if required)



groups.



Objective 9 Title: Improved intermediate care for people living with dementia					
Objective 9 Author:	Lead Person:	Traffic Light Rating:	RED	Date completed:	Aug 2009
	ntermediate care to be developed.		NED .	Bute completed.	7.ug 2003
Indicator	Description of Current	Activity/ Progress made	Serv	vice user / carer involven	nent to date
 Individuals with dementia can access intermediate care services appropriate to their needs. Mainstream intermediate care services work well for people with dementia. Specialist intermediate care is available for individuals with high and complex needs. Access and quality of service is equal to that 		ly significantly under-represented he intermediate care service needs general and specialist interventions			





Obje	ective 10	Title: Housing and Telecare for people with dementia			
Author:	Jenny Appleby	Lead Person/ Group: Phil Holmes	Traffic Light Rating: Amber	Date completed:	Au9 2009
			Partial: We have plans in place/		
			services in place, for at least one		
			element described that meets the		
			needs of people living with dementia		
			and their carers		

Summary: There are clear plans in place and being implemented to improve Housing and Telecare services for people with dementia

Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
Elements includes:	Development of housing support - Supporting People funding has been earmarked to develop a floating support service for people with	Local feedback has taken place in July 2009 to specifically ask for feedback about preferred housing
Development of housing supportSheltered housing	dementia, helping with practical, social and emotional matters that help older people with dementia safely maintain their tenancies.	and care options for older people. Local people considered what their locality needed in terms of supported accommodation for example. Extra Care
Extra care housingAssistive technology and Telecare	Sheltered Housing - no specific schemes for people with dementia exist but the housing related support available will apply to sheltered accommodation as well as the wider community. Housing sector staff have been highlighted as a priority group for workforce development and training initiatives.	housing has consistently proven a popular choice throughout a series of local consultation exercises, and support has been expressed for the development of Extra Care that supports people with dementia .
	Extra Care housing - the local strategic target of Extra Care housing is to develop 925 units by 2015. By the end of 2009 there will be 76 purpose-built units in Derby on 2 sites. Similarly housing management, housing related support providers, and care providers are all are required to demonstrate positive outcomes for people	





with dementia through the procurement process and through contract monitoring. Other ECH schemes in the pipeline include a 98 unit scheme in Mackworth and a 250 unit scheme in Chellaston, with other developments underway but less progressed. All schemes will cater for people with dementia, in the main with dementia provision being 'pepper-potted' throughout each scheme as opposed to being segregated.

Assistive technology – uptake of assistive technology is steadily increasing. The service is jointly funded by the Council and the NHS. People with dementia were previously underrepresented amongst service users, and work has been commenced to improve awareness of what Assistive Technology can contribute to people with dementia and their carers. There are now many success stories of the way that Assistive Technology has made a considerable difference in these situations.





Obj	ective 11	Title: Living well with dementia in care homes (national project to develop leadership and quality in care homes)		
Author:	Jenny Appleby	Lead Person/ Group: Phil Holmes	Traffic Light Rating: Amber	Date completed: Aug 2009
			Partial: Our service specifications/	
			some contracts for care homes that	
			cater for individuals living with	
			dementia include some of the	
			elements described	

Summary: Derby currently has a lack of supply of dementia specific places within residential and nursing care homes although plans are in place to enhance provision, including the development of a local specification with enhanced fee rate.

Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
Commissioners have service	A specification is currently being developed and consulted on	Local feedback includes the importance of people
specifications specific to the	outlining the requirements of providers in relation to the physical	not having to move twice from residential
needs of individuals with	environment of a dementia specific care home placement, as well as	environments, and the importance of training for
dementia that include the	staffing levels and outcomes required from service delivery. This will	staff. Dementia specific residential care has been
following elements:	be implemented from April 2010 with associated fee increases.	highlighted, and support has been given for linked day care or a resource centre. The importance of
Leadership	Derby currently has an undersupply of dementia care places in	providing a stimulating environment with good links
Staff management	residential and nursing homes although this is being addressed. CQC	to the community and local VCS has also been clearly
Staff training and	information from 2006-7 showed that Derby had 6.74 beds for older	expressed. As above, recent consultation in July 09
development	people with dementia per 1000 population aged over 65. This	has developed our understanding of local needs in
Physical environment	compared to 11.71 in comparators. There is a lack of available	this area.
 Provision of purposeful 	appropriate places for regular and planned respite care.	
activities		
 Care planning that meets 	The review of Council owned care homes pending in October 2009	
individual preferences	will identify two care homes to be re-developed to provide dementia	
	specific short term residential care and linked day care. Capital	





- Strong community links
- Maintenance of relationships with carers.

Commissioners identify how performance will be assessed in contract monitoring and evaluation e.g. CQUIN

A senior clinician / practitioner takes responsibility for dementia in each care home and provides leadership

Individuals have access to specialist mental health assessment following admission to a care home and regular review by a specialist mental health professional.

funding has been secured to complete this work. Work to stimulate the independent sector market in long term dementia residential care will take place through the above work to implement the dementia specification.

There are gaps in the knowledge and skills of staff in residential care settings when working with people with dementia. This again is a priority for the workforce development programme.

DMHST provides equal access to services irrespective of place of residence therefore Derby City CMHT will have, on their caseload., patients who reside in residential care homes.

Again training as described above is open to care home colleagues and small numbers have accessed.





Objective 12	Title: Improved end of life	are for people with dementia			
Author:	Lead Person:	Traffic Light Rating:	RED	Date completed:	Aug 2009
Summary:					
Action Plan Required					
Transforming Community Servi	ices End of Life Plan is being develo	ped			
Indicator	Description of Curren	t Activity/ Progress made	Service	user / carer involven	nent to date
Local implementation of the	Work in this area is not yet comp	lete. A multi-agency End of Life			
end of life strategy reflects	Partnership Board, led by NHS De	rby City, is currently developing			
the needs of people with	plans for End of Life Care which w	vill include explicit			
dementia.	acknowledgement of dementia-r	elated needs.			





Ol	bjective 13	Title: Informed and effective w	orkforce		
Author:	Jenny Appleby	Lead Person:	Traffic Light Rating: Amber	Date completed:	Aug 2009
			Partial: Training is available and		
			includes some but not all elements		
			described		

Summary: Partnership work to improve training and workforce development across all sectors is underway

Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
PCTs and local authorities commission a workforce trained and competent in delivering services to individuals with dementia and	A partnership plan to improve training and development across all major sections of the workforce (social care, health, housing, local community groups and carers themselves) is being developed at present. At present good practice exists in relation to workforce development but there is a need for consistent provision and for	All local consultation exercises to date have highlighted the need to have a fully informed workforce. The information from consultation around training and development has been fed into the local workforce work to tackle gaps. Local
their carers. Training enables an understanding of diversity in dementia including:	greater joint working.	feedback has also reinforced the importance of retention.
 Younger people those that have dementia and a learning disability Those that are from black and minority ethnic backgrounds Core competencies are 		





identified and developed	
in order to train staff who	
are qualified and not	
professionally trained or	
qualified	





Obj	ective 14	Title: Joint commissioning and world cla	le: Joint commissioning and world class commissioning		
Author:	Jenny Appleby	Lead Person/ Group: Older People's	Traffic Light Rating: Amber	Date completed:	Aug 2009
		Mental Health Group	Partial: We are developing quality		
			outcomes in consultation with		
			people living with dementia and their		
			carers		

Summary: Local partnerships are in a good position to develop a joint commissioning strategy for dementia.

A more coherent action plan would assist drive this agenda forward

Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
The Joint Strategic Needs	The Joint Strategic Needs Assessment does not currently specify	Feedback from users and carers underlines the
Assessment specifies quality	quality outcomes for people with dementia and their carers, although	importance of joint working between agencies to
outcomes required that have	work is underway to develop this.	improve services.
been developed in	work is under way to develop time.	mprove services.
consultation with people	NHS Derby City are leading on work to identify prevalence data	
living with dementia and their	(including level of dementia) locally in conjunction with Derbyshire	
carers.	Mental Health Trust. Similarly current prevalence in Adult Social	
	Services is currently being investigated. This information will be the	
PCTs and Local authorities	foundation of our local joint commissioning strategy for dementia.	
develop commissioning	β το στο στο στο στο στο στο στο στο στο	
strategy based on Joint	An integrated pathway of care is being developed in partnership as	
Strategic Needs Assessment	part of the work to complete a local strategy and action plan.	
Strategie riceas / issessinent	part of the work to complete a local strategy and action plans	
We know the extent of needs		
in our population and we		
have plans to meet them.		
Local authority, PCT and		





practice based commissioners	
lead the development of an	
integrated pathway of care	
specifying elements of the	
pathway against which	
services will be procured and	
performance managed.	
PCTs and practice based	
commissioners have assessed	
themselves against World	
Class Commissioning	
competencies specifically in	
relation to the national	
dementia strategy.	



perception of outcome is

Inspection regimes in care

project.

used to inform service development and evaluate

effectiveness.

homes.



PERFORMANCE MONITORING PROFORMA Dementia Services

Objective 15	Title: Performance monitoring and evaluation, including inspection				
Author: Jenny Appleby	Lead Person/ Group: Phil Holme	es Traffic Light Rating:	Amber	Date completed:	Aug 2009
Summary:					
La disata a			_		
Indicator	Description of Current Activi	ty/ Progress made	Servi	ce user / carer involven	nent to date
Indicator In line with the Care Quality	Public experience of service is used in a	<i></i>	Servi	ce user / carer involven	nent to date
In line with the Care Quality	Public experience of service is used in a	very direct way by the Local	Servi	ce user / carer involven	nent to date
In line with the Care Quality Commission and new	Public experience of service is used in a Authority to improve home care quality,	very direct way by the Local , both in terms of provided		ce user / carer involven	nent to date
In line with the Care Quality Commission and new independent inspection	Public experience of service is used in a Authority to improve home care quality, and commissioned services. However, p	very direct way by the Local , both in terms of provided ublic consultation techniques		ce user / carer involven	nent to date
In line with the Care Quality Commission and new	Public experience of service is used in a Authority to improve home care quality,	very direct way by the Local , both in terms of provided ublic consultation techniques		ce user / carer involven	nent to date

Work is underway to involve service users and local people in quality

organisations and user forums. The challenge of consulting with care

home residents who have dementia will be a very explicit part of this

monitoring within care homes through the involvement of VCS





Objective 16	Title: A clear picture of research evidence and needs				
Author:	Lead Person: Public Health	Traffic Light Rating:	RED	Date completed:	Aug 2009
Summary: This is an area to be developed via Public Health Action Plan required					
Indicator	Description of Current Activity/ Pr	ogress made	Service u	ser / carer involven	nent to date
Do you invest any resources into research into dementia care?					





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

Author: Lead Person: Traffic Light Rating: RED Date completed: Aug 2009

Summary: SHA holding dementia summit in October

SHA supporting a range of workshops aimed at developing Transforming Community service



Strategic Health Authority supporting the appointment of Joint Post.

Indicator	Description of Current Activity/ Progress made	Service user / carer involvement to date
Are effective links in place		
between PCT and SHA leads		
for the delivery of the Darzi		
regional vision?		
Are links in place between	The NHS is represented in project management arrangements for	
PCT, SHA leads and local	the Putting People First Agenda led by the Local Authority.	
authority leads to ensure	Appropriate links with the SHA, JIP and EMIEP are in place.	
coherence with Putting		
People First agenda, working		
in collaboration with Joint		
Improvement Partnerships		
(JIPs) and the East Midlands		
Improvement Efficiency		
Partnership (EMIEP)?		





The following questions need to be asked when any item is presented to the group.
Dated: 2 nd September 2009
Signed off by lead person
Indicate which draft form is in or if it is the final submission

ie: Performance Monitoring Proformas
Outline business plans
New proposals
Variation reports

How did you involve carers and service users?
Have you addressed Health Promotion and Social Inclusion agenda?
How will this fit into the recovery model?
Does this reflect whole systems working?
How is quality to be measured?
Are there any learning points we can take from this?





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