

MEMBER-LED REVIEW OF DEMENTIA SERVICES

To: **Cabinet**

Date: **6th September 2011**

From: **Adults Wellbeing and Health Overview and Scrutiny Committee (OSC)**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **To present the findings and recommendations of the Adults Wellbeing and Health OSC member-led review for consideration**

Recommendation: **Cabinet is recommended to:**

a) consider the review;

b) support the recommendations set out in the report.

<i>Officer contact:</i>		<i>Member contact</i>	
Name:	Jane Belman	Name:	Councillor Caroline Shepherd.
Post:	Scrutiny and Improvement Officer	Portfolio:	Chair of the AWH OSC review group
Email:	Jane.belman@cambridgeshire.gov.uk	Email:	Cllr.shepherd@gmail.com
Tel:	01223 699140	Tel:	01223 360648

1. BACKGROUND

- 1.1 Cambridgeshire County Council Adults Wellbeing and Health (AWH) Scrutiny Committee conducted a member-led review of dementia services in 2010. The review group consisted of Councillors Caroline Shepherd (Chair); Sue Austen, Viv McGuire; Richard West and Jeff Dutton (until May 2010), and two co-opted members of Cambridgeshire Local Involvement Network.
- 1.2 The review focused on local implementation of Objective 4 of the 2009 National Dementia Strategy (NDS), 'Easy access to care, support and advice after diagnosis' as this had been locally identified as an area requiring significant work, and there is evidence that intervention at this stage can have a positive impact on the quality of life of the person with dementia and their carer, help maintain their independence, and encourage early diagnosis. It could also be cost effective - an analysis cited in the NDS suggests that investing in services for early intervention and diagnosis could save £120m social care spending and £125m private spending over 10 years if it reduced care home admissions by 10%.
- 1.3 The number of older people with dementia in Cambridgeshire is currently estimated at around 7,000. This is expected to double over the next 20 years. The majority live in private households, reliant on the support of informal carers, mainly family members, who may themselves be older and in poor health.
- 1.4 The review aimed to:
 - identify actions that will contribute to the achievement of NDS Objective 4
 - identify where there were inequalities in access to services, including geographical variations in access to services
 - make recommendations in relation to the above
- 1.5 Evidence was obtained from:
 - 38 carers and people with dementia throughout Cambridgeshire, through focus groups and interviews
 - National Health Service (NHS) and local authority officers, General practitioners (GPs) and Alzheimers Society (AS) staff who worked with people with dementia.

2. MAIN ISSUES

- 2.1 The findings showed a lack of consistency in the extent to which the pathways worked effectively for individuals or their carers from when they first sought a diagnosis through to obtaining care and support after diagnosis. There was a need for stronger inter-agency working at an operational level to address this.
- 2.2 Key stages in the pathway where improvements were needed were:
 - Obtaining a diagnosis
 - Accessing support and advice after diagnosis

- Accessing appropriate health and social care services after diagnosis

2.3 Key issues relating to the above were:

- The crucial role played by GPs in enabling people to be diagnosed early and to access support, and the importance of GPs having training, information and support in order to ensure that they identify and respond appropriately to people showing signs of dementia.
- The importance to people with dementia and carers of being aware of and having access to support and information on diagnosis and through all the stages of the condition, and the value that they place on this.
- The importance of effective interagency working across health, social care and other agencies in ensuring that people received co-ordinated services. This includes rolling out the approach taken by the St Ives Older People's Primary Care Project, which provides a single point of referral and access to a range of services; strengthening the interface between Community Mental Health Teams (CMHTs) and Cambridgeshire Community Services (CCS) NHS Trust social care staff; and more involvement of sheltered housing officers.
- The need to increase the availability of person-centred services, by encouraging a more diverse range of services, training for care providers, and reviewing the level and range of provision of day and respite care.

2.4 In conducting the review, members were also made aware of other areas where improvement was needed in healthcare services and in social care.

2.5 The recommendations are directed towards both the NHS and the County Council. Those that relate to the County Council are set out below. The full report and recommendations can be found as Appendix A to this item in the Cabinet information pack.

Recommendations

2.6 Overarching Recommendation

2.6.1 The review and its recommendations aim to build on the interagency work that is being undertaken or planned by the NHS and County Council to implement the National Dementia Strategy locally. The Committee therefore makes the following overarching recommendation.

2.6.2 Recommendation 1

- a) The findings and recommendations of the review are incorporated into an updated agreed interagency strategy and timetabled action plans for taking forward the National Dementia Strategy in Cambridgeshire.
- b) The organisations and individuals within them who have lead responsibility for co-ordinating and delivering each aspect of the strategy and plans are clearly identified.
- c) Particular attention is paid in the action plans to ensuring that throughout the county:
 - agencies work with each other and with GPs effectively at an operational level

- the referral and care pathways for individuals during and after diagnosis are clear and operate effectively in order that people with dementia and their carers are able to access well co-ordinated support and services wherever they live.

2.7 Support after diagnosis

2.7.1 Recommendation 2 (Rec 6 in full report)

NHS Cambridgeshire and Cambridgeshire County Council

- a) maintain their current level of funding for support services for people with dementia and their carers
- b) identify where there are gaps in support at present, and work with provider organisations to extend the level and range of support services available
- c) identify and commission service development to meet future demands.

2.7.2 Recommendation 3 (Rec 8 in full report)

NHS Cambridgeshire work with Cambridgeshire and Peterborough Foundation Trust (CPFT) GP mental health leads, the County Council, AS and other voluntary organisations, to ensure that all GPs have access to an information resource, on-line and paper-based as appropriate, that is regularly updated, covering dementia; their role in diagnosis, support, and follow-up of patients and carers; social care services; and the services and support available locally, including that provided by voluntary organisations. It should be clear who is responsible for producing and updating this resource, and it should be adequately funded.

Complementary to this, all GPs and practices should have access to named individuals such as a gateway worker, dementia adviser and/or other professional, who can advise the GP and facilitate liaison with other services.

2.7.3 Recommendation 4 (Rec 9 in full report)

NHS Cambridgeshire, CPFT, the County Council and CCS NHS Trust work with AS and other voluntary organisations to ensure that social care staff who deal with people with dementia and carers around the time of diagnosis or subsequently, signpost people to AS and other sources of support. This includes those providing information to self-funders.

2.7.4 Recommendation 5 (Rec 10 in full report)

- a) The dementia advisor service is rolled out across the County, funded on an ongoing basis, with the capacity to act as a first point of contact and support for people at the point of diagnosis. Every memory assessment service should have a direct link to a dementia adviser and to local AS and other support services.
- b) NHS Cambridgeshire and the County Council work with AS and other groups to develop and disseminate locally appropriate and comprehensive information material throughout the County, linked to the dementia adviser service, which people with dementia can use or work through with the support of the adviser or carer.

2.8 Interagency working

2.8.1 Recommendation 6 (Rec 13 in full report)

CPFT and CCS NHS Trust working with NHS Cambridgeshire and the County Council take forward their interface review to ensure that:

- There is agreement about the respective roles and responsibilities including funding arrangements of CCS NHS Trust and CMHTs, and these are clearly communicated and understood by the staff concerned
- Consideration is given to whether any changes in configuration of services would improve outcomes for service users
- There is clarity about what support CCS NHS staff can expect from CMHT's, and capacity within the teams to deliver this support
- Any service gaps arising near the interface between the responsibilities of the two organisations are identified and addressed
- There are clear and consistent referral arrangements between the two organisations
- CCS NHS Trust staff training needs around dementia are identified and addressed
- The interface agreements between CPFT and CMHTs are updated as required
- The administrative and IT aspects of arranging social care services and carers grant work smoothly, including training of staff where needed.

2.8.2 Recommendation 7 (Rec 14 in full report)

NHS Cambridgeshire, CPFT, CCS NHS Trust and the County Council work with GPs and sheltered housing providers to ensure that:

- Sheltered Housing Officers (SHOs) are given information and training to enable them to support people with dementia more effectively
- There are clear arrangements for liaison with other agencies when SHOs have concerns about an individual, or about the quality of services they are receiving.
- Consent to share information with SHOs is proactively sought from residents with dementia and their carers as a matter of course, in order that SHOs can play a more active role as a partner with GPs, and other health and social care professionals in providing care and support. This includes, where appropriate, SHOs being a named contact for GPs and other professionals.

2.9. Care and Support Services

2.9.1 Recommendation 8 (Rec 15 in full report)

The County Council, as part of its Self-Directed Support implementation plan, works with NHS Cambridgeshire and other agencies to:

- a) promote the development of a more diverse range of services for people with dementia and their carers
- b) support existing services, including home care providers, to develop a more person centred approach.

2.9.2 Recommendation 9 (Rec 16 in full report)

The County Council works with CCS NHS Trust and other agencies to ensure the effectiveness of its promotional work in raising awareness of SDS on the part of people with dementia, their carers, and the staff that work with them.

Care assessments of the person with dementia should always be undertaken with the carer or with another individual in a support role, who can help ensure that the service is tailored to the person's needs and choices.

2.9.3 Recommendation 10 (Rec 17 in full report)

NHS Cambridgeshire, CPFT and the County Council (working with Northamptonshire County Council under the shared services arrangements)

- Sustain its programme of care home training throughout the County on an ongoing basis
- Develop and sustain a systematic programme of training for respite and day service providers, with an implementation plan and timetable for doing so
- Develop and sustain a systematic training programme for domiciliary care providers, with an implementation plan and timetable for doing so.
- Allocate resources to the above

2.9.4 Recommendation 11 (Rec 18 in full report)

Compliance with the new contractual requirement on domiciliary care providers is closely monitored to ensure that relevant staff at all levels are properly trained in the care of people with dementia, that any deficiencies in the level of training of existing staff are addressed, that this training is regularly updated and that staff performance is effectively monitored.

2.9.5 Recommendation 12 (Rec 19 in full report)

NHS Cambridgeshire, the County Council and CPFT review the level and range of provision of residential and non-residential respite care services for people with dementia throughout the County, and take steps to address the service gaps identified with a focus on ensuring access to person-centred services.

2.9.6 Recommendation 13 (Rec 20 in full report)

NHS Cambridgeshire, the County Council and CPFT review the level and range of provision of day services for people with dementia throughout the County, as part of the current review of older people's day services, and take steps to address the service gaps identified, with a focus on ensuring access to person-centred services.

- 2.9.7 While conducting the review, members identified the following areas for improvement in processes or services: provision of a named social work contact; timeliness of financial assessments and of obtaining equipment; support for people living alone; and transport in rural areas.

2.9.8 Recommendation 14 (Rec 23 in final report)

Action on the issues above are taken forward in the updated NDS strategy and action plan, through other relevant joint initiatives, such as the transport strategy and preventive strategy, and in individual service improvement plans.

3. ALIGNMENT WITH PRIORITIES AND WAYS OF WORKING

3.1 Supporting and protecting vulnerable people when they need it most

All the recommendations will contribute to this priority by helping older people and those suffering ill health or disability to get the support and care they need – helping people look after themselves in their own homes for longer, without the need for long-term care.

3.2 Helping people live healthy and independent lives in their communities

The recommendations will contribute to this priority by helping people with dementia and their carers to be in control of their own lives for longer, and by promoting choice through our services to help people choose the right options for them

3.3 Developing the local economy for the benefit of all

There are no significant implications for this priority

3.4 Ways of Working

The recommendations will contribute to

- **Making sure the right services are provided, in the right way** – by working with partners to ensure care pathways work effectively, and by working with providers to develop more person centred care.
- **Investing in prevention** – by helping people with dementia and their carers to obtain care, support and advice early on, which will increase their independence and choice, help them to help themselves, improve their quality of life and to reduce their reliance on public services whilst also reducing cost.
- **Working together** – by working in partnership with the NHS and other organisations to improve the quality of care and get the best possible value for money.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource and Performance Implications

Implementation of recommendations 2, 3, 5, 10, and 14 may have resource implications. Recommendations 8, 12, and 13 may require changes in the use of existing resources to achieve more person centred care. However, investing in the provision of care, support and advice early on is likely to reduce or delay the need for more intensive and costly services. Those recommendations that relate to improved interagency working should result in improved value for money.

4.2 Statutory, Risk and Legal Implications

There are no significant implications for any of the prompt questions within

this category.

4.3 Equality and Diversity Implications

Implementation of the recommendations would improve access to services for older people with dementia and their carers

4.4 Engagement and Consultation

Members obtained the views of people with dementia, their carers and agencies that work with them in compiling this report

Source Documents	Location
Draft review report and minutes of Adults Wellbeing and Health Overview and Scrutiny Committee 24 May 2011	Jane Belman Rm 221, Shire Hall Cambridge