

CABINET RESPONSE - MEMBER-LED REVIEW OF DEMENTIA SERVICES

To: **Cabinet**

Date: **6th September 2011**

From: **Executive Director, Community and Adult Services**

Electoral division(s): **All**

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

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

Recommendation: **Cabinet is asked to:**

a) Thank the scrutiny committee for an excellent, thorough report.

b) Consider and agree the responses to the recommendations.

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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 focused on objective 4 from the National Dementia Strategy 2009 (NDS), 'Easy access to care, support and advice after diagnosis' because this had been identified locally as requiring significant work. The significance of this objective is that early intervention after diagnosis can have a positive impact on the quality of life of the person with dementia and their carer, helping to maintain independence, and be cost effective in delaying future demand for services.
- 1.2 The review involved people with dementia and their carers and staff from NHS organisations, the County Council, GPs and staff from the Alzheimer's Society (AS). The findings and recommendations were presented to the Adults Wellbeing and Health Overview and Scrutiny Committee in May 2011. The recommendations in the full report are directed towards both the NHS and the County Council. This report provides the County Council's response to the recommendations that relate specifically to the County Council.

2. Response to the Recommendations (the original recommendation being in bold)

- 2.1 The significant amount of work by Members and Officers involved in this review is recognised by Cabinet Members. The findings and recommendations from the review have been used to inform the development of the interagency strategy on dementia that officers from NHS organisations and the County Council are currently working on. Cabinet Members would welcome further involvement of the Adults, Wellbeing and Scrutiny Committee, in its overview role, during the autumn and prior to the presentation of the strategy to Cabinet in December. A meeting of officers from the agencies involved, on 7 September, will inform the consultation with stakeholders during the autumn. The Service Director, Strategy and Commissioning (Adult Social Care) has been asked to discuss the further involvement of the Scrutiny Committee at the next liaison meeting with the Chair and Vice Chair of Scrutiny.
- 2.2 With the expected rise in the number of people that will be affected by dementia in the future, it is important that organisations work collaboratively together to deliver effective and relevant services to meet these particular needs. The interagency strategy will also reflect the national dementia strategy and, importantly, will include the element of prevention, promoting health and wellbeing. The strategy will be supported by a detailed action plan for implementation, incorporating recommendations from the Scrutiny review as appropriate, which is why there is no action plan with this report.
- 2.3 **Recommendation 1: Overarching Recommendation**
 - 2.3.1 **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.**

Proposed Response – Fully accepted

2.3.2 The County Council is committed to, and actively involved in the development of the interagency strategy and with partner agencies, will ensure that the findings and recommendations of the review are incorporated into the strategy and action plan, with particular emphasis on the requirement for agencies to work together and for pathways to be clear and to operate effectively. Consistency will also be ensured between the Dementia Strategy and the Joint Commissioning Strategy for Older People.

2.4 Recommendation 2 (Rec 6 in full report)

2.4.1 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.**

Proposed Response – Partially accepted

2.4.2 The funding for support services for people with dementia and their carers is not identified as a discrete budget, it is integral to the funding available for older people (or younger people with mental health issues in the case of people with young onset dementia), and their respective carers. Despite the financial challenges over the next 4 – 5 years, the County Council is committed to supporting and protecting people when they need it most and has approved a budget strategy that balances the provision of prevention/early intervention and more targeted support for people with greater levels of need. Within this context, it is important to ensure that the resources to meet the needs of people with dementia and their carers are deployed in the most effective way and the strategy action plan will need to include work to investigate this, identify gaps and determine how best to spend the resources available to meet the growing demand.

2.5 Recommendation 3 (Rec 8 in full report)

- 2.5.1 **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.

Proposed Response – Partially accepted

- 2.5.2 The importance of information is recognised and the County Council will contribute to this work with other agencies and will be able to draw from current work on making information more readily available to the public, including the portal on the County Council website “Your Life, Your Choice”, [www.yourlifeyourchoice.org.uk] which was launched on 13 June, and includes information on dementia. The information on the website will be developed further in response to feedback, and is complemented by leaflets and a handbook developed with NHSC.
- 2.5.3 The identification of named individuals linked to GPs/GP practices will need to be considered with NHS colleagues as part of the strategy action plan. The County Council cannot make a unilateral decision on this part of the recommendation.

2.6 Recommendation 4 (Rec 9 in full report)

- 2.6.1 **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.**

Proposed Response – Fully accepted

- 2.6.2 It is important to ensure that staff have relevant information about sources of support that can be passed to people with dementia and their carers. Links will need to be made between the strategy action plan and other work on information and advice to ensure that relevant information is available to staff across organisations, and through them, to people with dementia and their carers, and also directly to people with dementia and their carers. Information sources mentioned in 2.5.2 above are available for staff to use as resources when supporting people.

2.7 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.

Proposed Response – Partially accepted

2.7.1 As stated in 2.5.3 above, the County Council cannot make a unilateral decision on Recommendation 5 (a).

2.7.2 The responses given to Recommendations 3 and 4 also cover Recommendation 5 (b). The County Council will contribute to the provision of comprehensive information, including the resources mentioned in 2.5.2 above.

2.8 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 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.**

Proposed Response – Fully accepted

2.8.1 Officers from the County Council will work collaboratively with NHS colleagues to clarify and improve the interface between the respective organisations and will continue to provide training on the social care IT systems as required.

2.9 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.**

Proposed Response – Fully accepted

- 2.9.1 Officers from the County Council will work with the other organisations to ensure that people with dementia living in sheltered housing or extra sheltered housing schemes are well supported by interagency working and that Sheltered Housing Officers (SHOs) are included in appropriate training as part of the action plan for training across the County. Appropriate links will also be made to the extra care sheltered housing strategy. Information sharing protocols will need to be reviewed to include SHOs and expectations on other professionals in gaining consent to share will need to be reinforced through each relevant organisation.

2.10 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.**

Proposed Response – Fully accepted

- 2.10.1 The County Council will continue to work with local providers and new providers where appropriate, to develop a broader range of service options for people with dementia and their carers. The Providers Champions Group established to explore the impact of SDS on providers will continue to be one of the vehicles for working with providers to achieve greater diversity and for reinforcing the requirement for staff to work in a person-centred way, and the support providers need to achieve this.

2.11 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.

Proposed Response – Fully accepted

2.11.1 SDS is now the standard way of delivering social care across Cambridgeshire and officers in the County Council continue to work with colleagues in CCS NHS Trust to embed the cultural change required by frontline staff as they establish this way of working in their practice.

2.11.2 Best practice in assessing the needs of an individual includes involving people who are close to that person e.g: family members. County Council Officers will reinforce this best practice with staff carrying out social care assessments across the agencies and ensure that this features strongly in any training for these staff.

2.12 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.**

Proposed Response – Fully accepted.

2.12.1 The County Council is committed to supporting training in dementia for relevant groups of staff who are involved in caring for people with dementia, and will contribute to the development of training programmes with other agencies. This recommendation is fully accepted subject to the discussions required between agencies on the allocation of resources to roll out the training programmes that will need to be the subject of joint discussions between the agencies.

2.13 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.

Proposed Response – fully accepted.

- 2.13.1 Existing contractual requirements (and Care Quality Commission requirements) are that staff will have the relevant training for the needs of the people whom the domiciliary care providers are caring for. The new contractual requirements that strengthen this in respect of dementia come into force in March 2012. Current monitoring by the County Council's Contracts Team routinely checks for evidence of relevant training and takes action with the providers if this is found to be deficient. Evidence is also sought on the mechanisms in place for provider managers to monitor the performance of their staff. Again, if this is found to be deficient the Contracts Team will require that improvements are made by the provider to address this.

2.14 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.

Proposed Response – Fully accepted.

- 2.14.1 This will be taken into consideration in the review of block contracts for residential / nursing being carried out this financial year.

2.15 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.

Proposed Response – Fully accepted.

- 2.15.1 This will be taken into consideration in the review of older people's day services being carried out this financial year.

2.16 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.

Proposed Response - Partially accepted.

- 2.16.1 **Named social work contact:** A named care manager is allocated to carry out an assessment of someone's needs, agree the support plan and then carry out an initial review to ensure the package is meeting their needs. As long as this is the case, the person will be moved from the case load of the named care manager and put onto the list for review in 12 months time. The level of staffing and numbers of referrals do not allow for a named care manager to continue to hold the case.

2.16.2 Timeliness of financial assessments: The introduction of SDS will improve the timeliness of financial assessments as a financial assessment form will be sent out to the service user by Cambridgeshire Direct Contact Centre at the start of the assessment process. This will mean that the financial assessment will run in tandem with the needs assessment rather than after the latter has been completed.

2.16.3 Support for people living alone: The review identified a gap regarding support for people living alone. This will need to be considered within the interagency strategy for dementia and the commissioning strategy for older people.

2.16.4 Timeliness of obtaining OT equipment: CCS are continuing to work to reduce waiting times for assessments by Occupational Therapists. Staff are working across localities so as to avoid lengthy delays in any one area. The waiting times for Occupational Therapy assessment have improved significantly, as a result of this, in the last twelve months. Following completion of assessment, equipment is delivered quickly, and in the majority of cases, in line with the 7 working day delivery timeframe. For equipment provided by through the Integrated Community Equipment Service, performance at the end of June 2011 was 97% against a target of 96%.

2.16.5 Transport in rural areas: Transport is recognised as an important part of life for people in rural communities. Officers are linked into the Cambridgeshire Futures Transport initiative and will continue to promote the needs of people receiving social care support as the work progresses.

2.17 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.

Proposed Response – Fully accepted, subject to any caveats set out under individual recommendations above.

2.17.1 The issues outlined in the recommendations are being taken forward through the Dementia Strategy and other relevant strategies and initiatives.

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 family 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

Although there are no significant implications for this priority, support to family carers may include support to remain in, or to regain employment.

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 family 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. The interagency strategy will also include prevention, promoting health and wellbeing.
- 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

As set out in 2.4.2 above, despite the financial challenges over the next 4 – 5 years, the County Council is committed to supporting and protecting people when they need it most and has approved a budget strategy that balances the provision of prevention / early intervention and more targeted support for people with greater levels of need. Within this context, it is important to ensure that the resources to meet the needs of people with dementia and their carers are deployed in the most effective way and the strategy action plan will need to include work to investigate this, identify gaps and determine how best to spend the resources available to meet the growing demand.

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, through the interagency strategy and action plan, will improve access to services for older people with dementia and their carers

4.4 Engagement and Consultation

Officers working on the interagency strategy will include the views of people with dementia, their carers and agencies that work with them in the development of the strategy and action plan.

Source Documents	Location
Review report and minutes of Adults Wellbeing and Health Overview and Scrutiny Committee 24 th May 2011	Jane Belman Room 221, Shire Hall Cambridge