Notice of meeting of
Health Overview & Scrutiny Committee

To: Councillors Funnell (Chair), Boyce, Cuthbertson, Doughty (Vice-Chair), Fitzpatrick, Hodgson and Richardson

Date: Wednesday, 18 January 2012

Time: 5.00 pm

Venue: The Guildhall, York

A G E N D A

1. **Declarations of Interest** (Pages 3 - 4)
At this point Members are asked to declare any personal or prejudicial interests they may have in the business on this agenda. A list of general personal interests previously declared are attached.

2. **Public Participation**
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **17 January 2012** at **5:00 pm**.

3. **Briefing from the Leeds Partnership Foundation Trust on Proposed Changes to Mental Health Services in York** (Pages 5 - 16)
The Chief Operating Officer and Deputy Chief Executive/Chief Nurse from Leeds Partnerships NHS Foundation Trust will be in attendance at the meeting. In a verbal briefing she will introduce the new organisation which will be in place by 1 February 2012. A summary document containing some brief information about the service changes is included within these papers.

4. **Redesign of Acute Care Pathway in York (Including closure of Ward 3 at Bootham Park Hospital)** (Pages 17 - 22)
Members are asked to consider and comment upon the report provided by The General Manager, Forensic, Adult & Specialist Mental Health Services, NHS North Yorkshire & York.

5. **Briefing on the Major Trauma Network** (Pages 23 - 30)
Members are asked to consider a report which informs them of the current service provision and proposed Major Trauma Networks (MTN) arrangements for Major Trauma events in York (and surrounding areas). The report provides information on the implementation plan in place, progress to date and next steps in the process.

6. **Dementia Strategy and Action Plan** (Pages 31 - 152)
This paper sets out progress towards the National Dementia Strategy and the local plan and activities to deliver the Strategy in York.

7. **Update on the Shadow Health and Wellbeing Board** (Pages 153 - 158)
This paper updates the Committee on progress towards establishing York's Health and Wellbeing Board (H&WB), since the last report on this issue in September.

8. **Work Plan** (Pages 159 - 160)
Members are asked to review the Committee's Work Plan for 2012.

9. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officer:

Name: Judith Betts
Contact Details:

- Telephone – (01904) 551078
- Email – judith.betts@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

This page is intentionally left blank

Agenda Annex

About City of York Council Meetings

Would you like to speak at this meeting?
If you would, you will need to:

- register by contacting the Democracy Officer (whose name and contact details can be found on the agenda for the meeting) **no later than** 5.00 pm on the last working day before the meeting;
- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
- find out about the rules for public speaking from the Democracy Officer.

A leaflet on public participation is available on the Council's website or from Democratic Services by telephoning York (01904) 551088

Further information about what's being discussed at this meeting
All the reports which Members will be considering are available for viewing online on the Council's website. Alternatively, copies of individual reports or the full agenda are available from Democratic Services. Contact the Democracy Officer whose name and contact details are given on the agenda for the meeting. **Please note a small charge may be made for full copies of the agenda requested to cover administration costs.**

Access Arrangements
We will make every effort to make the meeting accessible to you. The meeting will usually be held in a wheelchair accessible venue with an induction hearing loop. We can provide the agenda or reports in large print, electronically (computer disk or by email), in Braille or on audio tape. Some formats will take longer than others so please give as much notice as possible (at least 48 hours for Braille or audio tape).

If you have any further access requirements such as parking close-by or a sign language interpreter then please let us know. Contact the Democracy Officer whose name and contact details are given on the order of business for the meeting.

Every effort will also be made to make information available in another language, either by providing translated information or an

interpreter providing sufficient advance notice is given. Telephone York (01904) 551550 for this service.

যদি যথেষ্ট আগে থেকে জানানো হয় তাহলে অন্য কোন ভাষাতে তথ্য জানানোর জন্য সব ধরণের চেষ্টা করা হবে, এর জন্য দরকার হলে তথ্য অনুবাদ করে দেয়া হবে অথবা একজন দোভাষী সরবরাহ করা হবে। টেলিফোন নম্বর (01904) 551 550।

Yeteri kadar önceden haber verilmesi koşuluyla, bilgilerin terümesini hazırlatmak ya da bir tercüman bulmak için mümkün olan herşey yapılacaktır. Tel: (01904) 551 550

我們竭力使提供的資訊備有不同語言版本，在有充足時間提前通知的情況下會安排筆譯或口譯服務。電話 (01904) 551 550。

اگر مناسب وقت سے اطلاع دی جاتی ہے تو ہم معلومات کا ترجمہ مہیا کرنے کی پوری کوشش کریں گے۔ ٹیلی فون (01904) 551 550

Informacja może być dostępna w tłumaczeniu, jeśli dostaniemy zapotrzebowanie z wystarczającym wyprzedzeniem. Tel: (01904) 551 550

Holding the Cabinet to Account

The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business from a published Cabinet (or Cabinet Member Decision Session) agenda. The Cabinet will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Cabinet meeting in the following week, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

Who Gets Agenda and Reports for our Meetings?

- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
- Relevant Council Officers get copies of relevant agenda and reports for the committees which they report to;
- Public libraries get copies of **all** public agenda/reports.

Agenda Item 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item I: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor Boyce	Mother in receipt of Care Services
Councillor Doughty	Volunteers for York and District Mind and partner also works for this charity.
Councillor Funnell	Member of the General Pharmaceutical Council Member of York LINks Pharmacy Group Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital

This page is intentionally left blank

Summary of changes to mental health services

On 1st February 2012 we are beginning a new chapter in the life of our Trust, with the integration of mental health and learning disability services in Leeds and York and the formation of the new **Leeds and York Partnership NHS Foundation Trust**. This new integrated Trust will bring together the best of Leeds Partnerships NHS Foundation Trust (LPFT) and the mental health and learning disability provider arm of NHS North Yorkshire and York.

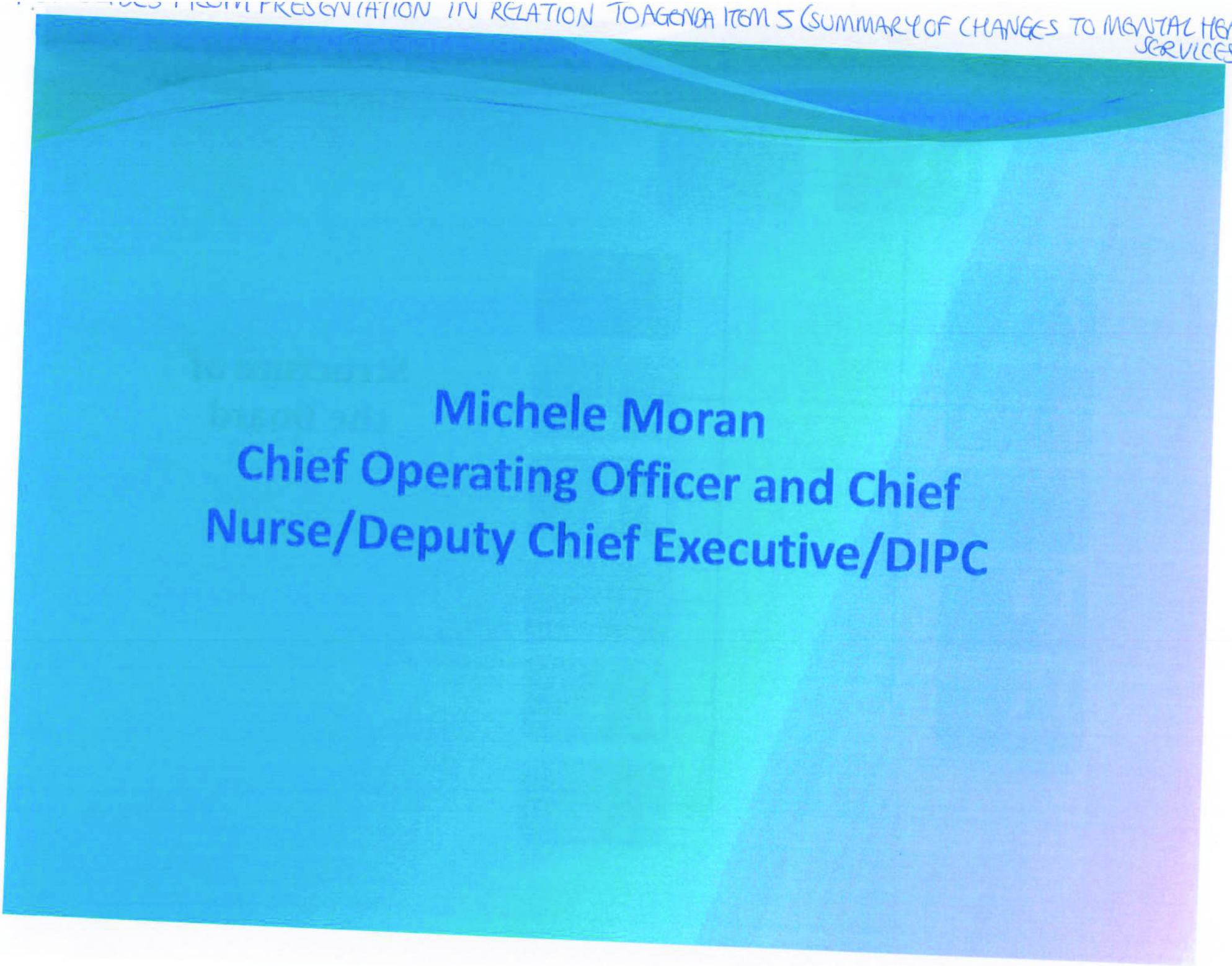
From 1st February 2012, services in York and North Yorkshire will operate as an additional geographically-based service directorate, so that we can make sure that the transfer of services takes place safely, with minimal disruption. Leadership will be provided through a partnership approach between the Associate Director and the Associate Medical Director. Following the transfer period we will begin to integrate services and pathways where that adds value in quality or financial terms.

Most of the services we will provide are within Leeds, York, Selby and Tadcaster, but we are also commissioned to provide certain services across the whole of North Yorkshire. These are:

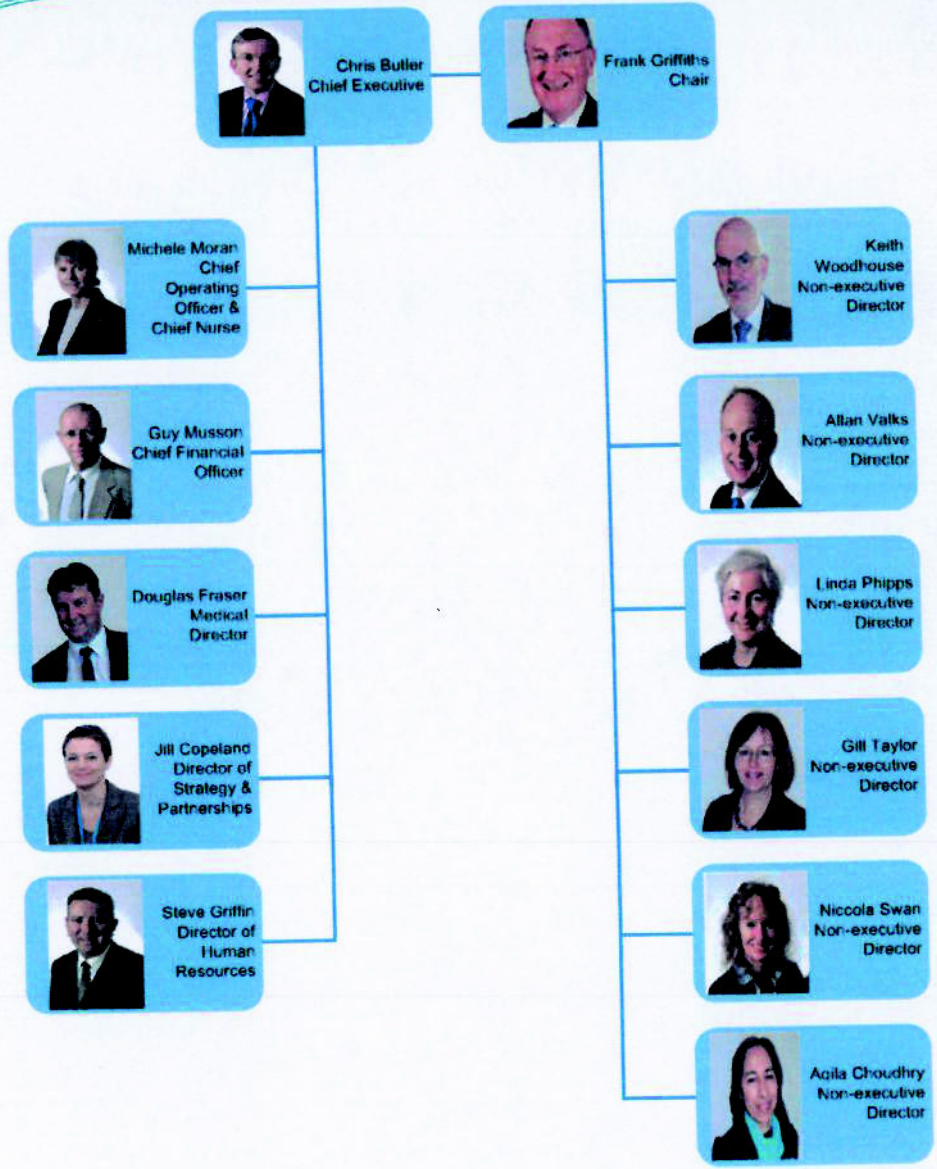
- Child and adolescent mental health in-patient services
- Specialist mental health community services for deaf children
- Inpatient low secure forensic psychiatry services
- IAPT services
- Community eating disorder services
- Prison in-reach services
- Learning disability inpatient services

This page is intentionally left blank

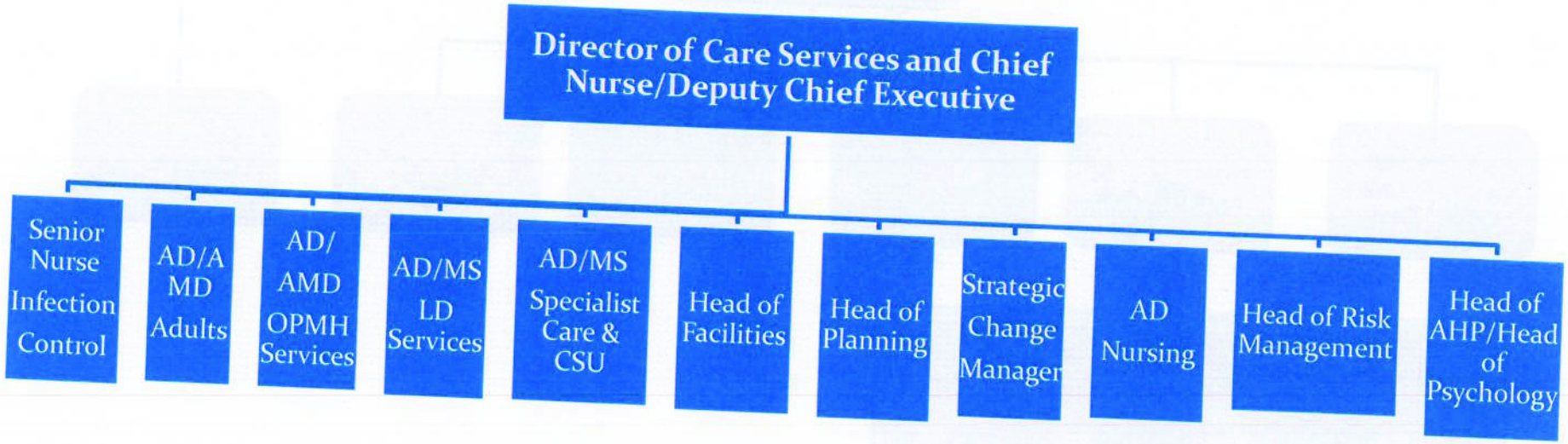
PRESENTATION IN RELATION TO AGENDA ITEM 5 (SUMMARY OF CHANGES TO MENTAL HEALTH SERVICES)



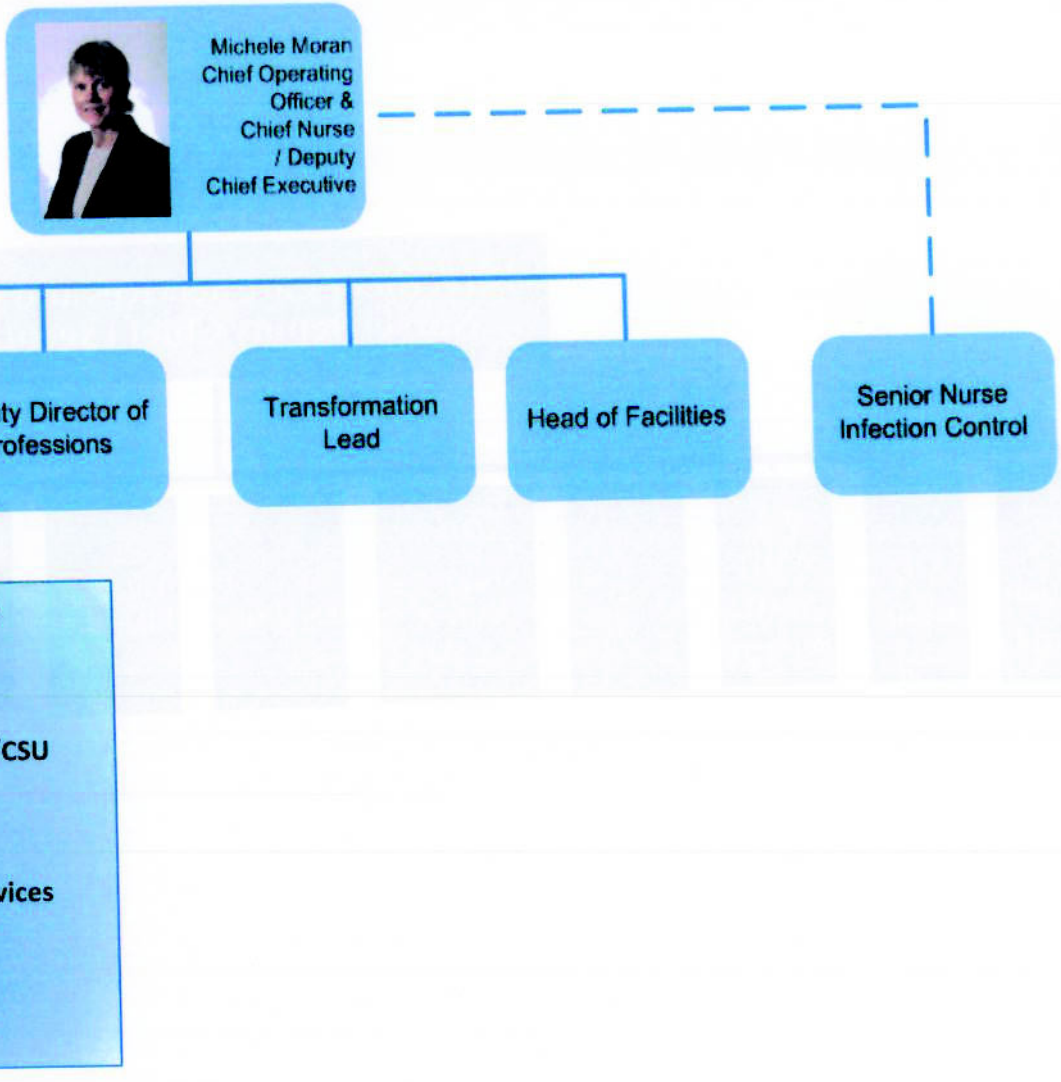
Structure of the Board

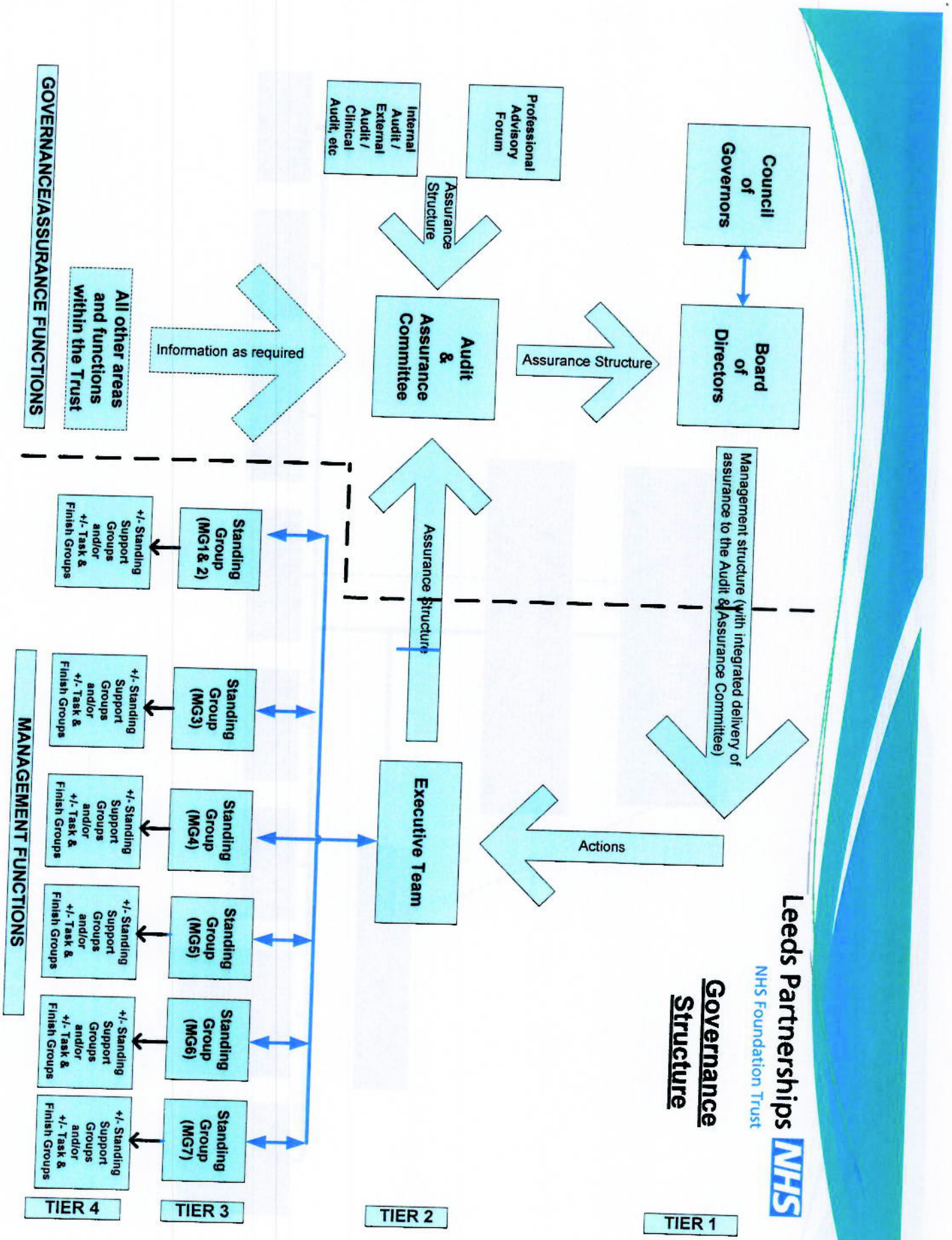


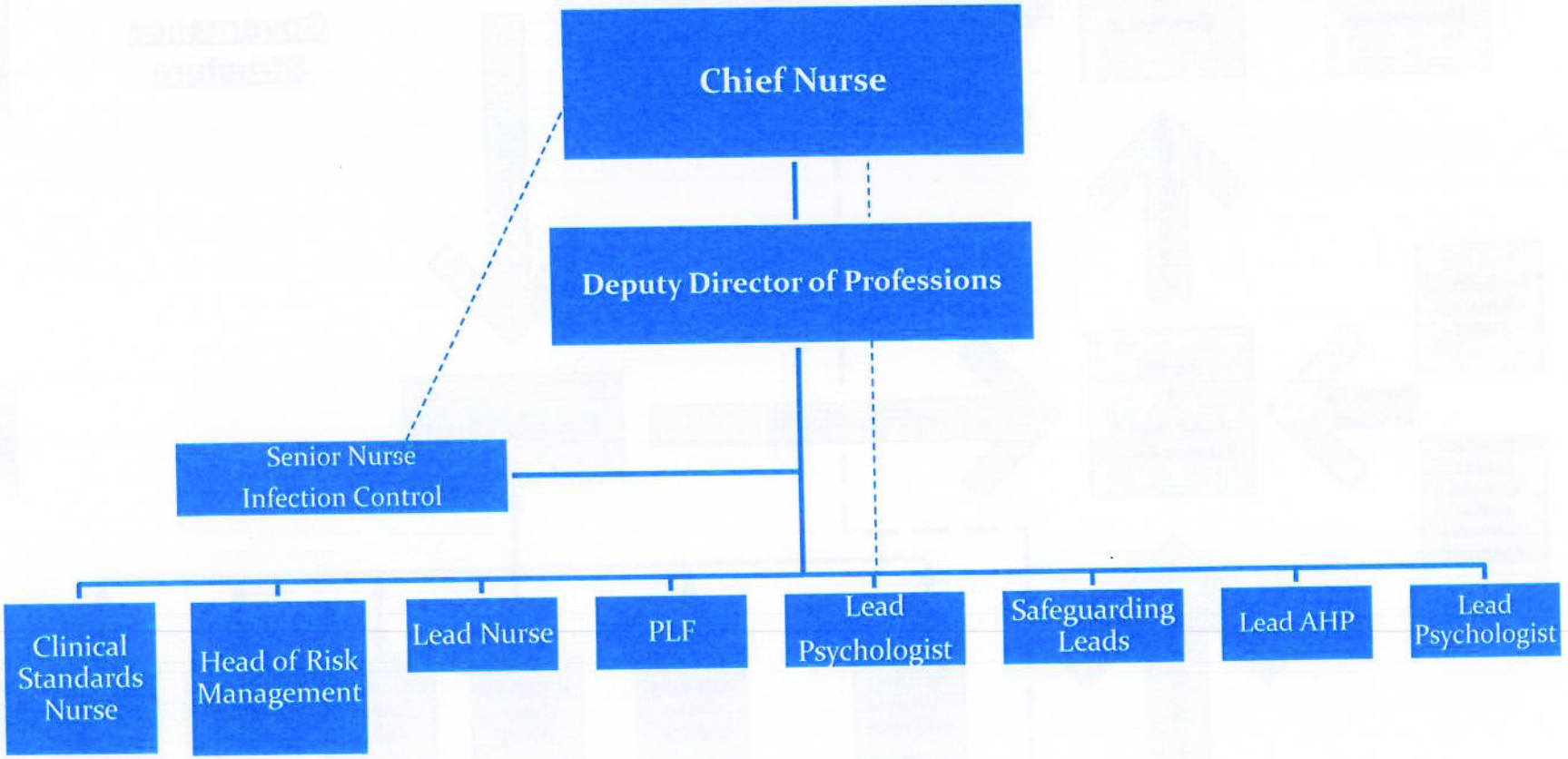
Overview of Leeds Care Services



Organisational Structure – post transfer 01/02/12




Leeds Partnerships NHS
NHS Foundation Trust
Governance Structure
Council of Governors
Board of Directors
Audit & Assurance Committee
Professional Advisory Forum
Internal Audit / External Audit / Clinical Audit, etc
Assurance Structure
Assurance Structure
Information as required
All other areas and functions within the Trust
GOVERNANCE/ASSURANCE FUNCTIONS
Management structure (with integrated delivery of assurance to the Audit & Assurance Committee)
Assurance Structure
Actions
Executive Team
Standing Group (MG1& 2)
Standing Group (MG3)
Standing Group (MG4)
Standing Group (MG5)
Standing Group (MG6)
Standing Group (MG7)
+/- Standing Support Groups and/or +/- Task & Finish Groups
MANAGEMENT FUNCTIONS
TIER 1
TIER 2
TIER 3
TIER 4


Chief Nurse
Deputy Director of Professions
Senior Nurse Infection Control
Clinical Standards Nurse
Head of Risk Management
Lead Nurse
PLF
Lead Psychologist
Safeguarding Leads
Lead AHP
Lead Psychologist

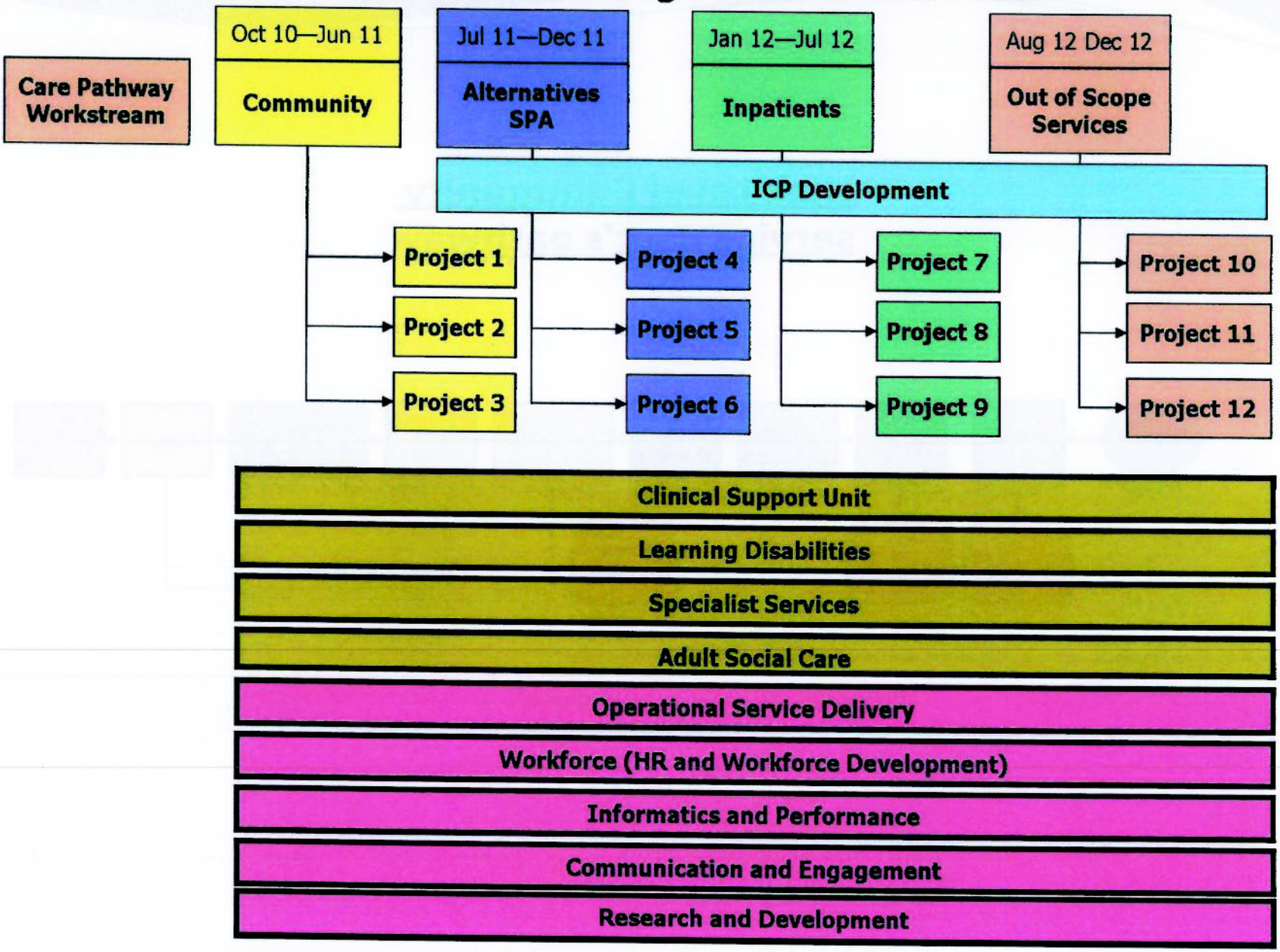
Integration of Services:

Possible
- Eating Disorder Unit
- Forensic
- Learning Disabilities
- ? Others

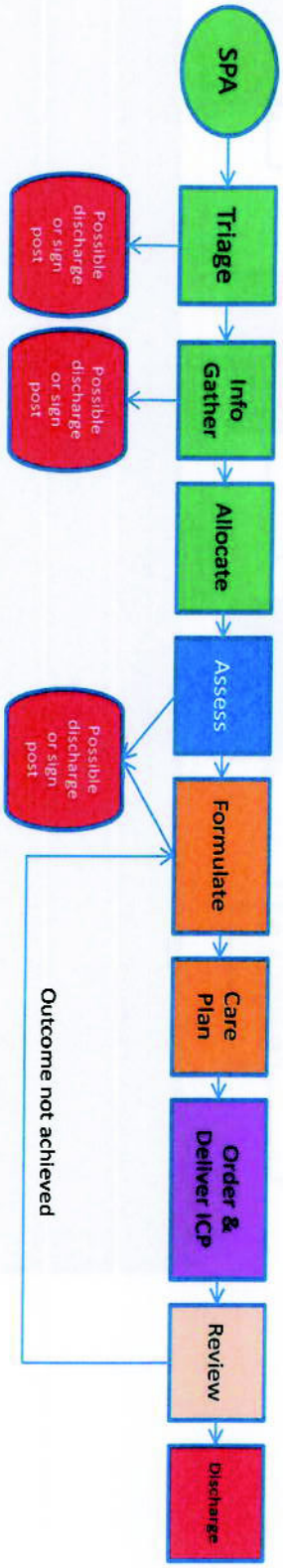
Transformation Principles

- Better, Simpler, More efficient
  - Promote recovery;
  - Release time to care;
  - Reduce bureaucracy;
  - Make best use of the skills of our staff;
  - Support service users throughout their full journey;
  - Improve outcomes and reduce inefficiency;
  - Do the right thing, at the right time, for the right reason.

Transformation High Level Critical Path



High Level Community service user's pathway



NHS
North Yorkshire and York

North Yorkshire and York Mental Health Services
Redesign Acute Care Pathway in York

Including Closure of Ward 3 Bootham Park Hospital, York

December 2011

Introduction

Recent service developments and the opportunities offered by the creation of the new Leeds and York Partnership Foundation Trust have given us the opportunity to redesign the acute care pathway for the residents of York and Selby.

This paper outlines the plans to reconfigure the service whilst maintaining financial stability, achieving cost reduction and, most of all, maintaining high quality acute care in-patient services for York and Selby.

Ward 3 at Bootham Park Hospital is a four bed acute mental health ward that has been used to support the larger acute wards in treating those acute patients with greater nursing needs. Ward 3 has been successful in managing complex cases that have transferred from the other wards but it has never been commissioned nor resourced as an Intensive Care Unit.

Those who need Psychiatric Intensive Care have always been transferred to services outside of York as such services are not commissioned within the locality. The physical size of the ward makes the clinical and financial model prohibitive for this size of service to continue in terms of value for money. The intermediate function of Ward 3 is not a model which has been replicated elsewhere. The severity of illness and acute presentation currently transferred to Ward 3 is commonly managed on standard acute wards, albeit with different skill mixes.

The funding for ward 3 has been insufficient which has resulted in persistent overspends on budget and has created greater costs in the use of bank and agency staff. The two remaining wards have had financial pressures as they have also been required to use temporary bank and agency staff to maintain safe staff levels.

Current Configuration and Demand of Acute Services

Ward 1	13 Female
Ward 2	16 Male
Ward 3	4 Male or Female

The bed occupancy since opening male and female wards in February 2011

	Feb	Mar	Apr	May	June	July	August
Ward 1 (female)	92%	97%	99%	96%	95%	99%	94%
Ward 2 (male)	87%	91%	88%	75%	65%	64%	64%
Ward 3	100%	100%	100%	100%	100%	92%	94%

Additional Recent Developments

There have been a number of developments within mental health services in York and Selby that have enhanced the service and enabled us to think differently about capacity and we have expanded our community services to enable patients to be cared for at home more, as opposed to being admitted to hospital with the introduction of the Intensive Home Treatment Team (IHTT). Below illustrates some other development areas that have helped with the development of our acute care services.

- Wards 1 and 2 have undergone extensive refurbishment and became single sex wards in February 2011. Ward 2 became a 16 bed ward for men and ward 1 became a 13 bed ward for women.

- The refurbishment significantly upgraded both wards with single rooms, most of which are en-suite and the addition of a garden area for ward 1 and a de-escalation area, seclusion room and extra activity room for ward 2.

- We have developed a single consultant psychiatrist model which has improved the decision making process by the introduction of daily meetings reviewing patients with the consultants, ward staff and the IHTT to ensure that discharges are timely and keeping admissions to hospital as short as clinically appropriate.

- At the beginning of June the working age adult and recovery care groups were merged which created opportunities to redesign the pathway between these areas to ensure there are fewer delayed discharges from the acute wards.

- A regular forum has been set up to take the strategic lead in delivering acute care services involving, at a local level, managers and senior clinicians from each ward.

- We have introduced an additional clinical lead nurse and a Clinical Psychologist to both Wards 1 and 2, whose remit is to improve the quality of the interventions to our patients.

Consultation

- Service Users and carers

Consultation to date has included work with service users and carers, staff and other professionals within the mental health service. Meetings have taken place with existing service users of the changes. An additional meeting of the acute care forum will be arranged for January 2012 to involve service users and carers in further consultation.

- Staff and Trade Unions

Information on the proposals has been shared with staff to date. Formal consultation within NHS North Yorkshire and York Primary Care Trusts redeployment policy will commence on 20th December 2011 for a 30 day period. This work is being done in collaboration with the Human Resources team and staff side representatives from a number of trade unions.

- Wider Stakeholder

Further consultation is planned for January with the York Mental Health Forum to engage wider stakeholders.

This paper will be considered for information and recommendation of the overview and scrutiny committee at their January 2012 meeting.

Proposal
We propose to close Ward 3, redeploying staff into vacancies in Wards 1 and 2 and other mental health services. This will;

- ensure the remaining acute wards are staffed to a skill-mix and establishment benchmarked with similar services.
- Ensure staff on acute wards are equipped to manage the full range of acute presentations.
- Work with colleagues in Leeds to ensure that, when an out-of-area admission is required, admission will be to Leeds wherever possible. This will help reduce admissions to placements that are currently significantly further afield and will ensure that Leeds and York Partnership retains responsibility for care wherever possible.
- Achieve cost savings while maintaining high quality care.

For planning purposes we have assumed availability in Leeds as overspill if required. We believe that, through further development of community alternatives to admission, we can minimise unnecessary admissions.

The patient capacity will be absorbed into the arrangements within wards 1 and 2, IHTT and other community mental health services. As the York and Selby services merge to be part of Leeds and York Partnership Foundation Trust, the acute services across the patch will be available for all those residents in each of the Trust's localities depending on the clinical need. Those patients that require Intensive Care for their mental health problems will be transferred to a specialist unit outside of York and Selby, in the usual way, as no such service is currently available in York. Whenever possible, transfers will be to Leeds PICU, enabling robust clinical links to be developed.

Temporary Closure
As of Monday 30th January 2012 essential work to the roof has to be carried out on ward 3 at Bootham Park Hospital. The health and safety advice is that the ward cannot be used during this work which is expected to take approximately 3 months. This proposal will therefore include a temporary closure of ward 3 from Friday January 27th 2012.

Summary
The above plan outlines a proposal to redesign the acute care pathway closing Ward 3 at Bootham Park Hospital, supported by other developments in mental health across York and Selby and for the future within Leeds and York Partnership Foundation Trust. For those requiring Psychiatric Intensive care, the protocol remains unchanged. All staff

working within Ward 3 will be redeployed within the mental health services.

The ward will close as a temporary measure from Friday 27th January 2012 pending the outcome of further consultations.

Author:

Beverley Hunter
General Manager
Forensic, Adult & Specialist Mental Health Services
NHS North Yorkshire and York

This page is intentionally left blank

Agenda Item 5

CITY OF YORK COUNCIL

HEALTH OVERVIEW and SCRUTINY COMMITTEE

18th January 2012

Improving the Management and Treatment of Major Trauma across Yorkshire and the Humber

Executive Summary - Key Messages

- There are small numbers of major trauma, approx three per day across the Yorkshire and the Humber region.

- Each region is mandated by the *Department of Health* to establish a major trauma network by April 2012. *NHS Yorkshire and the Humber* and the *Yorkshire and the Humber Specialised Commissioning Group* are leading this work and have recommended three sub-regional Major Trauma Networks to serve the region's population with plans for Major Trauma Centres located in Hull, Leeds and Sheffield.

- The network system will involve changes to established patient flows; direct to a Major Trauma Centre instead of first to local A&E, then on to a Major Trauma Centre. These are not thought to represent a service configuration or a significant variation to service delivery, rather the formalisation, coordination and better use of existing services currently in place.

- Regional major trauma systems will improve the safety, quality and consistency of major trauma treatment and care with specified minimum standards of care for all levels of service. Every hospital has a role in the network with patients receiving follow up care and rehabilitation as close to home as possible.

- Across Yorkshire and the Humber, it is estimated that these improvements will save in excess of 100 lives a year while more people experiencing major trauma will be able to return to non-dependent life and work, rather than facing a life of long-term disability and unemployment.

1. Purpose of the Report

1.1. The purpose of this paper is to provide the national context and the evidence base for the need to change. The report describes the current service provision and the proposed Major Trauma Network (MTN) arrangements for major trauma events in York (and surrounding areas) setting out the improved outcomes that these changes are trying to achieve. This briefing report provides information on the implementation plan in place, progress to date and the next steps in the process to provide the Health Overview and Scrutiny Committee with assurance on the robustness and direction of these proposals.

2. Background

2.1. Major trauma is used to describe serious and often multiple injury (including head injury, spinal injury, abdomen, chest, penetrating wound, gunshot, long bone amputation and pelvis) where a patient has less than 10% chance of survival. This might be the result of a high-speed motorcycle crash, an industrial accident, a high fall or an explosion. Major trauma cases are more common in urban areas and it is estimated that in excess of 55% of major trauma is caused by road traffic collisions.

2.2. Major trauma is the main cause of mortality and disability in adults under the age of 40. The *National Confidential Enquiry into Patient Outcomes and Deaths* (2001) review concluded that almost 60% trauma care was sub-standard. The requirement to establish regional MTNs by April 2012 is a nationally directed quality initiative and was set out in the NHS Operating Framework 2011/12.

2.3. The development of a regional network for major trauma is expected to have a significant impact on lives saved. Where other countries have implemented such systems, deaths from trauma have been reduced by 20 per cent. For Yorkshire and the Humber (Y&H), it is believed that in excess of 100 lives a year could be saved while national research demonstrates that regionalisation of care to specialist trauma centres reduces mortality by 25% and length of stay by 4 days.

3. Current Model

3.1. North Yorkshire and York patients experiencing a major trauma incident are transported to the nearest Emergency Department regardless of their injuries. General hospitals are unlikely to have the sufficient expertise and experience to provide robust 24/7 care, 365 days a year. Patients requiring further treatment (e.g. Neurosurgery / Vascular intervention) will need transfer to a tertiary centre.

4. Major Trauma Network System

The principles behind the development of a MTN derive from the relatively uncommon nature of major trauma across the country. Due to the infrequency of cases, many hospitals will be unable to maintain the infrastructure and personnel with sufficient expertise and experience to provide a robust model of care 24 hours a day, 365 days a year. The patient pathways within a major trauma system work in the following way:

4.1. Pre-Hospital Care

Coordination between NHS organisations along with rapid and effective triage of trauma patients will play a critical part in bringing about major trauma system improvements. The *Yorkshire and Ambulance Service NHS Trust* (YAS) have submitted a business case plan to support the establishment of a regional MTN system which is under consideration by regional and local commissioners.

YAS have proposed a need for an Enhanced Care Team to improve the pre-hospital phase of the major trauma pathway. It is proposed that this team will provide on scene critical care interventions to the most seriously ill and injured patients, effectively bringing senior critical care skills to the patient on scene and to then transfer these patients to the most appropriate hospital.

4.2. Major Trauma Centre

A Major Trauma Centre (MTC) is a multi-specialty hospital, on a single site, optimised for the provision of trauma care. It is the focus of the MTN and manages all types of injuries, providing consultant-level care.

- It is optimised for the definitive care of injured patients. In particular it has an active, effective trauma Quality Improvement programme. It also provides a managed transition to rehabilitation and the community.
- It takes responsibility for the care of all patients with Major Trauma in the area covered by the Network. It also supports the Quality Improvement programmes of other hospitals in its Network.
- It provides all the major specialist services relevant to the care of major trauma, i.e. general, emergency medicine, vascular, orthopaedic, plastic, spinal, maxillofacial, cardiothoracic and neurological surgery and interventional radiology, along with appropriate supporting services, such as critical care.

4.3. Trauma Unit

The Trauma Unit (TU) is a hospital in a MTN that provides care for most injured patients and:

- Have systems in place to rapidly move the most severely injured to hospitals that can manage their injuries.
- May provide some specialist services for patients who do not have multiple injuries (e.g. Open tibial fractures). The TU then takes responsibility for making these services available to patients in the MTN who need them. Other TUs may have only limited facilities, being able to stabilise and transfer serious cases but only to admit and manage less severe injuries.

4.4. Local Emergency Hospital

The Local Emergency Hospital is a hospital in a MTN that does not routinely receive acute trauma patients (excepting minor injuries that may be seen in a Minor Injury Unit). It has processes in place to ensure that should this occur patients are appropriately transferred to an MTC or TU. It may have a role in the rehabilitation of trauma patients and the care of those with minor injuries.

5. Proposed Model

Following a gap analysis against the national *Clinical Advisory Group* and *Regional Rehabilitation Expert Group* clinical standards, *Yorkshire and the Humber Specialised Commissioning Group* (SCG) agreed on a three sub-regional Leeds, Hull and Sheffield network model for trauma care in

Y&H. The MTC is supported by acute general hospital TUs and local A&Es.

It is expected that patients will be transported from the scene of incident directly to the nearest MTC which will be equipped to deliver a better standard of care than is currently provided where the nearest MTC is within 45 minutes travelling time and, when this is not possible, to the nearest TU before onward transportation to a MTC.

5.1. Sub-Regional Model

5.1.1. It is proposed that the *York Teaching Hospital NHS Foundation Trust* (YTHFT) will become a designated TU as part of the **North & East Yorkshire and Northern Lincolnshire** (NEYNL) sub-regional MTN linking to the MTC service delivered by the *Hull and East Yorkshire Hospitals NHS Trust* at the Hull Royal Infirmary site. Patients registered with GP practices within (and around) the City of York Council boundaries experiencing a major trauma incident in this geographical area will be transported to this MTN.

5.1.2. The other proposed TUs within the NEYNL network include *Northern Lincolnshire and Goole Hospitals NHS Foundation Trust* (trauma units at Grimsby and Scunthorpe) and at *Scarborough and North East Yorkshire Health Care NHS Trust*.

5.1.3. Depending on the location of the trauma incident and the distance to Hull (as well as any capacity constraints on the day), patients might alternatively be transported to the MTC in Leeds delivered by the *Leeds Teaching Hospitals NHS Trust* and part of the **West Yorkshire** sub-regional MTN.

5.1.4. Once patients treated at MTCs are at a point in their care and recovery when they can be safely repatriated to their local general hospital TU, patients will receive follow up care and rehabilitation at YTHFT and as close to home as possible.

6. Benefits delivered by a regional Major Trauma Network

The MTNs will improve care for the small number of individuals who sustain a major trauma. The network builds on the current arrangements already in place. Trauma

centres and units will need to meet all the relevant 78 care quality standards that go toward accreditation within a MTN. Full compliance will underpin the provision of a 'gold standard' high quality, safe and effective major trauma system for Y&H. These standards reflect the entire major trauma pathway, for example, the MTC must offer 24-hour access to a consultant-led major trauma team, TUs must provide selected trauma management with a consultant on call within 30 minutes and all providers must offer appropriate facilities for relatives and clear patient information.

The benefits of an effective major trauma system include:

- Reducing mortality and morbidity for people sustaining major trauma, increasing the chances of recovering to return to work and normal life free from disability.
- Standardising processes and protocols where this improves outcomes.
- Improved coordination will lead to quicker diagnosis.
- Faster arrival at a major trauma centre.
- Improve access to specialist services regardless of where in the region they are injured, reducing variations in treatment and outcome.
- Rapid repatriation to their local hospital for recovery, improving access to rehabilitation services closer to home.
- Improve the management and treatment of trauma for all.

7. Public Engagement and Consultation

7.1. The assessment at this stage is that the introduction of major trauma networks is not a substantial development or variation in the NHS in Yorkshire and the Humber. Rather, it is an important clarification of the major trauma pathway, which will ensure that patients who experience major trauma are taken the right hospitals and so receive all the treatment they need. The networks will also clarify the role of most A&E services as trauma units.

7.2. While there is a view that development of the MTNs and the proposals outlined may not be the subject of formal consultation, the NHS North Yorkshire and York cluster are mindful of the important need to assure the HOSC, that the

commissioning process has undergone full assurance evaluation and scrutiny.

7.3. The assurance process up to any implementation 'go live' date set out by NHS Yorkshire and the Humber on behalf of PCT clusters is as follows:

- A *National Clinical Advisory Team* independent review assuring the clinical model, its safety and sustainability.
- Independent assessment of the programme and its management of risks by the *Office for Government Commerce Gateway Review* team.
- The proposals will be assured using the regional Service Change Assurance Process which will be peer reviewed by another SHA.

7.4. The NHS North Yorkshire and York cluster will provide any further information on these proposals keeping the HOSC abreast of the progress on these developments as requested to do so to ensure engagement is ongoing throughout the process.

8. Recent and Next Steps

- PCT Cluster Boards were requested to support delegated authority to *Yorkshire and the Humber SCG* on further MTN development.
- In collaboration with PCT clusters, the *NHS Yorkshire and the Humber* and *Yorkshire and the Humber SCG* will further refine the Y & H MTN model following presentation of provider business plans at a 13/12/11 regional 'Confirm & Challenge' event.
- Recommendations will be presented and considered at the SCG 27/01/12 Board meeting.

9. Summary

The Health & Overview Scrutiny Committee is asked to:

- Note the national context and regional planning approach to the development of a Major Trauma Network system for Yorkshire and the Humber.
- Note the progress to date on the proposed pathways and the service benefits for the LA population who experience a major trauma incident.

- Note the NHS North Yorkshire and York cluster's commitment to engage with patients and the public as required where these proposals may require any further detail and explanation.
- Note the intention of the *Yorkshire and the Humber SCG* to further consider this service development at the January 27th 2012 Board meeting.
- Note that the national expectation is that regions will establish a Major Trauma Network by April 2012 but that regional provider plans have suggested a phased approach is likely to be a more realistic and feasible option.

Jim Khambatta
Senior Commissioning Manager
NHS North Yorkshire and York

December 21st 2011

Health Overview and Scrutiny Committee 18 January 2012

Report of the Assistant Director, Integrated Commissioning

Dementia Strategy and Action Plan

Summary

1. This paper sets out progress towards the National Dementia Strategy and the local plan and activities to deliver the Strategy in York.

Background

2. The National Dementia Strategy for England was published on 3rd February 2009.

3. It identified 17 key objectives which, when implemented, should result in a significant improvement in the quality of services and promote a greater understanding of the causes and consequences of dementia.

4. In 2010, the Department of Health produced an updated implementation plan 'Quality Outcomes for people with dementia; building on the work of the National Dementia Strategy'. It identified four priority outcomes:

   - Good quality early diagnosis and support
   - Improved care in hospital
   - Living well with dementia in care homes
   - Reducing the use of anti-psychotic drugs

5. North Yorkshire and York Primary Care Trust have been leading work since 2009, to develop a joint local dementia strategy, covering both City of York Council and North Yorkshire County Council.

6. In York a working group has been looking at the strategy, on behalf of the York Mental Health and Modernisation Partnership Board, since early 2010 . The working group has identified the priorities for York from the National Strategy, and produced suggestions for a plan to address these priorities.

7. 45 national organisations launched the 'Dementia Declaration' and invited wider sign up to the Declaration as a way of committing organisations to the delivery of the outcomes within the Quality Outcomes.

Consultation

8. The national strategy was developed following extensive consultation with a wide range of stakeholders, including significant input from people living with dementia, and their carers.

9. The North Yorkshire and York Strategy used information from Overview and Scrutiny Committee reviews in both North Yorkshire and York, and undertook local mapping exercises involving a wide range of key stakeholders. Separate discussions were held with groups of people with dementia and their carers to gain their views on the current services and what they felt could be improved to provide better treatment and care. The main issues raised were:
   - Not knowing who to turn to for support when symptoms cause concern
   - Not being listened to particularly in the early stages and particularly by primary care
   - Carers not being listened to when the cared for person is having tests or treatment for the dementia or another condition.
   - Lack of respite for the carers.

10. The York Dementia Working Group has involved a wide range of stakeholders including service providers from health, the independent sector and the Council, the voluntary sector and service users and carers.

11. Further work is in progress within the city, led by the Joseph Rowntree Foundation, to engage more actively with people living with dementia to give them a stronger voice in the development of services, as the strategy is implemented. 'Dementia Without

Walls' is a 12 month project to support people living with dementia to suggest how a city can become more dementia friendly.

Options and Analysis

Please note the following four points:

12. **The North Yorkshire and York Dementia Strategy (Annex A)** outlines the high level information about dementia services in the whole of the NHS North Yorkshire and York Cluster (NHS NYY) area, and provides an outline framework for action to address the objectives of the original National Dementia Strategy. The final version of this strategy was recently agreed by the Cabinet Member for Health, Housing and Adult Social Services on 28th November 2011.

    The principles and direction of travel are consistent with the national strategy, and the subsequent four priority outcomes, but because of its overarching nature it does not give a strong sense of the priorities and action proposed in York. Within North Yorkshire County Council and NHS NYY there is a commitment to the Dementia Network driving the actions within the County. The Network was set up as a result of comments made by staff in York and North Yorkshire as well as a North Yorkshire County Council Health Overview and Scrutiny review. The Network aims to ensure learning and good practice is shared widely.

13. **The report of the York Dementia Working Group (Annex B)** provides a more detailed review of the services for people living with Dementia in York. This was presented to the York Mental Health Partnership Board on 28th July 2011. During the development of the report progress has already been made in the City in respect of the objectives of the National Strategy, with work on a local pathway led by the Vale of York CCG, and the commissioning of a new memory advisor service by the NHS NYY and the previous GP commissioning Group in York. Care home providers have started to share good practice, across the independent sector and Council providers, and social care commissioners have begun to work more closely with care homes to assure and improve quality. Our review of residential care homes and the proposal to develop more community based care and improve the quality of care homes will also contribute to the delivery of the strategy and action plan. The Working Group's

report gives some sense of where, providers and commissioners believe the priorities lie in York.

14. **The Dementia Declaration (Annex C)** was signed by 45 organisations in October 2010. Created in partnership with people with dementia and their carers, the Declaration explains the huge challenges presented to our society by dementia and some of the outcomes we are seeking to achieve for people with dementia and their carers. Outcomes range from ensuring people with dementia have choice and control over decisions about their lives, to feeling a valued part of family, community and civic life. Commitment to the Declaration requires publication of and Action Plan setting out what we will do to secure these outcomes and improve the quality of life of people with dementia by 2014.

    CYC has agreed to sign up to the Dementia Declaration (as approved by the Cabinet Member for Health, Housing and Adult Social Services on 28th November 2011).

15. **The CYC Action Plan (Annex D)** is a response from the Council to the York Dementia Working Group report, and shows what can be achieved within the resources currently available to the Council. It also addresses the commitment requested through the Dementia Declaration. This plan was agreed by the Cabinet Member for Health, Housing and Adult Social Services on 28th November 2011.

    The York Dementia Working Group intends to monitor progress towards this action plan. Please note, another key priority of the Working Group is to support the work of the Joseph Rowntree Dementia Without Walls project.

Council Plan 2011-15

16. The proposals within this report support the Council Plan and priorities in respect of ensuring those who are most vulnerable are protected.

Implications

Financial

17. There are no financial implications to the recommendations in this report. The proposals within the action plan would be delivered within existing resources.

Human Resources (HR*)*

18. There are no immediate HR implications to this report. The action plan does however include the further development of the York Workforce Development Strategy, in conjunction with our partners.

Equalities

19. The issues addressed within this report have implications for the following equality strands: age; disability; gender; carers. None of the recommendations would disadvantage people within these groups – the purpose of the strategy is to improve access to services and support, and the quality of life for people within these strands

Legal

20. There are no legal implications

Crime and Disorder

21. There are no crime and disorder implications

Information Technology (IT)

22. There are no IT implications.

Property

23. There are no property implications.

Risk Management

24. There are no risks associated with the recommendations in this report that need to be considered for active management.

Recommendations

25. The Committee is invited to:
- Note the North Yorkshire and York Dementia Strategy;
- Note the Executive Summary of the York Dementia Working Group Report.
- Note that we have signed up to the National Dementia Declaration.
- Note the priorities we have identified in the local action plan.
  To comment, as appropriate, on the above papers.
- The Committee may wish to request updates on progress in this area.

Reason: To update the Committee on progress towards the delivery of the National Dementia Strategy in York.

Contact Details

<table>
<tr><td rowspan="2">Author:
Catherine McGovern, Commissioning Manager Adults, Children and Education, CYC
Judith Knapton, NHS NYY</td><td colspan="4">Chief Officer Responsible for the report:
Paul Murphy, Assistant Director Integrated Commissioning, Adults, Children and Education</td></tr>
<tr><td>Report Approved</td><td>✓</td><td>Date</td><td>4-1-12</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="3">Wards Affected: List wards or tick box to indicate all</td><td>All</td><td>✓</td></tr>
<tr><td colspan="5">For further information please contact the author of the report</td></tr>
</table>

Annexes:

Annex A The North Yorkshire and York Dementia Strategy
Annex B York Dementia Working Group Report
Annex C The Dementia Declaration

Annex D City of York Council Action Plan

This page is intentionally left blank

Annex A

North Yorkshire and York Dementia Strategy

2011 - 2013

Judith Knapton
(Head of Commissioning Adult and Community Services)
NHS North Yorkshire and York Cluster

Pete Dwyer
Director
City of York Council

Seamus Breen
(Assistant Director Health, Reform and Development)
North Yorkshire County Council

Annex A

Forward

Dementia affects more and more people each year. Many of us already know the impact that dementia can have on the individual and their families. In North Yorkshire and York we have an above average older population and face the demographic challenges of an aging population and with that an increase in the number of people with dementia.

In order to respond to this challenge it is imperative that health and social care, in partnership with other services have a clear strategy to support people with dementia and their carers, now and in the future.

Staff working in statutory, voluntary and independent sector services and people with dementia and their carers were asked for their views on the current services. They told us of the need to improve the early assessment and diagnosis of those with dementia, better support for those with dementia when they have to go in to General Hospitals and better support for their carers. This strategy acknowledges those views and describes our joint approach to improve services and ensure more personalised services and support to help people 'live well' with their dementia.

The publication of the NHS White Paper in July 2010 and the Comprehensive Spending Review means a radical change in health and social care services. This strategy sets out a clear vision underpinned by a commitment to its implementation as these changes take place and beyond.

We would like to thank all those individuals, groups and organisations who have given their views and helped to shape this strategy. By working together on its implementation it will drive forward the changes needed to improve the care and quality of life of people with dementia, their families and carers.

Jayne Brown
Chief Executive NHS North Yorkshire and York
August 2011

Working in partnership:
Pete Dwyer
Director
City of York Council

Seamus Breen
(Assistant Director Health, Reform and Development)
North Yorkshire County Council

Annex A

1. Introduction and purpose of this document.

The national dementia strategy for England 'Living Well with Dementia' was released on 3rd February 2009.
It identifies 17 key objectives which when implemented should result in a significant improvement in the quality of services and promote a greater understanding of the causes and consequences of dementia.

The purpose of the strategy is to:

- Provide a strategic quality framework within which services can deliver quality improvements to dementia services and address health inequalities relating to dementia;
- Provide advice, guidance and support for health and social care commissioners, SHA's (*Strategic Health Authorities)*, local authorities, acute trusts, mental health trusts, PCTs *(Primary Care Trusts),* independent providers and the third sector, and PBC's *(Practice Based Commissioners)*, in the planning, development and monitoring of services,
- And provide a guide to the content of high quality health and social care services for dementia to inform the expectations of those affected by dementia and their families.

The purpose of this local strategy is to outline how partners in North Yorkshire & York have responded to this, describe what we aim to achieve and how we intend to develop services to meet local needs, taking into account the particular characteristics of each locality.

The case for focussing on dementia and the impact dementia has on the person, their families and friends, local health and social care community and the economy are not covered in this document. This has been well documented within the national strategy and many other documents including:

- Everybody's Business. Department of Health 2005.
- Dementia UK Alzheimer's Society 2007
- Dementia: Out of the Shadows. Alzheimer's Society 2008
- Improving Services and Support for People with Dementia. House of Commons Committee of Public Accounts 2008.
- Listening to You – National Dementia Strategy Yorkshire & Humber Listening & Engagement Events Feedback 2008.
- Healthy Ambitions. Department of Health 2008

Annex A

- My Generation – The Journey of Life (Report on Access to Dementia Services in North Yorkshire. NYCC Care and Independence Overview and Scrutiny Committee. 2009
- North Yorkshire's Joint Commissioning Framework for Dementia NYCC ACS/NHS NY&Y 2009.
- North Yorkshire and York Mental Health Commissioning Strategy 2010 – 2015 (Draft) 2010.
- The Operating Framework for the NHS in England 2011/12, Department of Health.

The Operating Framework for England 2011/12 expects NHS organisations to make progress on the National Dementia Strategy, including the four priority areas of:

- Good quality early diagnosis and intervention for all
- Improved quality of care in general hospitals
- Living well with dementia in care homes
- Reduced use of antipsychotic medication.

2. Aim

The strategic aim is by working with service users and carers and other agencies NHS North Yorkshire and York, City of York Council and North Yorkshire County Council will develop services for people with dementia that:

- Are sensitive to each persons individual circumstances
- support people to live independent, productive, fulfilling and active lives for as long as possible
- encourages people and their carers to be actively involved in the decisions made about their care.
- Support people in negotiating along the care pathway as and when they choose as appropriate
- Provide information in a way that is understood and helps to support the person and their carers in the options available from diagnosis to end of life.
- Are in line with best practice and wherever possible good evidence based practice and are cost effective.

The strategy is intended to secure better mental health for those both under and over the age of 65 who are suspected of having or have a diagnosis of dementia and live within the boundaries of North Yorkshire and York and will also consider those primarily over the age of 65 who have a functional mental health problems (such as depression, anxiety, psychosis).

Annex A

It should be noted however that older people should be entitled to services irrespective of age and this strategy aims to ensure that the best and most effective mental health care is available to everyone.

3. Dementia in NY&Y

A demographic profile of dementia across the Yorkshire & Humber region commissioned by the Yorkshire & Humber Improvement Partnership showed that for NY&Y the levels of dementia are predicted as:

	2008	Predicted for 2025
Early onset dementia	175	200
Late onset dementia	8,264	13,876

The numbers predicted to have late onset dementia by sub-type within NY&Y

Alzheimer's		5,196
Vascular dementia		1,382
Vascular and Alzheimer's		855
Lewy bodies		333
Fronotemporal	111	
Parkinsons dementia	139	
Other	248	

Source: Dementia UK & POPPI

There are 1344 adults with a Learning Disability known to care management and health services in North Yorkshire and over 550 in York.
Consistent with the national prevalence of the population with Down's syndrome and dementia, the large majority of people with Down's in Yorkshire & Humber region have early on set dementia with 64% aged between 55 and 64 years old and 32% being between 45 to 54 years. This is set to change by 2025 to 67% for 55 to 64 ages while the 45 to 54 years group will increase in absolute terms, the overall proportion will decrease by 2025 to 29%.
(Dementia in Y&H: A demographic profile July 2009)

The Joint Strategic Needs Assessments for York and for North Yorkshire have identified dementia as a priority and concern for the future.

The Independent Review of Health Services in North Yorkshire and York was set up to make recommendations for the future commissioning of services within a sustainable financial framework to ensure future financial balance. The report highlighted a key development being the forecast of the significant

increase in the older population. This population makes significant use of health and social care services and states that one of the key priorities should be the care of the growing numbers of people with dementia.

4. Local services

North Yorkshire and York the Community Mental Health services have recently undergone the national process of Transforming Community Services. The new providers of Older Peoples Mental Health services are:

Leeds Partnership NHS Foundation Trust has been awarded a three year contract to provide services in York, Selby and Tadcaster.
The proposed date of transfer of services to Leeds Partnership NHS Foundation Trust has
been agreed as 1 October 2011.

Tees Esk and Wear Valleys NHS Foundation Trust has been awarded a three year contract to provide services in Harrogate district with outreach in to Craven where appropriate; Hambleton and Richmondshire, Scarborough, Whitby and Ryedale.
The proposed date of transfer of services has been agreed as 1 June 2011.

There are two Councils with Social Services responsibilities - North Yorkshire County Council and City of York Council and seven District Councils. Social Care staff in North Yorkshire were previously integrated in with Community and Mental Health Teams however this is no longer the case. Services have not historically been integrated in the York area.

There are five main district hospitals:
Airedale NHS Trust (covers the Craven area)
Harrogate District Foundation Trust (covers the Harrogate, Knaresborough Ripon and district)
South Tees Hospital (covers the Hambleton and Richmondshire area)
Scarborough Hospital (Covers Scarborough, Whitby and Ryedale)
And York (covers Selby and York).

There are a variety of voluntary sector and independent organisations that provide a range of primary and secondary prevention services that play an important role in supporting people with dementia and their carers. Investment in many of these organisations has been made by City of York Council (CYC), North Yorkshire County Council (NYCC) and NHS North Yorkshire and York. However the commissioning of these services is inequitable across the area.

Annex A

NHS North Yorkshire currently have joint commissioning arrangements with both City of York Council (CYC) and North Yorkshire County Council (NYCC) and see dementia and the implementation of the new strategy as a priority area of work.

A mapping exercise was carried out to review the existing services against the objectives in the National Strategy. The discussions took place with key stakeholders in each geographical area and they were asked what they felt the priorities should be for that area (appendix 3). The areas were:

- Craven
- Harrogate, Ripon and Nidderdale
- Hambleton & Richmondshire
- Scarborough, Whitby and Ryedale
- Selby
- York

As would be expected there are many similarities across the different geographical areas but it also shows the gaps in service that relate specifically to an area.

5. Mapping of services and Peer Review

5.1 Mapping of services against the national strategy.

The table below shows the objectives from the national strategy, each area identified as a priority (those ticked) for the people they provide services for.

All areas identified objective 2 Early diagnosis and treatment and Objective 8 Care in General Hospitals as priorities.

Area	Objective												
	1 Raise awareness	2 Early diagnosis	3 Infor-mation	4 Access to care after diagnosis	5 Peer support	6 Community Personal support	7 Carers strategy	8 General Hospitals	9 Inter-mediate care	10. Housing support	11 Care homes	12 End of life	13 Workforce
Craven	√	√					√	√					√
Harrogate / Ripon		√				√		√			√		√
Ham & Rich		√				√		√	√		√		
SWR		√						√			√		√
Selby		√				√	√	√	√		√		
York		√					√	√	√				
Learning Disabilities							√	√				√	

Annex A

Annex A

5. Mapping of services and Peer Review - continued

The mapping exercise identified two objectives all areas felt are priorities for action:

- Objective 2 Good quality early diagnosis and intervention for all

There was felt to be a lack of support for people in the early stages of dementia and in particular the period between first raising concerns with services and eventually confirming a diagnosis. It is acknowledged that it can be very difficult in the early stages to make a diagnosis but more needs to be done in providing support to people at this time.
The importance of a multi disciplinary integrated approach was stressed by all and a need to ensure services are personalised.

- Objective 9 Improved quality of care for people with dementia in general hospitals

Real concerns were expressed by staff and service users and carers about the experiences of people in general hospitals who have dementia and their carers.
Issues raised include:

- Lack of knowledge and understanding by staff for those with dementia
- Lack of dignity and respect for patients and their carers
- Lack of systems in place to facilitate effective flow through the hospital and appropriate discharge to the appropriate place

Both of these objectives have been identified for early action in the implementation of the strategy.
Other issues raised as major concerns in all areas were:

- The lack of an integrated care pathway. Staff and services users and carers commented on the impact removal of social care staff has had on service delivery.
- Inconsistent and inequitable provision by the third sector in providing services for people with dementia and their carers.
- Capacity of services to deal with the increase in numbers of people with dementia as the elderly population grows at a time when the funding of public sector services is being reduced.

An issue that was raised in all areas was the benefits of different agencies and service users and carers coming together to share ideas and listen to each other. Many felt the previous Dementia Collaborative (a national initiative that

came to an end in 2007) had many benefits and staff stated they would welcome something similar being set up.

5.2 The Yorkshire and Humber Health Improvement Partnership (YHIP) Peer Review.

YHIP carried out two Peer Reviews. One for North Yorkshire services and one for York services. This involved a small team (including health and social care commissioners and providers; Alzheimers Society Representatives and Strategic Health Authority representatives) visiting the area and meeting staff (commissioners and providers), service users and carers and a visit to a service. Set questions were asked that relate to the objectives in the national strategy.

Feedback from the review teams highlighted the following:

What is working well?

- Commitment from stakeholders to improve services for people with dementia and their carers

  In each (sub) locality there are many individuals and organisations committed to improving the experience of those suspected of and having dementia. The partnership working in this initial planning phase was considered very positive.

- Once in the 'system' people generally get a good service

  The services provided by the Community Mental Health Teams in particular were considered to be working well for those with moderate to severe dementia, with good links to other services.

- Involvement of the third sector
  The range of services provided across the North Yorkshire and York was seen as very positive. However the provision is not consistent across the area.

What needs improving?

- A whole system care pathway is needed with greater integration

The Peer Review team commented that social care staff integrated within community mental health teams is considered to be good practice. However this is not the situation within North Yorkshire or York.

The role of the third sector also needs to be clarified and supported to provide services that are equitable.

- Inequity of provision across North Yorkshire and York

  The current provision of services is largely based on historic commissioning of services when there were four Primary Care Trusts. This has resulted in inequity across the Trust in what and how services are provided and not necessarily addressing health inequalities.

6. Areas of Good Practice

The mapping exercise and the Peer Review both highlighted areas of good practice across North Yorkshire and York. These include:

Example of good practice	Benefits
Craven Information packs are given out to each person newly diagnosed with dementia. The pack is tailored to the persons specific stage and circumstances.	The person and their carer get supporting information for them to look at their leisure that is specific to their circumstances. Information that backs up the discussions with staff that is enough to help them understand the condition and issues to consider for them, as well as other support available. But not too much to overwhelm them.
Harrogate A Memory And Self Help group (MASH), patients (with carers) work with professionals over 12 weeks. Learn to cope, tips & techniques. Feedback from those who have attended is very positive. Input from Alzheimer's Society, Physiotherapy, Occupational Therapy and Community Mental Health	Supports the person with dementia and the carer to self manage the condition and the impact it has on their lives. It helps them plan for the future and provides peer support.

Annex A

Hambleton & Richmondshire Completion of the Memory Service National Accreditation Programme by the Older Peoples Mental Health Service	This drives up the standards and quality of care given to people with memory problems, involves service users and carers in the process and identifies areas for improvement.
Scarborough, Whitby & Ryedale Day assessment and support for people with dementia. Community based staff work proactively and collaboratively with assessment colleagues to provide tailored support to people with dementia	The proactive approach helps to reduce social isolation and challenges attitudes that lead to people withdrawing from or being excluded from community based activities, whilst being able to access ongoing medical reviews when required.
York Extended hours of service for Community Mental Health Team to 8pm during the week and from 9am to 5pm at the weekends and Bank Holidays.	The teams are able to step up their support when necessary to enable people to stay at home when their needs increase and prevent the distress of an avoidable admission to acute care.
Selby Use of Assistive Technology to support people with dementia and their carers	Enables people to stay in their homes for longer. Reduces the need for home care and can reduce the anxiety levels of the person with dementia and their carers.

7. Learning Disabilities and Dementia

Within North Yorkshire and York the treatment and care of those with Learning Disabilities (LD) and Dementia is generally managed by the Learning Disability Teams with support from CMHT.
Staff within the LD Teams were consulted to establish what they felt were the issues and areas for improvement.
The results of these discussions highlighted the following:

- Issue of end of life care being provided out of area. Consideration needs to be given to the development of a North Yorkshire & York service for end of life.
- The importance of carers in maintaining people at home and the support needed by them in order to continue providing a caring role, particularly respite, both planned and unplanned.
- Reports of poor experiences by people in general hospitals. Training and education is needed for staff to raise awareness of the issues for those with dementia and LD.

8. Consultation and service user and carer involvement

Both the Overview and Scrutiny Committee reviews and the mapping exercise involved a wide range of key stakeholders including: Members from the Health Scrutiny committees; Adult services from North Yorkshire County Council and City of York Council (both commissioning and providers); PCT commissioners and providers from community, primary and secondary care services; the voluntary and independent sectors and people who have dementia and their carers.

Separate discussions were held with groups of people with dementia and their carers to gain their views on the current services and what they felt could be improved to provide better treatment and care.
The main issues raised were:

- Not knowing who to turn to for support when symptoms cause concern
- Not being listened to particularly in the early stages and particularly by primary care
- Carers not being listened to when the cared for person is having tests or treatment for the dementia or another condition.
- Lack of respite for the carers

9. Services for all

Information on who uses our services is mixed. In North Yorkshire and York the numbers of people from Black and Minority Ethnic (BME) is small compared to the national average.
It is expected that the number of older people with a sensory impairment will increase substantially. Commissioners need to ensure that people from all backgrounds and lifestyles have equal access to services and the services are responsive to their needs. This will have implications for service delivery. For example older people whose first language is not English may revert to speaking their first language as the dementia develops.

Annex A

10. Values & Principles

During the discussions held for the Health Scrutiny reviews and the mapping against the national strategy a consensus emerged for the values and principles that would underpin good dementia services:

- There should be sufficient capacity within the system, including the third sector for services to respond effectively.
- Service design, planning and delivery should be transparent in the data provided to inform decisions and the process in which decisions are made.
- Services should where ever possible be based in the community and governed by minimum standards that are evidence based and in line with best practice.
- Services should be integrated to ensure close working between the different strands of care.
- Services should be available and easily accessible at every stage of the persons condition without unnecessary delays or repeated referrals to the same service.
- Services should be personalised to meet the individuals' needs and circumstances.
- People and their carers should be informed and active partners in the decisions made about their care at all stages of the illness.
- The role of carers should be acknowledged and included as active partners in the care of those with dementia.

The Dementia Declaration was launched in October 2010 by the Dementia Action Alliance.
It calls on families, communities and organisations to work together to transform the quality of life of millions of people affected by dementia.
NHS NYY, NYCC and CYC are all signed up to the principles of this declaration to:

- Ensure the work is planned and informed by the views of people with dementia and their carers and evidence this.
- Be an ambassador for the National Dementia Declaration
- Report publicly on progress against the plan to support the delivery of the declaration
- Work in partnership with others to share knowledge about best practice in dementia
- Improve understanding about dementia.

(www.dementiaaction.org.uk, 2010)

Annex A

11. Prevention

Although the national strategy does not specifically address the issue of prevention it is one that has been raised by a number of people.
There is growing evidence indicating that certain medical conditions - such as high blood pressure, diabetes and obesity - may increase the risk of dementia whereas a healthy lifestyle may reduce the risk.
The dementia strategy will link to the wider public health agenda to promote a healthy lifestyle by the population.
A range of research projects looking at the causes and treatments of dementia are underway nationally. The North Yorkshire and York strategy will take account of any emerging findings and make any amendments that are felt to be advantageous to those at risk of and with dementia.

For those with dementia it is well recognized that activities such as individualised exercise programmes help to maintain the individual's health, independent function and delay the progression of the effects of the condition. (Larson et al 2006).
Secondary prevention methods will be considered to reduce the speed of decline and maintain independence.

12. Action Plan & Future Commissioning

The difficult economic climate and changing demographic profile, means that commissioning new services or new ways of working will become increasingly challenging for all.
The Governments white paper 'Liberating the NHS' (July 2010) sets out the government's long term vision for the future of the NHS. It means that there will be further changes to organisations, management structures and performance measures in the coming months.

The engagement of GPs, as they take on the responsibilities of commissioning services will be vital in ensuring dementia is seen as a priority area of work and ensure high quality and cost effective services are commissioned.
The following Clinical Commissioning Groups will be developed:

- Hambleton, Richmondshire and Whitby
- Vale of York (including Easingwold, Selby, Tadcaster, Kirbymoorside and Pocklington)
- Harrogate Rural and District
- Scarborough (not Rillington)
- Ryedale (including Rillington, Pickering, Malton, Ampleforth and Helmsley)

- Craven are to join Airedale and Wharfedale Alliance
- Bentham to join South Lakes Commissioning Group

Public Health functions will transfer to Local Authorities and Health and Wellbeing Boards will be established to increase public engagement.
Primary Care Trusts are due to cease from 2013 and Commissioning Support Units may provide some of the commissioning functions.

Despite these changes, there is agreement from local stakeholders that the work needed to improve services for people with dementia and their carers must continue while these changes take place.

The assessment of services against the objectives in the national strategy has resulted in the attached action plan for implementation over the next three to five years that will inform the commissioning of services.

It highlights those areas seen as a priority by staff and service users and carers and also indicates the activity that relates to the other objectives in the national strategy.

The Action Plan will be delivered through local area based action plans that will focus on specific priorities for the local area. For example:

- York currently has a Dementia Working Group which is a sub group of the Mental Health Modernisation and Partnership Board for the City.
- Scarborough, Whitby and Ryedale have a Planning and Implementation Group for Older Peoples Mental Health that have been developing and improving local services for people with dementia for many years.

Where required, business cases for the redesign and/or resources needed to implement the strategy will be submitted to the relevant decision making bodies for approval.

13. Sharing learning

Staff across North Yorkshire and York raised the benefits of the previous Dementia Collaborative. This was a national initiative to bring staff, users and carers together to look at improving services. The methodology used was ‘Plan, Do, Study, Act’ cycle.

Staff felt that it would be useful to set up a network to share learning, prevent duplication, improve communication and understanding between organisations and have a vehicle to engage with commissioners in the planning of services. Staff and other key stakeholders were also keen to play

an active role in finding solutions and supporting the implementation of the strategy.

As a result of this, NHS North Yorkshire and York in Partnership with North Yorkshire County Council have set up the North Yorkshire and York Dementia Network. Over one hundred and thirty individuals and groups are on the membership list and three or four meetings are held each year. The feedback has been very positive and the attendances at the meetings are good.

14. Accountability

The implementation of this strategy links directly to the Quality, Innovation, Productivity and Prevention (QIPP) plans for North Yorkshire including 'Shifting Settings of Care and Urgent Care' and 'Best Practice Care pathways for Long Term Conditions'. These will be monitored and progress will be reported to each of the CCG area Locality Programme Boards (which includes PCT/CCG; Local Authorities; Acute Trusts and others). The Locality Programme Boards are supported by the Central Programme Board.

The two Mental Health and Modernisation Partnership Boards for York and North Yorkshire will also monitor progress. In York this group currently reports to the Adult Commissioning Group for the City (Locality Programme Board). In North Yorkshire the Board will report and make recommendations to North Yorkshire County Council Executive Members. In both cases they also report to NHS North Yorkshire Transition and Reform Programme Board.

Where appropriate information on progress will also be put before; both Scrutiny Committees, the Clinical Commissioning Groups via the Transition and Reform Programme Board, and third sector providers via the third sector liaison groups.
Regular updates on progress will also be shared with all who are part of the North Yorkshire and York Dementia Network.

NY&Y Dementia Strategy Action Plan 2011 – 2013

NHS NYY = NHS North Yorkshire and York CCG = Clinical Commissioning Group
CYC = City of York Council NYCC = North Yorkshire County Council

To note - Local areas eg York have agreed specific action plans to address local issues.

Objective	Commissioning Action	Lead Other partners and agencies involved	Timescales	Notes Resources / Risks
1 - 13	1. To describe an integrated care pathway for dementia and the expected outcomes. To incorporate dementia in to the development of the levels of care initiative to develop more integrated health and social care services.	NHS NY&Y All CCG NYCC	December 2011 From April 2011 onwards.	
1-13	2. To develop the relevant service specifications to include the qualitative and quantitative performance measures that will demonstrate the desired outcomes. To reflect the integrated health and social care pathway once approved linked to the Transforming Community Mental Health Services.	NHS NY&Y All CCG CYC NYCC	Ongoing as required.	

1-13	3. To develop robust and effective commissioning of the third sector in order to support the implementation of the care pathway effectively and addresses inequity of provision	NHS NY&Y All CCG NYCC	April – October 2011 and as required	Cuts to public sector spend may impact on third sector provision.
1 – 13	4. To maintain and develop the North Yorkshire and York Dementia Network.	NHS NY&Y NYCC	Meetings held quarterly or as required. Sub groups to meet as required	Capacity to co-ordinate and maintain the network.

Action Plan continued…

Objective	**Commissioning Action**	**Lead** Other partners and agencies involved	**Timescales**	**Notes** **Resources / Risks**
1. Improving public & professional awareness and understanding	- Support National Agenda on raising awareness. - Using local media and websites to market messages on on-going basis - Develop wider public / community engagement. Support	**NHS NY&Y** All CCG **NYCC** **CYC**	April 2011and ongoing	Network to consider and recommend approach and co-ordination of improving awareness and understanding – in line with national campaign. Local groups to consider

	for Joseph Rowntree Foundation initiative in York and roll out of learning from it.			implementation at the local level, including support within York for JRF project.

Objective	Commissioning Action	**Lead** Other partners and agencies involved	Timescales	**Notes Resources / Risks**
2. Good quality early diagnosis and intervention for all.	Describe a community model for early diagnosis and intervention that incorporate health, social care and the voluntary sector to: - provide a memory assessment service - Provision of Care plans - Reablement - Sign posting and - Point of contact / advisor role That is accessible to all including those with Young Onset dementia and LD. - post diagnosis care to be in line with NICE guidance and include therapies such as cognitive stimulation, cognitive behaviour therapy and others. - telecare to be offered as part of care pathway - services to be available outside usual working hours and at weekends.	**NHS NYY** CCG NYCC CYC Vol sector	Model described by October 2011. Evaluation of care navigator role March 2012.	Seen as a priority in all of the 6 areas. Risk - Identification of resources to enable service development and sustainability. Risk of cuts to public sector funding effecting implementation. Risk – lack of consistent agreement from CCG.

	- Negotiate implementation of early diagnosis pathway with providers.	**NHSNYY** CCG CMH Providers	Sign up to pathway by December 2011.	
	To increase the level of 'undiagnosed' dementia through activity such as: - engagement with CCG - use of QOF registers - awareness raising reducing stigma - better co-ordination between diagnosis for other conditions and dementia services.	Network NHS NYY CCG Acute Trusts		
	To promote good practice guidance to primary care for the care and treatment of those with dementia and their carers	NHS NYY CCG		
	To reduce / prevent inappropriate use of antipsychotic drugs to older people with mental health problems: - GP's to challenge and reduce repeat prescriptions for anti psychotics - Hospitals to have a policy in place for the use of anti-psychotics and monitor their use. - Undertake antipsychotic audit and assess results	NHS NYY CCG General Hospital Trusts		

Objective	Commissioning Action	Lead	Time-	Notes

		responsibility Other partners and agencies involved	**scales**	**Resources / Risks**
3. **Good quality information for those with diagnosed dementia and their carers.**	Review of information given to service users and carers and recommend information for each stage of the person's condition and individual situation to provide consistent, accurate, high quality information and advice based on the latest evidence and good practice.	**NHS NYY** via Dementia Network		

Objective	**Commissioning Action**	**Lead Other partners and agencies involved**	**Time-scales**	**Notes Resources / Risks**

Objective	Commissioning Action	Lead Other partners and agencies involved	Time-scales	Notes Resources / Risks
5. Development of structured peer support and learning networks	Review current provision against care pathway and commissioning of third sector. Develop effective and robust commissioning of the third sector to support the implementation of the care pathway including the provision of peer support and learning networks.	NHS NY&Y NYCC All CCG CYC		Risk – resources to commission sufficient peer support that provides a personalised service and that is sustainable.
6 Improved community personal support services	To incorporate the necessity for staff to have basic dementia training as part of the contract requirement for home care services. To commission services that respond to need rather than work to time slots.	NYCC		
	To review the contract agreement with advocacy services to ensure a consistent level of service is provided across NY&Y. To engage with Healthwatch and Advocacy providers in York to develop a sustainable service for older people	NYCC NHS NYY		Risk – available resources to commission advocacy services in York for Older People.

	Ensure the use of assistive technology and telehealth are built in to the care pathway and linked to development of equipment services and housing support.	CYC NYCC NHS NYY		
	To review the provision of flexible and responsive respite and breaks.	NYCC NHS NYY		
	To promote good practice in the review of patients' physical health needs to include sight and hearing as part of the annual review by GP practices.	NHS NYY All CCG		
	To consider the needs of those with early onset dementia and develop support mechanisms to meet those needs.	NHS NYY CYC NYCC		Risk – available resources
	To explore feasibility of residential support for women with challenging behaviour	NHS NYY		Risk – resources to develop the service.

Objective	Commissioning Action	Lead responsibility	Time-scales	Notes Resources / Risks
7. Implementing the Carers Strategy.	Refresh both York and North Yorkshire Carers strategies in the light of the changes to the national strategy. Sign off both the Joint strategies between the PCT and CYC and NYCC and other key stakeholders. Implementation of the both action plans.	CYC NYCC NHS NYY	York - Sign off by Nov 2011 NY – Sign off by Feb 2012	

Objective	Commissioning Action	Lead Other partners and agencies involved	Time-scales	Notes Resources / Risks
8. Improved quality of care for people with dementia in general hospitals	a) Identify a lead for dementia in each acute Trust. b) Identify responsibilities of acute care providers in the care of those with dementia in secondary care settings and incorporate it into the contracting process.	a) All acute trusts / NHS NYY CCG b) NHS NYY CCG Acute Trusts	a)April 2011 b) March 2012	Seen as a priority in all of the 6 areas.
	To review the use of anti psychotic drugs in secondary care	Acute Trusts NHS NYY		
	Develop a service specification for liaison services to A&E and the wards within acute care settings and commission service accordingly – to include the submission of a business case to the Transformation and Reform Programme Board as required.	NHS NYY CCG	Draft spec by Sept 2011	Lack of available resources to cover costs

Objective	Commissioning Action	Lead Other partners and agencies involved	Timescales	Notes Resources / Risks
9. Improved intermediate care for people with dementia	Ensure that the care pathway and discharge planning for people with dementia includes intermediate care and reablement. To utilise the reablement monies to support training of staff in dementia care. To include this as part Transforming Community Services. Ensure that staff providing reablement services and intermediate care have the skills and competencies for supporting people with dementia. Ensure that all elements of the intermediate care system work together in an integrated way.	NHS NYY Acute Trusts All CCG NYCC CYC	April 2011 To March 2012	

Objective	Commissioning Action	Lead Other partners and agencies involved	Timescales	Notes Resources / Risks
10. Considering the potential for housing support, housing related services and telecare to support people with dementia and their carers.	To engage with housing support providers and ensure the needs of those with dementia are considered within the current provision. York – Deliver the Older Peoples Housing Strategy	NYCC NHS NYY CYC		
	To ensure assistive technologies, telecare and telehealth are built in as part of the care pathway for people with dementia at the different stages of the condition.	CYC NYCC NHS NYY	Ongoing	
	To ensure that the design of future extra care housing takes account of the needs of people with dementia, and influence the design of general housing to ensure the needs of those with dementia are considered.	Housing providers NYCC NHS NYY	Ongoing	
11. Living well with dementia in care homes	To agree and promote standards of good care and guidance for care homes including: - identified named dementia lead in the care homes - appropriate use of medication including antipsychotics - tools and policies that supports people with dementia to undertake meaningful activities	NHS NYY Network to draft CYC NYCC	Draft by Nov 2011	

	To produce guidance on choosing a home for the general public aimed at self funders	Network to draft	Draft by Nov 2011	
	To consider the development of in reach services to care homes including a liaison service to care homes in the treatment and care of those with dementia. To discuss with providers.	NHS NYY	Nov 2011.	Risk - Lack of available resources
	To monitor the use of anti psychotic drugs given to those with dementia in care homes.	NHS NYY	Ongoing	
	To monitor the number of admissions to hospital from care homes and work with homes who have repeated high levels of admissions to develop an action plan to address the causes.	NHS NYY NYCC CYC	Ongoing	

Objective	Commissioning Action	Lead responsibility Other partners and agencies involved	Timescales	Notes Resources / Risks
12. Improved end of life care	To ensure end of life / advanced directives training is incorporated in to staff training programmes for dementia particularly for health, social care, care home and voluntary sector staff.	All partners Network		
	To support care homes to manage end of life for their residents who have dementia and are dying.	NYCC CYC Network / Independent Care Group		

	To explore feasibility of an in area service for those with LD and dementia.	NHS NYY CCG		Available resources / provider

Objective	Commissioning Action	Lead Other partners and agencies involved	Timescales	Notes Resources / Risks
13. An informed and effective workforce for people with dementia.	a) Commission a training programme for staff in North Yorkshire involved in the Enhanced Community Teams that is specific to their role utilising the winter pressures/reablement funding. b) Agree competencies required for level and responsibilities of staff c) Commission a general dementia training programme for the wider health and social care community d) Introduce skills and competencies within service specifications and agreements with commissioned services including health, social care, the voluntary and independent sectors.	a) NHS NYY NYCC b) Network c) NHSNYY NYCC c) NYCC NHS NYY and Provider services.		a) Use of reablement monies to support this.

Objective	Commissioning Action	Lead Other partners and agencies involved	Timescales	Notes Resources / Risks
14. A joint commissioning strategy	To draft the Joint strategy with key partners and send out to key stakeholders for comments before amending and producing the final version.	NHS NYY CYC NYCC	Draft by Feb 2010. Sign off by: NHS NYY / CCG CYC NYCC by December 2011.	
15. Improved assessment and regulation of health and social care services and of how systems are working for people with dementia and their carers.	Work with Providers to ensure they understand that commissioners only wish to commission good or excellent services for people with dementia. 'Adequate' or 'Poor' will not be acceptable. Ensure quality of services are built in to commissioning of services and the appropriate evidence to ensure outcomes are met.	NYCC NHS NYY		

Objective	Commissioning Action	Lead Other partners and agencies involved	Timescales	Notes Resources / Risks
16. A clear picture of research evidence and needs.	a) To look for opportunities for carrying out research to inform best practice. b) To ensure a good evidence base informs service development and commissioning.	All	Ongoing	
17. Effective national and regional support for implement ation of the strategy.	a) Attend the Regional Dementia Leads Group and events to share good practice and learning and ensure communication and transfer of information between national, regional and local levels. b) To access any available support from regional or national level and to inform region and national level of progress and any examples of good practice from NY&Y and lessons learnt.	a) NHS NYY b) NHS NYY NYCC	a) Ongoing b) Ongoing	

Annex A

Appendices

1. Mapping exercise summary by area.
2. Summary of findings from York Overview & Scrutiny Committee.
3. Summary of North Yorkshire Report
4. References

Annex A

Appendix 1: Results of mapping exercise by area.

1. Priorities for York

CYC Health Scrutiny Committee carried out a review of dementia within secondary care. This highlighted several areas for further work including:

- The role and needs of carers
- Improving overall communication between staff and relatives including written patient information
- The development of a liaison service in partnership between CYC, NYYPCT and YDFT.
- Awareness and training for staff on dementia.

The York Health Group (Practice Based Commissioning Group) were involved in the mapping exercise and highlighted dementia as one of their priorities for service development. The initial group that undertook the mapping exercise have formed in to the York Dementia Working Group and is a sub group of the York Mental Health Modernisation and Partnership Board.

The mapping exercise resulted in the following areas being seen as a priority:

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

  Elements of a diagnosis service exist but it was felt that it needed to be improved to provide a more co-ordinated, user friendly and efficient service. The option of a multidisciplinary 'One Stop Shop' was considered. This would be based in the community linked to practices that would provide:

  - Rapid access to early diagnosis
  - Relevant information and support appropriate to the individuals circumstances
  - Signposting to other support and information including voluntary / independent sector support for both the carer and cared for person.

- **Objective 7: Implementation of the Carers Strategy.**

  Support to carers is a crucial element of supporting those with dementia.
  Breaks for carers are seen as inadequate.
  Education that provides practical tips on coping with daily living and self management was seen as important. There are several different programmes available and the benefits of each will need to be explored.

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

The main acute provider is York District Foundation Trust.
A recent report by the York Health Scrutiny Committee on the dementia and accessing secondary care highlighted several areas of concern.
The training and education of staff needs to be prioritized and the responsibilities of secondary care need to be made explicit.
The development of a liaison service was identified as a major gap that has existed for some time.

- **Objective 9: Improved intermediate care for people with dementia –** There is currently no dedicated intermediate care service accessible to people with dementia. Currently it is unknown how often someone with dementia is offered the service or offered rehabilitation on discharge from hospital.

2. Priorities for North Yorkshire

The NYCC Care and Independence Overview and Scrutiny Committee also decided to focus on Dementia and carried out a review of services. This has resulted in a report that includes 18 proposals that outline what people feel a good dementia service should look like (appendix 2)
One area all agreed would be useful is the establishment of a Dementia network. This network will:

- provide leadership to the implementation of this local strategy and action plan
- improve communication and co-ordination between agencies
- devise, co-ordinate and ensure common standards and competencies in training and service provision
- ensure the people who use services and their carers are involved in the development, implementation and monitoring of the action plan.

The mapping against the national strategy objectives highlighted the following as priorities for each area:

2.1 Craven:

The main acute provider is Airedale District Hospital. However some patients in the north of the area use Lancaster Acute Trust. The mental health services are provided by Bradford and Airedale Community Mental Health Trust

Annex A

- **Objective 1: Improving public and professional awareness and understanding**

Some members of the group felt it was important to support people in identifying symptoms and seeking support at an earlier stage. To reduce the stigma of dementia to enable people to feel more comfortable about discussing concerns and seeking help with the confidence they will be listened to and treated with respect.

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

The group discussed the need for greater integration between services particularly mental heath and primary care; health and social care and the role of the voluntary sector. This is to reduce duplication of assessment reduce delays and provide more rapid and personalized services. Services should be based in the community linked to practices that would provide:

  - Rapid access to early diagnosis
  - A point of contact for people with dementia and their carers
  - Relevant information and support appropriate to the individuals circumstances
  - Signposting to other support and information including voluntary / independent sector support for both the carer and cared for person.

- **Objective 7: Implementation of the Carers Strategy.**

Support to carers is a crucial element of supporting those with dementia. Breaks for carers are seen as inadequate.
Education that provides practical tips on coping with daily living and self management needs to be developed.

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

The training and education of staff needs to be prioritized and the responsibilities of secondary care need to be made explicit.
A specialist nurse liaison is commissioned to provide the service but no other staff / resources are commissioned. The development of a more robust liaison service was identified as a priority.

- **Objective 13 – informed and effective workforce** – to develop a learning network to provide opportunities for training and education for staff from all agencies.

2.2 Harrogate, Ripon and Nidderdale:

Annex A

The main acute provider is Harrogate District Foundation Trust.

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

The group discussed the option of a multidisciplinary service based in the community linked to practices that would provide:

  - A case finding function to detect dementia at an earlier stage
  - Integrated team with health and social care
  - Rapid access to early diagnosis
  - Relevant information and support appropriate to the individuals circumstances
  - Signposting to other support and information including voluntary / independent sector support for both the carer and cared for person.
  - To provide a dementia advisor/Admiral nurse function to provide a point of contact, advice and signposting for people through their journey from diagnosis to end of life (including support to carers after death of the cared for person)

- **Objective 6 Improved community personal support services**

The home care support available to people with dementia needs to be improved. There are also gaps in the provision of day activities particularly in the Ripon area.

- **Objective 8 improved quality of care for people with dementia in general hospitals**

Gap in knowledge and skills of ward staff in supporting those with dementia. Training identified as a need. Development of the current nurse led liaison service highlighted as a priority to provide links between primary/community and secondary care. Important to have both social care and therapy input.

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

There are some examples of good practice within the Harrogate & Ripon areas; however there are some that need improvement. Some support is given to care homes currently by CMHT but needs to be improved particularly regarding provision and monitoring of medication. The development of a liaison service to care homes with links to the hospital liaison service would improve both the care for people with dementia and support for the staff.

- **Objective13 An informed and effective workforce for people with dementia.**

The training of staff in a range of settings is needed to improve the care and quality of life for people with dementia and their carers.

2.3 Hambleton & Richmondshire:

The main acute Trust Provider is South Tees Acute Trust.

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

The group identified the need for greater integration between services particularly mental heath and primary care; health and social care and the role of the voluntary sector. This is to reduce duplication of assessment, reduce delays and provide more rapid and personalized services. Services should be based in the community linked to practices that would provide:

  - Rapid access to early diagnosis
  - A point of contact for people with dementia and their carers
  - Relevant information and support appropriate to the individuals circumstances
  - Signposting to other support and information including voluntary / independent sector support for both the carer and cared for person.

- **Objective 6 Improved community personal support services**

Concerns were expressed at the level of training of staff, reliability and lack of flexibility of personal home care services. This section of the strategy includes a range of home care support and was seen as a priority to raise standards and improve people's quality of life. The role of the voluntary sector in providing day opportunities was acknowledged as an important part of the care pathway.

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

The main general hospital services are provided by South Tees Acute Trust from the Friarage Hospital site or in Middlesbrough. Services are also provided at the Lambert and Richmond Friary Hospitals.
Gap in knowledge and skills of ward staff in supporting those with dementia. Training identified as a need.
Although the current nurse led liaison service is functioning well it is highlighted as a priority to develop the service to provide greater links between primary/community and secondary care.

Annex A

- **Objective 9 Improved intermediate care for people with dementia**

There is no intermediate care service that meets the needs of people with dementia. This should link to the development of the Liaison service between secondary care and the community.

- **Objective11 Living well with dementia in Care Homes.**

There is no specific liaison service to care homes provided by CMHT. Support is provided by CMHT usually in response to behaviour disturbance or deterioration. A liaison service would greatly improve the quality of life of many of those with dementia in care homes and provide support to staff.

2.4 Scarborough, Whitby and Ryedale:

The main acute trust provider is Scarborough Hospital Trust. The mental health services provider is Tees Esk and Wear Valleys NHS Trust.

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

Elements of a diagnosis service exist but it was felt that it needed to be improved to provide a more co-ordinated, user friendly and efficient service. Proactive **Case Finding** would identify people sooner and provide the support they need in the early stages of the condition.
The development of a multi agency memory service based in the community that could provide:

  - Support to staff to proactively case find
  - Rapid access to early diagnosis
  - Relevant information and support appropriate to the individuals circumstances
  - Signposting to other support and information including voluntary / independent sector support for both the carer and cared for person.

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

The main general hospital is Scarborough; however some patients also use South Tees Acute Trust in Middlesbrough.
Gap in knowledge and skills of ward staff in supporting those with dementia. Training identified as a need. Development of the current nurse led liaison service highlighted as a priority to provide links between primary/community and secondary care.

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

There is no specific liaison service to care homes provided by CMHT. Support is provided by CMHT usually in response to behaviour disturbance or deterioration. A liaison service would greatly improve the quality of life of many of those with dementia in care homes and provide support to staff.

- **Objective13 Informed and effective workforce**

The training of staff in a range of settings is needed to improve the care and quality of life for people with dementia and their carers

2.5 Selby:

The main acute trust provider is York District Foundation Trust.

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

The group discussed the option of a multidisciplinary based in the community that would provide:

  - Rapid access to early diagnosis
  - Relevant information and support appropriate to the individuals circumstances
  - Signposting to other support and information including voluntary / independent sector support for both the carer and cared for person.
  - To provide a dementia advisor/Admiral nurse function to provide a point of contact, advice and signposting for people through their journey from diagnosis to end of life (including support to carers after death of the cared for person)

- **Objective 5, 6, 7, Prevention of Crisis: This has links with 5 – Structured Peer support / 6: Improved community personal support / 7: Implementation of the Carers Strategy.**

It was felt that a combination of improved respite for both the person with dementia and the carer is an important element in preventing crisis. Breaks for carers tend to be provided in a crisis – inadequate planned respite available.

The provision of structured peer support that is specific to that individual also limited.

Plus no access to crisis team from York for Dementia (can access for functional mental health).
If OOH service required – often no one goes out to the person and they are admitted. General view that staff do not understand the needs of those with dementia.

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

A recent report by the health Scrutiny Committee on the dementia and accessing secondary care highlighted several areas of concern.
The training and education of staff needs to be prioritized and the responsibilities of secondary care need to be made explicit.
The development of a liaison service was identified as a major gap that has existed for some time.

- **Objective 11: Living well with dementia in Care Homes.**
  There is no specific liaison service to care homes provided by CMHT. Support is provided by CMHT usually in response to behaviour disturbance or deterioration. A liaison service would greatly improve the quality of life of many of those with dementia in care homes and provide support to staff.

Annex A

Appendix 2.
Issues highlighted in the York Health Scrutiny Committee Dementia Review regarding care given at YDFT

- Carers and relatives recounted stories of negative experiences in relation to staff attitudes, clinical care and the level of dementia awareness training of staff. There was a recurrent theme of lack of involvement of carers and relatives and the difficult balance between privacy, dignity and confidentiality and the need to support the patient through involvement of a carer.

- Flexibility at meal times and visiting times was raised as carers felt that they were prevented from supporting the patient and should be able to visit outside of normal visiting times.

- Clinic appointments posed problems as clinic staff may not have enough time to realise that the patient has memory problems and often patients presented fairly well but could not remember what they had been told with regard to medication or future treatment plans.

- A consistent theme was an apparent lack of communication between staff with regard to the needs of the patient and poor communication with relatives and carers resulting in lack of continuity.

- Lack of patient information was also highlighted. The Alzheimer's Society have produced a leaflet entitled `This is Me ` which would provide individual information on a patient and they are hoping to introduce this into the hospital

- Lack of progress on the Essence of Care benchmark in relation to mental health was highlighted by hospital staff during the committee visit.

- The need for a psychiatric liaison service was outlined by hospital, NYYPCT and local authority staff. Acknowledgment was given to the work previously carried out to identify the need for the service.

Annex A

Appendix 3
Recommendations from the North Yorkshire Care and Independence Overview and Scrutiny Committee report on Dementia

Proposal 1, Values and Principles. A consensus emerged from the people The Committee spoke to, on the values and principles that might underpin a good dementia service.

Proposal 2, A Dementia Network. Development of an organised network to provide leadership, drive and enthusiasm should be established to make this good dementia service a reality. Partners are therefore invited to re-commission what was known as the Dementia Collaborative on a substantive rather than short term basis.

Proposal 3, National Dementia Strategy. The National Dementia Strategy aims, in a short period, to transform the way people with the illness are cared for. It should be adopted as a strategic framework so that partners can then commit to delivering its aims.

Proposal 4, Education Programme Only by tackling the low level of public and professional awareness of the condition can we begin to tackle the stigma and misapprehension that surrounds it. Much is being done nationally, but there is scope for a local information campaign as part of a joint agency Education Programme

Proposal 5, Community Engagement. These awareness raising initiatives should be deployed with strong community engagement to increase levels of understanding and build supportive social networks. The existing infrastructure of Local Strategic Partnerships the NYSP and our Area Committees can be used to good effect

Proposal 6, Training Programme The case for training is made repeatedly in the National Strategy. To ensure there is an informed and effective workforce for people with dementia. This means providing training for some non social care staff where appropriate, but mandatory, specialist training for professionals who have contact with people with dementia or their carers.

Proposal 7. Diagnosis. Most of the people Members spoke to believe that early diagnosis is helpful. It helps care givers to understand and prepare. People with dementia can plan and make decisions about their affairs. In most instances it can be the only way to gain access to existing effective

treatments. Opinions though can differ on how a diagnosis should be arrived at, so a debate is called for.

Proposal 8. Care Pathways. A systematic approach to describing the services and interventions that follows diagnosis is important. The report emphasises the significance of developing common integrated care pathways. This exercise is best carried out by the newly created Dementia Network proposed earlier.

Proposal 9. Data Collection. Getting these care pathways right will depend in part, upon a more rounded and complete picture of local needs and services. Improved information and data collection at the point of diagnosis is suggested, especially if we are to examine claims there is inequity across the county.

Proposal 10. Telecare and Assistive Technology. People like the idea of Telecare and Assistive Technology devices as an enabler, helping people with dementia to live independently in the community.

Proposal 11, Single Focus for Referrals No-one should have to go through dementia alone. For some people there appears to be a care and support vacuum where people have to find their way without support, until needs mount and a crisis occurs. We therefore support the idea of a single focus for referrals from Primary care.

Proposal 12, Information People with dementia and their carers should be provided with good-quality information linked to Care Pathways.

Proposal 13, Support and Advice. Continuous support and advice ought to be provided to help people understand and accept the diagnosis.

Proposal 14, Improving Care and Support. The quality of care provided in general hospitals for people with dementia will be raised by enhanced training, but could also be improved by better discharge planning, dementia care champions on wards and carers having the opportunity to stay in hospital with the person with dementia.

Proposal 15, Home Care Services. There is a case for introducing specialist trained staff in home care services to better meet the needs of the two thirds of people with dementia who live a home.

Proposal 16, Short Breaks and Respite. Short breaks and respite help support families in the caring role in the community. This emerged as a priority in the Committee's consultation. Breaks need to be flexible as people with

dementia can live with the condition for a number of years and care needs change over time.

Proposal 17, Joint Commissioning. Joint Commissioning and planning mechanisms should be established to determine the services needed for people with dementia and their carers, and how best to meet their needs.
The report offers comments on the remaining aspects of the strategy which address care in residential settings but Members recognised these were for further study by others.

Proposal 18, Delivering the Strategy. Any action taken by the council in conjunction with partners should be supported by national campaigns and access to the latest information and research. Clear information on the delivery of the National Dementia Strategy is required and additional resources should accompany it.

Proposal 19, One Stop Shop. The Committee would like to champion the notion of a one-stop-shop for people with dementia:

- A recognised holistic service for people with dementia and their families to turn to.
- A place where the diagnosis and ongoing treatment might be carried out away from a clinical environment.
- A place where there is peer support and up to date informed advice.
- This need not be all about a building but also about the ‘virtual’ team of people focussed on dementia and works to one end.

Annex A

4. References

- Dementia in Y&H: A demographic profile July 2009
- Living Well With Dementia. Feb 2009. Department of Health
- North Yorkshire's Joint Strategic Needs Assessment 2008 – 2011 North Yorkshire County Council / NHS North Yorkshire and York
- Joint Strategic Needs Assessment York 2008. City of York Council / NHS North Yorkshire and York
- North Yorkshire Joint Commissioning Framework for Dementia NYCC August 2009
- *My Generation - The Journey of Life.* Jan 2009. NYCC Care and Independence Overview and Scrutiny.
- Draft report: Implementing the national dementia strategy in York. July 2010. York Dementia Working Group.
- Draft document: The vision for older people's health and well being in York 2010-2015. July 2010. City of York; York Health Group; NHS North Yorkshire and York.
- A Review of Services for People with Dementia: The Case for Change Across Yorkshire & Humber YHIP/DH February 2010.
- Larson et al. Exercise is associated with reduced risk for incident dementia among persons 65 years of age and older. Jan 2006. Vol144 No 2 p73-81
- Dementia Review (Accessing secondary care) Report by City of York Council Health Overview and Scrutiny Committee, November 2008
- Everybody's Business. Department of Health 2005.
- Dementia UK Alzheimer's Society 2007
- Dementia: Out of the Shadows. Alzheimer's Society 2008
- Improving Services and Support for People with Dementia. House of Commons Committee of Public Accounts 2008.
- Listening to You – National Dementia Strategy Yorkshire & Humber Listening & Engagement Events Feedback 2008.
- Healthy Ambitions. Department of Health 2008
- North Yorkshire and York Mental Health Commissioning Strategy 2010 – 2015 (Draft) 2010.
- The Operating Framework for the NHS in England 2011/12, Department of Health.
- Independent Review of Health Services in North Yorkshire and York. Report of the Independent Commission August 2011.

This page is intentionally left blank

Annex B

THE YORK MENTAL HEALTH PARTNERSHIP AND MODERNISATION BOARD

Implementing the National Dementia Strategy in York

A Report by the Board's Dementia Working Group

July 2011(v2)

Annex B

CONTENTS

SECTION 1: EXECUTIVE SUMMARY AND INTRODUCTION..... 3

SECTION 2: NOTES ON YORK'S DEMENTIA SERVICES AND THE GROUP'S .... COMMENTS AND RECOMMENDATIONS..... 7

SECTION 3: RECOMMENDATIONS FOR YORK'S ACTION PLAN

Part a: Action by commissioners… ……. 19

Part b: Action (other than commissioning) by service providers, PCT ..... (including Acute Trusts), CYC and VCS..... 33

Part c: The North Yorkshire and York Dementia Network Workstreams……37

Part d: The National Demonstrator Site Programme …… . .23

SECTION 4: FURTHER WORK AND CONCLUSIONS …… 24

Annex A DEMENTIA PREDICTIONS – YORK … ……25

Annex B MEMBERS OF THE WORKING GROUP… …… ……..26

Annex C SOME RELEVANT POLICY DOCUMENTS AND PAPERS ……..27

Annex B

SECTION 1: EXECUTIVE SUMMARY

This is a report by York's multi-disciplinary Working Group on Dementia. The Group became a standing working group of the York Mental Health Partnership and Modernisation Board in 2010, and was tasked with recommending how the National Dementia Strategy (NDS) "Living well with Dementia" 2009 should be implemented in York.

The Group consulted York-based statutory, voluntary and independent service providers (including managers and staff from City of York Council (CYC) and independent care homes) and other organisations which work with older people.

The group considered each of the 17 objectives in the Strategy and identified the dementia services and dementia-related activities in York, identifying where local provision fell below the requirements of the NDS. From this, recommendations have been made against each objective and suggested priorities for future action.

The report outlines services that were already in place, and new developments that have been stimulated as the Group undertook the mapping exercises. The report highlights the progress that is being made by many of the organisations involved in providing care and that improving dementia care is not only about big commissioning decisions - the introduction of many small improvements across a wide range of activities can together make a significant difference to those receiving care.

It identifies further work needed as priority actions (for commissioning and administrative action) within three bandings:

Priority one actions include:

- Commissioning a Psychiatric Liaison Service at York Hospital.
- Providing a specialist in-reach service for care homes in order to reduce hospital admissions.
- Identifying investment opportunities to increase the support available to carers including carers' breaks.
- Providing an annual report on the monitoring of dementia services by CYC.

Annex B

Priority two actions include:

- Ensuring that intermediate care services are open to people with dementia.
- Making better use of support networks by reviewing the local Voluntary and Community Sector (VCS) services including dementia support groups and learning networks, using learning from national demonstrator sites.

Priority three actions include:

- Supporting York and Selby Alzheimer's Society in its work to raise awareness of dementia and funding the Society periodically to arrange local activities in support of national campaigns.
- Providing education for GPs on dementia to include dealing with patients at the various stages of dementia and the importance of effective signposting to appropriate services.
- Issuing guidance to care homes on avoiding the inappropriate use of antipsychotic medication.

The report calls for a detailed action plan which addresses the major gaps in our service provision and looks to the PCT and CYC to work with the two new health organisations in York – the new commissioning consortium and Leeds Mental Health Partnerships NHS Foundation Trust to develop a plan which establishes the desired outcomes for particular activities and identifies targets, lead responsibilities and costs.

The Working Group was not charged with looking at how York could (and should) prepare to deal with the big expansion in the numbers of people likely to need dementia care in the future, but identifies this as a key challenge.

Finally, the report concludes on the importance of empowering service users and carers to play a leading part in shaping and developing services, and highlights a new project, commissioned by the Joseph Rowntree Foundation, to enlist the help of people with dementia in identifying the factors that determine whether York is, or can become, a dementia-friendly city. The project called "Dementia Without Walls" aims to raise the aspirations of people with dementia and their carers, as well as those of providers and commissioners, about what services in York could become.

Annex B

INTRODUCTION

The Working Group was originally set up by the PCT's Local Implementation Team but in early 2010 became a standing working group of the York Mental Health Partnership and Modernisation Board. The Group was tasked with recommending how the National Dementia Strategy (NDS) "Living well with Dementia" 2009 should be implemented in York. When the NDS was launched, it was expected that implementation would be spread over a five year period.

The NDS focuses on the following areas: the awareness of dementia both by members of the public and by professionals working with older people; the need for earlier specialist diagnosis and intervention through memory services; and higher quality health and social care for people with dementia. It makes a convincing case for improvements in all these areas. This point was then reinforced by the Audit Commission which said that, nationally, dementia care did not represent value for money.

No money was ring-fenced for implementing the Strategy and it was clear from the start that improvements in care would either have to be made by doing things differently within existing budgets or funded from efficiency savings or other reductions in the budgets of CYC, the PCT and other commissioners. The latter will be extremely difficult at a time when all budgets are under considerable pressure. However, as our work progressed, we found that a significant number of improvements could be made at little cost, for example, better training for staff involved in delivering care, adopting good practice from elsewhere and through better leadership in care homes and hospitals.

The profound negative effect of the illness on those with dementia and their families is brought out very clearly in the NDS and need not be rehearsed here. The high costs of treating dementia both now and in the future are also acknowledged.

Having assembled a multi-disciplinary team with appropriate experience (the members are listed on page 26), we approached our task as follows:

- First, we looked at the numbers of people with dementia in York and the predictions over the next 20 years. Details are at page 25.
- Next, we considered each of the 17 objectives in the Strategy and identified the dementia services and dementia-related activities in York.

- We then identified against each objective where local provision fell below the requirements of the NDS. We made recommendations against each objective and suggested priorities. Details are set out in Section 2.
- Our recommendation for an action plan for York which includes both commissioning and administrative action is at Section 3 (page 19).

This is a time of enormous change in local health and social care arrangements. Changes include: the transfer of community and mental health services to Leeds Mental Health Partnerships NHS Foundation Trust; the setting up of the new Vale of York Commissioning Consortium; new organisations such as The Health and Wellbeing Board and HealthWatch; the transfer of public health functions to CYC; and the wider use of personalised budgets. With no ring-fenced money and so many changes in hand, this is clearly not an easy time to recommend a detailed and costed plan for implementing the NDS in York. We have not produced such a plan but we have made considerable progress towards doing so and details are set out in Sections 2 and 3. We believe that some of the changes set out above will provide opportunities to improve dementia care and this is something that needs monitoring in the coming months.

In September 2010 the Department of Health (DH) published a paper "Quality Outcomes for People with Dementia: building on the work of the National Dementia Strategy". This paper confirms that the Coalition Government intends to see the NDS implemented and it sets out four priority objectives: good quality early diagnosis and intervention for all, improved quality of care in general hospitals, living well with dementia in care homes and reduced use of antipsychotic medication. The paper states that "local organisations are expected to publish how they are delivering quality outcomes so that local people can hold them to account". We believe that our Report could help meet this requirement.

In the course of our work we consulted York-based statutory, voluntary and independent service providers (including managers and staff from CYC and independent care homes) and other organisations which work with older people. Our members included a representative from LINks and we have kept in touch with the York Health Overview and Scrutiny Committee. We intend to work closely with all these organisations as our work continues.

Annex B

Since our work began there have been a number of new developments and initiatives. The PCT, which has the lead in dementia across the whole PCT area, has set up a North Yorkshire and York Dementia Network which is proving to be useful in undertaking work which is common to all localities and details are included at Section 3 on page 22. Nationally, a number of demonstrator sites have been set up in order to inform the local implementation of the NDS and details are on page 23.

We have covered a large number of subjects in preparing our report but a lack of money and resources have meant that there are many important issues that we have not tackled. We return to these issues in Section 4 (Further Work and Conclusions).

And finally, I am grateful to Working Group members for their time and contributions and to the many others who have helped in our work.

John Bettridge CBE
Chair

28th July 2011

SECTION 2: NOTES ON YORK'S DEMENTIA SERVICES AND THE GROUP'S COMMENTS AND RECOMMENDATIONS

The National Dementia Strategy (NDS) sets out key opportunities for transforming dementia care under the following four themes: raising awareness and understanding; early diagnosis and support; living well with dementia: and making the change. The Strategy contains 17 objectives, which are listed below.

Annex B

	Initial findings on dementia services and related activities in York	Recent progress and the Group's comments, recommendations and priorities
	RAISING AWARENESS AND UNDERSTANDING	
1	**A public information campaign to improve public understanding about dementia**	
1a	A national dementia awareness campaign on TV, radio and in the press took place in March 2010. The York branch of the Alzheimer's Society has a range of good material which it uses to raise general awareness about dementia. There have been no recent dementia awareness initiatives run by the Alzheimer's Society or the statutory services in York.	We recommend that the Alzheimer's Society is supported to continue its work to raise awareness locally. We recommend that the focus of this work should be on people who already have dementia, together with their carers and families. **Priority 3** The possibility of arranging local awareness initiatives to coincide with future national campaigns should be considered by CYC. **Priority 3** The Dementia Action Alliance has over 40 organisations committed to transforming the quality of life for people living with dementia in the UK and the millions of people who care for them. Members of the Alliance have signed up to a National Dementia Declaration and have published their own action plans setting out what each will do to secure these outcomes and improve the quality of life of people with dementia by 2014. The PCT

Annex B

		has signed up to the Declaration and we recommend that CYC also signs. **Priority 3**

Annex B

	Initial findings on dementia services and related activities in York	Recent progress and the Group's comments, recommendations and priorities
EARLY DIAGNOSIS AND SUPPORT		
2	**Good quality early diagnosis and intervention for all** (all people with dementia to have access to a pathway of care that delivers a rapid and competent specialist assessment, an accurate diagnosis sensitively communicated to the person with dementia and their carers and care and support provided as needed following diagnosis. The system needs to have the capacity to see all new cases of dementia in the area)	

Annex B

2a 2b 2c	The Strategy makes the case for commissioning a specific service for the early diagnosis of dementia and intervention. There is no such service in York – instead, this is undertaken by CMHTs and GPs. GPs have guidance on specialist assessments and early diagnosis of dementia and this is also available on the internet. Assessments take time to do properly and GPs do not always have the time to do them. GPs often identify cases and refer them to services. CMHTs provide a specialist memory service but not through memory clinics. Assessments are sometimes made at a person's home. There are no dedicated dementia advisers or care navigators but some elements of this work are provided by CMHTs and some voluntary sector organisations such as Age UK and the Alzheimer's Society. Feedback from carers suggests that some GPs could conduct consultations with patients experiencing the early symptoms of dementia more sensitively. Some carers felt that they should be more involved when assessments were being made. We also noted that	Setting up a specific service (as described opposite) is not a priority at present. Further discussion on this should await the completion of the transfer of services to the new provider. Setting up a new service would also need to be co-ordinated carefully with other improvements in dementia care in order to avoid raising expectations which could not be met. **Priority 3** Memory advisers play a very useful role in supporting patients and carers and they can provide information and advice and help "signpost" patients to further support. In June 2011 York Health Group (GP Commissioning) and the PCT jointly funded a memory adviser post in York / Selby which is being filled by the Alzheimer's Society. The service will be evaluated after a year. A new, local care pathway for dementia has been prepared and this will become part of the Map of Medicine. The "map" is a computer-based tool for clinicians and health professionals. It includes details of local statutory and voluntary sector services available at different stages of the care pathway.

Annex B

	some people find it difficult to accept a diagnosis of dementia.	We recommend provision of education about dementia for GPs as part of their continuing professional development to include dealing with patients at the various stages of dementia and the importance of effective signposting to appropriate services. However, before this can be delivered, more work needs to be done to redefine appropriate pathways and guidance for GPs. **Priority 3**

Annex B

Initial findings on dementia services and related activities in York		Recent progress and the Group's comments, recommendations and priorities
EARLY DIAGNOSIS AND SUPPORT		
3	**Good quality information for those diagnosed with dementia and their carers** (providing people with dementia and their carers with good quality information on the illness and the services available, both at diagnosis and throughout their care)	
3a	No specific information packs are available but staff are able to put together appropriate packs from information they have on procedures for diagnosis, local dementia services, and care after diagnosis etc. The Alzheimer's Society has produced a local directory of services available. Feedback from carers suggests that patients do not always get the timely information they need.	We recommend that a review is carried out to determine if this system is satisfactory or if new information packs are required. Where national information material is used it is important that it is complemented by adequate local information. We note that the Hospital Dementia Strategy Group is also reviewing this topic. A good way of tackling this would be to ask people with dementia and their carers what they think – see page 20. **Priority 3**
4	**Enabling easy access to care, support and advice following diagnosis** (one of the strongest messages from people with dementia and carers in the consultation on the Strategy was that people want a single local named contact (a dementia adviser) to advise them about dementia and where they can get help)	
4a 4b	York has no dementia advisers but members of the CMHTs carry out part of this function. CMHTs are not integrated with social care staff as they are in many areas; this needs to be explored as part of the work on integrating health and social care.	We support the idea of dementia advisers. We note that a number of national voluntary sector organisations provide a similar service. We also note that Bradford / Kirklees is one of the national demonstrator sites for dementia advisers; we intend to monitor the lessons from this and similar sites when they are available. **Priority 3**

Annex B

5	**Development of structured peer support and learning networks** (people with dementia and carers have said that they draw significant benefit from being able to meet other people with dementia and carers to share practical tips about how to live and cope with dementia. Some of these networks already exist across the country as dementia cafes or support groups. These networks will also enable people with dementia and their carers to take a more active role in the development and prioritisation of services)	
5a	In York, a number of dementia support groups and networks are provided by the voluntary sector and part-funded by the PCT and CYC. Providers include the Alzheimer's Society, Age UK, Our Celebration / Mind and the York Carers' Forum. These services, in various ways, offer practical and emotional support and help overcome problems of isolation.	We believe that support and learning networks have a very important role to play in helping people with dementia and their carers cope with the illness. They also play an important part in helping people with dementia take control of their own lives and care for themselves as much as possible. We recommend that a study is carried out jointly with the organisations providing these networks to: identify the different local models, evaluate their outcomes and report on their capacity to meet the need. **Priority 2**

Annex B

	Initial findings on dementia services and related activities in York	Recent progress and the Group's comments, recommendations and priorities
	LIVING WELL WITH DEMENTIA	
6	**Improved community personal support services** (two thirds of people with dementia live in their own homes either on their own or with a carer. The Strategy proposes the provision of an appropriate range of services to support people with dementia to remain more independent. It stresses the need for access to flexible and reliable services ranging from early intervention to specialist home care services)	
6a	Services provided, funded or part-funded by CYC and the PCT include the following: • Three multi-disciplinary community mental health teams (CMHTs). • Specialist home care teams. • Primary care mental health workers (these work with people of all ages and deal mostly with common mental health issues). • Memory groups – these are not the same as the memory service described in paragraph 2b. These groups are less formal groups and are run by occupational therapists providing courses of about eight sessions offering strategies to cope with failing memory.	York has a wide range of community personal support services. However, we believe that the following are gaps (or deficiencies) in services which need to be addressed: • There is considerable anecdotal evidence which suggest that there are insufficient places at supported day activities for people with dementia. **Priority 2** • There is a specialist care service at weekends but this is only for people who are already known to the CMHTs. The service needs increased capacity in order to manage new referrals and prevent unnecessary hospital admissions. **Priority 2**

Annex B

	• Peer support services – dementia cafes, day clubs, and support groups (see also serial 5a, page 9). The York Vision for Older People sets out important outcomes and guidance for services funded by health and social care. The Dementia Network has carried out work into the availability of advocacy services for people with dementia. No advocacy services have been commissioned by the PCT or CYC in York. There have been discussions between the PCT and CYC on developing a generic advocacy service for all ages but these have been put on hold until there is more clarity on the role of HealthWatch	• We are concerned that the needs of people with early onset dementia are not being met. Younger people with early onset dementia are at present being treated by the older people's services. This means that it is often difficult to put together an appropriate package of care for people in this category. • The York / Selby Alzheimer's Society runs a support group for younger people with dementia; the outcomes of this group should be monitored. • The service for "more challenging" individuals has a men-only service. There is no women-only service. An equivalent women-only service is needed. **All above Priority 3**

Annex B

Initial findings on dementia services and related activities in York		Recent progress and the Group's comments, recommendations and priorities
LIVING WELL WITH DEMENTIA		
7	**Implementing the carers' strategy for people with dementia** (family carers are the most important resource available for people with dementia. Active work is needed to ensure that the provisions of the carers' strategy are available. Carers have a right to an assessment of their needs and also to support – this will include good quality personalised breaks. Action should be taken to strengthen support for children in caring roles ensuring that their particular needs as children, are protected)	
7a	There is a national carers' strategy and also a carers' strategy which has been agreed by the PCT and CYC. Carers (including those caring for people with dementia) have been involved in developing this strategy.	The strategy correctly emphasises the importance of short breaks for people with dementia and their carers. We see this as a high priority area and it is one which will increasingly be influenced by "personalisation".
7b	Our Celebration/Mind provides a specialist counselling service for carers.	Our comments/recommendations are as follows:
7c	Carers' grant funding is used to support short breaks for carers including a home sitting service.	1. The York Carers' Strategy Group currently reviews its progress in implementing the Strategy quarterly. The Group has been tasked with setting up a clear framework for the provision of
7d	There is no new ring-fenced money for carers' breaks and feedback from carers suggests that the demand for carers' breaks is not being met.	breaks which links to self directed support and "personalisation". Once this has been done the cost of meeting any shortfall should be identified. **Priority 1**
		2. The Carers' Strategy is currently being "refreshed" in the light of new

Annex B

7e	Although some care homes provide good information, anecdotal evidence suggests that people paying for their own care often find it difficult to get appropriate information.	national guidelines and local consultations by LINks and the Health Overview and Scrutiny Committee. 3. We note that the need to support young carers and protect them from inappropriate caring is included in the priorities set out in the York Strategy for Carers 2009-2011. The Carers' Centre has been working with young carers – this work has included: the development of a Young Carers' Forum; production of an awareness raising DVD; and work with schools. 4. Better information needs to be provided for people funding their own care. **Priority 3**

Annex B

Initial findings on dementia services and related activities in York		Recent progress and the Group's comments, recommendations and priorities
LIVING WELL WITH DEMENTIA		
8	**Improved quality of care for people with dementia in general hospitals** (identifying leadership for dementia in general hospitals, defining the care pathway for dementia there and commissioning of specialist liaison older people's mental health teams to work in general hospitals. The impact of these proposals will be to: make hospital environments more dementia-friendly, ensure that dementia is identified and managed alongside other conditions, provide better care and allow quicker and more effective discharge from hospital into the community with less recourse to long-term care)	
8a 8b 8c	Dr Sandeep Kesavan is the dementia lead at York Hospital. There is not an agreed care pathway for people with dementia in the hospital. The hospital does not have a specialist liaison older people's mental health team. Setting up a Psychiatric Liaison service at York Hospital was a key recommendation of the Health Scrutiny Committee Report on dementia care in 2008.	1. A Hospital Dementia Strategy Group has been set up to oversee and monitor improvements in dementia care. The Group is working on an end of life care pathway – a draft has been prepared. The pathway will recognise the importance of the role and needs of carers. 2. It has been decided (May 2011) to commission a Psychiatric Liaison Service. 3. The hospital has participated in the National Audit of Dementia which looked at clinical and organisational issues at the Hospital. A report was published in 2011 and a follow up action plan is now being prepared.

Annex B

8d	Feedback from carers suggests that clinicians and nursing staff often exclude carers at critical stages, including when patients are assessed. The Dementia Network has a workstream on improving care for people with dementia in General Hospitals. This has identified 4 main areas for improvement: staff training; care pathway policies and procedures; support for carers; and use of antipsychotic medication.	4. The hospital has carried out some dementia awareness raising training. A dementia nurse has been identified on each elderly ward. This person will take the lead on dementia-related training (see also Objective 13 on page 16). 5. We note that action is in hand to ensure that people admitted to hospital for reasons other than dementia but who subsequently show symptoms of the illness, are identified and referred appropriately. We strongly support this 6. The PCT has included the following in its guidance on Admissions and Discharges: the requirement for staff training in dementia; actively including carers in the care and treatment of people with dementia (with the consent of the cared for person); and providing advice and support for carers in their caring role after discharge.

Annex B

Initial findings on dementia services and related activities in York		Recent progress and the Group's comments, recommendations and priorities
LIVING WELL WITH DEMENTIA		
9	**Improved intermediate care for people with dementia** (intermediate care which is accessible to people with dementia and which meets their needs)	
9a	DH is developing new guidance on intermediate care for people with dementia to make clear that intermediate care services should be accessible for people with dementia. Providing better access to appropriate intermediate care (e.g. rehabilitation services) will ensure that people with dementia would be more likely to remain in their own homes for longer. In York, there is an agreement that intermediate care services will be open to people with dementia.	Setting up a Psychiatric Liaison Service at York Hospital (see 8b above), will help people with dementia who are discharged from hospital access intermediate care services. We note the agreement that intermediate care services will be open to people with dementia. We recommend that use of these services by people with dementia be monitored. **Priority 1**
10	**Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers** (the needs of people with dementia and their carers should be included in the development of housing options, assisted technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services)	
10a	The Strategy suggests tackling this in three ways:	York has 4 Council run extra care schemes and 2 run by social landlords. Supporting People contracts for housing-related support in extra care housing require 10% to be available to

Annex B

	1. Monitoring the development of models of housing, including extra care housing, to meet the needs of the people with dementia and their carers. **This is done in York.** 2. Staff working in housing-related services to develop the skills needed to provide the best quality care. **In York, home care staff (who also provide support in Extra Care Housing) are only trained in basic dementia awareness. There is no specific training for generalist housing support workers.** 3. A watching brief over the emerging evidence based on assistive technology and telecare to support the needs of people with dementia and their carers. **CYC does this**.	people with dementia – these include mild and moderate cases and (where it is safe to do so) those with severe needs. The requirement to improve levels of training of staff in housing-related services should be included in the work on training recommended under Objective 13 (see page 16). CYC is to conduct a review of its elderly persons homes; the consultation period for this is July – October 2011. The Working Group plans to contribute to this. **Priority 2**

Annex B

Initial findings on dementia services and related activities in York		Recent progress and the Group's comments, recommendations and priorities
LIVING WELL WITH DEMENTIA		
11	**Living well with dementia in care homes** (improved quality of care for people with dementia in care homes through the development of explicit leadership for dementia care within care homes, defining the care pathway there, the commissioning of specialist in-reach services from community mental health times and through inspection regimes)	
11a 11b 11c	The Strategy suggests this can be delivered by the following actions: Appointment of a senior staff member to take the lead for quality improvement in dementia care in the care home. **In York this happens where a home is registered to provide dementia care. In other homes this is not always the case.** The commissioning of specialist in-reach services from older people's CMHTs to work in care homes. Also the commissioning of other in-reach services e.g. primary care and dentistry. **In York there is no dedicated specialist in-reach service for homes but where a resident is an active patient of the CMHT, support will be provided. Some care homes provide the other in-reach services described**	A big gap in service provision is the lack of a specialist in-reach service for care homes (see 11c opposite). In our view, a good in-reach service could reduce emergency admissions to hospital and is a high commissioning priority. **Priority 1** A particular concern for some of our members was the question of inappropriate use of antipsychotic medication for people with dementia. Our recommendations on this are in Section 3 (page 20). **Priority 2** As a Working Group we are keen to stress the importance of good leadership, staff training and person-centred care all of which contribute to the creation of a stimulating environment in a care home. We note that CYC give these issues a high priority in their contracting decisions. In our discussions with care home managers and staff we were struck by the readiness to share good practice and consider new ideas. Our meetings have been useful in

Annex B

	above.	this respect and we have compiled a list of "good practice" ideas that
11d	Readily available guidance for care home staff on best practice in dementia care. **In York there is no agreed standard guidance on this but most homes have prepared their own material.**	is being shared. An example of this is that maintaining a daily activity sheet for each client can show that people have enough to do and, where it is appropriate, help with administrative tasks around the care home. We believe that CYC's inspections and liaison visits are also proving useful in sharing good practice in care homes. We recommend that in all care homes run or used by CYC:
11e	Only appropriate use of antipsychotic medication for people with dementia**. More work is needed on this in York.**	a. Written guidance is readily available for staff on best practice in dementia care. b. There is clear guidance to all care homes on the need to avoid the inappropriate use of antipsychotic medication.
11f	Contracting for quality of care in care homes. **In York, the importance of this is understood and CYC has introduced a new monitoring system which will help inform commissioning decisions.**	c. Breaches of safeguarding standards in care homes are monitored together with the action taken to prevent further breaches – a,b,c, above – **Priority 2**.

Annex B

Initial findings on dementia services and related activities in York		Recent progress and the Group's comments, recommendations and priorities
LIVING WELL WITH DEMENTIA		
12	**Improved end of life care** (people with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the DH End of Life Care (EoL) Strategy. Local work on the EoL Care Strategy to consider dementia)	
12a	The Strategy recognises that end of life care for people with dementia is often limited. It emphasises that the principles and priorities outlined in the DH End of Life Strategy and also best practice in mental capacity and palliative care need to apply to care for people with dementia.	In May 2011 the role, terms of reference (TOR), membership, and priorities of the York / Selby Locality EoL Care Locality Group were reviewed. As indicated opposite (12c), the Group deals with all EoL issues regardless of age or illness – it is not feasible to have a separate care pathway for each illness. The locality group plans to engage with the new Vale of York Commissioning Consortium and will identify local priorities. The Group reports to the PCT EoL Care Strategy Group, (but the locality groups will be reporting to the various commissioning consortia once the TOR have been revised). Our Working Group plans to keep abreast of the work of the Locality Group through its Chair.
12b	The NDS recommends that local EoL Care pathways are consistent with the Gold Standard Framework identified in the DH EoL Care Strategy.	
12c	In York, there is an EoL Care Locality Group (run jointly with Selby), which follows the PCT's EoL Strategy. An end of life pathway exists but it is a general pathway and does not address the particular needs of people with dementia.	We believe that the following requirements of the NDS are not yet being addressed: a. That people with dementia and their carers should be involved in planning EoL care (i.e. services and pathways). b. That the special EoL needs of people with dementia will be met. c. That EoL care pathways are

Annex B

12d	York has a Palliative Care Team and good pain relief and nursing support in community units for the elderly	consistent with the Gold Standard Framework (see 12b opposite. **Priority 2** We note that the training of care staff involved in delivering EoL for people with dementia in all care settings is particularly important – see also Objective 13 on page 16.

Annex B

Initial findings on dementia services and related activities in York		Recent progress and the Group's comments, recommendations and priorities
MAKING THE CHANGE		
13	**An informed and effective workforce for people with dementia** (all health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia)	
13a	People with dementia and their carers need to be supported and cared for by a trained workforce with the right knowledge skills and understanding of dementia to offer the best quality care and support. The need for improved training is a priority that runs across all the NDS themes.	In York a Workforce Development Unit was set up in April 2010 and is preparing an Adult Social Care Training and Development Strategy; the work on dementia training in York will form part of this Strategy.
13b	The NDS calls for the Department of Health to work with representatives of all bodies involved in professional and vocational training in order to reach agreement on the core competencies required in dementia care.	The Dementia Network has a workstream on Workforce Development which has: • evaluated a number of E-learning schemes, the results of which have been encouraging; • developed dementia competencies for staff; • begun preparing a Dementia Workforce Development Action Plan. York is participating in this work which is drawing on the results of the work at national level (see opposite).
13c	Locally, we identified a number of effective training schemes but the approach to training has been somewhat piecemeal.	

		Deciding who needs training and to what level is a complex matter bearing in mind the large number of organisations and agencies involved; setting standards and arranging monitoring systems to ensure that training is carried out are also important. However, once this work is complete, commissioners will be able to specify the training required by staff of service providers and also the dementia training required by other staff whose work involves dealing with older people. There is a need to monitor all the above. **Priority 3**

Annex B

	Initial findings on dementia services and related activities in York	Recent progress and the Group's comments, recommendations and priorities
	MAKING THE CHANGE	
14	**A joint commissioning strategy for dementia** (local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers and how to best meet these needs. These should be informed by World Class Commissioning guidance)	
14a	The NDS emphasises the importance of joint local planning on dementia to improve access to quality dementia services. This is particularly important given the complexity of the dementia pathway and the need of a wide range staff in many services that need to understand dementia. A draft overarching dementia strategy has been prepared by the PCT and this is expected to be agreed by NYCC, and CYC shortly.	The draft strategy (see opposite) is due to be signed off by all parties by the Autumn 2011. As part of its work, the Working Group has consulted local statutory, voluntary and independent sector organisations which work with older people. It has informed the York Health Overview and Scrutiny Committee of its progress and has kept in touch with York LINk through its representative on the Group. The CYC Transition Board is preparing new arrangements for commissioning and these will include dementia care. The new structures will include the new local commissioning consortium and new boards and organisations such as York's Health & Wellbeing Board. The transfer of mental health services to Leeds Partnerships NHS Foundation Trust by November 2011 is another important development which will affect local planning.

Annex B

15	**Improved assessment and regulation of health and social care services and of how systems are working for people with dementia and their carers** (inspection regimes for care homes and other services that will ensure better quality of dementia care)	
15a	We noted that the Care Quality Commission, which is responsible for inspecting care homes, is changing its current ratings system following reports of a lack of confidence in the system. We also note that the Dementia Network has a workstream which is working on a revised set of standards for care homes.	We believe that this objective is particularly important, bearing in mind that at least two thirds of people in care homes have dementia. See also our comments on Objective 11, page 14. CYC has introduced additional quality monitoring for residential homes and other services for which it is responsible and this includes input from service users and carers. We welcome this initiative and recommend that this scheme is kept under review - see also Objective 11 on page 14. **Priority 1**

Annex B

	Initial findings on dementia services and related activities in York	Recent progress and the Group's comments, recommendations and priorities
MAKING THE CHANGE		
16	**Dementia Research. A clear picture of research evidence and needs** (DH has committed to work with the Medical Research Council and research funders across the public, private and voluntary sectors to develop a plan for the future of dementia research in the UK)	
		We have noted the national programme of research into the assessment, treatment and care of people with dementia.
17	**Effective national and regional support for implementation of the Strategy** (appropriate national and regional support to be available to advise and assist local implementation of the Strategy. Good quality information to be available on the development of dementia services including information from evaluations and demonstrator sites)	
		The evaluations from the national demonstrator sites will be particularly important. We expect to get these and examples of good practice in dementia care from across the Region through the Dementia Network.

Annex B

SECTION 3: RECOMMENDATIONS FOR A YORK ACTION PLAN

Part a: Action by Commissioners. We have set out below the key commissioning issues we have identified.

Serial	Sec 2 Table	Action	Notes
1	8c	Commission a Psychiatric Liaison Service at York Hospital. **Priority 1**	A decision has been made to proceed with this but funding has not yet been agreed
2	11	Provide a specialist in-reach service for care homes in order to reduce avoidable hospital admissions. **Priority 1**	
3	7	A recent CYC review of carers' breaks along with contract monitoring and anecdotal evidence, suggests that support for carers (including carers' breaks) does not meet demand. **Priority 1**	Once the Carers' Strategy Group has completed its review (see page 11) the cost of meeting any shortfall should be identified.
4	9A	PCT and CYC to ensure that intermediate care services are open to people with dementia. **Priority 2**	This is included in the "Levels of Care Project" signed up to by the PCT, the Vale of York Commissioning Consortium, CYC and York Foundation Trust

Annex B

5	2	Commission an early assessment and diagnosis service. **Priority 3**	Consideration of this should await the transfer of mental health services to Leeds Partnerships NHS Foundation Trust. Setting up a new service would need to be co-ordinated carefully with other improvements in dementia care (see page 8).
6	1a	Provide funding support to the York and Selby Alzheimer's Society in their work to raise awareness of dementia. **Priority 3**	This funding should be sufficient to enable the Society to arrange local activities in support of national campaigns.
7	2	Provide education for GPs on dementia as part of their continuing professional development. This should include dealing with patients at the various stages of dementia and signposting to appropriate services. **Priority 3**	Before this can be delivered more work needs to be done to redefine appropriate pathways and guidance for GPs.

Part b: action (other than commissioning) by service providers, the PCT (including acute trusts), CYC and the VCS. Some of the serials may require commissioning action in due course.

Annex B

Serial	Sec 2 Table	Action	Notes
1	11a and 15	CYC has an updated monitoring scheme for its care homes and other homes which it helps fund. CYC undertakes to keep this scheme under review – this should also include breaches of safeguarding standards. **Priority 1**	CYC has agreed to provide a report annually in October on this and on its dementia services and arrangements in general.
2	5	Review local VCS dementia support groups and learning networks. **Priority 2**	We recommend asking people with dementia and their carers for their views. This may be something that the "Dementia Without Walls" project would wish to address (see page 24).
3	3	Review the information packs on dementia which are currently in use to determine if the material is satisfactory. **Priority 3**	As above
4	6a	Review the availability of places at supported day services to determine if these meet the need **Priority 2**	See notes at serials 2 and 3 above
5	6a	Increase the capacity of the specialist care service to provide cover at week ends to manage new referrals and prevent unnecessary hospital admissions **Priority 2**	
6	11	Issue guidance to care homes run or used by CYC on best practice in dementia care. **Priority 2**	The Dementia Network has a workstream looking at similar issues

Annex B

7	11	Issue guidance to care homes either run by or used by CYC on avoiding the inappropriate use of antipsychotic medication**.** **Priority 2**	This is a matter common to all localities It is being addressed by the Dementia Network in Autumn 2011. We also note that the PCT is co-ordinating an audit on this in 2011.
8	12	End of Life (EoL) care. People with dementia and their carers should be involved in planning services and pathways. Action is required to ensure that the special EoL needs of people with dementia are met. EoL pathways should be consistent with the Gold Standard Framework as recommended by the NDS. **Priority 2**	The Working Group plans to keep in touch with the work of the EoL Care Locality Group through its Chair. The Dementia Network intends to provide feedback from the PCT EoL Care Strategy Group.
9	12a	The dementia care pathway needs to make it clear that people with dementia have the same access to services as everyone else covered by the End of Life Strategy. The pathway should also provide guidance about “advanced decisions” and preferred future treatment. **Priority 3**	As in serial 8 above
10	4a	Dementia advisers - monitor the results of the national demonstrator sites. **Priority 3**	The Working Group expects to work with the Dementia Network on this.

Annex B

11	6a	Anecdotal evidence suggests that the needs of people with early onset dementia are not being met. This should be examined further. **Priority 3**	The Working Group to discuss this with the PCT and the new service provider.
12	6a	Monitor the Alzheimer's Society local support group for younger people with dementia to determine if this approach could be used more widely. **Priority 3**	Action by the Working Group.
13	6a	Provide a women-only service for more challenging individuals. **Priority 3**	At present there is a men-only service. A women-only service is under consideration by the PCT.
14	7	Better information needs to be provided for those funding their own care. **Priority 3**	The Dementia Network is working on this topic.
15	13	The work of the York Workforce Development Unit and the other measures described on page 14 which are designed to ensure an informed and effective workforce, need to be monitored. **Priority 3**	To be included in CYC's annual report (see serial 1 above). This should include progress in improving the training of staff that come into contact with people with dementia across a wide range of care settings.
16	1	CYC should consider signing up to the National Dementia Declaration. **Priority 3**	

Annex B

17	10a	CYC's is to review its elderly persons homes – the consultation period is July – October 2011. **Priority 2**	The Working Group to advise the Partnership Board on the line to take – bearing in mind the implications for people with dementia.

Part c: The North Yorkshire and York Dementia Network Workstreams. The Network has set up a number of workstreams which are looking at particular areas of work indentified in the NDS. These are areas where common approaches could apply to localities throughout the PCT area.

Serial	Sec 2 Table	Action	Notes – additional measures being taken in York to meet local priorities
12	4	**Workforce Training** The network has set up a group to work on this and recommend standards of training and learning for staff who deliver dementia care. Lead is Jan Cleary of NYCC	York's Workforce Development Unit is participating in this workstream and is preparing a Social Care Training and Development Strategy which will include dementia training
13	6	**Personal Support/Advocacy** The network has a workstream on personal support and advocacy provision.	In York, CYC and the PCT are reviewing these topics. The lead for York is Catherine McGovern.
14	8	**Dementia Care in General Hospitals** Dignity and older people's champions have been identified in each Acute Trust. Ongoing work includes: staff training, discharge policy, liaison services and advice on	

Annex B

		prescribing anti-psychotic medication. Lead is Judith Knapton.	
15	11	**Living Well with Dementia in Care Homes** This workstream is led by Jacki Tonkin. The Group intends to circulate an information pack shortly with the results of its work including: what people expect from care homes, information in lay language for care home staff and residents, information for self-funders and details of Care Quality Commission inspections.	The Working Group has established useful contacts with managers and front line staff from local care homes (see page 14).
16	12	**Improved End of Life Care** Feedback from the End of Life Strategy Group will be provided to the Network. Subjects under review include: resuscitation, "advanced decisions" and the use of "do not resuscitate forms"	
17		**Involvement of people with dementia and their carers** The Alzheimer's Society has a number of service user groups which have become sub-groups of the Network. These groups will provide feedback on services and plans. Lead is Jill Quinn (Alzheimer's Society).	In York, we expect to learn from the Dementia Without Walls project about engaging with people with dementia and their carers and how they can be empowered to play a leading part in shaping and delivering services.

Annex B

Part d: The National Demonstrator Site Programme. About 40 sites have been set up – 20 have been funded for each of the following themes. The funding covers two years and the programmes will be completed in 2011.

Serial	Sec 2 Table	Action	Notes
17	4	Enabling easy access to care, support and advice following diagnosis.	A dementia adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers.
18	5	Development of structured peer support and learning networks.	The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. It will also enable people with dementia and their carers to take an active role in the development and prioritisation of local services.

SECTION 4: FURTHER WORK AND CONCLUSIONS

Our remit has been to recommend how the NDS should be implemented in York. Our work so far has prompted a number of service providers to make improvements in dementia care. We have identified in this Report the progress which is being made by the PCT, CYC, the Vale of York Commissioning Consortium and statutory, voluntary and independent sector care providers. We believe that improving dementia care is not only about big commissioning decisions but also about making many small improvements across a wide range of activities which, together, can make a significant difference to those receiving care.

Annex B

In this Report we have set out our recommendations for an action plan for York. Ideally a detailed action plan is needed which sets out how the gaps in local services and other shortcomings in dementia-related activities are to be addressed. The plan should list the desired quality outcomes for particular activities and identify targets, lead responsibilities and costs. A local plan on these lines can only be made by commissioners from the PCT, CYC, and the new commissioning consortium, working together with the new provider of services. We believe that making a detailed plan will have to wait until the new provider of services and the new commissioning consortium have settled into their new roles and the changes being considered by the Transition Board have been put in place.

Because our task has been to recommend how the NDS should be implemented in York, our work has been directed at short and medium term improvements. We have not addressed how York could (and should) prepare to deal with the big expansion in the numbers of people likely to need dementia care in the future – a problem which Paul Burstow MP, Minister for Care Services has described nationally as “the greatest health and social crisis of the century”. Another big problem which needs to be addressed is how people with dementia and their carers can be empowered to play a leading part in shaping and developing services. We know this should be done but, if it is to be done thoroughly, it will need considerable resources.

With these last two points in mind, we believe that The Joseph Rowntree Foundation’s (JRF) York dementia project (Dementia Without Walls) which began last month is an exciting development for everyone working to improve dementia care in the City. In writing recently about the project, John Kennedy (Director of Care Services JRF Housing Trust) explained that "the aim of the project is to enlist the help of people with dementia in identifying the factors that determine whether York is, or can become, a dementia-friendly city and, in drawing from their engagement, make recommendations about how barriers to achieving this can be overcome. The project aims to raise the aspirations of people with dementia and their carers, as well as those of providers and commissioners, about what services in York could become by identifying practical exemplars locally, nationally and internationally. This project has been commissioned by JRF as a key part of our new programme Dementia and Society http://www.jrf.org.uk/work/workarea/dementia-and-society

Annex B

ANNEX A: DEMENTIA PREDICTIONS – YORK

People in York aged 65 and over predicted to have dementia by age band (65-69, 70-74, 75-79, 80-84 and 85 and over) projected to 2030.

Dementia – All People	**2009**	**2015**	**2020**	**2025**	**2030**
People aged 65-69 predicted to have dementia	105	138	123	132	149
People aged 70-74 predicted to have dementia	212	224	284	257	276
People aged 75-79 predicted to have dementia	382	417	433	561	508
People aged 80-84 predicted to have dementia	603	647	714	761	986
People aged 85 and over predicted to have dementia	1002	1282	1481	1750	2045
Total people 65 and over predicted to have dementia	**2304**	**2708**	**3035**	**3461**	**3964**

Source: Institute of Public Care 2008

ANNEX B: MEMBERS OF THE WORKING GROUP

John Bettridge	Carer and Chair
Sheila Barry	Service User and Carer
Sue Beckett	Directorate Manager Elderly Medicine, York Hospital
John Burgess	Chair Voluntary Sector Mental Health Forum and Trustee of Our Celebration / Mind and OCAY
Dr Kate Langridge	GP and dementia lead for York Health Group (GP practice-based commissioning); this Group has since been disbanded

Annex B

Veronica Mackley	Service Manager for the Elderly – Bootham Park Hospital
Catherine McGovern	Commissioning Manager – Commissioning and Partnerships CYC
Dr Lance Middleton	Consultant Psychiatrist
Gill Myers	Support Services Manager York and Selby Alzheimer's Society
Dr Cath Snape	GP, Vice Chair Vale of York Commissioning Consortium and lead for mental health
Katie Smith	York Carers' Forum
Robin McIlroy	York LINks

We have also been grateful for advice from a number of specialists from the statutory services and from managers and frontline staff from local care homes. The latter group has included: Keren Wilson Chief Executive Independent Care Group; Janice MacDonald Operations Manager for Barchester based at Mulberry Court; Elaine Pollard Manager Morrel House (CYC); Val Sutton Group Manager Adult Services at CYC with responsibility for Elderly Persons' Homes and Learning Disabilities Day Services; and Karen Cox Head of Unit, Dementia Care, South Park Care Home

ANNEX C: SOME OF THE RELEVANT POLICY DOCUMENTS AND PAPERS WE HAVE CONSULTED

1. Living well with Dementia – National Dementia Strategy 2009

2. Department of Health (DH) – Quality outcomes of people with dementia: building on the work of the National Dementia Strategy, September 2010

3. DH Mental Health Strategy – No health without mental health, February 2011

Annex B

4. North Yorkshire & York End of Life and Palliative Care Commissioning Strategy 2008-2011, September 2008

5. North Yorkshire & York Mental Health Commissioning Strategy, 2010-2015

6. A Review of Services for People with Dementia, the case for Change Across Yorkshire and Humber – Yorkshire and Humber Improvement Partnership (undated)

7. Inspiring Innovation in Dementia – Regional Directory for Yorkshire and the Humber 2010

8. North Yorkshire & York Dementia Strategy (third draft)

9. Improving Dementia Services in England – an Interim Report – National Audit Office, January 2010

10. Dementia Review (Accessing Secondary Care) – Report of the CYC Health Scrutiny Committee, November 2008

11. York Strategy for Carers 2009-2011

12. The Vision of Older People's Health and Well Being in York 2010-2015, May 2010

This page is intentionally left blank

National Dementia Declaration for England

DAA Dementia Action Alliance

www.dementiaaction.org.uk

National Dementia Declaration for England

A call to action

Dementia is one of the greatest challenges facing our ageing society. There has been major progress in recent years in securing public and political commitment to responding more effectively to dementia. We now need to ensure that this commitment is turned into concerted action. With the publication of this National Dementia Declaration we announce the launch of a Dementia Action Alliance and a major plan of action to change the experience of living with dementia in England for good. The organisations signed up to this Declaration call on all families, communities and organisations to work with us to transform quality of life for the millions of people affected by dementia.

The scale of the challenge

There are 750,000 people living with dementia in the UK now and by 2025 there will be over one million. Dementia is an incurable condition caused by diseases of the brain which over time seriously impairs the ability of someone with dementia to live independently. Symptoms can include severe memory loss, mood and personality changes and behaviour that challenges others such as serious confusion, agitation and aggression. Many people with dementia also have other medical conditions or develop them during the course of their illness.

Families currently provide the majority of care and support for people with dementia and this can be both tiring and stressful – physically, emotionally and financially. A large number of people with dementia also live alone and can be at particular risk of isolation or abuse. However, if people with dementia are diagnosed early, and they and their families receive help, they can continue to live a good quality of life.

The financial cost of dementia in the UK is £20 billion a year and rising. Two thirds of people with dementia live in their own homes and one third live in care homes. One in four people in hospital have dementia and two thirds of people in care homes have dementia.

This National Dementia Declaration has been created by people with dementia, carers of people with dementia and a large number of organisations who seek radical change in the way that our society responds to dementia. We seek a similar level of change as has been seen in our society's response to cancer over recent decades.

All organisations that are signatories to this National Dementia Declaration are setting out publicly what they intend to do by 2014 to transform quality of life for people with dementia and their family carers.

In 2011 the Dementia Action Alliance will seek support from partners in civic organisations, businesses and professions to deliver dementia supportive communities. For more information visit www.dementiaaction.org.uk

Why is there a need for a National Dementia Declaration?

- Public awareness of dementia is high but understanding about it is still very poor. Fear of dementia also remains high; there is a reluctance to seek help and few people understand that it is possible to live well with dementia. In addition there is limited understanding of the fact that dementia can affect people in many different age groups.
- NHS and social care systems have not historically developed to reflect the fact that people with dementia are now a key group using many services.
- Only one third of people with dementia receive a specialist diagnosis and many are receiving that diagnosis late. GPs often report being reluctant to diagnose dementia either because they lack the knowledge to do so, do not see the benefits of early diagnosis or because they are aware of the lack of specialist support and services available for people after a diagnosis.
- Following diagnosis many people with dementia and carers report receiving no information about their condition or about what support might be available.
- Reports from regulator the Care Quality Commission (CQC) and its predecessor the Commission for Social Care Inspection (CSCI) show that although there are examples of excellent dementia care in care homes, many providers are struggling to deliver quality of life for people in the later stages of the condition.
- Equally, some people with dementia struggle for too long in their own homes without the help they need when better person-centred care or a good care home could provide a more stimulating and supportive environment.
- The All-Party Parliamentary Group on Dementia and Professor Banerjee have both produced reports revealing people with dementia are being inappropriately prescribed or over-prescribed antipsychotic drugs which increase risk of death and reduce quality of life.
- Health and social care staff routinely report that they have not received training in how to treat or care for people with dementia, despite the fact that they are now increasingly in contact with people with dementia.
- The National Audit Office and Parliamentary Public Accounts Committee have found that there is very ineffective use of current resources to deliver quality of life for people with dementia. For example the NAO has highlighted the potential for the NHS to identify savings of at least £284 million per year through improving dementia care. In addition to the costs borne by public services people with dementia and carers face high costs for care.
- UK spending from all sources on dementia research is low compared to other disease groups and by international standards.

Government action on dementia

In 2009 the then government in England published a five-year National Dementia Strategy. As part of this work, strategies on end of life care and carers are also in place. NICE/SCIE guideline 2006 and Dementia Quality Standards describe what good dementia care should look like.

The coalition government has stated its commitment to implement the National Dementia Strategy; however, it can only do so much. The Department of Health, as a signatory to the Declaration, will set out what it intends to do to help improve the lives of people with dementia. However, radical and sustainable change will only come about through the action of individuals and organisations working together locally and nationally to challenge what is wrong and to do things better.

Desired outcomes for people with dementia and their carers

People with dementia and their family carers have described seven outcomes they would like to see in their lives.

There is overlap between these outcomes and the draft outcomes in the Department of Health's National Dementia Strategy Implementation Plan. Both the Department of Health's draft outcomes and those described below will need to be developed further. In addition work will need to be done to better understand how to measure these outcomes.

1 I have personal choice and control or influence over decisions about me

I have control over my life and support to do the things that matter to me.

I have received an early diagnosis which was sensitively communicated.

I have access to adequate resources (private and public) that enable me to choose where and how I live.

I can make decisions now about the care I want in my later life.

I will die free from pain, fear and with dignity, cared for by people who are trained and supported in high quality palliative care.

2 I know that services are designed around me and my needs

I feel supported and understood by my GP and get a physical checkup regularly without asking for it.

There are a range of services that support me with any aspect of daily living and enable me to stay at home and in my community, enjoying the best quality of life for as long as possible.

I am treated with dignity and respect whenever I need support from services.

I only go into hospital when I need to and when I get there staff understand how I can receive the best treatment so that I can leave as soon as possible.

Care home staff understand a lot about me and my disability and know what helps me cope and enjoy the best quality of life every day.

My carer can access respite care if and when they want it, along with other services that can help support them in their role.

3 I have support that helps me live my life

I can choose what support suits me best, so that I don't feel a burden.

I can access a wide range of options and opportunities for support that suits me and my needs.

I know how to get this support and I am confident it will help me.

I have information and support and I can have fun with a network of others, including people in a similar position to me.

My carer also has their own support network that suits their own needs.

4 I have the knowledge and know-how to get what I need

It's not a problem getting information and advice, including information about the range of benefits I can access to help me afford and cope with living at home.

I know where I can get the information I need when I need it, and I can digest and re-digest it in a way that suits me.

I have enough information and advice to make decisions about managing, now and in the future, as my dementia progresses.

My carer has access to further information relevant to them, and understands which benefits they are also entitled to.

5 I live in an enabling and supportive environment where I feel valued and understood

I had a diagnosis very early on and, if I work, an understanding employer which means I can still work and stay connected to people in my life.

I am making a contribution which makes me feel valued and valuable.

My neighbours, friends, family and GP keep in touch and are pleased to see me.

I am listened to and have my views considered, from the point I was first worried about my memory.

The importance of helping me to sustain relationships with others is well recognised.

If I develop behaviour that challenges others, people will take time to understand why I am acting in this way and help me to try to avoid it.

My carer's role is respected and supported. They also feel valued and valuable, and neither of us feel alone.

6 I have a sense of belonging and of being a valued part of family, community and civic life

I feel safe and supported in my home and in my community, which includes shops and pubs, sporting and cultural opportunities.

Neither I nor my family feel ashamed or discriminated against because I have dementia. People with whom we come into contact are helpful and supportive.

My carer and I continue to have the opportunity to develop new interests and new social networks.

It is easy for me to continue to live in my own home and I and my carer will both have the support needed for me to do this.

7 I know there is research going on which delivers a better life for me now and hope for the future

I regularly read and hear about new developments in research.

I am confident that there is an increasing investment in dementia research in the UK. I understand the growing evidence about prevention and risk reduction of dementia.

As a person living with dementia, I am asked if I want to take part in suitable clinical trials or participate in research in other ways.

I believe that research is key to improving the care I'm receiving now.

I believe that more research will mean that my children and I can look forward to a range of treatments when I need it and there will be more treatments available for their generation.

I know that with a diagnosis of dementia comes support to live well through assistive technologies as well as more traditional treatment types.

DAA Dementia Action Alliance

What do organisations signing up to the National Dementia Declaration commit to?

Separate to this Declaration, each signatory organisation will be setting out what it intends to do by 2014 (the date when the current National Dementia Strategy comes to an end) in order to deliver better quality of life for people living with dementia and their carers. These plans are being published separately. Each organisation is committed to the following principles:

- Ensuring that the work they do is planned and informed by the views of people with dementia and their carers and showing evidence for this
- Being an ambassador for the National Dementia Declaration and securing commitment from partners for the second phase of the Declaration
- Reporting publicly on their progress against the plan they have set out to support delivery of the National Dementia Declaration
- Working in partnership with other organisations to share knowledge about best practice in dementia
- Improving understanding about dementia.

How will the Declaration be tracked and monitored?

Organisations signed up to the National Dementia Declaration commit to making public the information about what they are doing to deliver better quality of life for people with dementia. They will be expected to publicise their contribution to the Declaration widely, especially to people with dementia, carers and the organisations representing them. In that way organisations can be held to account, particularly by their local population, to ensure they deliver what they have signed up to. There will be quarterly reporting on the outcomes and an annual report so it is possible to see what progress there has been.

References

All-Party Parliamentary Group on Dementia (2008) Always a Last Resort: Inquiry into to the prescription of antipsychotic drugs to people with dementia living in care homes. All-Party Parliamentary Group on Dementia, London.

Alzheimer's Society (2007) Dementia UK: A report to the Alzheimer's Society on the prevalence and economic cost of dementia in the UK by King's College, London and the London School of Economics. Alzheimer's Society, London.

Alzheimer's Society (2008) My name is not dementia: people with dementia discuss quality of life indicators, Alzheimer's Society, London.

Alzheimer's Society (2009) Counting the cost: caring for people with dementia on hospital wards. Alzheimer's Society, London.

Alzheimer's Society (2009) Public awareness of dementia: what every commissioner needs to know. Alzheimer's Society, London.

Alzheimer's Society (2010) My name is not dementia: people with dementia discuss quality of life indicators. Alzheimer's Society, London.

Banerjee S (2009) The use of antipsychotic medication for people with dementia: time for action. A report for the Minister of State for Care Services.

Brayne C, Gao L, Dewey M, Matthews FE, Medical Research Council Cognitive Function and Ageing Study Investigators (2006) Dementia before death in ageing societies: the promise of prevention and the reality. PLoS Med 3(10): e397. doi:10.1371

Care Quality Commission (2010) The state of health care and adult social care in England: key themes and quality of services in 2009. The Stationery Office, London.

Commission for Social Care Inspection (2008) See me, not just the dementia. Commission for Social Care Inspection, London.

Department of Health (2009) Living well with dementia: a national dementia strategy. The Stationery Office, London.

Department of Health (2010) Revision to the Operating Framework for the NHS in 2010/2011. The Stationery Office, London.

Department of Health (2010) Transparency in outcomes: a framework for the NHS. The Stationery Office, London.

Her Majesty's Government (2010) The coalition: our programme for government. HM Government.

McCrone P, Knapp M, et al. (2008) Paying the price: the cost of mental health care in England to 2026. King's Fund, London.

National Audit Office (2007) Improving services and support for people with dementia. The Stationery Office, London.

National Audit Office (2010) Improving dementia services in England: an interim report. The Stationery Office, London.

National Institute for Health and Clinical Excellence (2010) Dementia Quality Standard. NICE.

National Institute for Health and Clinical Excellence/Social Care Institute for Excellence guideline (2006) Dementia: supporting people with dementia and their carers in health and social care. NICE/SCIE, London.

Public Accounts Committee (2008) Improving services and support for people with dementia, 6th report. The Stationery Office, London.

Public Accounts Committee (2010) Improving dementia services in England: an interim report, 19th report. The Stationery Office, London.

Statistics on Research Parliamentary Answer (2009) (Reference 241057) www.publications.parliament.uk/pa/cm200910/cmhansrd/cm091124/text/91124w0012.htm#column_107W

Dementia Action Alliance

Tom Wright
Chief Executive, Age UK

Baroness Sally Greengross
Chairman, All-Party Parliamentary Group on Dementia

Rebecca Wood
Chief Executive, Alzheimer's Research Trust

Ruth Sutherland
Interim Chief Executive, Alzheimer's Society

Jane Ashcroft
Chief Executive, Anchor

Jenny Owen
Association of Directors of Adult Social Services

Mike Parsons
Chief Executive, Barchester Healthcare

Julia Scott
Chief Executive, British Association of OTs and COT

Alex Mair
Chief Executive, British Geriatrics Society

Nancy Rowland
Director of Research, Policy and Professional Practice, British Association for Counselling and Psychotherapy

Mark Ellerby
Managing Director, Care Services, BUPA

Cynthia Bower
Chief Executive, Care Quality Commission

Helen Owens
Managing Director, Care UK

Phil Gray
Chief Executive, Chartered Society of Physiotherapy

Caroline Bernard
Acting Chief Executive, Counsel and Care

Ted Smith
Chief Executive, Craegmoor

Barbara Stephens
Chief Executive, Dementia UK

Paul Burstow MP
Minister of State for Care Services, Department of Health

Martin Green
Chief Executive, ECCA

Pete Calveley
Chief Executive, Four Seasons Healthcare

David Williams
Chair, Housing and Dementia Research Consortium

Simon Morris
Chief Executive, Jewish Care

Cllr David Rogers OBE
Chair, Community Wellbeing Board, Local Government Group

Dr Andrew McCullogh
Chief Executive, Mental Health Foundation

Roger Davies
Chief Executive, MHA

Eve Richardson
Chief Executive, National Council of Palliative Care

Dr Michael Dixon
Chairman, NHS Alliance

Nigel Edwards
Acting Chief Executive, NHS Confederation

Sir Andrew Dillon
Chief Executive, National Institute for Health and Clinical Excellence

Steve Ford
Chief Executive, Parkinson's UK

Professor Steve Field
Chair, Royal College of GPs

Dr Peter Connolly
Chair of the Faculty of Old Age Psychiatry, Royal College of Psychiatrists

Professor Croisedale-Appleby
Chair, Skills for Care

John Rogers
Chief Executive, Skills for Health

Julie Jones
Chief Executive, Social Care Institute for Excellence

Jon Barrick
Chief Executive, Stroke Association

Ron Bramley
Chief Executive, Thomas Pocklington Trust

Professor Mark Cleary
Vice Chancellor and Principal, University of Bradford (Bradford Dementia Group)

Professor June Andrews
Director, Dementia Services Development Centre

Professor Dawn Brooker
Director, Association for Dementia Studies, University of Worcester

Lynne Berry
Chief Executive, WRVS

Annex D CYC Dementia Strategy Action Plan

Objective	Issues identified by York Working Group	Working Group priority	CYC Action	When	Lead and resources	Progress
1**. Improving public & professional awareness and understanding**	Support Alzheimer's work. Focus on those who already have dementia and their families Local initiatives to coincide with future national campaigns Sign up to National Dementia Declaration	Priority 3	Funding for Alzheimer's Society protected 2011-12 Support local awareness initiatives Dementia Declaration addressed in report to Cabinet Member	Achieved Nov 2011	AD Integrated Commissioning Work with voluntary sector	

2 **Good quality early diagnosis and intervention for all**	Discussion on setting up a specific service should await the completion of the transfer of services to the new provider. Memory advisors play a very useful role. YHG and the PCT have jointly funded a temporary memory advisor post in York / Selby	Priority 3	Engagement in discussions with new MH provider on integrated pathway Work with GPCC to monitor impact of proposed memory advisor service and explore ways to continue the service	Post Nov 2011 April 2012	AD Assessment and Safeguarding AD Integrated Commissioning	
3. **Good quality information for those with diagnosed dementia and their carers**	Review information available on procedures for diagnosis, local dementia services, care after diagnosis and consider developing new packs, depending on user and carer feedback	Priority 3	Health will need to lead on review of information Ensure CYC staff access the same information available to health teams		AD Assessment and Safeguarding	

4. Enabling easy access to care, support and advice following diagnosis.	Review evidence on new national demonstrator sites for dementia adviser service	Priority 3	Consider evidence when it is available	TBC	AD Integrated Commissioning	
5 **Development of structured peer support and learning networks**	Evaluate the local models offered by Alzheimer's, Age UK, Our Celebration/Mind and York Carers' Forum regarding outcomes and capacity	Priority 2	Encourage collaborative working by voluntary sector Learn from JRF Dementia Without Walls project Review issues through routine contract monitoring	Ongoing March 2012 April 2012 - 13	AD Integrated Commissioning	
6 Improved community personal	Gaps in day activities for people with dementia (anecdotal	Priority 2	We are already considering day care and	April 2012	AD Integrated Commissioning	

support services	evidence). Limited weekend service Needs of those with early onset dementia not met adequately Challenging behaviour service for women needed	 Priority 3 Priority 3	supported activities as part of the review of residential care Other elements to be considered with health partners			
7 **Implementing the carers' strategy for people with dementia**	We note that the York Carers' Strategy Group has been tasked with monitoring carers' breaks and identifying any unmet need. 2. We note the need to support young carers and protect them from inappropriate caring is	Priority 1 Priority 3	Ensure carers issues are addressed in personalisation work Ensure care assessments 'think family' and address issues for young carers	April – Dec 11 Dec 2011	Carers Strategy Manager and AD Assessment and Safeguarding AD Assessment and Safeguarding	

	included in the priorities set out in the York Strategy for Carers 2009-2011. 3. Better information needs to be provided for people funding their own care		New web based information system (My Life My Choice) is in development			
8 **Improved quality of care for people with dementia in general hospitals**	A Hospital Dementia Strategy Group has been set up to oversee and monitor improvements in dementia care.		Hospital lead			
9. Improved intermediate care for people with dementia	Ensure Intermediate care services are open to people with dementia	Priority 1	'Levels of care' work with health partners will increase and improve	Dec 11 (phase 1)	AD Integrated Commissioning and AD Assessment and	

	Monitor use of Intermediate care services by those with dementia. Better liaison for hospital discharges with psychiatry services, and commissioning a Psychiatric Liaison Service at the acute hospital	Priority 1 Priority 1	intermediate care Health lead		Safeguarding	
10. Considering the potential for housing support, housing related services and telecare to support people with dementia and their carers	Include housing related support staff in workforce development plans on dementia care	Priority 3	Workforce strategy will highlight dementia as area of priority and will include housing based support Delivery of Older People's Housing Strategy Telecare to be	Dec 11 Ongoing Nov 11	AD Integrated Commissioning Communities and Neighbourhood Directorate AD	

			integral part of new intensive assessment approach		Assessment and Safeguarding, and AD Service Delivery	Achieved
11 **Living well with dementia in care homes**	A big gap in service provision is the lack of a specialist in-reach service for non specialist care homes A particular concern for some of our members was the question of inappropriate use of anti-psychotic medication for people with dementia. (link to objective 3)	Priority 1 Priority 2 Priority 2	Health lead Promoting and share good practice via the ICG , contract monitoring and quality assurance work. This to include joint work with health to promote guidance to all care homes on the need to avoid	On going	AD Integrated Commissioning	

			the inappropriate use of anti-psychotic medication.			
	As a Working Group we are keen to stress the importance of good leadership, staff training and person-centred care		Highlight need for leadership training in workforce strategy	Nov 11	AD Integrated Commissioning	
	We recommend that in all care homes run or used by CYC: a. Written guidance is readily available for staff on best practice in dementia care. b. There is clear guidance to all care homes on the need to avoid the inappropriate use of	Priority 2	Work with Dementia Network and Integrated Care Group to develop and disseminate good practice guidance		AD Integrated Commissioning	

	anti-psychotic medication.					
12 **Improved end of life care**	That people with dementia and their carers should be involved in planning EoL care (i.e. services and pathways). b. That current arrangements will ensure that the particular EoL needs of people with dementia will be met. c. That EoL care pathways are consistent with the Gold Standard Framework.	Priority 2	CYC workforce development plan to support care providers to deliver good end of life care for those with dementia	Nov 11	AD Integrated Commissioning	

13 **An informed and effective workforce for people with dementia**	We believe that improving workforce training is a key factor in improving dementia care.	Priority 2	Dementia will be a key priority in the new Workforce Strategy We will work with all providers to agree what level of training is needed by which staff. We will share learning from the national strategy, and with and from the NYY Dementia Workforce group	Nov 11 Nov 11 onwards	AD Integrated Commissioning AD Integrated Commissioning	

14 **A joint commissioning strategy for dementia**	The CYC Transition Board is preparing new arrangements for commissioning which will include dementia care. These arrangements will take account of the new GP Commissioning Consortium and new boards such as Health & Wellbeing. The imminent transfer of mental health services to Leeds Partnerships NHS Foundation Trust is another important development which will affect local planning		NYY Joint Strategy to be considered by Cabinet Member Shadow Health and Wellbeing Board to be established Joint Commissioning plans agreed through Adult Commissioning Group – Dementia agreed as a priority and on the agenda of Sept 11	Oct 11 Oct 11	AD Integrated Commissioning AD Integrated Commissioning	

15 **Improved assessment and regulation of health and social care services and of how systems are working for people with dementia and their carers**	We believe that this objective is particularly important, bearing in mind that at least two thirds of people in care homes have dementia. It is closely related to objective 11 (living well with dementia in care homes) CYC have introduced additional quality monitoring for residential homes and other services for which they are responsible and this includes input from service users and carers. We welcome this initiative and recommend that this scheme is kept under review	Priority 1	We will continue to monitor customer /carer feedback via our contract monitoring process. And will work with JRF Dementia Without Walls project to listen to people with dementia over the coming year	Ongoing July11-12	AD Integrated Commissioning AD Integrated Commissioning	

Annex D

This page is intentionally left blank

CITY OF YORK COUNCIL

Health Overview and Scrutiny 18 January 2012

Report of the Assistant Director, Integrated Commissioning

Establishing York's Health and Wellbeing Board

Summary

1. This paper updates the Committee on progress towards establishing York's Health and Wellbeing Board (H&WB), since the last report on this issue in September.

Background

2. Committee Members will recall that the requirement to establish an H&WB is contained in the Health and Social Care Bill which is still progressing through Parliament. The H&WB's key functions will be to:

- *encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner,*
- *provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements in connection with the provision of such services,*
- *encourage persons who arrange for the provision of health-related services in its area to work closely with the health and wellbeing board,*
- *encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together.*

3. Officers took a paper outlining their recommendations for establishing an H&WB in York to the Cabinet Meeting on 4 October. At that meeting, the views of Health OSC (and others) about the numbers of elected Members of the Board were conveyed to Cabinet, and the original proposal for a single Member was amended to provide for three.

4. For the record, the Membership of the Shadow H&WB is as follows:

Cllr. Tracey Simpson-Laing, Deputy Leader of City of York Council (Chair)
Cllr. Janet Looker, Cabinet Member for Education, Children and Young People's Services, City of York Council
Cllr. Sian Wiseman, City of York Council
Kersten England, Chief Executive of City of York Council
Pete Dwyer, Director Adults, Children & Education, City of York Council
Rachel Johns, Associate Director of Public Health and Locality Director for York, NHS North Yorkshire and York PCT
Dr. Mark Hayes, Chair of Vale of York Commissioning Consortium
Rachel Potts, York Locality Director, NHS North Yorkshire and York PCT
Jayne Brown, Chief Executive of NHS York and North Yorkshire PCT
Angela Harrison, Chief Executive of York Council for Voluntary Services
Jane Perger, York Local Involvement Network (LINk) Representative
Patrick Crowley, Chief Executive of York Hospital
Chris Butler, Chief Executive of Leeds and York Mental health Trust
Mike Padgham, Chair Council of Independent Care Group

5. The Shadow H&WB held its first, informal meeting on 9 December. The agenda for that meeting was as follows:

1	**Extended introductions** *Each Board member will be asked to briefly introduce themselves, their role and background.*
2	**Towards a Terms of Reference** *This paper invites Board members to consider the role of the Board and what should be the focus and feel of meetings.*
3	**Update on health and wellbeing reforms** *Update on the work streams – CCG, Public Health and HealthWatch.*
4	**Communications for the Board** *This paper asks the Board to consider how, if at all, shared or coordinated communications from the Shadow Health & Wellbeing Board and its members should be managed.*

5	**Independent Review of Health Services in North Yorkshire and York** *This paper asks the Board to consider how the Independent Review of Health Services in North Yorkshire and York should influence to the Board's priorities and work.*
6	**Draft Joint Strategic Needs Assessment outline and stakeholder event** *Verbal update*
7	**Forward Plan**
8	**AOB**

6. Minutes of the meeting are not yet available in final form, but officers can give an account of the discussions if Members wish. The consensus was that the meeting had been productive, and had got business off to a good start. The next meeting of the Board is on 1 February, when it will consider the draft Joint Strategic Needs Assessment. From April onwards, the H&WB will operate as a normal Council Committee (albeit still as a "shadow" Board) and its meetings will be in public.

Consultation

7. No further consultation has taken place since that outlined in the September paper, but the H&WB has got "communications" very much in its sights, and is planning a stakeholder event for March.

Options and Analysis

8. This paper is an update, for information, and as such this section is not relevant.

Council Plan 2011-15

9. This report is particularly relevant to the priorities in the Council Plan of building strong communities and protecting vulnerable people.

Implications

(a) **Financial** (Contact – Richard Hartle) Although some aspects of the health reforms, especially the transfer of public health, may have significant financial implications, the costs arising from the

establishment of the H&WB are minimal and can be accommodated within existing budgets.

(b) **Human Resources (HR)** *None.*

(c) **Equalities** The new H&WB will be expected to promote equality of outcomes for all groups**,** especially those for whom there are at present demonstrably unequal health outcomes.

(d) **Legal** (Contact – Andy Docherty) As stated above, the underpinning legislation is still passing through Parliament. Until the legislation comes into force the Shadow Health and Wellbeing Board will have no formal legal status but will, in effect, act as a working group. The Bill proposes that the H&WB will be a committee of the Council. It will be unique though in that its membership will include Officers and representatives of other agencies. In addition the Councillors on the H&WB will be nominated by the Leader rather than by Council and the Leader or the Board.

(e) **Crime and Disorder** None

(f) **Information Technology (IT)** None

(g) **Property** None arising from the establishment of the Board; the possibility of incorporating CCG staff in West Offices will be considered separately.

(h) **Other** None

Risk Management

10. The risks arising from the contents of this report are low.

Recommendations

11. The Committee is invited to:

- Note the progress towards establishing a shadow Health and Wellbeing Board for York.

The Committee may wish to request further updates on this issue on a six-monthly basis.

Reason: To update the Committee on the establishment of the Shadow Health and Wellbeing Board in York.

Contact Details

<table>
<tr><td>Author:</td><td colspan="4">Chief Officer Responsible for the report:</td></tr>
<tr><td rowspan="2">Paul Murphy
Assistant Director,
Integrated Commissioning

Paul.murphy@york.gov.uk
01904 55400</td><td colspan="4">Pete Dwyer, Director,
Adults, Children and Education</td></tr>
<tr><td>Report Approved</td><td>✓</td><td>Date</td><td>03-01-12</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="3">Wards Affected: List wards or tick box to indicate all</td><td>All</td><td>✓</td></tr>
<tr><td colspan="5">For further information please contact the author of the report</td></tr>
</table>

Background Papers/ appendices:

None

This page is intentionally left blank

Health Overview & Scrutiny Committee Work Plan 2012

Meeting Date	Work Programme
18th January 2012	1. Briefing from Leeds Partnership Foundation Trust on Proposed Changes to the Mental Health Service 2. Redesign of Acute Care Pathway in York (Including Closure of Ward 3 at Bootham Park Hospital) 3. Briefing on the Major Trauma Network 4. Update on Dementia Strategy Action Plan 5. Update on the Shadow Health & Well Being Board 6. Work Plan
February 2012 *(date to be confirmed)*	1. Update on the Implementation of the Recommendations Arising from the Childhood Obesity Scrutiny Review 2. Health Watch Procurement Monitoring Report 3. Interim Report – End of Life Care Review 4. Attendance of PCT – Cuts to Voluntary Sector Funding 5. Briefing/presentation on NHS 111 Service 6. Work Plan
14th March 2012	1. Quarterly Financial & Performance Monitoring Reports 2. Health Watch Procurement Monitoring Report 3. Update from Yorkshire Ambulance Service on Complaints Received 4. Work Plan

Items to add to the 2012/2013 Work Plan

Date TBC:

Update report on the recently established urgent care centre at York Hospital

June 2012

Update on Quality Indicators (Carer's Review)

September 2012

Update on the implementation of outstanding recommendations arising from the Carer's Scrutiny Review

December 2012

Update on the Carer's Strategy

This page is intentionally left blank