

Progress Report on Implementation of the Recommendations Arising From the Dementia Review (Accessing Secondary Care)

Key:

HASS – Housing and Adult Social Services Directorate at City of York Council

PCT – NHS North Yorkshire & York (formerly North Yorkshire & York Primary Care Trust)

YAS – Yorkshire Ambulance Service

YHFT – York Hospitals Foundation Trust

Updates & Progress on Implementation - June 2009 & January 2010			
Recommendation 1			
That the York Hospital Trust, in liaison with other appropriate service providers* be urged to develop and implement the Psychiatric Liaison Service. The development of this programme to be a benchmark for training and support for staff working with dementia patients who access secondary care.			
HASS/CYC	June 2009	January 2010	July 10
	Officers from HASS assisted in putting a business case for a psychiatric team at the hospital, which was presented to the Older People's Partnership Board. However the funding for such a service had not been agreed with the PCT and there were ongoing debates about the most effective model	- Funding should be 'owned' by the PCT	- No further update from CYC

PCT	June 2009 - The PCT has met with York Hospital and discussed the development of a liaison service. The PCT is assessing different models of service with a view to consulting with the relevant key stakeholders including service users and carers on the options available and draft service specification. A business case will then be drawn up for approval by the PCT's Integrated Commissioning Committee.	January 2010 – The York Dementia Working Group has been established to include all key stakeholders in the implementation of the National Dementia Strategy. This includes the provision of liaison services. A service specification will be circulated for comment by the end of January 2010.	July 2010 – A paper describing the development of a liaison service in to general hospitals has been put before York Mental Health Modernisation and Partnership Board, York Health Group and York Acute Trust. Data is being collected on current activity to provide more detail on the potential savings for the investment. The intention is to phase in the liaison services across North Yorkshire and York starting in York. However this is dependant on NHS North Yorkshire and York's financial position. We also expect all the acute trusts to demonstrate what other action they are taking to improve the experience of people with dementia and their carers before the liaison service is commissioned.
YHFT	June 2009 - A proposal for a psychiatric liaison team for older people has been prepared and submitted to the commissioners in the PCT. They have responded by outlining that they are developing a service specification for this service and will issue this once it is complete.	January 2010 – The situation remains unchanged. The proposal for a liaison team has been shared with the York Dementia Working Group (LIAG) and is supported	July 2010 The service specification for a mental health liaison team has been circulated and feedback has been provided by elderly medicine
YAS	YAS responses for June 2009, January 2010 & July 2010 are set out at the end of this document		

<p>Recommendation 2</p> <p>That all service providers be urged to review their arrangements for staff training in relation to recognising and working with those with an underlying condition of dementia. Any such review should include:</p> <ul style="list-style-type: none"> ➤ Promoting the use of Link nurses and investigating the possibility of nominating Link clinicians within defined staffing groups. ➤ Investigation of the larger gaps in training ➤ The utilisation of the variety of sources for training provision including the Alzheimer's Society and other voluntary sector organisations ➤ Investigation into the pooling of resources between service providers 			
HASS/CYC	<p>June 2009 - Dementia training is part of the requirements for domiciliary staff and has been identified as a priority for care managers this year</p>	<p>January 2010 – Dementia training has been made available to care managers since Autumn 2009 through a training programme and interest group discussion</p>	<p>July 10 - No further update</p>
PCT	<p>June 2009 - This is in line with objective 13 of the Dementia Strategy: An informed and effective workforce. Gaps in training will be considered by each locality as part of the assessment of localities against the strategy. Further use of the third sector, including the Alzheimer's Society, will be considered to provide training and education for both staff and people with dementia and their carers</p>	<p>January 2010 – The PCT have included training requirements into its service specifications for provider services. The provision of training for all staff is being considered as part of the Dementia Working Group action plan</p>	<p>July 2010 – The NY&Y Dementia Network set up two sub groups to focus on specific objectives within the dementia strategy. 1) Objective 8: general hospitals. Meeting of acute trusts dementia leads / Older Peoples Champions / Dignity and Respect Champions. The meeting highlighted several areas including training. Agreement that training of staff at all levels is required to the appropriate level and evidence of</p>

	<p>building on work already undertaken. The PCT will review the training requirements of staff for services it commissions to work with people who are at risk of dementia and their carers. This will be considered alongside Transforming Community Services</p>		<p>this is expected.</p> <p>2) Objective 13 Workforce development. The group are piloting an e-learning package for staff from a variety of organisations. If successful, we are exploring the feasibility of including this within staff mandatory training to ensure all staff working with Adults/ Older people have training on dementia.</p>
YHFT	<p>June 2009 - In relation to the third bullet point of this recommendation – elderly services are piloting some training from the Alzheimer’s Society on one of the wards and will review this.</p>	<p>January 2010 – Awareness raising training held for a group of staff within elderly medicine. External training opportunities also being identified and supported</p>	<p>July 2010 – staff are being encouraged to attend appropriate training.</p>
YAS	<p>YAS responses for June 2009, January 2010 & July 2010 are set out at the end of this document</p>		

Recommendation 3			
That secondary care provider clinicians be urged to acknowledge the positive contributions that can be made by a patient's carer to that patient's ongoing programme of treatment (whilst recognising the issues surrounding patient confidentiality). Clinicians are also urged to take the following into consideration:			
<ul style="list-style-type: none"> ➤ Where it is recognised that there may be an underlying mental health condition to provide written details of any medication and/or treatment plans to the patient ➤ The issue of carers' information being logged on a patient's notes to be urged as good practice and an ongoing dialogue between medical practices and the York Carer's Forum to be maintained to allow for effective databases to be kept. 			
HASS/CYC	June 2009 – no update	January 2010 – The Carers' Strategy Group is sponsoring work between carers & York Hospital to develop a 'carer's passport' which will enable better communication and understanding of need.	July 10 – The Carer's Strategy Group has received reports on the progress of the 'passport', which is being led by the hospital and is progressing
PCT	June 2009 – no update	<p>January 2010 –</p> <p>The York Dementia Working Group has highlighted Carers as a priority area. We are looking to provide training / education sessions for carers to help them with practical tips to support those they care for and support themselves</p> <p>We will also work with the hospital to improve support for carers by sharing examples of good practice from other areas.</p>	July 2010 – The experience of carers was also covered in the meeting with Acute Trust dementia leads. Suggestion that the recommendations within the ADASS report 'Carers as Partners In Hospital Discharge', are implemented. Exploring the feasibility of building it into the contract with Acute Trusts.

YHFT	June 2009 - Within elderly services a review is underway of written information given to all patients and carers to ensure it meets needs	January 2010 – Work continues. As policies and procedures and patient information leaflets are reviewed amendments are made to reflect the needs of the patients who have dementia (as well as the needs of their carers). This is especially relevant in relation to flexible visiting times & supporting patients at mealtimes.	July 2010 - No new info to add – update remains as before
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Recommendation 4			
<p>a. That all service providers be urged to work with the relevant voluntary organisations (Alzheimer's Society, York & District branch of MIND, Age Concern, Older People's Assembly etc) to develop new initiatives and to promote the awareness of dementia (including the provision of an information leaflet for carers)</p> <p>b. That commissioner and service providers discuss the 'This is me' initiative further with the Alzheimer's Society with a view to adopting it within their individual organisations. The Committee wished it to be known that they were very impressed with this particular initiative</p>			
HASS/CYC	June 2009 - We are not aware of any new information having been produced for carers specific to dementia	January 2010 – The Voluntary Sector are actively engaged in joint initiatives to develop services and a shared pathway of care for those with memory problems. Our own care homes are already working with the Alzheimer's Society to provide more personalised activities for residents. We will be asking the Independent Care Group to feature the 'This is Me' initiative in one of their newsletters to independent providers this year.	July 10 - The Independent Care Group (ICG) has continued to promote a number of initiatives including 'This is Me'. The Council and the ICG have also agreed to use £40k, which could have been considered as a way to offer a very small fee increase for care homes this year, for grants towards dignity, dementia or nutrition initiatives, Invitations for bids will be sought in the next few weeks
PCT	June 2009 a. The PCT will encourage Providers to work with the voluntary sector through the inclusion of the voluntary sector in the development and implementation of care pathways for dementia/depression as well as the development of service specifications. b. The PCT would be happy to discuss	January 2010 a. Third sector organisations are included in the York Dementia Working Group and are recognised as providing valuable support to those with dementia and their carers as part of the care pathway. The Map of Medicine for dementia	July 2010 – a) Meeting planned with CYC to explore more efficient commissioning of services from the third sector that is focussed on our priorities. The Map of Medicine has included voluntary sector organisations in to the care pathway for Primary Care to

	<p>the 'This is me' initiative with Providers and the Alzheimer's Society and will consider how such initiatives are built into the commissioning of services in the future.</p>	<p>will be piloted in the York/Selby area. This will describe the care pathway and include health, social care and voluntary sector input.</p> <p>b. The PCT would be happy to discuss the 'This is Me' initiative with Providers and the Alzheimer's Society and will consider how such initiatives are built into the commissioning of services in the future.</p>	<p>raise the profile of the services provided by the voluntary sector.</p> <p>b) This links to recommendation 2 and 3 with an expectation that such tools will be used by Acute Trusts to improve the experience of people with dementia.</p>
YHFT	<p>June 2009</p> <p>a. Elderly services have set up an older people's liaison group which meets 4 times a year and is well attended by the voluntary organisations. Dementia updates are a standing item on the agenda.</p> <p>b. A meeting has been arranged in early July to discuss the use of the leaflet.</p>	<p>January 2010</p> <p>'This is Me' leaflet pilot. YHFT have piloted the leaflet on a variety of wards. Information on progress is shared with the older people's liaison group as identified above.</p>	<p>July 2010 - Extra leaflets have been ordered.</p>
YAS	YAS responses for June 2009, January 2010 & July 2010 are set out at the end of this document		

Recommendation 5			
That York Hospitals Trust, where possible, be urged to adopt a flexible approach during a dementia patient's stay in hospital, for example flexibility in hospital visiting hours and flexibility at mealtimes to allow carers to assist patients with eating.			
HASS/CYC	June 2009 – No update	January 2010 – No update	July 10 – no update
PCT	June 2009 – No update	January 2010 – No update	July 2010 – NHS NYY are looking to see evidence of a dementia pathway of care using systems and processes that improve patients stay and the experience of their carers while their cared for is in hospital.
YHFT	June 2009 - This has been discussed with all Ward Managers and Matrons in elderly services to ensure flexibility whenever possible and to allow carers to participate and help with meals. We are currently getting feedback from patients and carers on 2 wards with regard to experiences of their stay in Hospital in order to improve some of the processes and available information.	January 2010 – A new Care Pathway has been drafted for patients admitted to elderly wards. This includes involvement of carers wherever possible, especially at mealtimes.	July 2010 – as above and will be modified by the specialist mental health nurse due to commence post shortly A leaflet has been produced for carers and families of patients with regard to ward 37 – the joint mental health ward
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Recommendation 6 That all relevant parties be urged to resolve the ongoing issues surrounding the implementation of a universal 'Shared Care Record System'			
HASS/CYC	June 2009 - A person held records pilot has gone ahead but take-up has been limited. The Council has provided funding to the York Health Group to quicken progress on single assessment but this is focused on intermediate care rather than dementia.	January 2010 – Work on a shared pathway of care will include looking at how information can be better shared	July 10 – No update
PCT	June 2009 - The PCT are progressing the National IT Programme that will benefit patients and clinicians. Further information is available upon request	January 2010 – No update	July 2010 - The PCT are progressing the National IT Programme that will benefit patients and clinicians. Further information is available upon request Greater integration between health and social care staff would enable greater access to people's records – see additional comments.
YHFT	June 2009 – No update	January 2010 – YHFT is participating in discussions led through the LIAG	July 2010 - As above – an action plan has been produced with recommendations and is now going out for consultation prior to submission to the commissioners.
YAS	YAS responses for June 2009, January 2010 & July 2010 are set out at the end of this document		

Recommendation 7

That all service providers (HASS/CYC, PCT, YAS & YHFT) report back to the Committee in 6 months time to inform them of the progress that has been made.

Comments from YAS

June 2009

YAS has engaged with the Yorkshire and Humber Improvement Partnership to find ways that Primary Care, Social Services, the Police and Ambulance Service may improve partnership working in relation to mental health. This has manifested as three main work streams; conveyance under s 2 the Mental Health Act (1983), s 136 conveyance and assessment/treatment/transportation under the Mental Capacity Act (2005).

- Conveyance under s 2 MHA has been standardised across Yorkshire and the Humber using a template designed in collaboration with a multi-professional working group led by Humber Mental Health.
- Conveyance of patients detained by the Police under s 136 MHA is work in progress and various local protocols and facilities currently exist. However, in partnership with the Police it is hoped to develop a standard level of service to all patients in the region.
- Patients who are deemed to lack capacity are the greatest challenge to frontline ambulance staff and occasionally conflict arises between ambulance service personnel and other health and social care workers. To address this, YAS is undertaking a service-wide education programme, coupled with modification to the standard patient report form (PRF) to include mental capacity assessment. In addition, establishing partnership working through YHIP will ensure improved frontline multi-professional relations.

The latter work stream is of most relevance to the review of dementia in York as patients with dementia ought to be recognised as lacking capacity by our frontline crews and may be directed to alternative pathways of care as they are developed. In addition, there

is an opportunity for YAS to 'flag' the addresses of patients with dementia but, as this may be a significant number, it is likely to be associated with a commissioning need.

January 2010

YAS has now implemented the changes detailed in the report from the last meeting in the summer i.e. ambulance clinicians now carry documentation to allow them to record assessment of mental capacity and a protocol has been developed for treating patients who lack capacity to make decisions for themselves. Work is ongoing with the Yorkshire & Humber Improvement Programme (YHIP) to develop robust multi-agency processes for treatment of patients detained under S136 of the Mental Health Act.

July 2010

Work is progressing with the Yorkshire & Humber Improvement Programme to establish a multi-agency region-wide project looking at all aspects of capacity and Mental Health Act impact. There has been a noticeable improvement in working relationships with Social Services over the past year.

Additional Comments from YHFT (January 2010)

- YHFT will be participating in the RCP National Care Audit of Dementia
- YHFT have agreed terms of reference and membership of a Dementia Strategy Group which will be an internal group and meet quarterly
- Snapshot audit of numbers of patients in elderly beds in November 2009 with a diagnosis of 'dementia'/cognitive impairment – showed 50 patients (total bed base in elderly is 238)

Additional Comments from YHFT (July 2010)

- The Core Audit has been completed and we await national benchmarking results
- The dementia strategy group is now in place with user and carer input

- We have appointed a new specialist mental health nurse, as this post has been vacant since January 2010. Start date yet to be agreed.
- NICE have issued guidance on Quality Standards for dementia and there are 10 quality statements.

Additional Comments from the PCT (June 2009)

Since the completion of the Dementia Review final report in November 2008 the National Dementia Strategy has been released (February 2009). NHS North Yorkshire & York is currently liaising with key stakeholders to assess the current care and treatment of people with dementia and their carers against the seventeen objectives outlined in the strategy. This will result in an action plan for each locality, including York.

Additional Comments from the PCT (January 2010)

The PCT has discussed the development of a North Yorkshire & York Dementia Network with representatives from both City of York Council and North Yorkshire County Council. This Network is aimed at operational staff, service users and carers, voluntary sector and independent sectors to share good practice and develop the standards of care we want to see for our population. One initial meeting has been held and the next is planned for 3rd February. If anyone would like further information on this or would like to be added to the network mailing list please contact Judith Knapton at NHS NYY (judith.knapton@nyypct.mhs.uk or 01423 859622)

Additional Comments from the PCT (July 2010)

Yorkshire and Humber Health Improvement Partnership has held a Peer Review of dementia services in York. One of the areas for improvement highlighted by the team was the lack of integrated services between health and social care. Currently social care staff are not integrated with Community Mental Health Teams.