Bracknell Forest Dementia LIT: Action plan. COMPLETED PRIORITIES

Introduction

National context

The National Dementia Strategy, Living Well with Dementia, was published in February 2009 and is the first ever national strategy document focussing solely on Dementia. The strategy envisions people with dementia and their carers being helped to live well with dementia at all stages of their condition and/or wherever they are within the health and social care system.

In September 2010 the Department of Health published *Quality Outcomes for people with dementia: building on the work of the National Dementia Strategy***.* This publication suggests a revised implementation plan for health and social care localities and their delivery partners. This includes 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
- Reduced use of antipsychotic medication

In March 2012, the Prime Minister's Challenge on Dementia sets out 3 key commitments

- Driving improvements in Health and Care
- **Creating dementia friendly communities (The action plan looks at how Bracknell Forest can achieve this)**
- Better research

Local context

The Bracknell Forest commissioning strategy for people with dementia 2009 – 2014 was developed in light of the National Dementia Strategy. This local strategy demonstrates how we are working towards improving people's outcomes as identified in '*Our health, our care, our say'.* The headings highlighted in blue relate to the outcomes identified in '*Our health, our care, our say'* and the Bracknell Forest Dementia Strategy.

The Bracknell Dementia Sub LIT has been meeting to implement the actions in Bracknell Forest's dementia strategy for three years and many significant outcomes have been achieved. This re-freshed action plan aims to detail what has been achieved so far and what actions are needed to meet the remaining needs as identified by the local strategy and takes into account the four identified themes from the September 2010 publication.

Those tasks and priorities which have been addressed can be found on a separate document entitled "Dementia LIT actions April 2012"

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Priority identified in BF strategy	Outcome	Actions	Target Date	Lead
1. Improving health and emotional wellbeing				
1.1Continue to build on successful support and services and change and adapt support available, as appropriate, to meet people's needs	Home Treatment Team fully operational.		Complete	
1.2 Address barriers to accessing support: information; timely support; transport and finances **NDS objective 3,4**	No waiting list Home Treatment Team in place Dementia Advisor is a substantive post – people able to access accurate information easily and early on. Duty Officer in place		complete	
1.3 Use existing resources in creative ways to meet people's needs and increase day activity hours **NDS objective 6**	Personalisation/ Personal budgets Direct Payments accessible to older adults. Timebank up and running Heathlands – doubled day activity hours.		Complete	
1.4 Continue to invest in staff development and training, including specialist dementia training **NDS objective 1,13**	As per routine practice: All CMHT (OA) staff undertake Dementia training.		Complete	
1.5 Work more closely with the NHS to fund and provide support for people with dementia and their carers **NDS objective 14**	CMHT (OA) is an integrated team Dementia Advisor post		Complete	

1.6.Work in partnership towards good quality early diagnosis and intervention **NDS objective 2**	Dementia Advisor in place offering advice and support soon after diagnosis. *This is high on the Next Generation Care agenda.*		Complete	
1.7 Provide accessible support for people with dementia to enable them to stay in their own homes for longer and to help with timely discharge from hospital (intermediate care/re-ablement) **NDS objective 6,9**	Dementia Advisor in post Dementia Home Treatment Team established Community Support and Wellbeing (Dementia) Team established Telecare helps people to remain in their own homes for longer.		Complete Complete Complete Complete	
2. Improving quality of life				
2.1 Commission specialist dementia home care provider services **NDS objective 6**	Community Support and Wellbeing Team – Dementia. Team fully operational.		Complete	
2.2 Support current home care providers to increase staff skills and awareness of dementia **NDS objective 1,6,13**	Dementia training is available to providers through the council. This is no longer a free provision. Extended handover is part of common practice when people stop receiving support from Community Support and Wellbeing (Dementia) Team and start receiving support from an agency. Ladybank and Heathlands have purchased specialist dementia training and this is made available to providers who are asked to cover the cost of the workbooks (£2 each). Completion of this training is worth credit towards a diploma.			
2.3 Recruit staff to increase the capacity of BF in-house specialist home	Recruited 3 new staff since October 2009		Complete	

care **NDS objective 6**	Community Support and Wellbeing Team (Dementia) up and running.			
2.4 Improve day options for people with dementia **NDS objective 6**	Dementia Advisor 'user-led' group. Woodlands closed. All people with dementia will have a personal budget – this can be managed on their behalf if necessary. The revamp at Heathlands Day Centre has doubled the amount of day care places available		Complete	
2.5 Enable new opportunities for provision of a range of flexible respite care **NDS objective 6**	Carers able to access respite drop in service Carers able to use personal budgets to access identified respite need. Princess Royal Trust Carer's Service in place	6 month pilot @ Heathlands	Complete Complete Complete	
2.6 Increase awareness for carers of who to contact in an out-of-hours emergency **NDS objective 3,4**	Information given on care plan Answer phone message gives Emergency Duty Team number		Complete	
2.8 Provide more options of specialist dementia residential care.	Heathlands Residential Home registered and in use for Dementia Care.		Complete	
2.9 Improve quality of general hospital care for people with dementia **NDS objective 1,8**	*Linked to Next Generation Care* Berks East – Mental health liaison service (2 specialist nurses) in place at Heatherwood and Wrexham park. Berks West – Mental health liaison service at Royal Berks		Complete Complete	
3. Making a positive contribution				
3.1 Continue to support and value	Carers members of the Local Implementation Team,		Complete	

carers and their families and involve carers and people using services in the development of new initiatives **NDS objective 7**	Dementia Advisor sub-lit group. Carer's able to access 'Understanding Dementia' courses. Carers instrumental in running of User Led Group. Carer aware, e-learning tool available. Carer's drop in respite service available at Heathlands.			
3.2 Continue to support and value the work of the voluntary sector; looking at new ways to work with the voluntary sector to improve people's lives	Voluntary sector representatives within Local Implementation Team. Team supports Alzheimer's Café and other voluntary carer's groups.		Complete	
3.4 Implement a system of involving carers and people with dementia, as appropriate, in the development, monitoring and evaluation of dementia support and services, including the transforming adult social care agenda **NDS objective 5,7**	Terms of Reference detail the membership of carers and people with dementia within the Local Implementation Team. Patient experience tracker. People who access services and their carer's evaluating Dementia Advisor service.		Complete	
4. Increasing choice and control				
4.1 Work with carers, providers and our partners to implement supported self assessment and individualised budgets for people with dementia and their carers.	All new referrals and people at point of review complete an SSAQ, giving them access to personal budgets		Complete	
4.3 Increased provision of Telecare and assistive technologies to enable people with dementia to stay at home	Telecare champion in place within CMHT (OA). Telecare lead in OP LTC team Telecare explored as an option when supporting people with arranging their support through their personal budget.		Complete	
5. Freedom from discrimination or harrassment				

5.1 In partnership, work towards tests for dementia that are appropriate for people from all backgrounds **NDS objective 2**	Variety of test formats in use – no service deficit reported		Complete	
5.4 Investigate the options for having a Dementia Advisor role	Dementia Advisor in post		Complete	
5.6 Develop a strategic approach to inclusion and equality in dementia care, including addressing the needs of LGBT people **NDS objective 2**	Met through holistic assessment		Complete	
5.7 Specialist support to continue to be available to people with multiple/complex diagnoses or sensory loss and dementia	Available through CMHT (OA) and Sensory Needs Service		Complete	
5.8 Ensure dementia care is culturally sensitive **NDS objective 2**	Met through holistic assessment		Complete	
6 Economic wellbeing				
6.1 Be aware of the financial hardships families can face and promote benefits and financial advisory services **NDS objective 3,4**	Holistic assessment by all of team gives this information. Dementia Advisor gives this information to newly diagnosed. Financial team also advises Publication available for self funders and their families considering residential care – financial advice re how to pay for this.	 Establish working group Produce publication	Complete Complete Complete Complete Complete	
6.2 Help people to find out different ways that social care and housing	Holistic assessment by all of team gives this information.		Complete	

support can be funded **NDS objective 3,4,10**	Dementia Advisor gives this information to newly diagnosed. Financial team also advises.			
7. Maintaining personal dignity and respect				
7.2 Encourage all all providers of dementia support to access safeguarding training and we will require all providers we contract with to sign up to the adult safeguarding policy and access safeguarding training.	This is now a contractual requirement of all providers.		Complete	
7.3 Work to improve dementia care in care homes by working in partnership with providers **NDS objective 1,11,13**	Regular monitoring of individual's wellbeing whilst in a care home by CPNs and Social Workers. Care homes phone duty team for advice on dementia issues.		Complete	
7.4 Promote high quality care for people with dementia at the end of life **NDS Objective 12**	Care home staff, District Nurses and CR&R staff attend End of Life training		Complete	

** Quality outcomes for people with dementia: building on the work of the National Dementia Strategy
First published: September 2010

1. Good quality early diagnosis and intervention for all - Two thirds of people with dementia never receive a diagnosis; the UK is in the bottom third of countries in Europe for diagnosis and treatment of people with dementia; only a third of GPs feel they have adequate training in diagnosis of dementia.

2. Improved quality of care in general hospitals - 40% of people in hospital have dementia; the excess cost is estimated to be £6m per annum in the average General Hospital; co-morbidity with general medical conditions is high, people with dementia stay longer in hospital.

3. Living well with dementia in care homes - Two thirds of people in care homes have dementia; dependency is increasing; over half are poorly occupied; behavioural disturbances are highly prevalent and are often treated with antipsychotic drugs.

4. Reduced use of antipsychotic medication - There are an estimated 180,000 people with dementia on antipsychotic drugs. In only about one third of these cases are the drugs having a beneficial effect and there are 1800 excess deaths per year as a result of their prescription.