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### **OVERVIEW & SCRUTINY BOARD**

#### **DECEMBER 2010**

# DEMENTIA IN MIDDLESBROUGH UPDATE REPORT ON ACTIONS TAKEN IN RELATION TO RECOMMENDATIONS MADE IN DEMENTIA IN MIDDLESBROUGH FINAL REPORT (AUGUST 2009)

#### **Recommendations and Updates**

- 1. The Older Peoples' Inreach Acute Liaison Psychiatry Service at JCUH, operated by TEWV, should be developed to the extent where it has the capacity to deal with the likely calls on its time, which is far from the case at the moment. The Panel sees this as a shared responsibility amongst the local health and social care economy and feels this should be treated as urgent.
- 2. The Panel recommends that staff on wards at JCUH which deal with a high proportion of older people should continue to receive training on how to recognise poor mental health symptoms amongst older patients. Such training, however, is intrinsically linked to the urgent work required in ensuring that the older people's acute liaison psychiatry service has the capacity to deal with referrals when they are received.

# Recommendation 1 and 2 Update

The Older Peoples' Inreach Acute Liaison Psychiatry Service at JCUH has had a significant increase in funding and now operates as a full Multi Disciplinary team. The service has developed and agreed clinical pathways for supporting people with dementia in JCUH and the rollout of services which includes awareness training and education to the staff at JCUH will be completed as below to ensure full coverage of the Hospital site:

Next stage: Wards 29 - 36 (Cardio)

Awareness Training / Education in February 2011

Service to start on 1<sup>st</sup> March 2011

Final stage: Wards 6 - 7 and 24 - 26 (Surgery)
Awareness Training / Education in June 2011
Service to start on 1<sup>st</sup> July 2011

In addition to this an intermediate care project has been commissioned by NHS Middlesbrough and NHS Redcar and Cleveland which will run for an initial one year period. This project aims to ensure people with dementia who require specialist support have access to rehabilitation and re-ablement

services either in a residential setting or in their own homes as intensive home treatment. The aim is to enable people with dementia to have equal access to this range of services and achieve equal outcomes as those without dementia and therefore enable more people to remain at home and avoid unnecessary hospital admissions

The service will include a comprehensive training package which will be delivered to the staff working in intermediate care/re-ablement services.

This will cover: -

The Management of Behaviours which challenge Communication Types of Dementia Physical Health Issues Nutrition and Hydration Meaningful Activities Functional Awareness and Depression

These training sessions would be on a rolling programme so that staff could access the training regularly, this would give the opportunity for intermediate care / care home staff to consider situations they have found themselves in and discuss how best to respond to the situation.

The project staff will work in partnership with staff in the intermediate care services, to jointly assess the patient's needs and to develop a support plan, working alongside the teams to support effective treatment and recovery. This project is unique in the region and will be subject to a review of its effectiveness which will be shared via the regional dementia strategy steering group.

3. That the Middlesbrough Practice Based Commissioning Cluster scopes and invests in a specialised Dementia services for use across General Practice in Middlesbrough. Such a resource would ensure that there is the necessary expertise and capacity in General Practice to increase the amount of accurate and appropriate referrals for those with suspected Dementia. The Panel recognises that neither the PBC Cluster or NHS Middlesbrough can implement such a service in isolation. NHS Middlesbrough has a responsibility to support the PBC framework as much as it can in delivering such a vision. General Practice has a responsibility to actively engage in the debate, as the current picture of a one third diagnosis rate for Dementia must be challenged.

#### **Recommendation 3 Update**

A Care Home Support project has been commissioned by NHS
Middlesbrough and NHS Redcar and Cleveland which will run for an
initial one year period. The project will incorporate care homes
across both Middlesbrough and Redcar & Cleveland to offer nonpharmacological interventions, increase engagement with clients
with complex presentations, deliver and support training for
effective high quality interventions and care for people with
dementia and to increase knowledge and understanding of the
factors which influence behaviour by working alongside care home

staff to provide solutions. This is to augment the service offered by the existing Care Home Liaison Team

In addition to this Tees, Esk and Wear Valleys Foundation Trust have developed a Clinical Pathway ensuring timely diagnosis following referral to a memory clinic which includes self / carer referrals, this ensures that the role and responsibility of GPs around dementia is clear and simplified to encourage increased awareness and referral rates. The pathway has agreed timescales of 10 weeks from referral to diagnosis and includes shared care protocols with GPs for management of the dementia. please see algorithm at appendix 1.

Another resource available to GPs to support them in the management of dementia is an online training package aimed at General Practice and developed by the Royal College of GPs supported by the Northern Regional group available at no cost through e-learning for health. This training can be completed at the GPs own pace at a place of their choosing and has received very positive feedback.

- 4. That NHS Middlesbrough and Middlesbrough Council further develops Dementia Advice services. Such services should be located, or at least heavily advertised, in places where people will typically receive diagnosis of Dementia.
- 5. That NHS Middlesbrough and Middlesbrough Council invests, as a priority, in an appropriate number of Dementia Advisor Posts as envisaged in the National Dementia Strategy. To fill the position of this sort that is currently vacant would be an excellent start. These posts should be proactive, contact people who are newly diagnosed and guide the patient and their carers through all stages of the journey, paying specific attention to the 'softer' services that people rely upon so much.
- 6. The Panel recommends that NHS Middlesbrough and Middlesbrough Council develop and open a Dementia Café for the use of patients and carers. Such a facility could be operated in established premises, to keep down capital costs. It would provide patients and carers with an opportunity to meet with people going through similar experiences and would allow patients and carers the opportunity to speak with professionals in a relaxed, informal and 'normal' environment.
- 7. The Panel is aware of the advancements made recently in services for Carers, particularly out of the Life Store. The Panel would urge the local health and social care economy to keep the needs of Dementia Carers at the forefront of its thinking when developing Dementia services.

### Recommendation 4, 5, 6 and 7 Update

In July 2010 Sanctuary Carr-Gomm was commissioned by NHS Middlesbrough and Middlesbrough Council to provide Dementia Advisory services. The service began in September 2010, employing two full-time dementia advisors, and has received 68 referrals to date.

The Dementia Advisors work closely with Middlesbrough Memory Clinic and hold various regular drop-in events. For example, the Service holds a drop in at Westerdale Unit, Roseberry Park every first Wednesday of the month, where people can come along and have a chat to staff and initial assessments can be carried out. Staff also attend James Cook Hospital every month to hold a Drop In and promote the service. Monthly drop-ins at the Lifestore in Middlesbrough are held every third Wednesday of the month. One-off events,

such as a coffee morning at Berwick Hills Library, have also been arranged. A lunch club will be held in the Southern Cross every second Wednesday starting on December 8<sup>th</sup> and other venues around Middlesbrough are being considered.

Staff from Carers Outreach promotes both services at their regular GP Drop Ins, at four GP practices: Hirsell Surgery, Kings Medical Centre, Resolution Health Centre and Newlands Surgery. Drop-ins have also been held at Marton Side Surgery and Evolution Surgery and these may also become regular events.

Further developments of the service are to take referrals from James Cook University Hospital, improve GP awareness around all carers' issues and to take student placements from Teesside and Sunderland Universities.

8. NHS Middlesbrough and Middlesbrough Council should consider in detail whether the local *Alzheimer's Society* and associated third sector organisations, currently have the capacity and appropriate funds, to deliver the sorts of 'softer services' that are envisaged as being developed and that are the speciality of the sector. The Panel would like to hear the outcome of that exercise.

## **Recommendation 8 Update**

The Tees branch of the Alzheimers society have been through a period of significant change, had some staff turnover and have re-located to premises in Skippers Lane. The Dementia advisor service went to formal tender, which the Alzheimers society unsuccessfully bid for. The Dementia advisor service and peer support service have been commissioned through Sanctuary Carr-Gomm which is a not for profit organisation with significant experience in the area of supporting vulnerable people. This service complements the carers support service which is provided by the same organisation.

9. The Panel recommends that the local health and social care economy investigate methods to increase awareness of the condition and thereby challenge the perception that it is a 'normal' part of ageing. In so doing, it is hoped that the stigma could also be challenged. Whilst anecdotal, the Panel feels that the stigma associated with Dementia probably prevents some people accessing the services they need.

#### **Recommendation 9 Update**

Tees public health have been consulted with regard to awareness of dementia and agreed that dementia is included in the mainstream health messages and local campaigns in areas such as obesity, healthy heart, isolation etc. NHS Tees have worked with BBC Tees and supported radio phone in around Dementia. Contracts with Acute Hospitals and Community services have included incentives around the recognition and support for people with dementia in mainstream health services to improve detection and reduce stigma around dementia.

# **Appendix 1**

#### Cognitive decline for more than six Screening investigations completed: FBC, U&E, Physical examination completed and months and excluded eg Delirium, LFT, TFT, Glucose, B12 MMSE or 6CIT thyroid difficulties and folate, MSU, Calcum screen completed and CRP Comprehensive Assessment including FACE and HONOS Probable physical presentation Back to referrer or signpost on No physical cause for presentation Memory service Psychological nological/mental health history Neuroradiology Social Functional Bristol ADL scale Physical Complete Trust Carers assessment Order/complete 9 Request further specialist assessment Social Care physical examination as necessary Potentia/ly: Hachinski scale vascular dementia, Cornell scale for depression in dementia assessment Physical health history CT scan as necessar Request further MRI scan Speech and language SPECT scan specialist assessment Occupational therapy as necessary eg Other assessment tools as necessary DAT scan Refer to reuropsychology as necessar Physiotherapy DIAGNOSTIC FORMULATION Choice for patient: home or clinic and including initial care plan Diagnosis given rmation prescription 12- 13 weeks POST DIAGNOSTIC COUNSELLING Carer assessment offered NON PHARMACOLOGICAL INTERVENTIONS Life history document and HARMACOLOGICAL INTERVENTIONS person centred assessment flower and person centred tion s interven ACHRE inhibitors Other meds (NICE pathway) Interventions may include: • Psychological (user and/or carer) · Cognitive and/or perceptual Behavioural • Pain and physical (including falls) Social inclusion Communication • Independent living/support package Sensory • Spirit and/or cultural User/carer education and support Specialist formulation if Roseberry Park CPA standard review necessary formulation and person centred intervention star (Inpatient) ADVICE: Exit strategy Patient End of life Columbo model and person information at centred assessment flower and every step of algorithm person centred intervention star (care home liaison, Young onset Dementia team Challenging Behaviour Team

**CLINICAL ALGORITHM (Dementia Pathway)** 

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