

NORTH YORKSHIRE COUNTY COUNCIL
CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

8 April 2010

Dementia Strategy: Update and Next Steps

1.0 Purpose of Report

- 1.1 To update the Committee on local activity in relation to the National Dementia Strategy and the conclusions of the Committee's review, particularly the progress on the Dementia Network.
- 1.2 To introduce the results of the Yorkshire and Humber Improvement Programme Peer Review.

2.0 Introduction

- 2.1 In January 2009 the Committee completed the first phase of a study on Dementia. The proposals that emerged followed those included in the National Dementia Strategy. The final version, slightly altered, received a positive response from the NYCC Executive, who agreed it should be adopted as the basis for further consultation with partners and as the framework of a joint commissioning strategy.
- 2.2 The Executive also supported the Committee's intention to continue working alongside the Directorate, representatives of the PCT and third sector colleagues.
- 2.3 The Executive also agreed that the Committee should continue working with the new Dementia Network.

3.0 Dementia Network

- 3.1 The North Yorkshire Dementia Network has made a strong start. Two meetings have been held, the first on 17 November 2009 and the second on 3 February 2010. Representatives at the first meeting identified current services on the ground and highlighted gaps in provision and support.

4.0 Inspiring Innovation in Dementia: Regional Conference

- 4.1 On 9 March 2010 your Chairman attended a regional conference hosted by the Yorkshire Improvement Partnership and the Department of Health. This was useful in exchanging information of where each local authority is regarding the National Dementia Strategy. The Chairman will elaborate further at the meeting.

5.0 YHIP Peer Monitoring Review

- 5.1 In October 2009 Yorkshire and Humberside Improvement Partnership conducted a Peer Monitoring Review of Dementia Services in North Yorkshire. This included discussions with key officers, particularly local Dementia leads Judith Knapton from the PCT and Seamus Breen from ACS. The local briefing and review was overseen by Veronica Brown, Dementia Strategy Lead for Yorkshire and Humber. A good deal of information on current baseline activity was prepared for the Review,
- 5.2 The results of the Review have now been made available. These are attached with this report.

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Yorkshire & Humber Improvement Partnership Regional Review of Dementia North Yorkshire Locality Report

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The Review Team for the North Yorkshire locality visit consisted of: -

- Sally Rogers - Yorkshire & Humber Improvement Partnership
- Veronica Brown - Yorkshire & Humber Improvement Partnership
- Jeanette Logan - North East Lincolnshire Care Trust Plus
- Peter Ruickbie - Alzheimer's Society
- Keith Baulcombe - Hull PCT
- Andy Stones - Barnsley PCT

The North Yorkshire team consisted of: -

- Judith Knaption - North Yorkshire PCT (Locality Dementia Lead)
- Jan Cleary - Strat. Com. Manager
- Michael Hunt - Strat. Com. Manager / Chief Officer Rep.
- Norma Sutton - OP Policy Officer
- Councillor Tony Hall – Observer

The staff groups included representatives of: -

- Community Mental Health Teams

The authors of the report would also like to thank the following individuals for their support during this project –

- Philip Lewer Deputy Regional Director Yorkshire & Humber Social Care and Locality Partnerships
- Peter Flanagan - Yorkshire & Humber Improvement Partnership
- Lynn Edgar- Review note taker
- Mary Donohoe - Yorkshire & Humber Improvement Partnership

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Please Note

The analysis in this report is based on the material collected during the review process, with notes taken during the visit appraised by the Local Dementia Lead and supplied to the report authors. The submissions to the authors are taken on face value as being materially factual and correct.

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Executive Summary

In August 2009 the Yorkshire & Humber Improvement Partnership developed a dementia peer review programme that would investigate the progress made towards the implementation of the National Dementia Strategy in the fifteen localities in the Yorkshire & Humber region. This report documents these findings for the North Yorkshire locality, particularly focussing in on the seven priority objectives of the Implementation Plan.

Good quality early diagnosis and intervention for all – currently 38% of people with dementia in the North Yorkshire locality have a clinical diagnosis of dementia and are registered with their GPs. A referral protocol exists for primary care staff to refer on to the Community Mental Health Team (CMHT) via the GP, although there are a variety of routes through to the Memory Assessment Service. The voluntary sector is well signposted from the health and social care access points.

Improved community personal support services - no specialist Home Care service was available in the locality, but the CMHT will provide advice and information on dementia to community staff as and when required through the current informal arrangement. A Resource Allocation System is currently being developed in North Yorkshire. A Direct Payment scheme is in place in the locality and around 64 people are in receipt of Individual Budgets and Personal Assistants are being recruited to support the process.

Implementing the Carers' Strategy for people with dementia – an extensive range of Respite and short-break opportunities have been recently purchased by the local authority, using carer grant funding for a variety of locations in the county. These opportunities include a Saturday club, day Respite, sitting service, memory café etc. A number of carer resource centres are also funded across the county that provide a range of support and information. An emergency Carer's Card scheme is also in operation.

Improved quality of care for people with dementia in general hospitals - a Hospital Liaison Service exists in part of the locality, while in other areas the CMHT provide a crisis support service. Dementia awareness work has been undertaken with hospital staff with limited success, as it appears that dementia is not necessarily a high priority in the general hospitals. Named leads for dementia do exist in the acute trust.

Living well with dementia in care homes – no formal Care Home Liaison Service is provided, but the CMHT provide a crisis response service. However the North Yorkshire Action Plan contains a consideration for the development of a formal arrangement in future. Currently there is no facility in the contracting process to provide incentives to Care Homes to improve the quality of care provided.

An informed and effective workforce for people with dementia/carer training and awareness – no overall integrated training plan for dementia exists in North Yorkshire, but commissioners have identified it as a priority for development, although over 600 staff in the local authority have received training in core skills in dementia. However a number of health and social care staff groups have already taken advantage of distance learning training opportunities in dementia. Some training has also been delivered for carers.

A joint commissioning strategy for dementia – A joint strategy has been developed between key partners in North Yorkshire. A forthcoming event is planned with people with dementia and carers to identify priority areas. Real concerns exist among commissioners that if the predicted increase in cases of dementia is realised then a considerable strain will be exerted on the care resources in the locality. All plans for services are being reviewed to identify financial efficiencies.

1 Introduction

The National Dementia Strategy¹ was published in February 2009 following an extensive public consultation process. The Strategy is ambitious; its aim is that all people with dementia and their carers should live well with dementia. The Strategy also defined the framework for implementation, which is now published as *Living Well With Dementia: National Dementia Strategy Implementation Plan*². It sets out the task ahead to deliver the aspirations of the National Dementia Strategy and identifies seven³ priority objectives that will help provide the foundations for successful implementation, leading to improvements in the quality of the lives of people affected by dementia.

The implementation plan also specifies *that by 31st March 2010, Deputy Regional Directors (DRD)*⁴ *and their regional teams will have completed a baseline review of dementia across their locality measuring against the objectives identified in the strategy and will ensure there is a jointly owned action plan for each locality that key partners have co-produced and co-own.*

In response to this requirement, in August 2009 the Yorkshire & Humber Improvement Partnership, led by the Dementia Strategy Lead, developed a dementia peer review programme that would investigate the progress made towards the implementation of the Strategy in the fifteen localities in the Yorkshire & Humber region.

This report documents the findings of the North Yorkshire locality review, focussing primarily on progress made towards implementation of the seven priority objectives, although the report does contain details of the remaining objectives in the report appendices. The findings of the review are presented in three main sections in the report and are structured in the following way –

- *Implementation Plan Priorities* – analysis of the responses submitted to the Review Team in relation to the seven priority objectives.

¹ Living with dementia: A National Dementia Strategy - Department of Health – February 2009

² www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103136.pdf

³ Good quality and early diagnostic support services (objective 2); Improved community personal support services (objective 6); Implementing the Carers' Strategy (objective 7); Improved quality of care for people with dementia in general hospitals (objective 8); Living well with dementia in care homes (objective 11); An informed and effective workforce for people with dementia/carer training and awareness (objective 13); A joint commissioning strategy for dementia (objective 14)

⁴ Deputy Regional Director for Social Care and Local Partnerships

- *Service Users & Carer Perspectives* – collation of the responses provided by service users and carers of their experiences of dementia services to date.
- *Good Practice, Priorities and Areas for Improvement* – a summary of the responses provided by participants as to current strengths of the service provision and areas where further development is required.

Chapter 4 of this report contains an action plan template for key partners in each locality to complete in light of the review findings. In addition to the above chapters of this report, a number of appendices also exist that contain the response data collected during the review process. These appendices are –

- Appendix 1 - containing the descriptive evidence collected in section 4 of the Metrics Proforma in support of progress made with the seven priority objectives of the Strategy.
- Appendix 2 - containing the descriptive evidence collected in section 4 of the Metrics Proforma for the remaining objectives of the Strategy. This evidence has been included in this report for completeness, but has not contributed to the analysis provided.
- Appendix 3 – containing the quantitative evidence about dementia in the locality and collected through section 2 of the Metrics Framework.

Material presented in Appendices 1-2 has been extracted from the data collection proformas and where appropriate, have been collated to reflect the triangulation of responses from the participating groups visited as part of the review process.

2 Review Methodology

The methodology used in this review process incorporated a number of research techniques including surveys and semi structured interviews. The collection of data was coordinated around the *Metrics Framework* that contained four key sections that are listed below with further details in Appendix 4 -

- Section 1: Local Service Description
- Section 2: Quantitative Metrics
- Section 3: Strategic Issues
- Section 4: Descriptive Evidence

The Local Services Description section of the above Metrics Framework was completed by the Dementia Strategy Lead and forwarded to the Locality Dementia Lead, along with the Quantitative Metrics section of the document, for review and completion prior to the Review Team visit. The Review Team visits were co-ordinated by the Dementia Strategy Lead, with the Locality Dementia Lead for each area organising the locality visit programme, incorporating opportunities for the Review Team to meet and interview the following groups of partners and stakeholders⁵ -

- Chief Officers and Senior Officers from the local health and social care organisations.
- Primary Care Trust, Adult Social Care commissioners and Third sector partners
- Up to three care pathway staff groups which could include memory clinics, secondary care services, community teams, primary care teams, specialist services, home care providers, care home providers and third sector provider organisations
- Carers and people with dementia.

Notes of the locality visits were recorded by a dedicated member of the Review Team and were circulated to the Locality Dementia Lead for verification as an accurate record of the discussions had during the visit. The evidence gathered here for section 3 and 4 of the Metric Framework was collated with the evidence gathered in section 1 and 2 of the framework, and is presented and analysed for the locality in this report.

⁵ The choice of groups being interviewed by the Review Team reflected the local service configurations and as no two localities are identical, the types of group participated varied from locality to locality.

3 Findings of the Review Team in the North Yorkshire Locality

3.1 Implementation Plan Priorities

This section of the report contains a summary of the evidence collected in Section 2: Quantitative Metrics and Section 4: Descriptive Evidence of the data collection proforma, relating to the seven priority objectives of the National Dementia Strategy Implementation Plan. Full details of the questions posed and responses given for this locality are recorded in Appendix 1.

Objective 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 treatment, 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.

The baseline data submitted to the Review Team for the North Yorkshire locality in relation to Section 2: Quantitative Metrics are outlined in Table 1.

Table 1: Good quality early diagnosis and intervention for all	2009 Baseline
Number of patients currently registered with GPs as having dementia	3,110
Registered patients as percentage estimated total population with dementia aged 65 years and over	38%
New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	Information not available.
Apr 2009 – Review visit	Information not available.
Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	Information not available.
CT/MRI brain scans for clarification of dementia diagnosis: Average waiting time from referral to CT/MRI scan date over last 12 months (weeks)	Information not available.
Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	Information not available.

In North Yorkshire it is estimated that around 38% of the population with dementia have a diagnosis and are registered with their GPs. The proportion in the locality is marginally lower than the regional rate of 39%, but five-percentage points higher than the national rate of 33%.

Progress reported in descriptive evidence in the North Yorkshire locality (Section 4 of proforma) –

- A referral protocol exists for primary care staff to refer on to the Community Mental Health Team (CMHT) via the GP. However not all practices use the system.
- A number of different referral routes exist to specialist services across the county depending on the geographical location, however in all cases the CMHT are the main point of access to the Memory Assessment Service.
- A number of teams in the locality will provide signposting to the voluntary sector, but it was acknowledged that improvements in the co-ordination of the information provision were required.

Objective 6: Improved community personal support services.
 Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to Specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services.

The baseline data submitted to the Review Team for the North Yorkshire locality in relation to Section 2: Quantitative Metrics are outlined in the Table 2.

Table 2: Improved community personal support services	2009 Baseline
How many hours of specialist home care for people with dementia are currently offered per year?	Information not available.
Number of people with dementia currently in receipt of individual budgets?	64

Progress reported in descriptive evidence in the North Yorkshire locality (Section 4 of proforma) -

- No specialist Home Care service was available in the locality.
- The CMHT will provide advice and information on dementia to community staff as and when required through the current informal arrangement.

- A Resource Allocation System is currently being developed in North Yorkshire.
- A Direct Payment scheme was in place in the locality, but carers reported that the scheme was not easy to access.

Objective 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 for carers of people with dementia. Carers have a right to an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia. This will include good-quality personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected.

The baseline data submitted to the Review Team for the North Yorkshire locality in relation to Section 2: Quantitative Metrics are outlined in the Table 3.

Table 3: Implementing the Carers' Strategy for people with dementia.	2009 Baseline
Number of Carer Assessments carried out for Carers of people with dementia Apr 2008 – Mar 2009	Information not available.
Apr 2009 – Review visit	Information not available.
Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009	127
Apr 2009 – Review visit	68

Progress reported in descriptive evidence in the North Yorkshire locality (Section 4 of proforma) –

- Extensive range of Respite/short-break opportunities were recently purchased by the local authority from the Alzheimer's Society, Rydale Carers and Crossroads Care at a number of different locations in the county. These opportunities include a Saturday club, day Respite, sitting service, memory café etc.
- A number of carer resource centres are also funded across the county that provide a range of support and information.
- An emergency Carer's Card scheme is in operation across the locality. Feedback on the system suggests that there are a number of people with dementia that do not have contingency plans for their care.

Objective 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 the commissioning of specialist liaison older people's mental health teams to work in general hospitals.

Progress reported in descriptive evidence in the North Yorkshire locality (Section 4 of proforma) –

- A Hospital Liaison Service exists in part of the locality, with work focussing on education and changing the culture of hospital staff towards dementia detection and care. There has been limited success with the service, as it appears that dementia is not necessarily a high priority in the general hospitals.
- Other areas of the locality are supported by the CMHT that provide a crisis support service, although in Airedale the Bradford CMHT also provide education and training to staff groups.
- Named leads for dementia do exist in the acute trust.

Objective 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 teams, and through inspection regimes.

The baseline data submitted to the Review Team for the North Yorkshire locality in relation to Section 2: Quantitative Metrics are outlined in the Table 4.

Table 4: Living well with dementia in care homes	2009 Baseline	
Number of registered beds in residential and nursing care in your community for dementia.	896 dementia residential beds (28% of total) 1,719 dementia nursing beds (53% of total capacity)	
Number of care homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
4* rating	N/A	N/A
3* rating	63	28%
2* rating	133	59%
1* rating	30	13%
0* rating	N/A	N/A
Not rated*	N/A	N/A

Progress reported in descriptive evidence in the North Yorkshire locality (Section 4 of proforma) -

- No formal Care Home Liaison Service exists at present, but the CMHT will provide a crisis response service. However the North Yorkshire Action Plan contains a consideration for the development of a formal arrangement in future.
- Currently there is no facility in the contract process to provide an incentive to Care Homes to improve the quality of care provided. However the local authority is currently strengthening their contract-monitoring role in relation to their Care Home services.

Objective 13: An informed and effective workforce for people with dementia/carer training and awareness

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.

The baseline data submitted to the Review Team for the North Yorkshire locality in relation to Section 2: Quantitative Metrics are outlined in the Table 5.

Table 5: An informed and effective workforce for people with dementia/carer training and awareness	2009 Baseline
Number of dementia awareness courses available for mainstream staff per year	Information not available.
Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	Information not available.
Apr 2009 – Review visit	Information not available.
Number of dementia awareness courses available for Carers per year	16 (provided by Alzheimer’s Society across NY)
Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	92 (provided by Alzheimer’s Society across NY)
Apr 2009 – Review visit	Information not available.

Progress reported in descriptive evidence in the North Yorkshire locality (Section 4 of proforma) -

- No overall integrated training plan for dementia exists in North Yorkshire, but commissioners have identified it as a priority for development and a future inclusion in service specifications. However the local authority have provided training in core skills in dementia for over 600 staff to date.
- It is however recognised by commissioners that there are a number of training opportunities in dementia that do exist for distance learning that has been utilised by a number of health and social care staff groups. Some training has been delivered for carers.

Objective 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 best to meet these needs. These should be informed by the World Class Commissioning guidance developed to support the Strategy.

Progress reported in descriptive evidence in the North Yorkshire locality (Section 4 of proforma) -

- A joint strategy for the implementation of services for dementia has been developed between key partners in North Yorkshire. A forthcoming event is planned with people with dementia and carers to identify priority areas.
- There is a real concern among commissioners that due to the demographic structure of the population in the locality, the predicted increase in the numbers of people with dementia, if realised will exert a considerable strain on the health and social care resources in North Yorkshire.
- Efficiencies in other parts of the service provision will be required to fund the expansion in the dementia care services.

3.2 Perspectives of Carers & People with Dementia

An integral part of the region review of dementia was to obtain the views of both people with dementia and carers with regard to their experiences of dementia in the locality. During the Review Team visits, the Locality Dementia Leads arranged sessions with both groups of individuals at the Cherry Garth Day Centre, posing the questions - *what's good about your experience with dementia in the locality?* and - *what's not so good about your experiences with dementia?* The notes generated during the session are summarised below.

What's good about your experience with dementia in North Yorkshire?

- Staff at the day centre are great. The staff have a passion and commitment to the clients and go further than just day centre service.
- The activities are well planned and are varied.
- The day centre provides good company and good food for those attending.

What's not so good about your experience with dementia in North Yorkshire?

- More days for people at the day centre – currently the centre is only open 3 days a week and the premises are a little cramped. There is a current waiting list for new clients and for additional day attendances.
- A carer had encountered a lot of problems with the Social Services regarding the direct payment. She applied for retrospective payment and was refused and she now feels she has been “black-listed”.

3.3 Good Practice, Immediate Priorities and Areas for Improvement

During the Review Team visit to the localities, sessions with Chief Officers and Senior Service and Providers were arranged to explore the strategic issues facing the locality in terms of dementia care. Officers present were requested to provide examples of good practice, immediate priorities and areas for improvement for their locality, as detailed in Section 3: Strategic Issues of the data collection proforma.

The evidence collected in the above sessions was then supplemented with additional material gathered in the more detailed interviews with locality commissioners and staff groups. The following are the combined views on the locality.

Examples of Good Practice in the North Yorkshire Locality

- Partnership working – commitment to service improvement from all stakeholders.
- Good support from CMHT once in the ‘system’.
- Range of day opportunities/support particularly from voluntary sector. However not enough available.

Immediate Priorities and Areas for Improvement

- Ensuring plans translate into action.
- Clarification of the care pathway and roles and responsibilities of each partner.
- Greater integration of services (mental and physical health / health and social care) /Opportunities for joint commissioning between health and social care.

What do you think you could do better locally?

- Ensuring higher standards of care/improved quality is included in the commissioning process.
- End of life care for those with Learning Disabilities and dementia.
- Support for people in early stages of dementia
- Improve patient/carer experience in general hospitals.

Positioning of the Locality to Meet the Objectives of the National Dementia Strategy

In terms of preparedness to meet the National Dementia Strategy (on a scale of 1 – 10) the PCT rated themselves 4, Social Care 7.

4 Jointly Owned Action Plan Template for the Implementation of the National Dementia Strategy

This chapter of the report contains a Jointly Owned Action Plan Template for use by key partners in the locality to create a co-produced and jointly owned plan for the implementation of the objectives of the National Dementia Strategy to be produced by 31st March 2010,

The following template is based on the model used in the National Dementia Strategy Implementation Plan and published by the Department of Health.

Action Plan for the North Yorkshire Locality			
NDS Objective	Action	Lead Person/ Organisation	Target Date
Good quality early diagnosis and intervention for all			
Improved community personal support services			
Implementing the Carers' Strategy for people with dementia			
Improved quality of care for people with dementia in general hospitals			
Living well with dementia in care homes			
An informed and effective workforce for people with dementia/carer training and awareness			
A joint commissioning strategy for dementia			

Appendix 1:

Detailed Findings Relative to the Priority Objectives of the National Dementia Strategy

The questions in Section 4: Descriptive Evidence of the data collection proforma are based around thirteen of the seventeen objectives of the national strategy. Appendix 1 documents the recorded responses given by the relevant groups involved in the local review to the seven key priority objectives of the National Dementia Strategy Implementation Plan.

National Dementia Strategy Objective 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 treatment, 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.

How this can be delivered

- The commissioning of a good-quality service, available locally, for early diagnosis and intervention in dementia, which has the capacity to assess all new cases occurring in that area.

Is there a local procedure or protocol for social care staff (social workers and home care staff) or primary care staff (e.g. district nurses, health visitors etc) to refer onto other agencies if they suspect dementia?

Commissioners-

- Protocol exists for primary care staff to refer on to CMHT. This has been circulated to all GP's and some use them, some don't.

Is there a single system or single point of access for referrals to Memory Assessment Clinics from primary and social care? If yes how effective is it?

Commissioners-

- Since disintegration of ACS and MH teams – unable to do joint assessments or home visits. Results are the person getting 2 separate assessments and can result in delays in support being given. This is viewed as a big backward step.
- **Craven:** Patients suspected of dementia are referred to consultant in CMHT. CMHT have an integrated care pathway. Aid to daily living assessment carried out. Sign post to others as required. Patient contacted by CMHT every 6 months for assessment. Care pathway exists – all GPs have a copy.
- **Harrogate/Ripon:** Memory clinics at Wetherby; Ripon and Harrogate. All referrals are through the CMHT.
- **Hambleton & Richmondshire:** Two main routes to diagnosis – both rely on referral from GP practice, ACS or Hospital Liaison team to central point of referral to CMHT.
 - GP carries out provisional mental health screening. Makes referral to CMHT (should send MMH score with referral). If there is a clear diagnosis of dementia the person is seen by the CMHT and further tests are carried out to confirm diagnosis.

- If the symptoms are not so clearly pointing to dementia, the CMHT carries out a brief screening process and if appropriate the person is referred to the Memory Clinic for further tests and confirmation of diagnosis.
- **Scarborough, Whitby & Ryedale:** GP's refer to CMHT who undertake a home assessment, except for Helmsley where there is a monthly clinic.
- **Selby:** Service provided as part of CMHT. Patients have to be seen by a consultant to receive a diagnosis – but others can do the assessment. Six monthly appointments are made for those with diagnosis.

Is there a single system or single point of access for referrals to specialist services for people with dementia from primary and social care? If yes how effective is it?

Commissioners –

- Yes – to one of the three CMHT across the area.

What type of Memory Assessment Service is provided locally? Are there plans to implement a core set of assessment tools? List core set of assessment tools?

Commissioners –

- There is more to do in developing these.

Are there clear systems/pathways from the Memory Assessment Service on to follow up or voluntary sector services? If yes how effective is it?

Commissioners –

- Through the GP, Mental Health, Inter Care Social Services, NYCC Customer Care Services or Social Services.
- Pathways need to be improved so that the information does not have to be given again and again. Patients and carers don't care who it is that is supposed to be providing help, they just want help from wherever they can get it.

Do you offer a counselling service (or other support) for individuals newly diagnosed with dementia? If yes how effective is it?

Commissioners –

- See above

Staff Group -

- In the Hambleton District and Richmond area the Memory Nurse explains everything and gives the patients the choice as to whether they want to go ahead or not with the assessment. They come back to the Memory Clinic for the diagnosis and post diagnosis counselling. We then answer any questions and give advice.
- This approach is not currently in operation in Harrogate, but we will be looking at that in the New Year. We have a Memory Activity Self-Help Group. They go through pre and post diagnosis together collectively.

National Dementia Strategy Objective 6: Improved community personal support services.

Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services.

How this can be delivered

- Implement *Putting People First* personalisation changes for people with dementia, utilising the Transforming Social Care Grant.
- Establish an evidence base for effective specialist services to support people with dementia at home.
- Commissioners to implement best practice models thereafter.

Is there a local specialist home care service for people with dementia?

Commissioners –

- There is no specialist Home Care provision.

In addition to referral routes to specialist services described above, are there clear routes or pathways for mainstream community staff to access advice and information from specialist services for people with dementia?

Commissioners -

- CMHT are available to provide advice and information to community staff. Good working relationships exist in many areas but in general it is an informal arrangement.

Does the Local Authority have a resource allocation system (RAS) that includes older people with dementia? If not, are there plans to introduce this?

Commissioners -

- The local authority is working on the Resource Allocation System (RAS) at the moment. Staff groups are going through a 5-day training process. It is not exclusive; it will include all groups including dementia.

Are people with dementia supported to use individual budgets?

Commissioners -

- Individual Budgets are a good option due to the rurality of the locality, but individuals are mostly supported by family and the use of Direct Payments. Personal Assistant's are being recruited, families have supported that process and it is a good opportunity but it doesn't take away the obligation to make sure people are being cared for.

Overall Comments from Carers –

- Carer's niece gets a direct payment from the Local Authority that was arranged last year. When asked if it made a big difference, Carer said that she had had a lot of aggro with the Social Services over it. She feels they should have had it previously. They were

offered through the door carers, but her brother wouldn't hear of it as they are very private people. They don't want lots of different people and living in a rural area, they can only come at particular hours. She read something in the paper about the new system, but doesn't think it will be a success.

National Dementia Strategy Objective 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 for carers of people with dementia. Carers have a right to an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia. This will include good-quality personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected.

How this can be delivered

- Ensuring that the needs of carers for people with dementia are included as the strategy is implemented.
- Promoting the development of breaks that benefit people with dementia as well as their carers.

What types of short breaks are provided for dementia carers? What other services are provided for carers?

Commissioners -

- Through the carers grant money NYCC currently purchase a number of services through the Alzheimer's Society. These include a Saturday club in Hambleton and Richmondshire and day respite services in that same area. Carers are also offered advice and support by Alzheimer's Society in Ripon and Harrogate on our behalf and can also receive a carer's assessment from that service. Carers of people with dementia can also access a number of sitting services throughout the county provided by organisations such as Ryedale Carers or Crossroads Care; this is funded through the carers grant and jointly commissioned by the PCT and NYCC.
- All carers who provide significant or regular care should be offered a carer's assessment that is either done by ACS, Carers Resource or Alzheimer's Society in Harrogate and Ripon.
- Services that can be promoted as a result of this are Emergency Carers Card, Direct Carers Support Grant or a referral to NYCC Supported Employment Service.
- The PCT and NYCC also fund 4 carer resource centres across the county who provide a range of support and information for carers. Respite services, lunch clubs, drop in services, trips, breaks and support groups are also provided for carers across the county.
- A variety of short breaks are available but tend to focus on somewhere for the person with dementia to go rather than activity aimed at the carer. Some services provide activities for both carer and the cared for.
- Tends to be for planned care rather than unplanned care.
- Feedback from the Emergency Carers Card scheme suggests that there are people who have no contingency plan. There are a lot of issues of people living in isolation with no friends or family.

- Short breaks of 2 or 3 hours give people some time to do their own thing without breaking routine. The Saturday drop-in service in Northallerton is great for people wanting to go and do their High Street shopping. We have day care for learning disabilities and the Alzheimer's Society will be moved into that on the weekend to give them more efficiency.
- Memory cafes are provided across NY. Some more successful than others. Age Concern have a day service on Sundays that is very well attended.
- Alzheimer's Society and Carers Resource services are commissioned to provide support to carers in each of the localities. Acknowledgement that funding is inequitable across the area.

Overall Comments by Carers –

- Carer said that the person with dementia sometimes goes on respite care. She has actually just come back and they can see how quickly she has deteriorated whilst she was there. We will get her back to the way she was before she went within a few days. She thinks that it is the change in routine that affects her so badly and also the different food. Person with dementia normally goes to Brentwood in Leyburn, which is very nice.
- User comes to Cherry Garth three days a week and then she goes to Bedale for a day and attends the Saturday Club. This means that she goes to 4 different places. When in good health, she loved to come and participate in everything, and now even though she can't participate she still enjoys attending.
- Reviewer then asked if Cherry Garth was conveniently situated for user. Carer advised that she was picked up and brought back by car, but somebody obviously had to be there in the mornings to see her off and again in the afternoons to receive her. On Mondays, Tuesdays and Thursdays she was picked up around 9 am and returned at about 3. When she went to Bedale, she was normally collected at around 10 am and returned at 4 pm.
- The carer had not been offered any short breaks herself.

**National Dementia Strategy Objective 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 the commissioning of specialist liaison older people's mental health teams to work in general hospitals.

How this can be delivered

- Identification of a senior clinician within the general hospital to take the lead for quality improvement in dementia in the hospital.
- Development of an explicit care pathway for the management and care of people with dementia in hospital, led by that senior clinician.
- The gathering and synthesis of existing data on the nature and impacts of specialist liaison older people's mental health teams to work in general hospitals.
- Thereafter, the commissioning of specialist liaison older people's mental health teams to work in general hospitals.

Do you have a specialist older people's mental health liaison service to local acute or community hospitals? If yes how effective is it?

Commissioners –

- Yes in Harrogate, Hambleton & Richmond and Scarborough.
- In Harrogate – the access tends to be directed by the hospital; Hambleton & Richmondshire – nurse is funded, other staff give their time out of the core budget; Scarborough – Nurse is off long term sick.
- Focus of the work was on changing culture and education. Limited success. Work with the discharge staff was more successful.
- The Craven, York and Selby areas do provide a more reactive service to respond to a crisis.
- Bradford CMHT did provide a service in Airedale – provided education and training for staff. But little difference was made. Need the hospitals to understand their responsibilities for training staff and ensuring they have the competencies to support people with dementia on a general basis.

Is there a named lead for dementia and a work programme to improve the experience of people with dementia in acute care? If yes please give name(s).

Commissioners –

- A lead has been identified in two of the acute trusts.

Please identify any similar arrangements for any community hospitals in your area?

Commissioners –

- No known leads in the community hospitals.
- Similar issues regarding competency levels of staff.

**National Dementia Strategy Objective 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 teams, and through inspection regimes.

How this can be delivered

- Identification of a senior staff member within the care home to take the lead for quality improvement in the care of dementia in the care home.
- Development of a local strategy for the management and care of people with dementia in the care home, led by that senior staff member.
- Only appropriate use of anti-psychotic medication for people with dementia.
- The commissioning of specialist in-reach services from older people's community mental health teams to work in care homes.
- The specification and commissioning of other in-reach services such as primary care, pharmacy, dentistry, etc.
- Readily available guidance for care home staff on best practice in dementia care.

Do you have policies regarding - contracts to incentivise quality care; how contracts are monitored; continuing to use homes with lowest quality rating?

Commissioners –

- Generally no, but it is being debated as to whether it becomes a formal policy. NYCC are strengthening their contract monitoring at the moment. It is recognised that the care market is a huge issue at the moment. There is a 30 or 40 page document that NYCC is putting together with the sector and there will be significant procurement action in the New Year.
- 220 Nursing Homes. Self-funders 50% of the market. Beds vary. Small providers generally service the market but there are some national providers. The under occupancy figures are quite high and the 200 odd individual contracts need managing. There are 3,200 beds of which 1,700 are nursing dementia beds. We are also looking at a joint workforce development strategy.

Do you have a local Care Homes Liaison service that provides specialist support and input to care homes? If yes please describe the service? If not do plans exist to implement such a service?

Commissioners –

- In general no, but the CMHT services will provide a response in a crisis but there is generally no planned care liaison service to care homes.
- Some pilots have been run to provide these services that have proved to be successful, but they were time limited and not continued
- To develop a service is considered to be part of the North Yorkshire Action Plan.

**National Dementia Strategy Objective 13:
An informed and effective workforce for people with dementia/carer training and awareness**

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.

How this can be delivered

- Commissioners to specify necessary dementia training for service providers.
- Improving continuing staff education in dementia.

Is there a local health and social care education and training plan that includes dementia training and awareness? What is the availability of dementia related training programmes for practitioners for 2008/09 and uptake by sector? What is the availability of dementia related training programme for carers in 2008/9 and uptake?

Commissioners -

- No overall integrated plan exists at present but this has been highlighted as a priority area to underpin all other developments. Possible training needs analysis to be undertaken and recommendations put forward for staff at different levels in the different sectors. This will eventually be included in the specifications for the commissioning of services. However over 600 staff within the local authority have been trained in core skills in dementia.
- A range of training opportunities is available including the distance-learning course that a number of health and social care staff have completed.
- Some training for carers has been delivered but this has been limited.

Staff Group -

- There is a personal development plan for the area. Appraisals and a training website that can be accessed. Due to the PCT's financial situation training is limited. You have to really justify any expense. As a team we have an educational session each month, where we get speakers in and can provide training with minimal cost. They recently had an Admiral Nurse who was very interesting. Health Care Support Staff are offered dementia training that goes on for about 8 months. There is also training from the University and Mental Health Foundation that we are able to access.

**National Dementia Strategy Objective 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 best to meet these needs. These should be informed by the World Class Commissioning guidance developed to support the Strategy.

What are the local arrangements for joint commissioning for dementia, including: -

- **use of JSNA?**
- **involvement of and views from people with dementia and their carers?**
- **links made to sustainable communities?**
- **extent of complementary plans between NHS and adult social care?**
- **policy and progress on recycling savings across organisations?**

Commissioners -

- NHS NY&Y and NYCC have put together a draft framework for dementia. There is also a draft NY&Y (PCT / NYCC / CYC) strategy being developed. Events are planned to develop a NY wide network that will have a role in implementing the NY action plan, setting standards of care and monitoring performance. Event planned for 17th Nov to discuss with key stakeholders. Service users and carers have been involved in identifying the priority areas and will be involved in the network.

Are you confident that local services have the capacity and capability to address the increasing numbers of older people? Are there any particular demographic issues in relation to your own locality?

Commissioners –

- Not very confident. NY has an above average elderly population and the predicted increase in levels of dementia is a real concern to commissioners and providers.

What existing or future plans do you have for your devolved share of the funding accompanying the strategy for local implementation?

Commissioners –

- As the funding was not ring fenced and included in the PCT baseline the funding for 09/10 is committed.
- NYCC ACS have a 15-year commissioning strategy.
- NHS NYY have identified Dementia as a priority in its plans for the next five years.
- NHS NY&Y and NYCC are looking to jointly find ways of improving the commissioning of the third sector

Given the current economic situation, do you have any specific plans linked to improving efficiencies?

Commissioners –

- All the plans put forward will have to look at how we can improve efficiencies.

Appendix 2:

Detailed Findings Relative to the Remaining Objectives of the National Dementia Strategy

The questions in Section 4: Descriptive Evidence of the data collection proforma are based around thirteen of the seventeen objectives of the national strategy. Appendix 2 documents the recorded responses given by the relevant groups involved in the local review to the remaining six objectives of the National Dementia Strategy Implementation Plan.

National Dementia Strategy Objective 1: Improving public and professional awareness and understanding of dementia.

Public and professional awareness and understanding of dementia to be improved and the stigma associated with it addressed. This should inform individuals of the benefits of timely diagnosis and care, promote the prevention of dementia, and reduce social exclusion and discrimination. It should encourage behaviour change in terms of appropriate help seeking and help provision.

How this can be delivered

- Developing and delivering a general public information campaign.
- Inclusion of a strong prevention message that 'what's good for your heart is good for your head'.
- Specific complementary local campaigns.
- Targeted campaigns for other specific groups (e.g. utilities, public-facing service employees, schools, and cultural and religious organisations).

What are you doing locally to improve public and professional awareness and understanding of dementia?

Commissioners -

- PCT and NYCC have not done an active promotional campaign. Staff have provided information for local people on an individual basis. Much of the Alzheimer's Society information is used. Demand has already increased because of the national campaign.
- There needs to be greater emphasis on early intervention to provide the right support
- In Scarborough there is a liaison nurse (currently off long term sick) who has worked with staff at the hospital. We have a health passport with each patient so that anybody accessing people on the wards can see what the patient needs at a glance. A specialist person is not always there. Input from people experienced in working with those with dementia is important. Behaviour is a big problem. There are a couple of good models in the county – Harrogate and Scarborough are now training staff.

**National Dementia Strategy Objective 3:
Good quality information for those with a diagnosed dementia diagnosis**

Providing people with dementia and their carers with good-quality information on the illness and on the services available both at diagnosis and throughout the course of their care.

How this can be delivered

- A review of existing relevant information sets.
- The development and distribution of good-quality information sets on dementia and services available, of relevance at diagnosis and throughout the course of care.
- Local tailoring of the service information to make clear local service provision.

Is there a standard information pack offered at dementia diagnosis? If yes at what point is it distributed? How useful is it?

Commissioners -

- In some areas a standard pack is used with core information in and other information added to suit the person's situation. For others, information (many use Alzheimer's Society information) is put together on an individual basis.

Staff Group -

- Signposted pack has just been produced giving information on lifestyle changes, where they need to go, etc. Leaflets are also available from the Alzheimer's Society, which they use constantly which explains Power of Attorneys, carer needs, etc. A CMHT leaflet is being developed too. We need to give people information in small volumes, as it is required. The Alzheimer's Society website is a very good resource. The information needs to be constantly updated in every locality.

National Dementia Strategy Objective 5:

Development of structured peer support and learning networks for people with dementia and their carers

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.

How this can be delivered

- Demonstrator sites and evaluation to determine current activity and models of good practice to inform commissioning decisions.
- Development of local peer support and learning networks for people with dementia and their carers that provide practical and emotional support, reduce social isolation and promote self-care, while also providing a source of information about local needs to inform commissioning decisions.
- Support to third sector services commissioned by health and social care.

What type of peer support and learning networks are offered in your area (e.g. memory cafes, carer support groups, carer education groups)? Who provides them?

Commissioners –

- There is a lot going on – MASH and the Moving On Group in Harrogate and Ripon led by the Alzheimer's Society. Support from the CMHT, but majority of work by the voluntary sector. Most are funded through mainstream budgets.
- Both NYCC and the PCT have got contracts with organisations all over the county including Alzheimer's Society. Respite care at home and a range of support. Direct Carer Support is also available and the Alzheimer's Society is now mandated to do carer assessments.
- Carers Resource Services are jointly funded by the PCT and NYCC. The Alzheimer's Society do assessments for carers on behalf of NYCC, it just depends who provides the main support. Alzheimer's Society has a greater understanding and knowledge of dementia and is in a better position to support people with dementia. Crossroads provide services in Selby as the Alzheimer's Society does not provide the service in this area.

Carers -

- Carer reported that they had attended a few meetings in Northallerton held by the Alzheimer's Society. It was a six-week course, but a lot of the people (including the carer) found it to be too slow moving and dropped out. It was a bit too basic. They were telling them everything that they already knew and not what they needed to know. One session was to show them how to relax and join hands in a circle. There was no practical advice.

Is there consistent provision in your area for these services (are these services provided equitably across the whole area)? If not, what plans are there to develop these functions?

Commissioners –

- There is provision available in each locality but there are issues of how accessible it is for all those living within the locality, especially for those in the rural communities.

**National Dementia Strategy Objective 9:
Improved intermediate care for people with dementia.**

Intermediate care which is accessible to people with dementia and which meets their needs.

How this can be delivered

- The needs of people with dementia to be explicitly included and addressed in the revision of the Department of Health's 2001 guidance on intermediate care.

Are local intermediate care & re-enablement services inclusive of people with dementia and other mental health disorders? Please define any specialist mental health provision available within these services, such as medical or community mental health team time?

Commissioners –

- Only the Rapid Response Intermediate Care Team in Harrogate provides an intermediate care service for those with mental health problems and dementia. But the rehabilitation element needs improving.

**National Dementia Strategy Objective 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, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services.

How this can be delivered

- Monitoring the development of models of housing, including extra care housing, to meet the needs of people with dementia and their carers.
- Staff working within housing and housing-related services to develop skills needed to provide the best quality care and support for people with dementia in the roles and settings where they work.
- A watching brief over the emerging evidence base on assistive technology and telecare to support the needs of people with dementia and their carers to enable implementation once effectiveness is proven.

What range of housing support initiatives is available for people with dementia?

Commissioners -

- There are 12 Extra Care schemes across the whole county and there are a couple more opening next year. NYCC are not planning to stay in the provision of residential care, they see the mainstream care being provided through extra care schemes. When they get a lot more extra care networks, social care development will be the hub and a whole range of services will be offered.

What types of telecare device are available for people with dementia?

Commissioners -

- NYCC have been very proactive in assistive technology. Telecare is linking to more recent developments in Telehealth. One fantastic option is the GPS which has allowed a woman to track her husband on her laptop when he goes for a long walk and who then can be safely collected. It is all about people's acceptance and what is helping is that there are a number of demonstration units around the county such as Whitby so people can go and try the things out for themselves.

National Dementia Strategy Objective 12: Improved end of life care for people with dementia.

People with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the Department of Health End of Life Care Strategy. Local work on the End of Life Care Strategy to consider dementia.

How this can be delivered

- Initiating demonstration projects, piloting and evaluation of models of service provision prior to implementation, given the current lack of definitive data in this area.
- Developing better end of life care for people across care settings that reflects their preferences and makes full use of the planning tools in the Mental Capacity Act.
- Developing local end of life care pathways for dementia consistent with the Gold Standard framework as identified by the End of Life Care Strategy.
- Ensuring that palliative care networks, developed as part of the End of Life Care Strategy, support the spread of best practice on end of life care in dementia.
- Developing better pain relief and nursing support for people with dementia at the end of life.

Does End of Life training include the needs of people with dementia and their carers? Does your local palliative care strategy and services include people with dementia?

Commissioners –

- If the person is known to the CMHT, the Liverpool pathway is followed. Feedback from staff suggests people are often taken into hospital at end stage and die in hospital.
- The strategy covers end of life for all people with long term conditions including dementia but feedback from staff suggest the current focus is still on those with cancer.

Safeguarding

Please describe your local definition/reporting threshold for Safeguarding?

Commissioners –

- We use the national ADASS definition for terms i.e. Alerting is recording and reporting any allegation or concerns about potential abuse or neglect and addressing any immediate protection issues.
- All agencies/individuals within North Yorkshire are encouraged to report any concerns to NYCC through the Customer Service Centre who will treat all concerns seriously and make sure that there is a response. Additionally provider services and other partners to the multi-agency safeguarding process are expected to complete a standard

Alert/Referral form and send that to the Customer Service Centre. This form includes information about the concerns of the vulnerable person that can be used to help the designated Safeguarding Manager make their decision.

- Alerts are then passed to designated Safeguarding Managers within Adult Social Care for decision/further action. Where a decision has been made to bring the alert into safeguarding and hold a strategy meeting/discussion, this is then treated as a safeguarding referral.

Dignity Champions

Do you have Dignity Champions within your dementia services? What sort of initiatives have they been involved with that are specific to the needs of people with dementia and their carers? What outcomes have these initiatives had?

Commissioners –

- 253 Dignity champions in North Yorkshire. 116 have an interest in Dementia. We will hopefully have a few more in the hospitals and there are already a few in the Councils.
- NYCC OP Champion is a Dignity Champion and reports to a Scrutiny committee and 7 Area Committees each year, with a report to the Council's Executive. She chairs a group of Area Committee OP Champions, most of whom have signed up as Dignity Champions.

Appendix 3:

Quantification of the Baseline Position against the National Dementia Strategy

Prior to the Review Team visiting each locality, the Locality Dementia Leads were asked to complete Section 2: Quantitative Metrics of the data collection proforma, providing quantitative evidence about dementia in the locality.

Table 6 illustrates the responses to all the questions posed in the proforma, however in many cases data is not routinely available due to the newness of the need for collection.

Table 6: Baseline Position Against the National Dementia Strategy for the North Yorkshire Locality

Objectives	Metrics	Position
Objective 2: Good quality early diagnosis and intervention for all	Number of patients currently registered with GPs as having dementia	3,110
	Registered patients as percentage estimated total population with dementia aged 65 years and over	38%
	New referrals to Memory Assessment Services per year Apr 2008 – Mar 2009	Information not available.
	Apr 2009 – Review visit	Information not available.
	Average wait time from receipt of referral to first (face to face) contact with Memory Service (weeks)	Information not available.
	CT/MRI brain scans for clarification of dementia diagnosis: Average waiting time from referral to CT/MRI scan date over last 12 months (weeks)	Information not available.
Objective 5: Development of structured peer support and learning networks for people with dementia and their Carers.	Minimum and maximum waiting time from referral to scan date over last 12 months (weeks)	Information not available.
	Number of referrals to peer support and learning networks Apr 2008 – Mar 2009	7,234
	Apr 2009 – Review visit	Information not available.
	Total number of individuals currently using peer support and learning networks	2,853 (run by Alzheimer's Society)
Data sourced from the North Yorkshire Metrics Framework submitted to the Review Team prior to visit on 27 th October 2009		

Table 6: Baseline Position Against the National Dementia Strategy for the North Yorkshire Locality

Objectives	Metrics	Position	
Objective 6: Improved community personal support services	How many hours of specialist home care for people with dementia are currently offered per year?	Information not available.	
	Number of people with dementia currently in receipt of individual budgets	64	
Objective 7: Support for Carers	Number of Carer Assessments carried out for Carers of people with dementia Apr 2008 – Mar 2009	Information not available.	
	Apr 2009 – Review visit	Information not available.	
	Number of people with dementia in receipt of short breaks Apr 2008 – Mar 2009	127	
Objective 10: Housing support, housing-related services and Telecare	Number of people with dementia who are supported to live at home, including in extra care or sheltered accommodation	673 (not including extra care and sheltered accommodation).	
	Number of people with dementia supported at home with a Telecare device.	55 (not including Extra Care and sheltered accommodation).	
Objective 11: Living well with dementia in care homes	Number of registered beds in residential and nursing care in your community for dementia	896 dementia residential beds (28% of total) 1719 dementia nursing beds (53% of total capacity)	
	If possible, indicate what percentage this is of the total provision of residential and nursing care beds		
	Number of care homes in your community with 4/3/2/1 star rated by CSCI/CQC.	Number	Percentage
	4* rating	N/A	N/A
	3* rating	63	28%
	2* rating	133	59%
	1* rating	30	13%
0* rating	N/A	N/A	
Not rated*	N/A	N/A	
Data sourced from the North Yorkshire Metrics Framework submitted to the Review Team prior to visit on 27 th October 2009			

Table 6: Baseline Position Against the National Dementia Strategy for the North Yorkshire Locality

Objectives	Metrics	Position
Objective 13: An informed and effective workforce for people with dementia/Carer training and awareness	Number of dementia awareness courses available for mainstream staff per year	Information not available.
	Number of mainstream staff having attended dementia awareness courses Apr 2008 – Mar 2009	Information not available.
	Apr 2009 – Review visit	Information not available.
	Number of dementia awareness courses available for Carers per year	16 (provided by Alzheimer's Society across NY)
	Number of Carers having attended dementia awareness courses Apr 2008 – Mar 2009	92 (provided by Alzheimer's Society across NY)
	Apr 2009 – Review visit	Information not available.
Safeguarding	Number of people over 65 referred to Adult Safeguarding processes Apr 2008 – Mar 2009	Information not available.
	Apr 2009 – Review visit	196
	Number of people with dementia referred to Adult Safeguarding processes Apr 2008 – Mar 2009	Information not available.
	Apr 2009 – Review visit	Information not available.
Data sourced from the North Yorkshire Metrics Framework submitted to the Review Team prior to visit on 27 th October 2009		

Appendix 4:

Structure of the Data Collection Proforma used in The Review Process

The data collection proforma used in this review process consisted of four sections, these are: -

Section 1: Local Service Description

- Containing background information on the types of services available in the locality to support carers and people with dementia. The information was compiled from regional and national data sources and was provided to the Locality Dementia Lead for verification.

Section 2: Quantitative Metrics

- Containing the quantitative measures assigned to the objectives of the national strategy e.g. number of referrals to memory clinics etc. The Locality Dementia Lead was required to complete the data trawl prior to the Review Team visit. Response listed in Appendix 3 of this report.

Section 3: Strategic Issues

- Containing questions for Chief Officers and Senior Service Providers, soliciting examples of good practice, immediate priorities and areas for improvement for the locality. The Review Team collected responses to questions in this section during their visit to the locality.

Section 4: Descriptive Evidence

- Containing approximately 30 questions investigating the progress made to-date in the locality in implementing the objectives of the National Dementia Strategy. The commissioners in the locality were asked to respond to all the questions in this section of the proforma during their semi-structured interview with the Review Team. Other participating groups were asked only the questions from this section that were deemed relevant to their involvement in dementia in the locality, thus providing additional evidence to that of the commissioners, as well in parts a triangulated insight into the provision and quality of service provided in the locality. Responses listed in Appendix 1&2 of this report.