DEMENTIA CLINICAL SERVICE MAPPING
SOUTH COAST DeNDRoN- SW SHA REGION

PURPOSE

This report summarises the findings of a clinical service mapping exercise carried out in April 2010 for South Coast DeNDRoN (SC DeNDRoN); helping to inform in part Section 6 (dementia only) of the INTERACT regional mapping report.

The report focuses on the following:

- Demographics (and prevalence for dementia)
- Identifying key stakeholders
- Memory Assessment/Diagnosis Pathways
- Examples of local initiatives and implementation plans for delivery on NDS Objectives
- Third Sector Services

INTRODUCTION

The Department of Health launched the National Dementia Strategy (NDS) -Living Well with Dementia- on 3rd February 2009. The Strategy identifies 17 objectives (summarised in Appendix A) that in partnership the NHS, local authorities, third sector and others, must meet.

The Quality Outcomes for people with Dementia describes the DHs role and its priorities during 2010-11 for supporting local delivery of and local accountability for the implementation of the NDS. It is not prescriptive and does not state which services should be planned, commissioned, provided, delivered or set priorities for delivery. For this reason 'implementation' plans are locally owned and are dependent on local circumstances (baseline) and planned development of services within each NHS and Local Authority area. Local organisations (PCTs and their partners) are expected to publish how they are delivering quality outcomes[1] (i.e local implementation plans) so that local people can hold them to account. Though local implementation plans refer to all 17 objectives of the NDS, this report in the does not.

The NICE Quality Standard for Dementia was launched in June 2010. The Quality Standard provides a significant reference point and there is close coherence with the Strategy. It provides specific, concise quality statements, measures and audience descriptors to provide patients and the public, health and social care professionals, commissioners and service providers with definitions of high-quality care. It builds on the 2006 NICE/SCIE guideline, which also has continued relevance and links to related materials such as the memory assessment service commissioning guide. The Department is working with NICE and the Dementia Alignment Sub-group of the National Quality Board to ensure harmonisation of the standards with the Strategy.

Strategic Health Authorities (SHAs) manage the NHS regionally and provide an important link between the Department of Health and the NHS. There are 10 SHAs across England, each SHA area contains various NHS trusts which take responsibility for running or commissioning local NHS services. The DH established an NDS implementation support framework with 9 regional leads for Dementia that map onto the SHAs (South West SHA and South Central SHA fall within the same DH Dementia region).

South Coast DeNDRoN geographically maps across three SHA regions: South West; South Coast and South East Coast as shown in Figure 1. As implementation of the NDS are 'locally owned', for the purposes of this report mapping of dementia services and demographics have been grouped by SHA. Due to time constraints (reporting timeframes) this version of the report details the dementia clinical landscape for the SW SHA region only. Information has been collated for the other two SHAs regions (South Central and South East Coast) and can be reported in the same format if the INTERACT Board

[1] This is to support a move away from central command to local determination and as such PCTS will not be subject to requirements on how or what they publish, neither will there be any national performance requirement put on them

requires this (an overview of the organisation and contacts for South Central and South East Coast SHA can be found in Appendix B) .

Figure 1: Map Strategic Health Authority Configurations [source –adapted from DH website. Populations:- Resident population based on the ONS National Population Census 2001)].

The key contacts made in compiling this report were: SHA Mental Health and Dementia Programme Leads; PCT Dementia Commissioners/ Program Managers; Director of Older Persons Mental Health Services (Mental Health Trusts) and NHS Trust Dementia Champions (Acute Trusts). Refer to section 1.3 (and Appendix B).

Notes:- This report is a snap shot of the dementia clinical services (mainly focusing on initial assessment and diagnosis) at one point in time. The 'point in time' is one of change and transformation (very much work in progress) in terms of the dementia clinical service landscape due to 1) local plans for delivery of NDS objectives being implemented (piloted in some areas) and 2) PCTs in the process of separating out commissioning of services from provision of service (as outlined in the revised 2010/2011 NHS Operating Framework) by April 2011.

Also this report does not make reference to research throughout the region [mainly due to the type of stakeholder (as above) contacted in compiling this report]; all references to research, support and opportunities can be found in the relevant sections of the main INTERACT report completed by the SC DeNDRoN manager.

1- SOUTH WEST SHA

1.1 SHA OVERVIEW

The South West Strategic Health Authority (SW SHA) oversees 14 Primary Care Trusts and a population of approximately 5,038,200. South Coast DeNRoN geographically maps onto the PCTs in the south east of the SW SHA, specifically NHS Dorset and NHS Bournemouth & Poole (as shown in purple shaded area of map in figure 2 below) serving a population of approximately 700,000.

Greater than 85% of the SW SHA region (and population served by the remaining 12 PCTs) fall within South West DeNDRoN coverage.

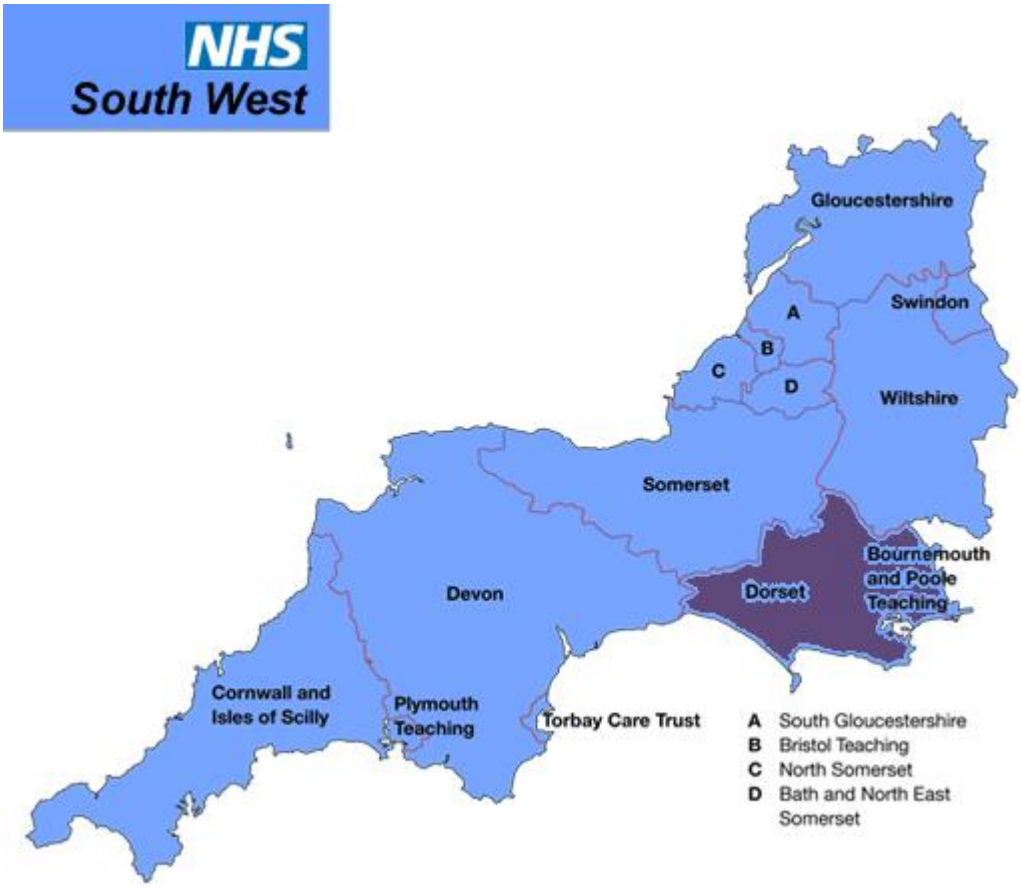


Figure 2: South West SHA PCT Configuration (source South West SHA website).

NHS Bournemouth and Poole (NHS B&P) is the new name for Bournemouth and Poole Teaching Primary Care Trust (which is the legally established title).

NHS B&P is working with NHS Dorset, the three local authorities and local service users and carers to develop a joint commissioning strategy to improve mental health services locally. This will lead to better integration of health and social care, focusing more on prevention, at all ages, reducing the stigma attached to mental illness, early detection and intervention and more care and support in community settings. The two Primary Care Trusts (PCTs) have agreed a joint approach to establishing Dorset HealthCare University NHS Foundation Trust (Mental Health Trust) as the approved provider and have agreed a Project Structure and Transition Plan to achieve the safe and efficient transfer of services and staff into Dorset HealthCare University NHS Foundation Trust by April 2011.

The table below provides an overview (high level) of the two PCTs in regards to services and NHS Trusts within the locality (plus reference to the local authority and relevant NIHR network partners).

PCT	No of GP	Older Persons Mental Health Services	Acute Trusts	Local Authorities	PCRN	CLRN
NHS Dorset	60	Districts 1-3 (on map Fig 4) Dorset Community Health Services (DCHS- provider arm of PCT)[2] Districts 4-6 (on map Fig 4) Dorset Healthcare University NHS Foundation Trust (DHFT)[3]	Dorset County Hospital NHS Foundation Trust (DCH) Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH) Poole Hospital NHS Foundation Trust (PGH)	Dorset County Council	SW PCRN	Western CLRN
NHS Bourne-mouth & Poole	44	Dorset Healthcare University NHS Foundation Trust (DHFT)	Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust (RBCH) Poole Hospital NHS Foundation Trust (PGH)	Bournemouth Borough Council Poole Borough Council		

Table 1: High level summary of NHS Dorset and NHS B&P service organisation

1.2 DEMOGRAPHICS AND PREVALENCE

NHS Dorset[4]

Dorset is a medium-sized county with a smaller than average, sparsely distributed, rural population. However there are large urbanised areas with pockets of high deprivation. Dorset has a higher proportion of older people than the national average for England and Wales with approximately 24% of the population aged over 65 years, compared to the national average of 16% (Table 2 shows the distribution by age and population by age and locality for Dorset County Council /PCT).

- 49,317 people aged 75 years and over (12% of the Dorset population)
- 29,345 people aged 80 years and over (7% of the Dorset population)
- 52% of people in the 65 years and over category were aged over 75.

The population of Dorset is growing at a faster rate than the national average by 6% in the past 10 years compared with a national average of 3.4% (this is principally due to inward migration). The figures show a growing number of elderly people living in Dorset, which will put an increasing pressure on both health and social care services.

[2] This service due to change due to transforming community services, so the older persons mental health services and community services and will be provided by Dorset Healthcare University NHS Foundation Trust.
[3] DHFT is a specialist mental health trust
[4] Source – Dorset PCT Document- A Strategy for Promoting, Developing and Commissioning services that support Self Care and Self Management for people with a Long Term Condition 2008-2011

Area	Population	Age Structure (%)		
	All Ages	0-15	16-64	65+
Christchurch	45,025	15.9	54.6	29.5
East Dorset	84,989	16.6	57.1	26.2
North Dorset	66,713	19.5	60.5	20
Purbeck	45,199	16.8	61	22.2
West Dorset	96,215	17.4	57.8	24.7
Weymouth and Portland	64,905	17.3	63.0	19.7
DCC Dorset	403,046	17.3	58.9	23.7
England and Wales	53,728,830	19	64.9	16

Table 2: Dorset Population by Broad Age Bands and Locality (DCC 2006)

Bournemouth and Poole[5] have similar population structures on the whole, characterised by an older population compared with the England average see Table 3 below. The proportion of people aged 60 years and above in Bournemouth is about 25 per cent, while in Poole it is about 27 per cent. This compares with an equivalent figure of 21 per cent for England. However, there are some differences between the two unitary authority populations, mainly in the numbers of young people aged 20-24 years old living in Bournemouth compared with Poole. This is due to the expanding population linked with Bournemouth University and the language schools, while in Poole, many young people in this age range leave Poole to go to university elsewhere. In both unitary authority populations the proportion of adults aged over 65 years is set to rise considerably. The rise may be steeper in Poole, from 21 per cent of the total population to 28 per cent by 2030. In Bournemouth the corresponding figures are 19 to 24 per cent.

Age Group	Population	
	2007	2025
<20	64,700	64,200
20-64	172,500	170,300
65-84	50,100	59,100
85+	10,400	15,200
All Ages	297,700	308,500
All >65	60,500	74,300

Table 3: shows the population of Bournemouth and Poole PCT based on ONS estimates of the resident population in broad age ranges for 2007 compared with 2025.

Prevalence and Diagnosis Rate

The Alzheimer's Society have made available on their website an interactive map which enables the user to review prevalence and diagnosis rate by SHA or by PCT (if zoom in on map). To access the interactive map click on Alzheimer's Society link here. The data relevant to NHS Dorset and NHS Bournemouth & Poole are summarised in Table 4.

	NHS Dorset	NHS Bournemouth & Poole
Estimated number of patients with dementia in 2010	8,050	5,244
Estimated number of patients with dementia in 2021	10,781	6,372
Percentage increase in the number of patients with dementia	34%	22%
Numbers of people with dementia diagnosis on GP register 2010 (%)	2,130 (26%)	2,466 (47%)
Percentage of the numbers of people with dementia on the GP register	29.3%	43.6%
Ranking (1 highest rate of diagnosis and 169 lowest rate)	169	35

Table 4: PCT dementia prevalence and diagnosis rate (Source :- Alzheimer's Society Website 2011)

[5] Source Joint Strategic Needs Assessment /Public Health Report 2008 (Bournemouth and Poole Teaching Primary Care Trust, Bournemouth Borough Council, Borough of Poole)

NHS Bournemouth and Poole (and NHS Swindon) and are the only Primary Care Trusts in the South West SHA to be in the top 25% for General Practitioner registration of people with dementia.

The generally low numbers of people on General Practitioner registers in the South West is a cause for concern; especially as early diagnosis and support from General Practitioners is highlighted as extremely important in Living Well With Dementia: A National Dementia Strategy. There are several contributing factors as to why NHS Dorset is the lowest ranking: sparse rural communities (access to assessment); GPs/rural communities (stigma: - require education and access to support and information); woolly diagnosis (not definitive, possible or probable so not recorded on register), assessment and diagnosis by member of community health team (e.g Mental Health Nurse) and are not deemed suitable for ACI (acetyl cholinesterase inhibitors) due to severity of dementia they not referred to Old Age Psychiatrist OAP (in some cases not recorded on registers due to person carrying out assessment/diagnosis not being OAP), no system for review and monitoring people with undiagnosed memory loss.

Obj 1,2 raising awareness, assessment and diagnosis considered a priority in local implementation plans for NHS Dorset.

1.3 KEY STAKEHOLDERS

Partner Organisation	Dementia Role	Name and contact details
DH Region (SW)	DH SW Regional Dementia Lead	David Francis david.francis@dh.gsi.gov.uk Tel: 0117 900 3567
SW SHA	Dementia and Mental Health Programme Lead	Kate Schneider- kate.schneider@southwest.nhs.uk; Tel: 01823 361227 Mobile: 07973 732766
NHS Bournemouth & Poole (PCT)	Dementia Program Lead/GP	Dr Paul French paul.french@bp-pct.nhs.uk
	PCT Dementia Commissioner	Christine Howell christine.howell@bp-pct.nhs.uk
	ICP (Integrated Care Pilot) Management Lead	Norma Lee norma.lee@bp-pct.nhs.uk
NHS Dorset (PCT)	Dementia Program Lead	Sarah Howard sarah.howard@dorset-pct.nhs.uk Tel: 01305 368918 Mobile: 07733225454
	PCT Dementia Commissioner	Frances Stevens frances.stevens@dorset-pct.nhs.uk Tel: 01305 368921
Dorset Healthcare University NHS Foundation Trust	Associate Medical Director DHU, Clinical Lead for Mental Health and WellBeing for SW SHA Specialist Interest – Learning Disabilities and Cognitive Impairment (Kings Park Hospital)	Dr Denise Cope denise.cope@dhuft.nhs.uk 01202 305015 Dr Richard Law-Min richard.lawmin@dhft.nhs.uk
RBCH	Dementia Lead for Trust/ Consultant in Geriatric Medicine & Intermediate Care Consultant Physician in General & Geriatric Medicine /Consultant Lead for Memory service development & Education Psychiatric Liaison (Lead Psychiatrist)	Dr Sue Hazel sue.hazel@rbch.nhs.uk 01202 704539 Dr May Ooi may.ooi@rbch.nhs.uk Tel: 01202 704538

		James Stallard james.stallard@dhft.nhs.uk
PGH	Dementia Lead for Trust/ Consultant Geriatrician, Clinical Director Department of Medicine for the Elderly Matron for Older People's Services Psychiatric Liaison (Lead Psychiatrist)	Dr Premila Fade prem.fade@poole.nhs.uk Val Horn Val.horn@poole.nhs.uk Stephen Taylor stephen.taylor@dhft.nhs.uk
DCH	Dementia Lead for Trust Matron for Older People's Services Psychiatric Liaison (Lead Psychiatrist)	Dr Rob Williams Tel: 01305 255185 Gale Volney Dr Ian Johnson
SW PCRN	Deputy Director/Clinical Lead East Hub Network Manager	Dr Michael Moore mvm198@soton.ac.uk Tel: (023) 8024 1056 Jenny Baverstock J.Baverstock@soton.ac.uk
Western CLRN	Clinical Director Senior Manager	Dr Stephen Falk Stephen.Falk@UHBristol.nhs.uk Tel: 0117 342 1375 Susan Taylor Susan.Taylor2@UHBristol.nhs.uk
Alzheimer's Society	South Dorchester Branch Contact East Dorset Branch Contact	Lisa Holmes lisa.holmes@alzheimers.org.uk 01305 259740 Win Armand Smith bournemouth@alzheimers.org.uk Tel: 01202-716393

Table 5: SW SHA region key dementia stakeholders

In November 2008 the South West Strategic Health Authority hosted the region's first-ever Dementia Summit, bringing together leading national experts and local people living with dementia, including families and carers, to help shape the future of care.

This led to the formation of a unique South West Dementia Partnership Group, made up of representatives from health, social care, the Alzheimer's Society and carer representatives, to take forward a vision for better, more integrated services tailored to individual need and delivered when and where people need them, in line with the national strategy. A detailed review was carried out in May-June 2009 to assess the quality of dementia services across the SW, highlighting areas of excellence as well as identifying inconsistencies and where improvements are necessary (report available here). This review has helped inform local action plans (and priority setting based on baseline data collected) of the PCTs and local authorities throughout the South West.

The SW Dementia Partnership has committed to:

- Join up services across health and social care in the SW so that people receive more co-ordinated support;
- Achieve better consistency of services across the SW region, so that people in all areas have equal access to high quality care and support;
- Learn from areas of best practice already taking place. There are many success stories in the South West and examples of excellent care and support which can be shared and copied

The Joint Commissioning Strategy for Mental Health Services ' One in Four' Obj 14 proposes a coming together of the current commissioning forums across Dorset, Bournemouth and Poole to form a new single pan Dorset commissioning partnership that brings together: service users; carers; practice-based commissioners; Dorset and Bournemouth& Poole PCTs; and the three local authorities (Dorset County Council, Bournemouth Borough Council and Poole Borough Council).

Third sector (voluntary and charity) partnerships are covered in more detail in Section 1.7.

1.3 MEMORY ASSESSMENT & DIAGNOSIS PATHWAY

The memory assessment pathway is multifaceted: separate service specifications cover commissioning of the care, support and non-pharmacological treatments for people following a diagnosis of a dementia.

Primary care is often the point of first medical contact for people with suspected dementia and hence is the cornerstone of ensuring early detection and intervention, as well as effective ongoing management. Early detection and intervention enables more timely access to treatments and ultimately reduces total care expenditure by delaying the need for long-term care and other costly outcome[6].

The schematic below illustrates the high-level pathway extracted from the document 'Guidance on Commissioning of Memory Services' published by SW Dementia Partnership (the diagram includes references to specific sections and appendices within the guidance)[7]. The Guidance has drawn from existing service specifications across the South West, positive practice, and advice and guidance provided by a range of commissioners, providers, and people with lived experience. . The guidance is intended to be a resource and tool to inform the commissioning and delivery of Memory Services in the South West in 2011/12 and beyond. The Pan Dorset Commissioning Partnership is working to this guidance in reviewing and modelling its memory assessment and diagnosis pathways.

[6]Extracted from NICE Commissioning a memory assessment service for the early identification and care of people with dementia
[7] This Guidance needs to be revised in light of the revised NICE guidance on ACIs in mild to moderate and Memantine in moderate to severe issued March 2011.

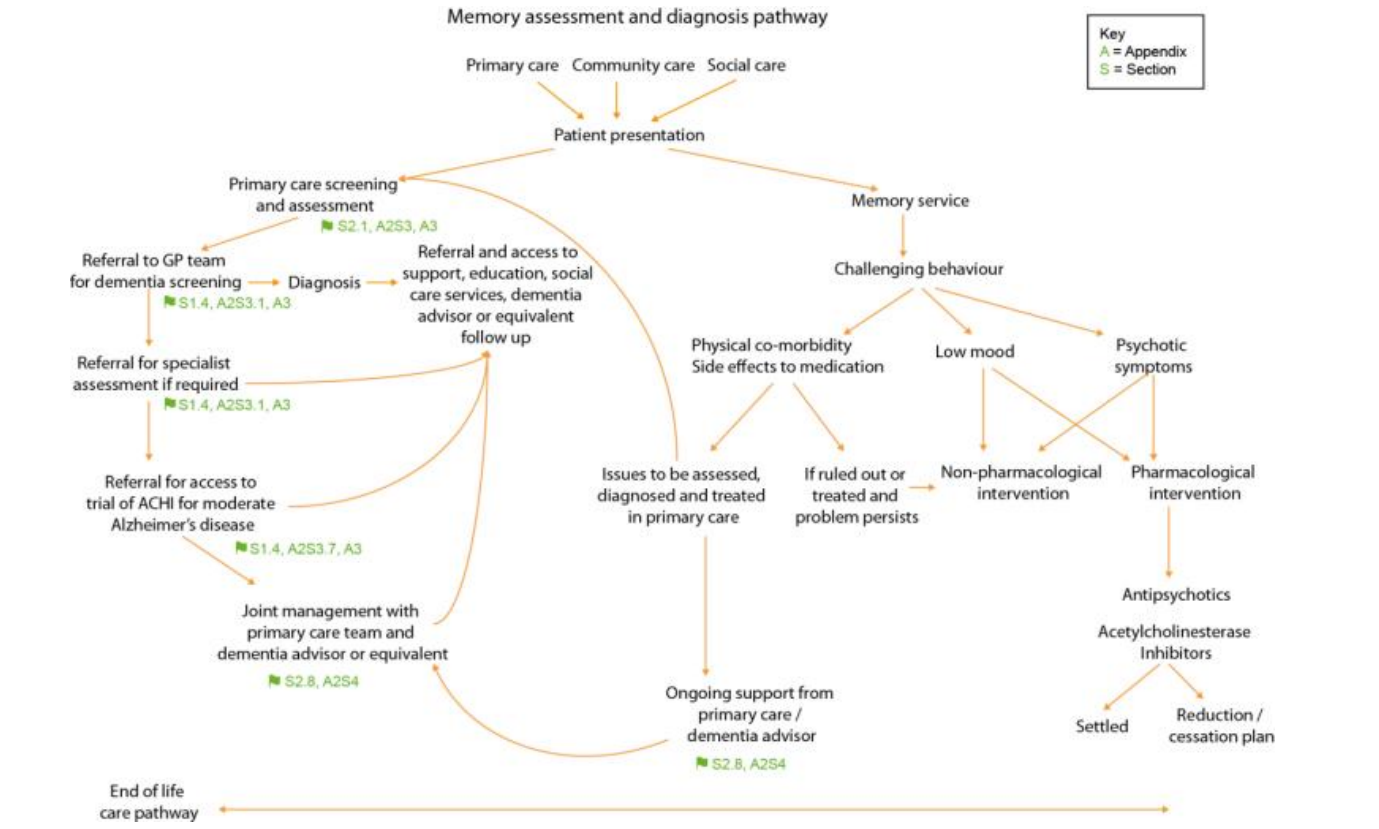


Figure 3:-Memory Assessment & Diagnosis Pathway (Source - Guidance on the Commissioning of Memory Assessment Services- SW Dementia Partnership Publication 17th December 2010)

1.5. MEMORY ASSESSMENT & DIAGNOSIS PATHWAYS IN PAN DORSET

1.5.1 The role of the General Practitioner and primary health care team

Screening for, and diagnosis of a dementia can be made within primary care. This will include investigations for possible co-morbidities that may affect Cognition (and inform referral to other services within acute setting for example) . Section 2 of the guidelines sets out the screening and assessment process that may be undertaken by a general practitioner[8].

The confirmed diagnosis of a dementia (as agreed in the pathways) should be recorded on GP practice registers. Details of dementia diagnosis (% of list size and whether practice can produce a register of patients with dementia) , and fifteen-month reviews (whether those diagnosed with dementia have had their care reviewed in the past 15 month) are captured in General Practice via the Quality and Outcomes Framework (QOF). [9] This information is available to the public (for 2009/10) at QoF website (search by GP Practice).

Note:- PCRN bit here to be added by NC

Pan-Dorset demonstrates two ends of the spectrum with regards to rate of diagnosis (the number of patients diagnosed against the estimated prevalence) within the region (NHS B&B in the top 25% PCT ranking and NHS Dorset the lowest ranking PCT).

[9] The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results

These are priority areas :

Plans for increasing memory assessment and diagnosis
1. Validate GP registers (review patient lists)
2. Plans for Pan-Dorset to develop use of EVIDEM- ED toolkit for GPs (educational intervention to promote earlier recognition and response to dementia in primary care). Also demonstrates successful outcome of NIHR research making changes to practice.
3. Pathways remodelling- considerable work (in partnership) to develop 'agreed' local referral (memory service) protocols. This is good timing due to the transformation of mental health and community services across the patch (provider for all localities will be DHFT which makes standardising and streamlining of service more manageable). Also the outcomes of the 'Westbourne' Integrated Care Pilot (one point of referral, joint services and dementia advisor attached to the team) will be reviewed and consideration made regarding role out/implementation across the region.

Note:- that this may be different pathway in different parts of the conurbation
for e.g:
- groups of practice may choose to run their own diagnostic service (with MDT including psychiatrist sessions for prescribing ACI's etc) and refer to the CMHT (memory service) for complex patients/those requiring in patient assessment; whereas another locality may choose
-to carry out an initial assessment taking a history, examining the patient and carrying out NICE screening tests then refer onto the CMHT for psychometric testing and diagnosis.

There are 2 GP Dementia Days planned to consult GPs as to what service model they would propose for their communities/and access what training needs they would need to achieve this.

Service Models to be developed for the next contracting round 2011/2012

Obj 1,2,13

1.5.2 The Memory Assessment Service[10]

1.5.2.1 CMHTs/MHTs

The Memory Assessment Service across Dorset (serviced by DHFT) have been incorporated into the Community Mental Health Teams (CMHTs) to speed up assessment, avoid waiting lists and integrate all care into one team. This 'Integration' has maintained a single point of access for referral from GP (or other healthcare professional) in designated catchment areas, nurse led service for initial assessment and prescribing by a psychiatrist (where anti-dementia medication are appropriate as according to NICE guidance). All patients are discussed by the CMHT ensuring a multidisciplinary overview of the individuals needs. Referral to the service is via GP or another health or social care professional that feels the patient needs memory assessment from the CMHT. Refer to Figure 4 for map of the Dorset region (referral and memory assessment pathways) and Table 6 for details of CMHTs by region.

Patients (or carers) in CRISIS can contact the CMHT service (during office hours) for advise/appropriate referral (possible admission as in-patient for assessment).

Patients are mainly seen by CMHTs in the community, however they may be seen in routine (outpatient) clinics, community hospitals, day hospitals and this is dependent on the patient/carer circumstances. Kings Park Hospital and Alderney Hospital have outpatient clinics which patients can

[10] The Memory Assessment Service should act as a single point of referral for people and gateway to the dementia pathway for people with a possible dementia, and their families/carers. It should provide a lead for the local health and social care community both in the early detection of dementia, and in developing services for those with a dementia and their families/carers. It should provide a greater understanding of the disease and how to manage the impact of the illness as it progresses. Through signposting and links with other services, the Memory Service should support the person with a dementia and their carer(s) in navigating their journey along the dementia care pathway. (Extracted from Guidance on Commissioning of Memory Services, SW Dementia Partnership December 2010 requires revision).

be referred into within catchment area (after initial review by CMHT if deemed most appropriate for memory assessment) and inpatient (beds) if complex patients require assessment or are presenting with psychiatric co-morbidities.

An individual is reviewed by the CMHT/MHT team in keeping with memory clinic protocol for monitoring of Acetyl cholinesterase inhibitor (and referred back to GP according to shared care protocol after initial 6 months treatment and review). Individuals can seamlessly move between Memory Assessment and CMHT service provision accessing other disciplines.

The DHFT CMHTs for older people have been integrated with professionals from both health and social services working closely together in shared accommodation with one manager responsible for the day to day management of the team.

> Membership of the teams consist of: Community Mental Health Nurses; Social Workers; Social Worker assistants; Psychiatrists; Psychologists; Occupational Therapists; Support Workers

At the time that this mapping exercise was conducted [and until the transformation of community services (separation of PCT commissioning and provider services) is complete, transferring services to DHFT]:- Dorset Healthcare Community Services (the provider arm of NHS Dorset) provides the community and mental health services for specified districts within Dorset. For more details of DHCS services (and locations) click on the pdf file below or refer to the website.


DCHS services.pdf

The memory assessment service across districts 1-3 (Weymouth & Portland, West Dorset and North Dorset) operates a similar service (integrated memory assessment service within CMHTs refer to Table 6 and Figure 4). Patients can be referred to CMHT by a GP, social workers, district nurse and self refer (and relatives or carers may also contact the service). The patients GP will always be contacted about the referral to the service and informed of any diagnosis. The referral pathway currently being worked to is attached below. The transfer of services over to DHFT which facilitate streamlining of referral protocols and pathways.


North & West Dorset PCT Referral pathwa

In West Dorset there is an additional 'Medication Service' which is a specialist nurse led service for patients prescribed anti-dementia medication.


Medication service.pdf

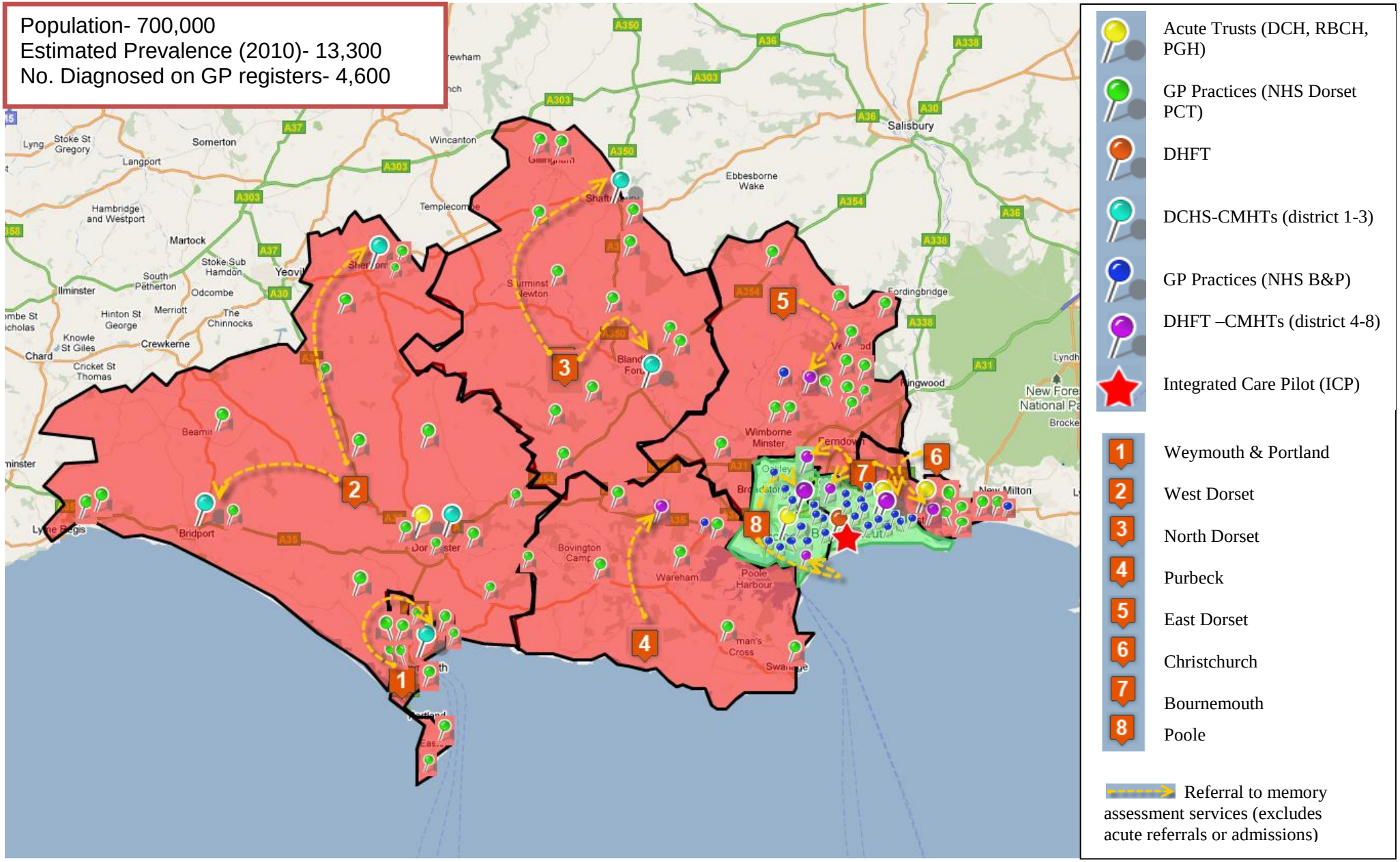


Figure 4 : Map demonstrating referral pathways and memory assessment services across the Pan Dorset region (NHS Bournemouth & Poole and NHS Dorset)

PCT	Locality		Older Person's - CMHT			
	Ref on Map	District Name	Number of CMHTS	CMHT Name(s)	Information Sheets	Current Service Provider
Dorset	1	Weymouth & Portland	1	Weymouth & Portland	CMHT Weymouth Portland.pdf	DCHS[11]
Dorset	2	West Dorset	3	Dorchester CMHT Bridport CMHT Sherborne CMHT	CMHT Dorchester.pdf CMHT Bridport.pdf CMHT Sherborne.pdf	
Dorset	3	North Dorset	2	Blandford CMHT Shaftsbury CMHT	CMHT Blandford.pdf CMHT Shaftesbury.pdf	
Dorset	4	Purbeck	1	Wimborne & Purbeck CMHT	CMHT B&P.PDF	DHFT
Dorset	5	East Dorset	1	Ferndown & West Moors CMHT		
Dorset	6	Christchurch	1	Christchurch CMHT		
B&P	7	Bournemouth	3	Bournemouth North CMHT (based at Kings Park Hospital) Bournemouth West CMHT (based at Kings Park Hospital) Bournemouth East (based at Kings Park Hospital)		
B&P	8	Poole	2	Poole South CMHT (based at Alderney Hospital) Poole North CMHT (based at Alderney Hospital)		

Table 6: Summary of CMHTs for each locality/district

[11] In the process change DHFT to provide pan-dorset (all NHS B&P and NHS Dorset) Mental Health and Community Services

1.5.2.2 Integrated Care Pilot (ICP)

Bournemouth and Poole Community Health Services (services soon to be transferred to DHFT) as part of NHS Bournemouth & Poole have conducted a Dementia Integrated Care Pilot (ICP) in small locality within Westborne area (4 GP practices in Westbourne, Lower Parkstone and Lilliput).

This is one of 16 integrated pilots sites nationally. The principal behind ICP is to cross boundaries between primary, secondary care (community and social care) and develop integrated models of service. Specifically at this site to improve access for people with memory impairment in the wider community and hence improve diagnostic rate and increase community awareness of dementia.

In laypersons terms this ICP is a single point of access for ALL members of the community to refer into if they concerns over an individuals' memory function (within catchment area of the 4 participating GP practices). A single access telephone number is used, the ICP is co-ordinated and individuals are reviewed and guided /referred as appropriate.

Draft evaluation and plan for continuation of the successful features of the ICP have been written and presented to the Joint Dementia Commissioning Group which has approved it in principal. The informal evaluation suggests the following:

- Promoting community awareness of memory loss and dementia – has been very successful in generating interest. Banks, hairdressers, café, shops and dry cleaners have all referred people to the pilot.
- Signposting to dementia advisor- almost all people in the pilot have been referred to the dementia advisor. The role is vital to ensure adequate support and signposting to services for patients and carers, co-ordinating referrals, establishing support networks such as dementia cafes etc

Obj 1, 2, 3, 4,5

The pilot experience will be shared across the country, prompt debate and discussion and shape government policy.

1.5.2.3 In-Patient (Memory Assessment)

Inpatient mental health care (DHFT)

DHFT in-patient services are located at two sites one in Poole and one in Bournemouth (service covers districts ref 4-8 shown in Table 6)[12]

- Alderney Hospital is based in Poole. In- patient assessment and treatment is across three wards, offering differing designs of care in line with the individual needs of older people, and fully meets the Department of Health standards and requirements for delivering same-sex accommodation (CMHT for Poole co-located here). A dedicated recreational facilitator provides person centred activities including reminiscence therapy, validation therapy, reality orientation therapy and multi-sensory activities in consultation with the Occupational Therapist and wider Multi Disciplinary Team. The wards are:

[12] It is widely accepted that where possible it is better to care for people with dementia where they live rather than in a hospital bed. Therefore DHFT and NHS Bournemouth and Poole and NHS Dorset are working together to look at how they might reduce these beds to meet the needs of the local population. To allow the reduction of these beds, there is a need to re-engineer the total system for dementia services in Bournemouth, Poole and East Dorset. This will facilitate the creation of better community based services (improving dementia awareness (signposting early on) and dementia care in the community - before get to CRISIS), as well as simulating the market to provide a great number of high quality residential and nursing home provision for people with dementia. Services provided by Dorset Community Health Services (DCHS) for the population in West Dorset will be included as part of this review to ensure there is an equitable approach across the partnership area.

- St Brelade's Ward provides a full assessment of the needs of older people with dementia. A dedicated recreational facilitator provides person centred activities including reminiscence therapy, validation therapy, reality orientation therapy and multi-sensory activities in consultation with the Occupational Therapist and wider Multi-Disciplinary Team
- Herm Ward provides ongoing, intermediate care and treatment for older people with dementia
- In addition Herm Ward has an Intensive Therapy Unit for those individuals who require greater support in order to reach their maximum independence. ITU is a 5 bedded female unit, and therefore provides same sex only facilities in line with the Department of Health Same Sex Standards. A male only ITU is provided at Kings Park Hospital.
- Carer Room -a Carers room has been developed as an overnight room with ensuite facilities to allow carers from any of the inpatient wards to remain at the Hospital at times of need.

➢ Kings Park Hospital[13] is based in Gloucester Road, Boscombe (Bournemouth). The hospital provides inpatient mental health care in line with the individual needs of older people with Dementia (CMHTs for Bournemouth are co-located here). A dedicated recreational facilitator provides person centred activities across the wards including reminiscence therapy, validation therapy, reality orientation therapy and multi-sensory activities in consultation with the Occupational Therapist and wider Multi Disciplinary Team. Kings Park has three inpatient wards;
  - Springbourne Ward- is a female ward which provides a full assessment of the needs of older people with dementia in a same sex environment in line with Department of Health same sex standards..
  - Meyrick Ward is a male ward which provides a full assessment of the needs of older people with dementia in a same sex environment in line with Department of Health same sex standards.
  - Intensive Therapy Unit (ITU) -5 bedded male unit

In-patient services currently provided by DCHS

➢ Blandford Community Hospital –18 bedded Betty Highwood Unit (inpatient services for Dorchester, Shaftesbury, Sherborne and Blandford


Blandford
BettyHighwood Unit.p

➢ Chalbury Unit – Weymouth Community Hospital- 29 beds for acute assessment, continuing assessment and respite care for people suffering form various degrees of memory problems. The units specialises is Dementia and provides inpatient service for those in Bridport, Weymouth and Portland Areas.

1.5.2.4 Day Hospital (Memory Assessments)

Day hospital services are provided on the Kings Park Hospital and Alderney Hospital sites (for patients in districts 4-8) -patients may attend day hospital for memory assessment if deemed appropriate by local CMHT (ease of access). The Day Hospital Services (aside from memory assessment) provide a programme of structured therapeutic activities for individuals who remain able to live at home in the

[13] Service accreditation as a Practice Development Unit by Bournemouth University

community. The Day Hospital Services are available for individuals with dementia (and also for those with functional mental illnesses such as depression and anxiety).

Other locations of day hospitals in the community (that have memory assessment function) are:

- Greenfields Day Hospital –Bridport (in the grounds of Bridport Community Hospital). Referral through CMHT.
- Melcombe Day Hospital – Weymouth & Portland (in the grounds of Weymouth Community Hospital).[14] For the past few years, Lesley Bennam (team leader) and her team have been using drama as a highly-effective way of assessing and caring for people with dementia and memory loss. They regularly dress up in costumes and use music, drama and comedy to help stimulate and trigger patients' memories.

1.5.2.5 Acute Setting (Memory Assessment)

Patients may present with undiagnosed dementia directly in the acute setting :

- Referred by GP to Old Age Physician (CoE/Geriatrician) -if physical health problems more prominent
- Neurologist - if unusual presentation or focal neurological signs
- Acute (A&E) admissions for falls, confusion.

To be added information regarding memory clinics in acute setting- NC

1.5.2.6 Specialist interest areas

Patients with learning difficulties who may be developing cognitive impairment are reviewed by DHFT Learning Disability team. Patients under 65 are seen by the Care of the Elderly Psychiatrist. This is not a designated clinic but Dr Richard Law-Min has a specialist interest and sees most of them. (as specialists :- this service cover pan-dorset with DHFT providing service across the region).

1.6 PERFORMANCE FRAMEWORK FOR DEMENTIA SERVICES (RELATES TO VARIOUS ASPECTS OF/ INNOVATIVE WORK IN REGARDS TO LIVING WELL WITH DEMENTIA- NATIONAL DEMENTIA STRATEGY)

1.6.1 Dementia Advisor/Carer Support

As mentioned in 1.5.2.2, only one dementia advisor is in place (as part of the ICP) within the region. The role of the dementia advisor has been evaluated through the ICP as vital to ensure adequate support and signposting for services. It is joint commissioning intention for 2011/12 to fund further dementia advisors (for each locality).

Obj 4,7

1.6.2 Intermediate Care

Intermediate care[15] and re-enablement service are available throughout Dorset region for people living with dementia (enabling them to live well at home with dementia).The rapid response functions prevent unnecessary admissions into acute hospitals and supports early discharge from hospital (so shorter stay). There is a comprehensive joint commissioning strategy in place, with funding identified. People living with dementia and their carer's have informed this strategy.

[14] Lesley Benham has been awarded the MBE. Lesley is team leader at Melcombe Day Hospital, Weymouth, and has been recognised with the award for services to dementia care in Weymouth.

[15] Intermediate care – a range of health and social care services (multi-disciplinary teams) that may be available to promote faster recovery from illness, avoid unnecessary admission to hospital, support timely discharge from hospital and avoid premature long-term admission to a care home.

A range of intermediate care services are in place (as below). ICP is currently providing some specialist intermediate care services (within ICP pilot region) although it is not commissioning intention to have a separate intermediate care team for dementia/

Obj 6 , 9

- Poole Intermediate Care Service (PICS)- joint service with Poole Borough Council (referral though adult social services although more commonly through GP, CMHT or hospital team)
- Community Assessment and Rehabilitation (CART)- joint service with Bournemouth Borough Council [referral through hospital team (OPAL see table below) or CMHT]
- REACT -the East Dorset Intermediate Care Team are based at St Leonards Hospital (DHCS is the provider currently although transferring services over to DHFT). This service is funded jointly by Health and Social Care. The team is made up of professional leads in nursing, physiotherapy, occupational therapy, medicines management and social care, supported by a large team of band 3 generic community rehabilitation assistants. Patients in the community can be visited up to four times a day for up to six weeks in order to achieve their best potential rehabilitation outcomes

1.6.3 Improved quality of care for people with dementia in Acute Setting (General Hospitals)
Acute hospitals have identified senior leadership (Dementia Lead) who are responsible for leading local implementation plans, some of what has been achieved so far is shown in Table 7.

Obj 8

Acute Hospital	Dementia Lead	Achievements
PGH	Dr Premila Fade	➢ Dementia implementation plan reported to the Trust Board ➢ Set up Multi- disciplinary dementia working party ➢ Implemented training programs in dementia care and funded staff to go on 3 day dementia care course at Bournemouth University ➢ Designated dementia Champions (wards) ➢ Upgraded a care of the elderly ward (with Kings Fund funding) to be more 'dementia friendly'. This is to be rolled out to all care of the elderly wards ➢ Psychiatric Liaison
RBCH	Dr Sue Hazel	**All of the above as with PGH plus** ➢ Organised dementia care seminar ➢ Working with local charity TEMCARE to use volunteers to ensure patients with dementia are assisted eating their meals ➢ Older People Assessment and Liaison Service (OPAL) front of house service is provided seven days per week for assessing patients in the Emergency Department and liaison with community services to support the patient in the community reducing needs for admissions
DCH	Dr Rob Williams	Details unknown at the time of writing this report-no direct contact with this acute Trust at the time of mapping services The Barnes Unit provides a supportive environment for patients with mild cognitive impairment or dementia as they receive medical treatment for other health conditions. Staff are on hand to care for dementia patients using reminiscence therapy, memorabilia, and other effective approaches. They help to ease the concerns of possibly confused elderly patients as they receive treatment for their health problems.

Table 7: Summary of Acute Trust achievements with regards to implementing local dementia strategy plans

1.6.4 Care Homes

Work is taking place to improve the quality of provision within existing dementia care homes and in additional work is taking place to increase the number of homes that have the skills and expertise to support service users with dementia (therefore increasing choices and quality of care for patients living with dementia).

- In April 2010 the Local Authorities launched the 'Dementia Training Framework' which enables the workforce in care homes or care agencies to follow a self guided learning and assessment tool to improve their dementia skills and knowledge.
- Bournemouth Borough Council employ a training officer who works directly with care homes
- 23 residential homes in Bournemouth have expressed interest in securing registration as homes for people with dementia,
- DHFT have seconded 3 Community Psychiatric Nurses on a one year pilot (started January 2011) to in-reach into care homes where there is evidence of high use of secondary care services (to avoid episodes of CRISIS)

Obj 11,13

1.6.5 Raising Awareness

- The ICP has been raising awareness in the pilot site (locality Westbourne)
- Alzheimer's Society has had a presence at 'flu' clinic in GP practices
- INLAWS funding to be used by the Alzeihmers Society to mirror community development awareness which was carried out as part of ICP

Obj 1

1.7 SUPPORT NETWORKS & THIRD SECTOR PARTNERSHIPS

It is a strategic joint commissioning intention to increase the number of low level peer support services and learning networks integrated into main stream service (as part of a locally agreed pathway). These services will be aligned with dementia advisors (also commissioning intention to attach dementia advisor to each locality). The Alzheimer's Society have been commissioned to provide more services of this kind during 2011-12, in areas of deprivation not covered and to work towards dementia cafes charging for attendance as a means to extend coverage.

Obj 5,6

1.7.1 Networks

Dorset Partnership for Older People Programme (POPP) is primarily a partnership between Dorset County Council, NHS Dorset, the Third Sector and older people. However, the programme has developed a robust working partnership that extends beyond this and includes a range of other service providers, including Dorset Fire and Rescue, Dorset Police, libraries, community matrons, community pharmacies and others.

Dorset POPP is a complex and ambitious, person centred programme, led by the needs, desires, and aspirations of Dorset's older people.

Dorset has been broken down into 33 'clusters' to ensure local focus and delivery of all elements of the programme.

The vision of Dorset POPP is 'to build supportive communities to enable older people to remain living in their own homes for as long as they wish' by developing responsive, appropriate services and activities

at a localised level. Dorset POPP has created eight desired outcomes to enable us to achieve this vision:

1.7.2 Support Groups

Kings Park Carer Support Group (DHFT)
The Kings Park Carer Support Group runs three ten-week sessions a year for carers of people who have a diagnosis of dementia.

Subjects discussed include:-

- What is dementia?
- Living with memory loss
- Social Services
- Benefits
- Voluntary agencies - Help and Care and Alzheimer's Society
- Services available through the Kings Park Hospital
- Basic Stress Management
- Coping with unusual behaviours

Speakers include local Consultant Psychiatrists, Psychologists, Community Mental Health Nurses, Social Workers, Carer Support Social Workers, and Benefits Advisors for Social Services, representatives of voluntary agencies and other staff from the Kings Park site. Other speakers may be invited to cover areas of specific concern.

Referrals are received from the CMHTs, Wards and Day Hospital, Social Services Local Area Offices, Day Centres and Carer support workers, voluntary agencies and self referrals.

Oakley Friends Carers Group (East Dorset)
A free training group for people who are informal carers of people with dementia. A range of guest speakers provide talks. The group runs 11 week set courses.

Support Group Early Memory Loss Group – organised by Weymouth & Portland CMHT (at Weymouth Community Hospital) -once a week for 6 weeks

Early Memory Loss Group.pdf

1.7.3 Alzheimer's Society Memory Cafes/Singing for the Brain/Information Centres

The Dorset area is supported (and support is co-ordinated) by the South West (Regional) Office of the Alzheimer's Society. Refer to Table 8 and Figure 5 for details of where Alzheimer's Society services are currently available throughout the region.

A **Memory Café** provides a place where any member of the public, who feel that they, or a person they know, may have a short term memory problem, may drop in without an appointment, and talk to an experienced volunteer (usually from Alzheimer's Society) or a professional member of the health team (CMHT). A Memory Café is not able to refer a person directly to a consultant and does not take the place of a doctor in the diagnosis of a memory problem. If however, the health professional considers that further assessment is necessary, or advisable, then an individual may be supported in that

referral via their own doctor. Peer support and social contact without stigma have rapidly becomes the main focal point of the service. Some Memory Cafés provide strong levels of stimulation for the service users and an opportunity for carers to exchange experiences and information.

Singing for the brain- research has shown singing is preserved forever in the brain and gives people a lift when they can remember things.

Dementia Information Resource
The Lodge at Alderney Hospital (Poole) has become a new Dementia Resource Centre for the Alzheimer's Society. It is open every day from 10:30 – 14:30 and at other times by appointment. Individuals have access to all the Alzheimer's Society information and advice sheets, and hold copies of various publications, DVD's and books for people to borrow.

Recent events included a lunch held for people with dementia and carers for the dementia review. A new Younger People with Dementia group has also started to meet at the centre.

Future events to be held at the resource centre include an activity day once a week, art and crafts and gardening in spring/summer. The Resource Centre continues to hold regular pop-in sessions and monthly support groups and other functions.

1.7.4 Other voluntary organisations

TEMCARE- is a volunteer group working with RBCH to provide mealtime companions to people on wards with dementia (encourage eating)

Branch /Office	Activity/Event	Locality
Dorchester Office Alzheimer's Society Rowan Cottage 4 Prince of Wales Road Dorchester DT1 1PW Tel: 01305 259740 lisa.holmes@alzheimers.org.uk	➢ Singing for the Brain – Dorchester, Weymouth, Bridport ➢ Carers Support Group- Weymouth & Portland (Acorn Centre- facilitated by CMHT) ➢ Memory Café -Weymouth, Sherborne	West Dorset and Weymouth & Portland
	➢ Singing for the brain- Blandford ➢ Carer Support Group – Blandford (Community Hospital facilitated by the CMHT) ➢ Memory Café - Shaftsbury	North Dorset
East Dorset Office Alzheimer's Society The Lodge Alderney Hospital Ringwood Road Poole BH12 4NB Contact : Win Armand Smith **Tel:** 01202-716393	➢ Memory Café- Swanage, Wareham,	Purbecks
	➢ Memory Café- Wimborne, Ferndown	East Dorset
	➢ Memory Café- Westbourne, Highcliff, Canford Cliffs, Castle Point B'mth ➢ Singing for the Brain- Westbourne ➢ Information and advice line (office) ➢ Younger people with dementia activities ➢ Craft club and garnering club Memory Aid Group	Bournemouth Poole

Table 8- Summary of Alzheimer's Society Services throughout Dorset.

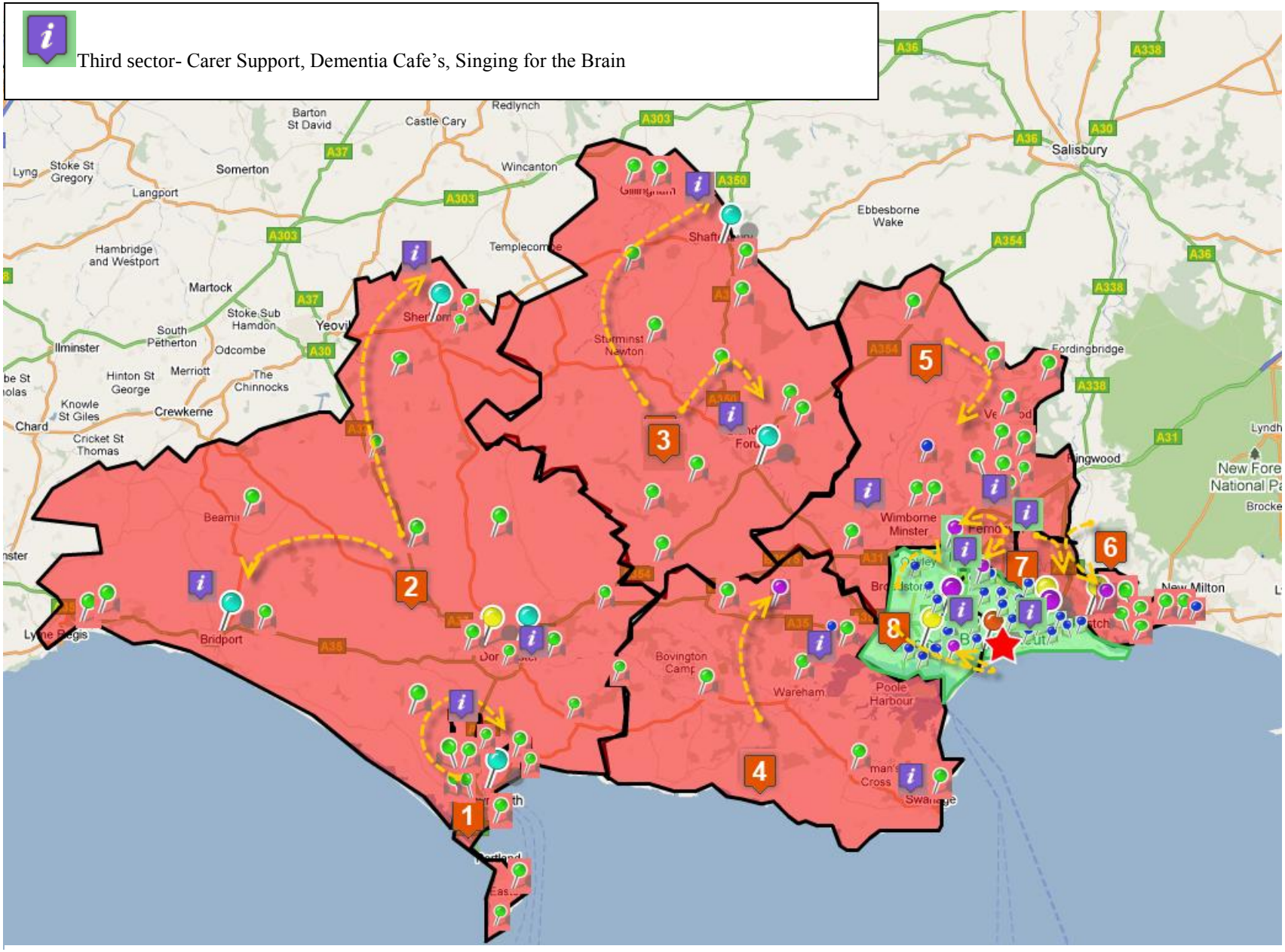


Figure 5- Map demonstrating where Alzheimer's Society Support Services are located throughout the region

APPENDIX A- NATIONAL DEMENTIA STRATEGY OBJECTIVES

1.	**Raise awareness of dementia and encourage people to seek help**
2.	**Good-quality, early diagnosis, support and treatment for people with dementia and their carers**. All people with dementia will have access to care that gives them: an early, high-quality Specialist assessment an accurate diagnosis which is explained in a sensitive way to the person with dementia and their carers treatment, care and support as needed after the diagnosis. Local services must be able to see all new cases of people who may have dementia in their area promptly.
3.	**Good-quality information for people with dementia and their carers** (at diagnosis and during their care)
4.	**Easy access to care, support and advice after diagnosis.** People with dementia and their carers will be able to see a dementia adviser who will help them throughout their care to find the right: information; care; support and advice.
5	**Develop structured peer support and learning networks. So that dementia patients and carers:** • get support from local people with experience of dementia • take an active role in developing local services.
6	**Improve community personal support services for people living at home.** There will be a range of flexible services to support people with dementia living at home and their carers. Services will consider the needs and wishes of people with dementia and their carers
7.	**Implement the NewDeal for Carers**
8.	**Improve the quality of care for people with dementia in general hospitals** • it will be clear who is responsible for dementia in general hospitals and what their responsibilities are • they will work closely with specialist older people's mental health teams.
9.	**Improve intermediate care for people with dementia.** There will be more **care** for people with dementia who need help to stay at home.
10.	**Consider how housing support, housing-related services, technology and telecare can help support people with dementia and their carers**
11.	**Improve the quality of care for people with dementia in care homes**
12	**Improve end of life care for people with dementia**
13	**An informed and effective workforce for people with dementia** All health and social care staff who work with people with dementia will: have the right skills to give the best care
14	**A joint commissioning strategy for dementia** Health and social care services will work together to develop systems to: • identify the needs of people with dementia and their carers • best meet these needs.
15	**Improve assessment and regulation of health and care services and of how systems are working**
16	**Provide a clear picture of research about the causes and possible future treatments of dementia**
17	**Effective national and regional support for local services to help them develop and carry out the Strategy**

APPENDIX B- OVERVIEW OF THE ORGANISATION (AND STAKEHOLDERS) FOR SOUTH CENTRAL AND SOUTH EAST COAST SHAs DEMENTIA CLINICAL SERVICES.

SOUTH CENTRAL SHA

There are eight Primary Care Trusts (PCTs) in NHS South Central which can be seen on the map below. Those in the green box are relevant to SC DeNDRoN, the remaining 4 PCTs are covered by Thames Valley DeNDRoN.

Population

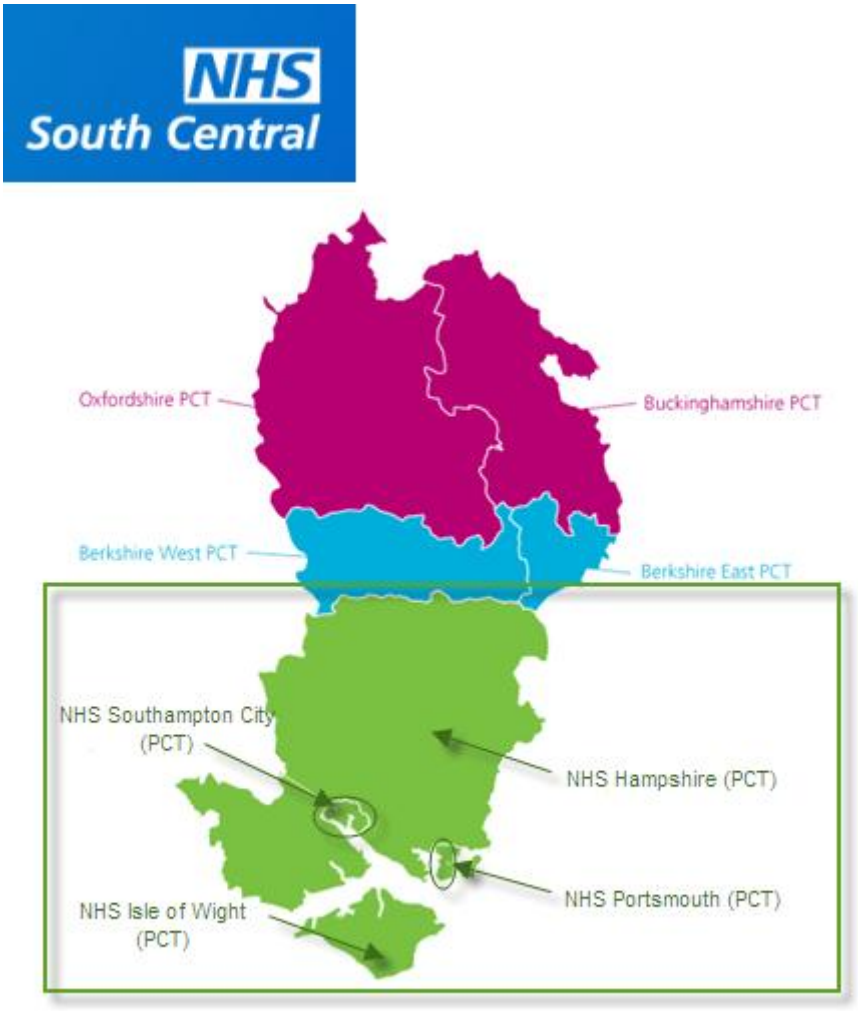


Figure ??: South West SHA PCT Configuration (source South West SHA website).

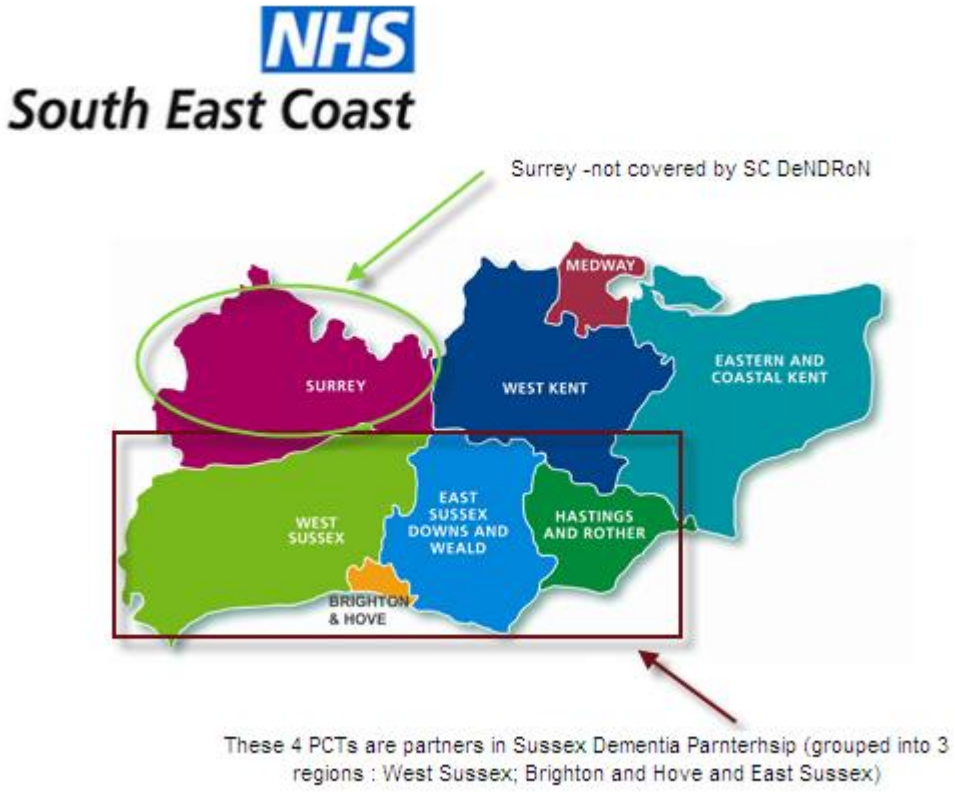
Demographics
Prevalence
Key stakeholders
Overview table of area- GP, acute, MHT, CMHTs
Third Sector

SOUTH EAST COAST SHA

NHS South East Coast is the Strategic Health Authority (SHA) for the NHS in Kent, Surrey and Sussex. They have overall responsibly for the performance of eight primary care trusts (PCTs), eight acute hospital NHS trusts, one community NHS trust, one mental health NHS trusts and the South East Coast Ambulance Service.

Detail what areas covered by what network

Population



Demographics
Prevalence
Key stakeholders
Overview table of area- GP, acute, MHT, CMHTs
Third Sector