Action Plan and recommendations from SHA review
Objective 14 relates to governance and resource required .

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
Objective 1: Improving public and professional awareness and understanding of dementia **Workforce plan in place**	• One Stop Shop. • Carer awareness - Carer's magazine. • Masterclass has taken place for GP's with more planned • Promotion of provision of information for tenants and families in extra care housing.	• Encourage greater GP involvement and consider introducing a GP lead for dementia. • Develop a comprehensive strategic plan for a public information campaign. • Seek greater involvement of public health to reinforce preventative health and well-being messages to those at greater risk of dementia.	• Develop a comprehensive joint communication strategy with NHS Plymouth and public health including access to good quality information and advice .Include any training for GPs within workforce development strategy. • **Develop a primary care work stream** • Appoint a GP lead for dementia • Extend GP education programme to all primary care staff within GP practices.	GP lead in post GP master class commissioned Competency based Workforce development plan Carers Handbook in place and distributed	

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
Objective 2: Good-quality early diagnosis and intervention for all **Pathways into services are clear and well publicised** **All people with a known dementia are supported in the health and social care system** **Partnerships are in place with the community and voluntary sector for those with early diagnosis and needing low level support.**	• Community memory service- doubling of referrals recently. • Dynamic positive liaison service. • New day service for people with early stage dementia at Riverview and day care and respite available on same site, with same staff. • Intermediate care via enabling domiciliary care in place • Low level befriending services in place through CVS • Alzheimer's Society contract	• Ensure a clear, whole system pathway is in place for dementia. • Prioritise local strategy for engaging GPs in identifying and knowing about services for dementia. • Joint finance identified to extend provision with Community and Voluntary Sector	• Retain integrated city wide memory service with a core of health and social care staff .Write specification with clear roles and outcomes for memory assessment services. • Integrate OPMH community nurses within locality teams – linked to CMS in order to retain specialist function. • Review dementia register by practice and agree local thresholds for referral to CMS . Review % of patients with dementia registered (QOF) by practice and undertake validation of the register. • Review availability	Provider specifications are reviewed and performance monitored Data quality systems are in place QOF data aligns with caseloads Fully resourced Intermediate	•

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
The pathway into assessment and support for people with a learning disability is in place	• A well organised learning disability screening service is in place		and access to intermediate care for people with dementia and extend provision. • Commission a pre-primary dementia advice service within all integrated teams and linked to GP practices. • Align Alzheimer's contract to CMS . • Incorporate LD screening action plan • Extend e learning package to cover LD	care pathway in place Sustainable funding identified for pilot 09/10 £50k Evaluation 10/11	
Objective 3: Good-quality information for those with diagnosed dementia and their carers – including access to services.	• Befriending service exists but not dementia specific. • Community memory service. • One Stop Shop.	• Increase advocacy for carers • Identify joint finance re carers support as per DH allocation.	• Undertake a programme of audits to evaluate effectiveness of the information accessed by people with dementia and their carers.	Service user and carer questionnaire developed and rolled out 90% of people satisfied with information and	

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
Carers , service users ,patients and stakeholder know how to access services			• Jointly commission short breaks service for carers and extend provision via carers strategy	service provision.. 09/10 Joint finance in place to support carers strategy- Procurement plans agreed January 2010 New carers advocacy service in place via Age Concern January 2010	
Objective 4: Enabling easy access to care, support and advice following diagnosis	• Community Dementia Advice Service. • PCC specialist domiciliary care services in place • CVS support in	• Dementia advisor project and also learn the lessons from the Department of Health Dementia Advisor's demonstrator sites. • Confusion -3 different	• Ensure pathway supports pre-diagnosis and "wobbly memory" • Ensure flexible access to professional support via memory	Primary care work stream established Detailed specification in place –TCS	

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
	place (Alzheimer's contract)	access points into OPMH (ASC, CPN, CMS)	service • Re-evaluation of centralised referral taking.-Review access points into the service and resource this – need 1 access point with triage system set up.(developed alongside integration workstreams)	single point of access into specialist service by January 2010	
Objective 5: Development of structured peer support and learning networks **Carers and stakeholders are involved in planning and commissioning dementia services.**	• Joint commissioned CVS service with Supporting People , ASC and Befriending consortium which supports over 70 people with dementia and their carers.- new investment of £70k into this		• Increase partnership working and communication between third sector and statutory organisations through the CVS network meetings – to support dementia strategy. • PCT to contribute to commissioning arrangements within CVS –ASC to lead	**Dementia Partnership Group** established with members from independent sector ,CVS ,housing , other stakeholder and carers which will feed into the strategy and JCE	

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
	service in 2009 • CVS Network meetings in place. • Existing provision for carers and people with dementia.				
Objective 6: Improved community personal support services. **Specifications reflect good outcomes for people with dementia and their carers.** **Carers and people with dementia have access to services which promote choice**	• Variety of referral points.. • Excellent specialist home care.(SHA review) • Frontline staff committed to integrated working. • Personal budgets to be available to all – including those living with dementia. • A4E hands on support to support people with dementia. And	• Commissioners to encourage provider dialogue about threshold and interface for dementia between generic teams and Community Mental Health Teams. The plan to integrate with older peoples community services will help this. • Commissioners to ensure increased capability in community personal	• Integrate community and OPMH teams as part of TCS . • Market development to encourage new entrants / SWOPS and micro providers	30% of people with dementia receiving a service will have a personal budget by 2012. Outcome based specifications in place for all commissioned services by March 2011 CPN within RITA team by March 2010	•

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
and control	individual budgets • RITA service very effective at keeping people out of hospital	support services to respond to people with dementia innovatively.		Meet the buyer events established as part of – ongoing PPF work stream	
Objective 7: Implementing the carers strategy	• Carers registers established by GP's but little use is made of data. • Carer's champions identified. • Offers of Carer's Assessment are not always accepted. • Block	• Opportunity for closer planning for support for younger people with dementia and for young carers across Health and social care staff. • NHS Plymouth to identify funding to	• Carers Strategy and implementation to be approved. • Joint resourcing of carers strategy – ASC lead • Evaluate demand and provision of short breaks (respite) for carers. • Joint commissioning	Joint commissioning arrangements are in place to deliver the local strategy including lead commissioner. NHS Plymouth contribution	• ASC commission carers services on behalf of NHS Plymouth.

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
	arrangements in place with secure short breaks in care homes – (from metrics data Para 12). • "Carers call" service – monitors carers well-being at Riverview • Specialist respite/day care on one site – but expensive • Carers Emergency Service in pace.	support carers strategy	and joint resources to be clarified for carer's activity. • Define a plan for improving data and its use across agencies on dementia specific carers and their uptake of carer's assessments and services.	identified December 09 Joint procurement plan in place January 2010 New contracts in place January 2011 Data sharing policy developed Review services within OPMH for younger people with dementia with view to market testing	

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
Objective 8: Improved quality of care for people with dementia in general hospital – Derriford	• Lead for Dementia (Dr. Stowel). • CHC delays at Acute Trust due to difficulty placing EMI patients – CHC assessments for Cornwall are not accepted and are redone by Cornwall • Excellent Local Care Centre	• Explore potential with Cornwall for avoiding CHC assessments having to be repeated. • Commissioners to use opportunities to use commissioning leverage (eg CQUIN) to maintain momentum. • Better signage on ward required at Local Care Centre. • Commissioning of the liaison team with a full range of disciplines to both assess and promote good care for people with dementia in general hospitals. • Commissioners to work with acute trust to ensure that appropriate care is	• Review agreements with Cornwall re CHC assessments. • Commissioners to clarify provision and standard of care for people with dementia in line with a locally agreed whole system dementia pathway. • Commissioners to review role of psychiatric liaison opportunity to work in partnership with Devon and Cornwall re spec for service..	**Acute Care Dementia work stream in place.** Establish a dedicated work stream on acute care as part of the overall implementation plan. To include – role of psychiatric liason , awareness and training programme , CHC , Carers support, Providers to review environment in the acute care setting using the Alzheimer's	

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		made available to people with dementia through raised awareness and improved understanding of all staff.		Society's environment guide by March 2010 and publish findings. Plymouth PCT to commission a Pysychiatric Liason service on behalf of Devon and Cornwall with specification in place by March 2010	
Objective 9: Improved intermediate care for people with dementia	• Care pathway developed. • Good liaison nurse service. • No placement from acute sector. • Plympton Hospital redesigning	• NHS Continuing healthcare screening is problematic for other areas e.g. Cornwall requiring reviews. • EMI placements causing significant	• Increase psychology post within CMS • Joint Market management of dementia services in independent sector. – ASC lead • Joint commission step	Improved waiting times Post in place by March 2010 to support increase in dementia referrals and	•

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
	(RITA) domiciliary care & intermediate care	delayed transfers of care requiring review.-	down and respite beds with PCT and market management strategy.-ASC Lead	assessment 3 specialist beds commissioned in the independent sector for step down All patients screened for CHC on discharge from assessment beds – waiting times for CHC assessments performance managed .	
Objective 10: Considering the potential for housing support, housing-related services and	• Early detection of frail elderly in A&E electronically triggering discharge	• Opportunity to review arrangements for referrals to ensure that judgements about rehabilitation	• Extra Care strategy to be reviewed – ASC lead • Telecare strategy to support Carers needs.	Extra care scheme to be completed in 2011	•

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
telecare to support people with dementia and their carers	planning awareness. • Intermediate Care -Patients in Plymouth funded by social care – home care for up to 6 weeks (Dementia and enabling team) • 7 Pathway flats as part of extra care sheltered housing. • Extra care housing provision from 2 housing associations – 178 flats. • Telecare in dementia Extra care housing.- everyone is assessed on individual basis • Independent care	potential do not in advertently act as a barrier to accessing care. To take up as part of Intermediate Care strategy. • Strategic increase in extra care housing with dementia specific provision. • Strategic increase in provision of telecare/assistive technology in people's homes.		All Extra care schemes to have linked / identified CPN to provide advice to care staff	

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
	homes adapting some assistive technology e.g. bed sensors – lights. • Supporting people funding posts in extra care scheme. • Increased involvement between extra care housing schemes and primary care regarding screening and assessment and diagnosis and referral to memory services.				

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
Objective 11: Living well with dementia in care homes	• Flexible arrangements commissioned by the local authority. • Care pathway to and from Care homes. • Care home facility that delivered dementia care with moderate needs was visited. • Dignity in Care forum. • Excellent commissioning arrangements.(SHA comment) • Only presented with facilities (care homes) for people who are of the 'low' end of (there may be EMI nursing homes but	• Urgently review of the 'markets' capacity to meet the needs of people with dementia with complex or behavioural needs. • Consider a strategy for identifying homes that may be facing particular difficulties that are dementia-related and keep under review care homes that are delivering complex care. • Issue/re-issue of information to residential homes about how the voucher scheme works for residential care for carers.	• Promote and increase voucher scheme • Joint funding care home and market management strategy – joint lead ASC and CHC	Capacity plan established June 10 Workforce development plan in place for independent care homes Joint Commissioning and contracting arrangements in place for all care homes placements –	Local authority to lead.

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
	not shown during visit). • Training in dementia care assessed by extra care having independent care and specialist domically care. • Lang and Buisson commissioned to analyse the care home market – strategy in place .Completed April 09. • Care home quality payments in place • Integrated review team in place to monitor quality of care sector provision – includes a care home				

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
	improvement team.				
Objective 12: Improved end of life care for people with dementia	• Palliative care team did not attend allocated slot. • NHS Continuing healthcare fast track is the same for people with dementia as anyone else. • Use of Liverpool Care Pathway in general.	• Commissioner to specify clear objectives for enhancing end of life care within local implementation plan for dementia services.	• Continue roll out of Liverpool Care Pathway + Gold standard framework, supported by training to care homes and nursing homes for people with dementia. • Ensure EOL and CHC commissioning is delivered under 1 lead officer – confusion around PCT response.		
Objective 13: An informed and effective workforce for people with dementia	• Reports from staff of good training that is well taken up. • Lots of training on NHS Continuing	• More support for staff around management of change that integration brings. • Dementia awareness training needed for	•	Joint - Workforce development strategy delivered	

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
	health care assessments. • Training in care homes, dom. care and sheltered housing with alcohol related issues. • Promotion of learning regarding dementia for care staff in extra care housing. • GP training delivered – Masterclass • Dignity in Care Forum established – all care homes invited – workforce development areas prioritised around dementia training. • Additional	volunteers/staff in befriending scheme (Lopes) • More dementia training required for GP's, RITA, district nurses and volunteers • Produce a whole system competency based workforce development strategy to inform short/medium/long term workforce training and development needs to meet current and future needs of people with dementia and their carers .			

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
	dementia training commissioned for care staff across all settings in 2008/09 and 2009/10 showcased through radio 4 . • Workforce development workshops set up as part of Putting People First programme to develop robust competency based workforce .strategy				
Objective 14: A joint commissioning strategy for dementia	• Good evidence of joint commissioning intentions but lack of capacity is hampering	• Develop more commissioner led capacity planning, looking at quantifying supply of services at different points of the	• Agree governance arrangement for joint strategy through Joint Commissioning Executive • Agree lead agency	Action Plan agreed and signed off by JCE October 09	

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
People with dementia are safeguarded through effective commissioning arrangements.	progress • Commissioners to evaluate the Plympton Hospital service model and undertake a bed option appraisal Bed option appraisal completed. • IMCA and DOLS contracts are in place and working well .	whole system dementia pathway as well as demand in the JSND. • Begin work to define outcomes for services led by commissioners in dialogue with providers. .	• Agree joint commissioning budgets. • Appoint programme manager • Commissioners to seek appropriate approval for the local dementia strategy. • Develop an implementation plan with milestones, target dates, lead individuals and clearly identified short/medium term priorities and investment plans aligned with TCS.	Joint programme Manager appointed by January 2010 **TCS Procurement plan in place** : • Short breaks • Care home step down and assessment • Options to reconfigure In patient beds	

Objective	Services in place	Area for development including peer review recommendations	Action	Output	
			DoLS and IMCA service – re commissioned. Services are monitored through ASC	Safeguarding training plans in place includes DOLS and IMCA	