

FINAL JAN 2010/2011 ASSESSMENT

DEMENTIA - Self Assessment by Plymouth Older Person's Mental Health Programme Board (previously Plymouth Dementia Joint Strategic Commissioning Group)

<p>Date Jan-11</p> <p>SHA NHS South West</p> <p>Team NHS Plymouth</p> <p>Program Lead: Julie Wilson</p>	<p>Members: NHS Plymouth: Julie Wilson, Elaine Fitzsimmons, Carol Green Plymouth Provider Services: Kate Anderson, Sara Mitchell, Jenny Jones, Claire Journeaux, Nicholas White, Dr Ford and Dr Donovan Primary Care: Dr Ousey Plymouth Hospitals Trust: Karen Grimshaw and Dr Stone Plymouth City Council: Debbie Butcher Age Concern: Barbara Duffy Alzheimer Society: Ian Sherriff University of Plymouth: Proff Giarchi, Helen McFarland</p>
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Code	Objective	Type	Notes	Jul-10	Nov-10	Jan-11
CHAPTER 1 - EFFECTIVE MANAGEMENT SYSTEMS						
101	Responsible lead identified	Assess	Julie Wilson, Mental Health Commissioner, NHS Plymouth	G	G	G
102	Executive sign up to self-assessment	Assess	Director of Joint Commissioning	A	G	G
103	Evidence of PCT/organisational board endorsement	Assess	Self Assessment processed through LIT and Joint Commissioning Executive	A	G	G
104	Evidence of multi-agency involvement	Assess	As indicated above in Programme Board Membership	G	G	G
CHAPTER 2 - IMPROVING PUBLIC AND PROFESSIONAL AWARENESS AND UNDERSTANDING OF DEMENTIA						
201	A sustainable, local awareness raising strategy is being delivered.	Assess	Local Media involved via Plymouth City Council/Alzheimer/NHS Plymouth in partnership with University of Plymouth, Primary Care via newsletters, and primary care governance	G	G	G
301	GP leadership is identified in the Primary Care Trust	Assess	Dr Ousey GP leadership in place and key member of Programme Board	A	G	G
302	Memory assessment services sufficient to meet local need are commissioned as part of a locally agreed care pathway	Assess	Data/Metrics collated via NHS Plymouth, reported at Programme Board and direct to SHA	A	A	G
303	A pathway for people with learning disabilities and memory problems is in place.	Assess	There is a separate pathway for people with learning disabilities and memory problems provided by the Learning Disability Partnership. The Programme Board is reviewing the possibility of combining the two pathways into one.	R	A	G
CHAPTER 4 - GOOD-QUALITY INFORMATION FOR THOSE DIAGNOSED DEMENTIA AND THEIR CARERS						
401	The Primary Care Trust has commissioned comprehensive information to be provided as part of commissioned pathway.	Assess	Website for care pathway developed for practices. Work with primary care practice under way using QOF data, master classes ongoing. Information leaflets developed. Communication in place via Communications team LA/PCT/Alzheimer's Society	A	G	G
CHAPTER 5 - ENABLING EASY ACCESS TO CARE, SUPPORT AND ADVICE FOLLOWING DIAGNOSIS						
501	Jointly commissioned dementia advisor services are in place at the point of diagnosis, as part of a locally agreed pathway.	Assess	All Modern Matrons working in the community are currently providing support and signposting for patients with dementia who have a range of other health needs. This will continue until locality arrangements are clarified within the structure of the new social enterprise organisation, after which it is expected that support and signposting will be a core component within each locality.	A	A	G

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502	People with dementia receive care that is co-ordinated and integrated across all relevant agencies.	Assess	Integrated locality model and plans under development but needs confirmation in line with TCS	A	A	A
CHAPTER 6 - DEVELOPMENT OF STRUCTURED PEER SUPPORT AND LEARNING NETWORKS						
601	Jointly commissioned peer support and learning networks are integrated into mainstream services, as part of a locally agreed pathway. These services are aligned with information services and dementia care advisors.	Assess	Plan available via the University. Workforce/Education strategy available incorporating the requirements of all providers, including peer support. This is now being taken forward via University of Plymouth/College of Further Education by developing competencies /capability framework for providers. NHS Plymouth and Plymouth Hospitals Trust supporting this.	A	A	G
602	Jointly commissioned peer support and learning networks are accessible to all people with dementia and their carers, including those in rural areas, from different cultural backgrounds and with specialist needs, e.g. people with learning disabilities and younger people.	Assess	Peer support has been jointly commissioned from the University of Plymouth and has been in place since December 2010. In addition peer support is also available through Plymouth City Council to the Care Forum Network. Some learning networks have been developed through the implementation of the Carers Strategy.	R	R	G
603	Commissioners routinely engage with, and consult with peer support networks in order to inform commissioning and service improvement	Assess	Work of University of Plymouth / College of Further Education / Alzheimers Society informs commissioning and service improvement requirements and vice versa for all providers	G	G	G
CHAPTER 7 - IMPROVED COMMUNITY PERSONAL SUPPORT SERVICES						
701	An agreed joint strategy is in place and implemented.	Assess	A joint strategy is in place and the focus of this work is to promote independence and choice for people with dementia and their families. Key to this is the personalisation of care planning and the use of Direct Payments within the local authority.	A	A	G
CHAPTER 8 - IMPLEMENTING THE CARERS' STRATEGY						
801	A jointly agreed Carers' Strategy and Implementation Plan are in place. They incorporate a dementia focus. Funding is identified to deliver short breaks based on assessed need.	Assess	Jointly agreed Carers Strategy and Implementation plan in place as presented to OSP and launched at recent Dementia conference in partnership with UOP/CFE Alzheimers Society Implementation plan monitored via PCC/PCT .	G	G	G
802	The jointly agreed Carers' Strategy and Implementation Plan reflect the needs of carers of people with dementia	Assess	Carers of people with dementia have been actively involved in the development of the Carers Strategy and related Implementation Plan.	G	G	G
CHAPTER 9 - IMPROVED QUALITY OF CARE FOR PEOPLE WITH DEMENTIA IN GENERAL HOSPITALS						
901	Acute and community hospitals have identified senior leadership to improve and assure the quality of care of people with dementia using these services.	Assess	Plymouth Hospitals Trust Director of Nursing Care and Consultant Geriatrician key members of the Programme Board	G	G	G
902	All acute and community hospitals within the PCT area have a dementia care strategy and improvement plan in place.	Assess Quarterly review	Improvement Plan with Plymouth Hospitals Trust monitored by both Provider and Commissioner. Self assessment process has been completed and the outcome will be presented to the Dementia Programme Board Meeting in April 2011.	A	A	G

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	Progress is monitored regularly by the acute and community hospital Boards. The PCT reviews the quality of care of people with dementia through its contracting and performance management mechanisms.		NHS Plymouth has a process for monitoring and reviewing the clinical quality within major NHS Providers. This process will need to be reviewed to ensure that it specifically addresses the quality of care of people with dementia.	A	A	A
903	People with suspected or known dementia using acute and general hospital inpatient services are assessed by a mental health liaison service that includes within its functions the assessment of needs, and interventions for people with dementia.	Assess	The current Psychiatric Liaison Service is based on patient needs and presentation within Plymouth Hospitals Trust assess and review all patients known to OPMH services within acute hospital setting; as a specialist service, they receive referrals for assessment of patients with dementia, where the cognitive impairment is moderate to severe, there are behavioural issues associated with the dementia or Mental Health Act requirements	A	G	G
904	National Audit of Dementia Care in General Hospitals	Assess	The National Audit highlighted areas for improvement which included patient and carer involvement in care planning especially discharge. Plymouth Hospitals Trust have now implemented the "This is Me" (this is a personalised hand held care plan that is accessible for the patient, family and other professionals.)	R	G	G
CHAPTER 10 - IMPROVED INTERMEDIATE CARE FOR PEOPLE WITH DEMENTIA						
1001	Intermediate care and re-enablement services are available for people living with dementia. There is a comprehensive joint commissioning strategy in place with funding identified	Assess	A model for Intermediate Care and Reablement Services is currently being developed and will be agreed by the Joint Commissioning Executive (Commissioners from both Health and Adult Social Care).	R	A	A
CHAPTER 11 - CONSIDERING THE POTENTIAL FOR HOUSING SUPPORT, HOUSING-RELATED SERVICES AND TELECARE TO SUPPORT PEOPLE WITH DEMENTIA AND THEIR CARERS						
1101	A housing and support strategy for older people is in place with the PCT's contribution agreed, and with active housing.	Assess	NHS Plymouth has been involved in the development of the Extra Care Housing Strategy in order to ensure that the needs of this client group are understood and the Strategy responds appropriately.	A	A	G
CHAPTER 12 - LIVING WELL WITH DEMENTIA IN CARE HOMES						
1201	All local care homes have access to multi professional health and social care in reach services.	Assess	Proposals to provide more proactive multi-professional support to care homes are currently being developed jointly across Health and Adult Social Care.	A	A	A
1202	Joint commissioning arrangements and market development are in place.	Assess	NHS Plymouth and Plymouth City Council are currently exploring a model to ensure that robust joint commissioning arrangements are in place for 2011/12.	A	A	G
CHAPTER 13 - IMPROVED END OF LIFE CARE FOR PEOPLE WITH DEMENTIA						
1301	There is a clear connection between the Primary Care Trust's End of Life Care Strategy and care planning which takes account of needs of people with dementia	Assess	There is a clear expectation that people who have end stage dementia have access to the same level of support and care planning as those other patients who are at the end of their lives. The Liverpool Care Pathway is used for all patients in this category.	A	A	G
1302	Where services have been commissioned, staff working with people with dementia requiring end of life care have the appropriate skills, knowledge and experience. This includes staff working in hospital, community, nursing home and residential care.	Assess	Health and Adult Social Care have commissioned a learning and development package from the University of Plymouth (UOP) and College of Further Education (COF). In time provider contracts will include a requirement for staff to have received this training.	A	A	A

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CHAPTER 14 - AN INFORMED AND EFFECTIVE WORKFORCE FOR PEOPLE WITH DEMENTIA						
1401	A jointly agreed Local Authority/PCT dementia care workforce development strategy is in place with funding to implement the strategy. This strategy includes the involvement of carers and people living with dementia in delivering training programmes.	Assess	A joint workforce development strategy was presented to the Joint Dementia Commissioning Board in November 2010, this is being implemented with the support of the University of Plymouth and College of Further Education.	A	A	G
1402	All commissioning specifications and contracts for services for people living with dementia specify that staff must have received training in working with people with dementia; and all providers are able to demonstrate the competence of staff working with people with dementia.	Assess	Plymouth City Council and NHS Plymouth are working together to implement the Dementia Quality Mark for care homes in Plymouth.	A	A	G
CHAPTER 15 - A JOINT COMMISSIONING STRATEGY FOR DEMENTIA						
1501	A joint, local strategy to deliver Living well with dementia: A National Dementia Strategy has been agreed and is under implementation.	Assess	Strategy presented and launched at the Regional Dementia Conference in December 2010.	G	G	G
1502	The joint local strategy and its implementation are being routinely reviewed and informed by people living with dementia, their carers, and partners in the voluntary and Third sector.	Assess	Implementation Plan routinely reviewed at the Dementia Programme Board and Joint Commissioning Executive. This process includes representation from the Voluntary / Third Sector and is informed by discussions with providers at the Care Home Forums.	A	A	G
1503	There is evidence that local senior leaders are committed to working jointly to lead the delivery of the local strategy.	Assess	Senior leaders across Health and Adult Social Care are key members of the groups that approve the detailed work programmes.	G	G	G
1504	Senior leadership for dementia is identified, and accountability for delivery of local dementia strategy is established.		Paul O'Sullivan, Director of Joint Commissioning, NHS Plymouth & Pamela Marsden, Assistant Director, Adult Social Care. High level Programme Board with commissioners and providers, carers and service users to be co-opted when appropriate via PIPs (Plymouth Patient Involvement and Participation Forum)		G	G
1505	Joint commissioning arrangements are in place.	Assess	Update to Joint Commissioning Executive	G	G	G
1506	A resourced implementation plan is in place.	Assess	Areas for additional resources presented to Joint Commissioning Executive as indicated via Reablement developing model	G	G	G
1507	The PCT has undertaken work with partners to determine demand and capacity requirements of local dementia service, in line with the economic analysis of Living well with dementia: A National Dementia Strategy.	Assess	Ongoing reviews of demand and capacity are provided from analysis undertaken to inform the Joint Strategic Needs Assessment.	A	A	A
1508	PCT investment for dementia services in 20010/11 has been identified and agreed.	Assess	Investment for Dementia Services inclusive of nursing / residential care significant. However, this requires updating in line with new service / configured provision (i.e. Memory Service) and integrated community teams. Cost of the reablement model needs to be defined	R	A	A
CHAPTER 16 - PRESCRIBING ANTIPSYCHOTIC MEDICATION						
1601	The prescription of antipsychotic medication for people with dementia is in line with NICE guidance	Assess	Audit now complete and pilot programmes being taken forward with secured funding from NHS South West.			

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	and government policy.		- specialist Mental Health services - general hospitals - care homes via Meds Management Team	G	G	G
CHAPTER 17 - PRESCRIBING IN LINE WITH NICE TECHNOLOGY APPRAISAL TIII						
1701	The prescription of anti-cholinesterase inhibitors is in line with NICE Technology Appraisal TIII.	Assess	Now in place and audited by NICE Governance Team	R	A	G
CHAPTER 18 - EXAMPLES OF GOOD PRACTICE						
1801	List any particular areas of good practice which you would be willing to share.	Assess	Karen Grimshaw, Director of Nursing is part of the SW Expert Reference Group for Dementia with a view to driving up quality standards. Dr Andrew Stone also member of the SW Expert Reference Group for Dementia contributing to the medical dementia agenda. Ian Sheriff, Research Team, Plymouth University and Chair of the Alzheimers Society commissioned to undertake baseline research with GPs awareness training requirements to advise local commissioning. Awaiting outcomes of MSNAP Won Gerontology Society Award PCC has won the National Dignity and Care Award for the Dignity and Care Forum National Launch for Dementia and Carers Strategy in December 2010 and also will be advising local population of progress to date with regards to Dementia provision in Plymouth.	G	G	G