

**25 July 2013**

**Improving outcomes in dementia for Walsall**

**Ward(s)** All

**Portfolios:** Cllr Ali – Public Health and Protection

**Executive Summary:**

The National Dementia Strategy runs until 2014 and the Prime Minister's Challenges on Dementia run until 2015. Walsall's implementation of the strategy and challenge is going to plan and commissioners are developing a local dementia strategy to take Walsall above and beyond 2015.

The presentation will show where improvements to the dementia pathway have been made and issues addressed with some case examples of the sort of difficulties residents of Walsall experience.

There is a need for dementia awareness to address three of the biggest obstacles to diagnosis and commissioners would welcome the support of scrutiny in this:

Stigma;  
False belief that dementia is part of normal ageing;  
False belief that nothing can be done;

...and to prevent or reduce the risk of dementia in some people with healthy lifestyle interventions such as diet and exercise.

Walsall has pioneered the integration of the voluntary sector into statutory services and is now working with the voluntary sector on upstream interventions, which will enable them to provide services which utilise physical activity, mental activity, social interaction, healthy lifestyles, systems of support including to carers and act as picket services (early warning) for GPs, social workers and safeguarding by being aware of the signs of depression, dementia, delirium and abuse in all its forms.

**Reason for scrutiny:**

Concerns were previously raised by members at the low rate of diagnosis of dementia in Walsall of the expected prevalence and the long waiting times for assessment, diagnosis and treatment in the Memory Service.

A general update of the dementia programme to inform members of Walsall's progress in implementing the national dementia strategy and Prime Minister's Challenges.

**Recommendations:****That:**


1. Continue supporting the dementia programme
2. Support a dementia awareness campaign in Walsall


**Background papers:**

Walsall Whole Systems Commissioning Document


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## 1. Report

### 1.1 Older People's Mental Health update

The Strategic Health Authority gave each commissioning area a small amount of funding to support CCG developments. Dudley and Walsall PCT/CCG areas chose to combine their funding and commission Professor Susan Benbow of Older Mind Matters to work with them on developing brand new service specifications for older people's mental health. Professor Benbow was a consultant psychiatrist for 30 years, chaired the Faculty of Old Age Psychiatry at the Royal College of Psychiatrists, is professor at the Centre for Ageing and Mental Health at Staffordshire University, is an author of numerous publications including co-author of some key policy documents and has a PHD in family therapy. She therefore brings a wealth of experience and knowledge to support the development of services.

Walsall are co-developing these specifications with Dudley as we share the same mental health provider. All of the issues raised with commissioners have been addressed in the new specifications and will result in improved partnership working, a more responsive service, faster access for previous users and colleagues from other services will be able to refer into the service.

Commissioners have now presented the latest drafts of the specifications to DWMHPT and are awaiting a formal response to them.

### 1.2 Dementia Friendly Communities update

Further to the previous dementia programme update and members supporting the Dementia Friendly Communities work, 400 hours of Dementia Friendly Communities (DFC) development work has been commissioned from the Alzheimer's Society and Pathways4Life (Age UK & Accord partnership). They will deliver an agreed package to local businesses in order to help them to become more dementia friendly. The package consists of dementia awareness, communications skills needed in dementia care, an environmental action plan and the development of dementia champions. Service users and carers in Walsall have chosen a logo for this work which will become the health and council approved kite mark and the priority group of businesses. They are supermarkets and GP receptions staff. The project group have suggested pharmacy staff also as they have frequent contact with users and carers following GP visits.

The national lead for DFCs contacted the dementia programme lead and expressed an interest in Walsall being a whole system case study for their 'stage 2' work. If the rest of the Prime Minister's group agree, Walsall's dementia programme will be formally written up.

The National Institute for Clinical Excellence are publishing guidance on whole system dementia commissioning. NICE asked for two case studies from Walsall when we were recommended by the Strategic Health Authority. They are for the joint commissioner role and personalisation. A document describing the way Walsall is implementing the national dementia strategy in a whole systems way is linked from this document. The guidance is due to be published soon.

### 1.3 Memory Service update

Latest Waiting times: New staff have been recruited for reducing the waiting times which have fallen by approximately 50%. No formal figures have been received as yet but have been requested.

A new Memory Assessment service has been agreed by Walsall GPs which may see an additional four nurse posts and six personal assistants in dementia. The personal assistants will provide practical and emotional support immediately following diagnosis and help service users and their carers make the necessary adjustments to plan for the future and signpost them to appropriate support. This will mean that for most people from referral to commencing treatment will be less than four weeks. The service will also have the capacity for the increase in numbers anticipated.

### 1.4 Early intervention in dementia

Eight GP surgeries and two hospital departments are currently trying out CANTABmobile, a ten minute dementia screening tool using an iPad. A pilot with the Alzheimer's Dementia Support Worker working under the supervision will also take place from April for the next twelve months. Discussions and a possible further pilot are taking place regarding pharmacists being ideally suited to undertake this screening where people present at pharmacies with concerns about their memory.

The latest diagnosis figures have been published by the Alzheimer's Society for 2012 (although they appear to be 2011-2012 QoF dementia lists). Walsall has risen from 28% of the dementia prevalence diagnosed when the strategy was published to 36%. Walsall is no longer the lowest in the West Midlands (Herefordshire 33%) and is gaining ground on some of its neighbours. The average rate in England is 44.3% and 43% in the West Midlands.

There are several reasons for low diagnosis rates:

- Incorrect assumption that there is nothing that can be done;
- Lack of support once diagnosed;
- Stigma;
- Lack of dementia awareness.

### 1.5 Technology and dementia

There are several areas of assistive technology which can benefit people with dementia and help to maintain people living independently for as long as possible and therefore remain in their own home, rather than move into care homes. A presentation will be delivered to the members at the meeting.

There are a number of apps' which have been tested in care homes in Herefordshire and Worcestershire and these were evaluated by Worcester University. Residents and their families in care homes voted for their favourite apps; some of which will be demonstrated for the members.

Walsall has purchased 20 iPads and is purchasing the dementia apps, five RemPods (described in the presentations) and ten memory boxes to be loaned out to care homes to encourage more therapeutic activity.

A photograph of an older man with glasses and a blue cap, smiling as he looks at a display of children's books in a library. The books are arranged in metal wire racks. The man is wearing a blue jacket and a watch on his left wrist. The background is slightly blurred, showing more bookshelves.

# Implementing the National Dementia Strategy in Walsall

*A whole-system commissioning approach*



Walsall Council

**NHS**  
**Walsall**



## Introduction

This guide has been put together to demonstrate the approach Walsall takes to whole system dementia commissioning in order to deliver the National Dementia Strategy in Walsall, together with the Prime Minister's challenges on dementia.

This approach is only possible with high level agreement from both the NHS and local council and a unified approach to the commissioning of services. In the autumn of 2009, a joint commissioning unit was established and the creation of the Dementia Care Programme Manager post. This is a joint commissioning post, funded by both the NHS Walsall and Walsall Metropolitan Borough Council. Furthermore, it was decided that the post holder should have both knowledge and experience of working in dementia care.

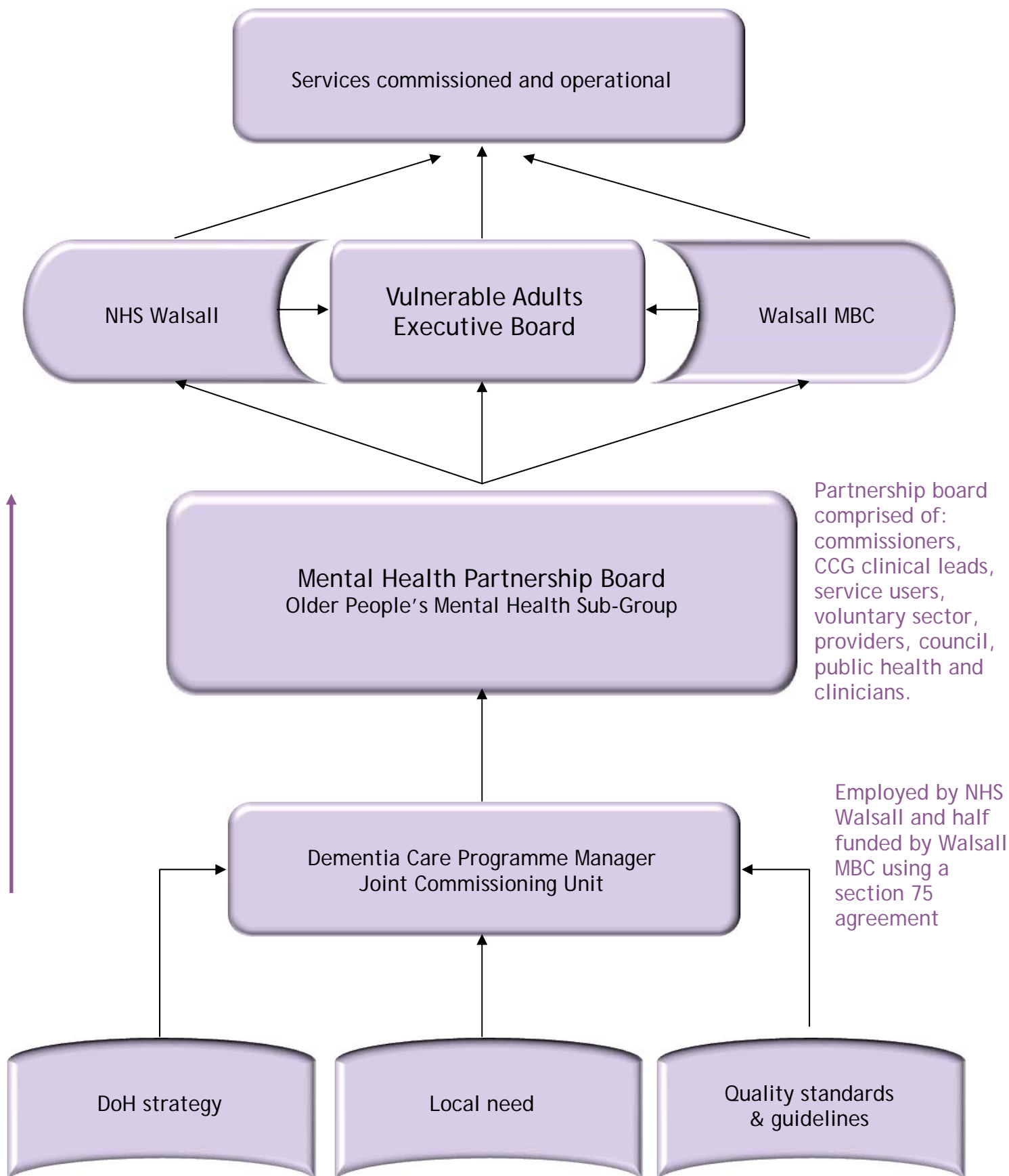
Within the West Midlands, commissioners of dementia care from both the NHS and councils respectively have an informal agreement to reduce duplication by sharing good practice and offering mutual support. This is underpinned by events organised by the dementia lead for NHS West Midlands and the dementia lead from ADASS West Midlands.

As CCGs were developed within the West Midlands, further joint commissioning arrangements have been discussed within the Black Country Cluster and the respective councils for those areas. This is particularly helpful where there are gaps in services across all areas and where there may an opportunity to jointly commission services.

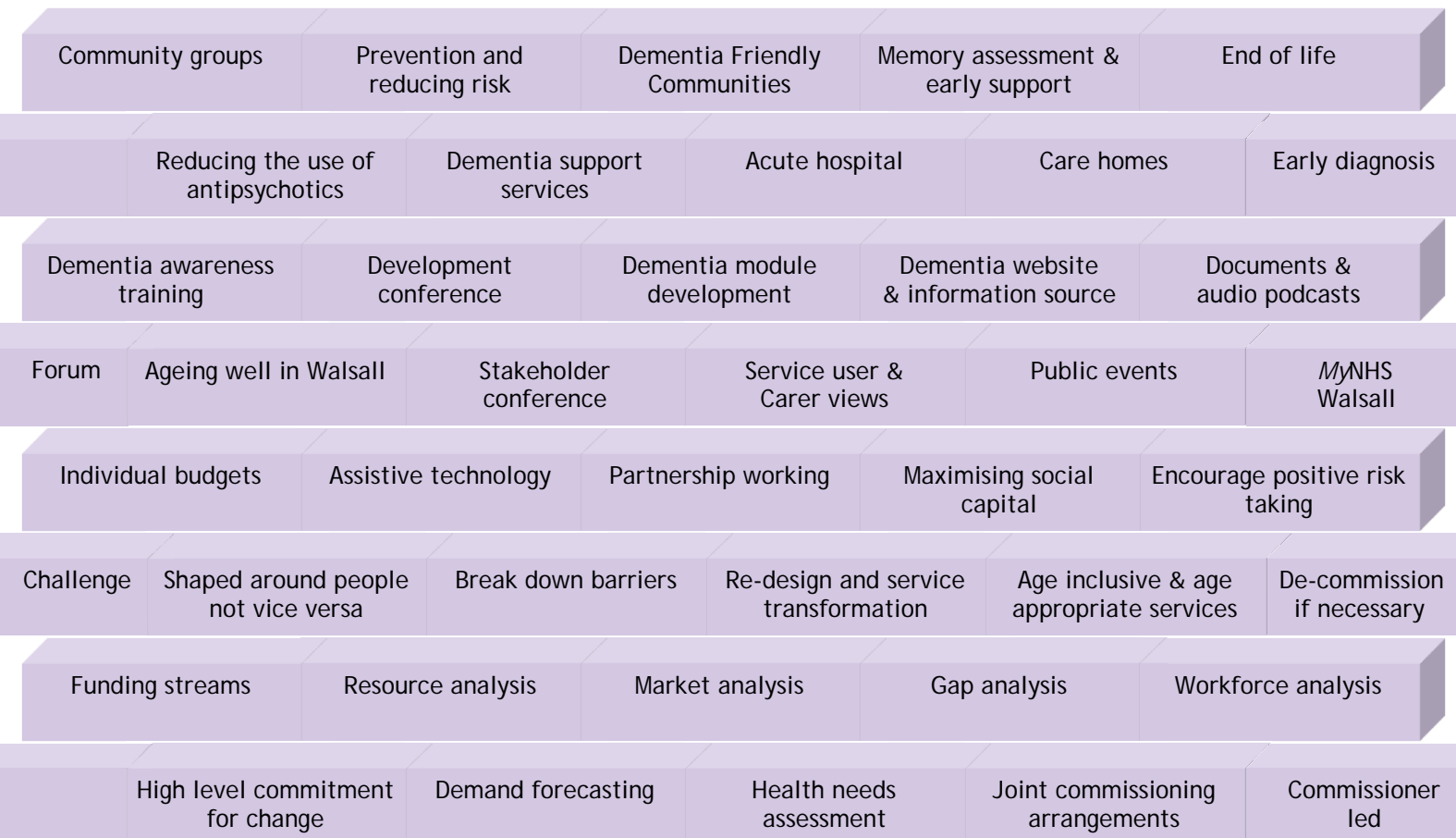
For any further information on whole systems commissioning in Walsall, please contact the Dementia Care Programme Manager directly.



One of Walsall's seven dementia cafés




## A person centred and whole-system commissioning approach to delivering the national dementia strategy in Walsall




NICE Dementia Quality Standards (social care & NHS) & Guidelines  
 DoH Early Implementation Priorities  
 Prime Minister's Dementia Challenges  
 CQUIN  
 QUIPP  
**National Dementia Strategy**

  
 Drivers for change





Do not  
tick boxes



Encourage positive  
risk taking to  
maintain  
independence





Person centred  
and not  
service centred

# NOTES TO SELF



Age inclusive  
and  
Age appropriate



...do not split  
older people's mental  
health services into  
separate functional and  
dementia services



Integration  
of  
services



Outcome  
focused  
specifications

## Foundations and understanding the needs of the area

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### High level commitment for change

Without sign-up from health and council directors, the successful implementation of the National Dementia Strategy: Living With Dementia would be impossible.

### Demand forecasting

This piece of work was prompted by the strategic health authority who hold copyright for it. It was essentially all the statistical data from National Statistics, prevalence and incidence data, what funding opportunities there were and looking to the future. Data from 2009 when the strategy was first published and for several years into the future was analysed.

### Health needs assessment

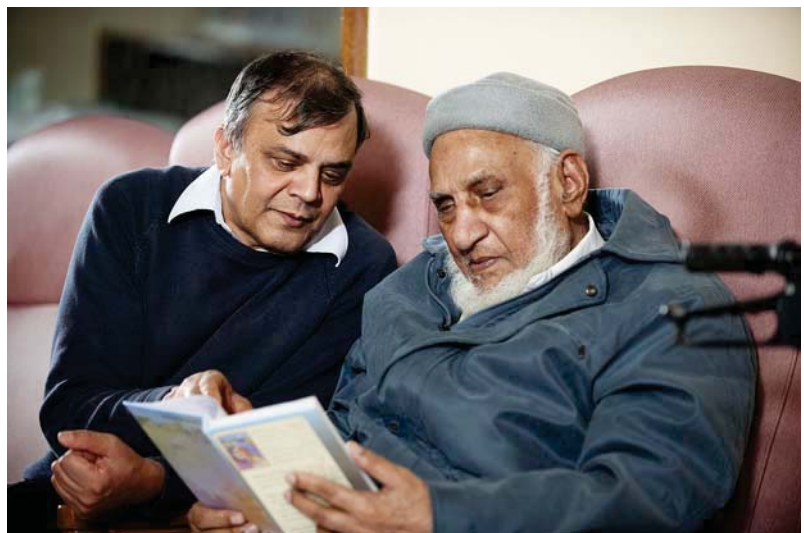
Carried out by public health in the traditional format and the backbone of all future planning. This was used in conjunction with the Joint Strategic Needs Assessment.

### Joint commissioning arrangements

A section 75 agreement which allows for commissioners from health and social care to be co-located and work together on all commissioning areas. This included some joint commissioner posts which are jointly funded including that of Dementia Care Programme Manager. It was also deemed essential that the dementia commissioner have knowledge and experience in dementia care.

As dementia crosses all other commissioning areas e.g. learning disabilities and long term conditions, a collaborative approach to commissioning is required.

As part of the joint commissioning arrangements, commissioners are required to engage with council health scrutiny committees, PCT professional executive committees, joint partnership boards, service user groups, service users/patients, carers, other dementia commissioners (council, health and joint) and clinicians.



# Analysis

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## Gap analysis

An in-depth look at the gaps in provision of services for dementia and an understanding of why this might be e.g. lack of funding, lack of appropriate provider, very small numbers and interest. This requires consulting with a variety of organisations and providers to understand how others may perceive the gaps.

## Workforce analysis

A review of who the workforce is and what their needs are. This included health, social care and the third sector. An understanding of currently commissioned training initiatives and how successful these are. For example have outcomes improved as a result? Has the care culture changed? Are there still gaps?

A joint approach with the respective development staff is then required to plan and implement the required developmental changes.

## Commissioner led

It is vital that commissioners lead the development of dementia services. Many services which are in place were developed but never commissioned historically. Some of these services may need to be decommissioned or required to work to a new service specification with associated outcomes. Services should to be user orientated, rather than service orientated and of course, person centred.

## Resource analysis

A review of what services there are for dementia irrespective of provider: commissioned or non-commissioned, paid or voluntary.

## Market analysis

What service providers are available: locally, regionally or nationally. Where were the gaps? Which of these could be supported to develop new services to outcome based service specifications for spot purchase? Are there opportunities to develop regional or sub-regional services for small numbers of service users who require a specialised services where otherwise, there may not be sufficient funding to support a local service development.





## Underpinning all service specifications

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### Individual budgets

Service users should be supported to buy in the services and support they feel will help them remain as independent as possible where applicable using an individual budget. In time, the use of individual budgets is likely to stimulate the market and a variety of new services will be established. Commissioners should work with service users, carers and providers to develop age appropriate and age inclusive services.

### Assistive technology

Walsall has a new Independent Living Centre in the centre of the town where service users can be assessed by occupational therapists and try out technology to maximise independence. Assistive technology is a fast growing area and it is important that commissioners keep abreast of the latest developments but more importantly to have a view on their practical application.

Walsall is conducting a trial of an iPad based 'app called CANTABmobile for GPs/hospital to screen for dementia. This app has numerous advantages over paper based assessment tools and identifies people for formal assessment in memory assessment services much earlier than paper alternatives like the Mini Mental State Examination (MMSE). People identified as having Subjective Cognitive Impairment (SCI) or Mild Cognitive Impairment (MCI) can be offered healthy lifestyle and well being interventions and periodic re-tests.

### Partnership working

Partnership working is crucial to the successful implementation of the dementia strategy and coping with the inevitable growth of referrals. Walsall has commissioned several services which see organisations working together and co-sharing bases. Examples are detailed later in this document.

### Maximising social capital

Whilst commissioned services will address gaps in services and future need to a point, it is crucial to maximise on what is already out there. With this in mind Walsall has a social work community team which only deal with pre-FACs criteria users and maximise social capital e.g. family, self-help, volunteers, existing clubs and other non-statutory services.

### Positive risk taking

Guidance on positive risk taking is available to support people staff in helping to maximise a person's potential to remain in their own homes. *"Risk enablement is based on the idea that the process of measuring risk involves balancing the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether"* (DoH 2010). Taking risks is part of every day life and should not be avoided because of fear of failure or the personal anxieties of staff.



## Service user, carer, public and stakeholder engagement

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To help commissioners understand the views of others in Walsall, a formal engagement plan was written and agreed. This involved several parts and resulted in a publication - Implementing the National Dementia Strategy in Walsall: Consultation and our progress so far.

### Service user & carer views

Service users and their carers' views were sought during home visits by commissioners and at a dementia café in Walsall. Walsall has seven dementia cafés and the views of people with dementia and their carers are sought on a variety of issues. The most recent, is choosing a kite mark logo for our Dementia Friendly Communities programme.

### Public Events

An info-quiz was designed to test people's understanding of dementia but more importantly as a dementia awareness tool. This quiz has been used at several public events and this has been a useful tool to discuss dementia issues with members of the public. Invariably, people often ask questions related to family members who have, or may have dementia. Both an 'Are you worried about your memory?' guide and frequently ask questions in dementia have been published to support this.

### MyNHS Walsall

Two task and finish groups were completed with commissioners and members of MyNHS Walsall. 14,000 members debate health issues and offer local intelligence and understanding, which is invaluable in targeting the local population with planned initiatives such as raising dementia awareness.

### Ageing Well in Walsall

This event gave commissioners the opportunity of having anonymous ballot boxes to gain opinion on what worked well in Walsall, what did not and what was needed. This fed directly into a stakeholder conference and the formal consultation document.

### Stakeholder conference & dementia forums

This conference brought together 80 stakeholders to debate dementia issues. Presentations from this conference can be found [here](#).

The debate continues within a dementia forum which has been held on several occasions. Anyone interested in dementia care can attend these forums. Presentations on [touch screen technology apps for dementia](#) and [reminiscence pods](#) have been two of the subjects of these meetings.





## Training and information

### Dementia awareness training

Community staff and some social workers were trained in dementia awareness. All were trained to use the Six Cognitive Impairment Test (6-CIT) assessment tool. Commissioners also developed a business case where GPs could earn accreditation points if at least one GP and one practice nurse from each practice attended training. Further accreditation points could be earned by satisfying key performance indicators (KPIs) associated with the business case such as not placing patients on DEM1 QoF dementia register until formerly assessed by the memory clinic, carrying out the 15 month DEM2 QoF review to memory clinic standards, following the shared care protocol and acting on the concerns of care professionals and family.

### Website & information

A dementia website with videos and information, are you worried about your memory document (6 languages) and podcast version (6 languages), Living with dementia guide, frequently asked questions (FAQs), emergency services dementia guide (ambulance, police and fire), and a guide on behavioural and psychological symptoms in dementia (BPSD) is in development for carers.

### Development conference

100 people attended a conference for front line staff with life stories (carer & service user), new technologies demonstrated, case studies and an expert speakers such as Professor Susan Benbow.

### Modular training

This is being developed with mental health, learning disability, hospital and social care specialists working together to facilitate the next stage of dementia training to all services within the health and social care Walsall economy. Four modules are being developed which will be free to access. This is supported by e-learning although we never recommend e-learning without face to face training first.





## Priority areas for intervention

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### Acute hospital

An integrated dementia pathway was developed by a multidisciplinary team including hospital, community, commissioning, Primary Care, social care, learning disability and voluntary organisations. The pathway includes best practice dementia care to improve patient experience and outcomes. The pathway was shortlisted for an Health Service Journal integration award and cited by the NHS West Midlands as a good practice example. The pathway will be supported by training and changes to the hospital environment. The dementia CQUIN was enhanced and started on April 1st.

A new liaison team will commence shortly with specialist mental health nurses and a consultant psychiatrist. They will work within the pathway, supervise the Dementia Support Workers and provide expert older people's mental health advice.

### Memory assessment

Locally, there has been a move away from the MMSE to the 6-CIT for screening of dementia and a year long trial of the CANTABmobile iPad app in eight Walsall surgeries, the acute hospital and Parkinson's disease nurse specialists. After screening patients are referred to a memory assessment service as part of a shared care protocol.

The memory assessment service (clinic), is currently under review with the rest of older people's mental health services and is commissioned to follow NICE guidelines and is Royal College of Psychiatrists accredited. However, it is a Secondary Care service seeing Primary Care patients and is sometimes viewed as being isolated from other services. GPs have argued that there isn't enough offered after giving a diagnosis even though information is provided. Furthermore, carers said they did not receive information following diagnosis – they did but it was paper based, not always read and therefore not always useful. Older people's services will be re-specified by the CCG and council shortly following development work with Professor Susan Benbow and commissioners.

### Reducing the prescribing of antipsychotics

Work by medicines management with psychiatrists to produce a good practice guide for GPs, behaviour charts for care homes and supporting a hospital guide has led to reduced prescribing of antipsychotics in Walsall. Some of this work is featured in the dementia commissioners toolkit.

### Support: Dementia Cafés

Walsall has seven dementia cafés spread evenly around Walsall to provide information, support and a social outlet for carers and people with dementia and work to an evidence based model.

### Support: Dementia Advisors

Dementia advisors are based with Age UK in the town centre and offer telephone and face to face support to users, carers and providers of dementia care. They also attend awareness events.

### Support: Dementia Support Workers

Two of these workers are based within the hospital as part of the new integrated pathway. They are commissioned to prompt a change of care culture, improved outcomes and improved understanding of dementia. They are proving to be very successful and a care home version is being explored.

### Support: Dementia Support Worker-Hard to Reach Groups

A recently commissioned service to raise dementia awareness and discuss healthy lifestyle issues with hard to reach groups. This worker will be based with the council community social work team.

### Support: Dementia Support Worker-Diagnosis

Based with the memory service, these workers will visit people post diagnosis and offer information, support and signposting to other services for ongoing support.

## Priority areas for intervention *continued*

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### Care homes

Care protocols for hydration, nutrition and falls for nursing homes have been developed by NHS Walsall and the council under the supervision of the quality board.

A council quality assurance team to support care homes in improving quality, reducing safeguarding incidents and developing the market have been actively improving the standard of care in homes. They work closely with safeguarding, NHS governance colleagues, clinicians and commissioners.

An incentive scheme for quality improvements in care homes is now up and running. Care homes can apply to be entered onto the scheme. Examples for dementia could be for environmental improvements for the inside/outside of the home and the purchase of activity products.

20 iPads using apps' from the DementiaApps and Worcestershire University study, reminiscence boxes and reminiscence pods are currently being procured and will be loaned out to care homes and community groups free of charge to encourage an increase in therapeutic activity.

Two Dementia Support Workers for care homes and community groups will carry out a quality of dementia care and understanding audit and work with those homes and the quality team to address any issues highlighted.

Training in Care Fit For VIPS developed by Equip4Change for the SHA is a web based set of tools for care homes specialising in dementia care. All care homes in the Walsall area are sending representatives for training to become familiar with using these tools to improve the quality of care in homes.





## Looking to the future, prevention and end of life

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### Community Groups & prevention

A case for a framework has been developed for community groups to bid for small amounts of funding to run groups specifically for people with dementia and their carers and people in high risk groups for depression. Providers would be required to carry out dementia awareness raising, prevention work such as healthy lifestyles, well being interventions and be aware of signs and symptoms of depression and dementia. Where signs are observed, screening tools for depression and dementia will be utilised and the person directed to their GP for formal assessment where indicated.

### Dementia Friendly Communities

A series of projects beginning with training for supermarket staff, hair dressers, receptionists, bank staff and café staff is being planned. A kite mark symbol will be awarded for displaying on premises where staff are dementia friendly. Training is likely to be delivered by local providers with experience of dementia care and dementia training. Initial discussions with schools are taking place to extend this work.

### Primary Care coordinators

A case for Specialist community based mental health nurses has been submitted to support service users, their carers and Primary Care staff in dementia. This will include memory service reviews, pre-clinic assessments and using risk stratification tools to identify people for dementia screening early.

### Personal Assistants – Dementia (PADs)

These support workers will work with the Primary Care coordinators and will support people with dementia and their families to lead as normal life as possible. Some of these will specialise in supporting people with young onset dementia. The role concentrates on more practical interventions in Primary care such as organising one's home to become more dementia friendly, applying for benefits like Attendance Allowance and accessing other forms of support and information.

### End of life

A Gold Standards Framework is in place which specifically covers dementia.

A pilot to support a new hospice is being discussed to better understand the needs of people with dementia. Lessons learned will be used to enhance the current community services. The pilot will involve additional members of staff on duty until hospice staff become more confident in dementia care and the support of a dementia clinical nurse specialist. Training between mental health and palliative care staff will enhance understanding of the respective specialist areas.

People soon after diagnosis are encouraged to plan for the future and consider advanced directives, making wills and preferred priorities of care type documents.





