

## Adults, Wellbeing & Health Overview & Scrutiny Committee



### National Dementia Strategy

25 February 2010

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### Report of Nick Whitton, Head of Adult Commissioning Services, Adults Wellbeing & Health

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#### Purpose of the Report

1. To inform Overview & Scrutiny Committee of: **Living well with dementia: a National Dementia Strategy** and the progress made in County Durham towards its delivery.

#### Background

2. This strategy was published 3<sup>rd</sup> February 2009, following a number of key reports and extensive consultation in 2008 (Transforming the quality of dementia care; a consultation document on a National Dementia Strategy) It is the first national strategy for dementia finally recognising the importance of the issue.

#### Issues

The aim of the Strategy is to provide significant improvements in quality of services and greater understanding of causes and consequences of dementia as well as being a catalyst for change in way people are viewed and cared for. The 3 key areas are:

- Improved public and professional awareness
- Early diagnosis and intervention
- High quality care and support

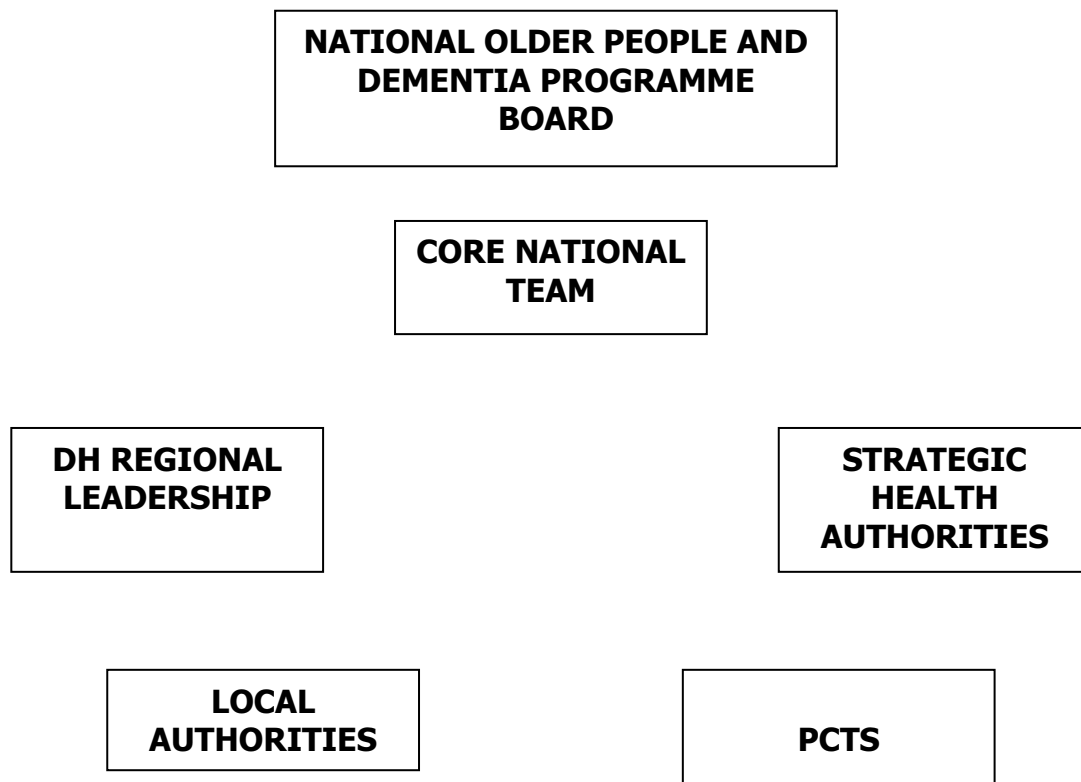
An Economic Impact Assessment accompanies it and is modelled over a 5 year period. There is also a detailed Implementation plan. The expectation being that all health and social care communities make considerable improvements over the next 5 years. Although where they need to start will depend on local priorities shaped by the JNSA and also review of evidence from pilots and further development of the evidence base, including the precise scale, and nature of costs and benefits.

## Governance

A National Dementia Lead, Professor Alistair Burns has been appointed. In order to secure and monitor the delivery of the strategy the Department of Health has established a National Programme Board for older people with dementia with cross Government representation and involvement from people with dementia and their carers, it will monitor progress, highlight best practice and work to remove barriers to successful implementation.

The Programme Board will link to the regional tier through the Deputy Regional Directors for Social Care (DRDs), who progress the Department's business in the Regions, and with the SHAs. The DRDs have close links to SHAs and will support the necessary linkages between Health, Social Care and other local stakeholders to gain the essential engagement and ownership necessary to deliver.

Regionally there are three groups, the Regional Oversight Group, Regional Stakeholder Group and the Regional Commissioning Leads Group there is also a regional Dementia Strategy Implementation manager, Steve Amos who reports to the Regional Older Persons Lead, Debbie Smith. It has been agreed that the North East will report as a region.



Although the strategy identifies 17 Objectives with timescales, see page 5, the Department of Health has identified 7 Priority Objectives and in turn the regional groups have then identified 6 slightly different priorities. Subsequently the

Regional ADASS have considered these and have identified two which they want the regional Local Authorities to lead on. These are:

- Objective 6: Improved Community Personal Services
- Objective 11: Living well with dementia in care homes

The other remaining regional priority objectives are:

- Good quality early diagnosis and intervention for all
- Improved quality of care for people with dementia in general hospitals
- Considering the potential for housing support, housing related support & telecare
- Improved end of life care for people with dementia

### **Objective 6 - Improved community personal support services**

How this can be delivered.

- Implement *Putting People First* personalisation changes for people with dementia, utilising the Transforming Social Care Grant
- Establish an evidence base for effective specialist services to support people with dementia at home
- Commission to implement best practice models thereafter
- E.g. improved home care, greater access to tele-care, flexible respite care.

Services need to be able to work for diverse groups of people who may be affected by dementia, e.g. those with a learning disability. An evaluation period may be necessary to collate and evaluate data on existing models of generic and specialist services to enable good quality advice to be available to commissioners.

Greater awareness re potential for all types of abuse are clarity of information re complaints re poor standards of care or reporting of possible abuse.

Impact for Adult and Community Services;

- Links are required with Joint Commissioning Strategy for Learning Disabilities to ensure that appropriate services are developed for this service user group as needs are different to those of OP.
- Contract monitoring / performance implications for Domiciliary Care
- No national allocation of funds for Short breaks as it is envisaged that this is covered under the Carers Strategy
- Responsiveness to crisis services may require additional funding
- The development of more Extra Care Housing for people with dementia to remove inequity of service provision
- The promotion of use of assistive technology to support people with dementia

## **Objective 11 - Living well with dementia in care homes**

How this can be delivered:

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

Impact for Adult & Community Services

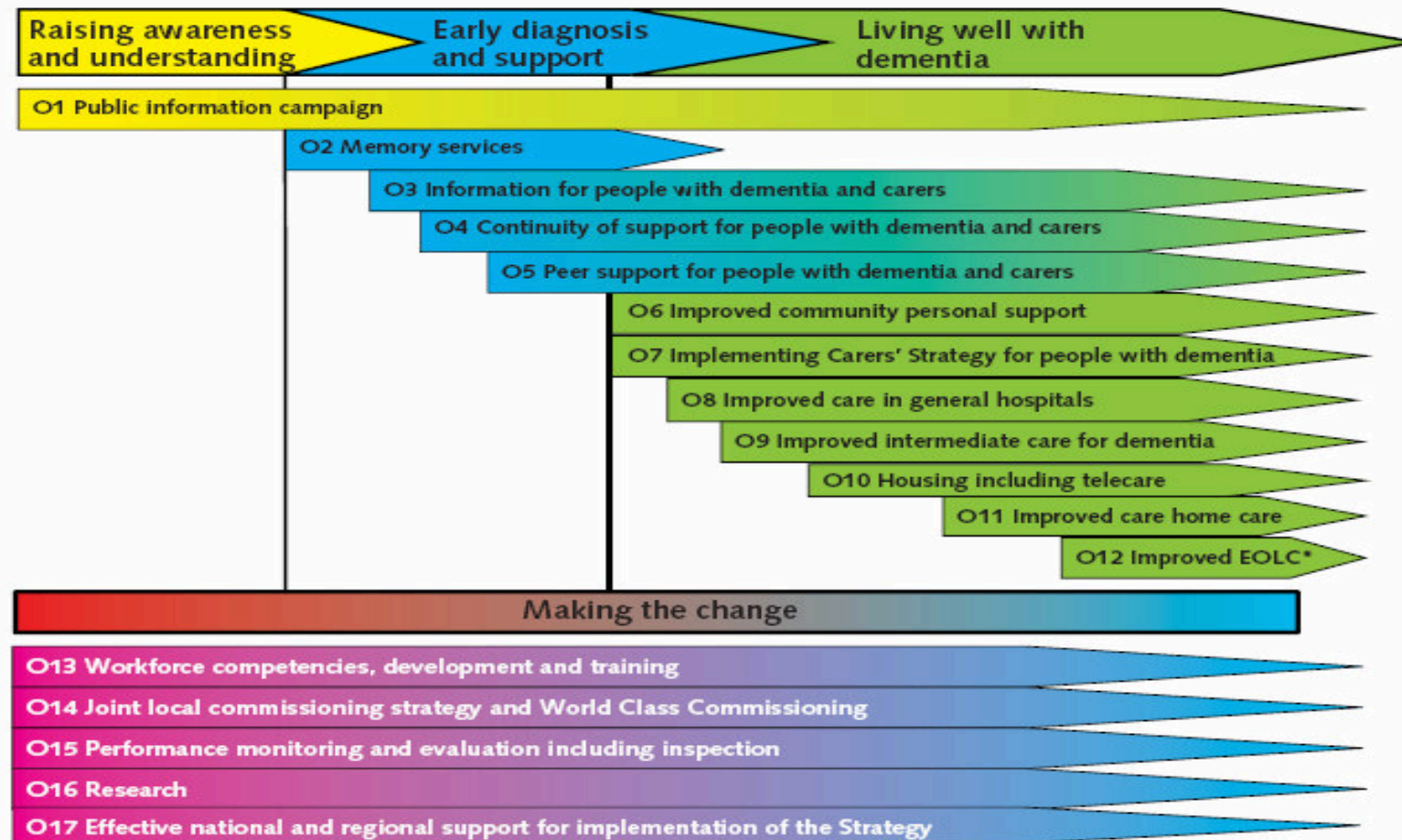
- Commissioners to develop service specifications with providers which include these key factors and identify how performance will be assessed in contract monitoring.
- To work with partner agencies to reduce the use of anti-psychotics medications. The risks of which are serious and negative including increased mortality and stroke.
- To work with partner agencies to provide regular specialist mental health assessment and reviews
- Joint commissioning of in-reach services from other professionals
- To monitor the capacity of care homes, although it may be possible to reduce the numbers requiring care the population growth means it is likely that there will be a need for at least the current care home capacity or more.

Regionally it has been decided to focus on three key strands / drivers for this objective and these are:

- Leadership within care homes
- In reach services such as audio-logy, dentistry, podiatrist, pharmacy,
- Each home to have own strategy led by the dementia lead

In County Durham the Joint Commissioning Strategy for Older Persons Mental health encompasses the requirements of the National Dementia Strategy.

Figure 1: Delivering the National Dementia Strategy – joint commissioning of services along a defined care pathway to enable people to live well with dementia



\*End of life care

## **Other Priorities which have been identified nationally:**

See appendix Draft Action Plan for current progress on delivering the National Dementia Strategy. This appendix will be signed off by the Implementation Group for OPMH Joint Commissioning Strategy

## **Objective 2 - Good quality early diagnosis and intervention for all**

How this can be delivered:

- The commissioning of a good quality service, which is available locally, for early diagnosis and intervention in dementia which has the capacity to assess all new cases occurring in that area. Evidence suggests that early intervention is not only cost effective but can improve the quality of life for people with dementia.
  - Carer support and counselling at diagnosis can reduce care home placements by 28%
  - Early diagnosis and intervention improves quality of life
  - Early intervention has positive effects on the quality of life for family carers

It is estimated that only one third of people with dementia ever receive a formal diagnosis and many only do so in the later stages or in times of crisis. PCTs commission a number of services where diagnosis could be made but there is lack of clarity about whom and where diagnosis should be made. The new service should provide a simple, single focus for referrals and be inclusive for people of all ages and ethnic backgrounds. The sole focus would be to;

- Make the diagnosis well
- Break the diagnosis well to the person with dementia and their family
- Provide directly appropriate treatment, information, care and support after diagnosis

Impact for Adult and Community Services;

This would be complementary to current services. The number and locality of such provision is influenced by the JSNA and addressed in the MHSOP Joint Commissioning Strategy.

**Objective 7: Implementing the Carers' Strategy for people with dementia (Implementing New deal for Carers)** County Durham has a Joint Commissioning Strategy for Carers which is currently being implemented

How this can be delivered:

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

Impact for Adult & Community Services;

To ensure:

- There are sufficient and flexible forms of short breaks available to support families in their caring role.
- Joint working on the MHSOP and Carers Strategies to ensure the Carers Strategy delivers for those that care for people with dementia.

### **Objective 8: Improved quality of care for people with dementia in general hospitals**

How this can be delivered:

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

Up to 70% of acute hospital beds are occupied by older people and up a half of these may be people with cognitive impairment, including those with dementia and delirium.

Recent SSID figures indicate that 58% of those known as OP with MH conditions are in long term residential/nursing care. An assumption could be made that lack of access to Intermediate Care and the need for improved care and accurate assessment in acute hospitals is a contributing factor to this.

Impact for Adult & Community Services;

- The PCT intention was to commission lead clinicians. This has been identified in the Joint MHSOP Commissioning Strategy
- To work with the acute hospitals on an explicit care pathway for management and care – *a pilot is currently underway in Darlington involving the acute trust and will be spread countywide*

### **Objective 13 - An informed and effective workforce for people with dementia**

The need for improved training runs throughout the strategy. It is estimated that two thirds of people with dementia live in their own homes, up to 75% of residents in non specialist care homes for older people have dementia and

the prevalence rises to 90/95% in care homes for elderly mentally infirm. In addition to this an estimated 50% of all care home residents have depressive disorders that would warrant interventions. Therefore the need for appropriate training is highly evident. This will also improve staff morale and improve recruitment and retention in dementia care.

People with dementia access all services so require informed understanding and support from all services. Awareness and skills are needed in all sections of the workforce and society, e.g. Housing, emergency services, employers, utilities, GP receptionists etc

How this can be delivered:

- Department of Health workforce strategies to take on board the implications of the dementia strategy
- The Department to work with the representatives of all bodies involved in professional and vocational training and continuing professional development to reach agreement on the core competencies of dementia care
- Those bodies to consider how to adapt their curricula and requirements to include these core competencies in pre and post qualification and occupational training
- Such changes also to inform any review of national health and social care standards
- Commissioners to specify necessary dementia training for service providers
- Improving continuing staff education in dementia

Impact for Adult & Community Services

- For social care workers the Department of Health Adult Social care Workforce will be a force for change
- Skills for Care/Health, The General Social Care Council, SCIE and the new National Skills Academy will all have a role to play in developing standards and skills for the social care workforce
- Short term action by PCT and AW&H to commission a trained and competent workforce using regional and local workforce development resources
- Core competencies could be developed to train staff in line with NICE SCIE guidance
- Medium to longer term curricula for under graduate and continuing professional development for relevant social care ( and other health care staff such as doctors, nurses therapists )staff should contain modules on dementia care
- Health & Social care should work together to develop their workforce. Examples of good practice exist.
- Training should cover the principles of the Mental Capacity Act



## **Objective 14 - A joint Commissioning Strategy for Dementia**

There is a need for PCT and Local Authorities to commission coherent joint services based on JSNA. This strategy should specify outcomes and be developed in consultation with people with dementia and their carers. It will need to take account of peoples' needs in both mainstream and specific services. They will need:

- A community focus, linking into LAA and the development of sustainable communities; and
- An individual focus, drawing on the use of personal budgets and the commissioning of self directed support.
- The strategy should inform the operational plan and budget cycles of PCT and LA and demonstrate how they plan to improve services
- It should be informed by guidance on World Class Commissioning and World Class Commissioning for dementia as well as *Putting People First Guidance*.
- As a local priority, LA, PCT and practice based commissioning should lead the development of an integrated pathway of care, specifying elements of the pathway against which services will be procured and performance managed

*“Commissioning for people with dementia’s health outcomes requires involvement from a range of partners who have their own priorities and, sometimes, different views on what success should look like. The ‘Living well with dementia: a national dementia strategy’ provides a common vision for all to rally around, through which this vision can be achieved locally”*

Impact for Adult & Community Services:

A Joint MHSOP Commissioning Strategy has been developed 2009 - 2013. The needs identified in the National Dementia Strategy are incorporated into this more holistic strategy for all older people with mental health needs.

## **Implementation**

The Department of Health considered three options and selected Option 3 as the preferred option. Option 3 - to implement recommendations with the strongest evidence base, evaluate demonstration projects for those where more information is required on the costs and benefits of interventions. This is preferred because it makes improvements where benefits are clear while implementing demonstration projects and evaluation to generate data on the benefits and costs of other interventions in relation to:

- Improved quality of life for people living with dementia and their carers
- The delivery of early (relatively low-cost) interventions that will obviate the need for more expensive interventions at a later stage in the disease process

- Beginning the diversion of some people from inappropriate, and expensive, residential care towards more appropriate and cost-effective home care

The strategy is assumed to be implemented over a five year period. However, the pace of nature of the implementation will inevitably vary, depending on local circumstances, the level and development of new services within each NHS and local authority area. The strategy itself makes this clear. There is no expectation therefore that all areas will be able to implement the strategy within five years.

### **Recommendations**

That Members note the content of this report, a further report will be presented early 2011.

Appendix: Draft County Durham National Dementia Strategy Action Plan to be agreed by the Implementation Group for the Joint Commissioning Strategy for Older Peoples Mental Health 24<sup>th</sup> February 2010 then to be submitted to the Regional National dementia Strategy Lead by the end of February 2010

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**Contact: Denise Elliott, Sylvia Short**

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**Mental Health Services for Older People in County Durham**  
**Implementation Plan 2009-2014**

Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
<b>1. Improving public and professional awareness</b>	<p>Public and professional awareness and understanding of dementia to be improved and the stigma associated with it addressed. This should inform individuals of the benefits of timely diagnosis and care, promote the prevention of dementia, and reduce social exclusion and discrimination. It should encourage behaviour change in terms of appropriate help-seeking and help provision.</p> <p>Deliver information / awareness raising events to the public.</p> <p>Deliver information / awareness raising events to professionals.</p>	NHS County Durham & Darlington	Dec 2010				<p>Time to Change mental Health Anti-Stigma Campaigns based on the 'Lets Talk' format have been delivered in market places across County Durham. These events will continue to be delivered during 2010 and a number will be targeted in older persons' settings. In addition the 'Lets talk' format will be adapted and used for a specific dementia awareness campaign. A schedule of events will be planned for 2010. These projects will be delivered in partnership with local organisations through existing multi-agency mental health improvement groups and PBC clusters. Develop and deliver Social Events such as WI's and Community Associations are targeted in The Dales as a means of delivering a carers perspectives and providing information on dementia as part of raising awareness</p> <p>Training events have taken place for GPs in Sedgefield and Easington with the aim of improving early detection, referral, diagnosis and treatment. These events will be rolled out across Durham during 2010.</p> <p>Vascular dementia / preventative message – 'what's good for your heart is good for your head'. Inclusion of vascular dementia risk as part of CVD pathway and development of primary care understanding of vascular dementia prevention is currently being considered.</p> <p><b>General Issues</b>            In terms of raising awareness of general mental health issues mental health first aid training will be offered to care home staff and those working in domiciliary roles.</p>

Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
							<p>Workplace Events            In addition Dementia will be added to the list of campaigns that local employers are required to undertake as part of workplace health award programmes.</p> <p>Lets respect – Raising Awareness Sessions delivered to Care Homes, Domiciliary Care and Community Hospitals</p>

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Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
<b>2. Good quality early diagnosis and intervention for all</b>	All people with dementia to have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis, sensitively communicated to the person with dementia and their carers; and treatment, care and support provided as needed following diagnosis. The system needs to have the capacity to see all new cases of dementia in the area	NHS County Durham  Durham County Council	April 2011				<p>Develop a clear care pathway for people with dementia. Evaluate the pilot dementia care pathway in Derwentside by April 2010. Further links on the pathway will need to be developed with social care and the third sector in terms of dementia cafes.</p> <p>Evaluate work undertaken on patient journey experiences (ICO initiative).</p> <p>Improve access to memory clinics</p> <p>Early diagnosis and provision of specialist support is a key priority in the 5 Year Strategy for NHS County Durham and Darlington. This initiative (amongst other outcomes) aims to enhance memory clinic services</p> <p><b>Increasing access to psychological therapies</b> A new IAPT service will commence in September 2010 which will provide a stepped care approach for older people with 'common mental health problems' such as depression and anxiety</p> <p><b>Screening</b> Evaluate flu vaccination / dementia screening initiative (ICO initiative)</p> <p><b>Arts for Wellbeing</b> Develop arts opportunities for older people and their carers through targeting of Arts for Wellbeing in older persons settings</p>

Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
<b>3. Good quality information for those diagnosed with dementia and their carers</b>	Providing people with dementia and their carers with good-quality information on the illness and on the services available, both at diagnosis and throughout the course of their care						<p><b>Conduct a review of existing local information for people with dementia and their carers and implement any identified action</b></p> <p>Review information on prescription scheme. Tees Esk and Wear Valley NHS Foundation Trust have conducted a review of their current information and what information should be provided at different points of the patient journey. This needs to be developed further, shared multi agency wide and developed in conjunction with the dementia advisor role.</p> <p>IMPACT social prescribing tool will include local opportunities to enhance the mental health and wellbeing of those with dementia including physical activity, social activity and access to memory boxes</p>
<b>4. Enabling easy access to care, support and advice following diagnosis</b>	A dementia adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers	NHS County Durham & Darlington	2011				<p>Provision of a dementia care advisor service.</p> <p>This initiative is a key priority in the 5 Year Strategy of NHS County Durham and Darlington. Need to agree role and how it will fit into the pathway (making reference to findings from the National Demonstrator Sites</p>

Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
<b>5. Development of structured peer support and learning networks</b>	The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. It will also enable people with dementia and their carers to take an active role in the development and prioritisation of local services						<p><b>Develop local peer support and learning networks for people with dementia and their carers</b></p> <p>There are 3 dementia cafes in County Durham with one currently suspended but due to commence again in April</p> <p>There are 5 carers centres in the County and various other local support groups</p> <p>6 x 3 hour Interactive sessions are to take place in March 2010 to promote the development and use of Memory Boxes and Life Story work for Care Homes and public to enhance social inclusion and stimulation of thoughts for older people with impaired memory. It is planned to roll this out countywide if these prove successful</p>
<b>6. Improved community personal support services</b>	Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances.	Durham CC					<p>A range of services for people with dementia and their carers exists although could be more comprehensive.</p> <p>1 Housing related Floating Support scheme exists in 1 locality &amp; is currently being piloted to roll out on a countywide basis.</p> <p>A Floating Support scheme runs countywide for people with a higher level of need meeting FACS criteria</p> <p>Specialist sitting service exists in 1 Locality and an Out Reach service for Younger People with dementia in another locality.</p> <p>See Objective 7 for carer services</p>

Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
	Accessible to people living alone or with carers, and people who pay for their care privately, through personal budgets or through local authority-arranged services						
7. Implementing the Carers Strategy	Family carers are the most important resource available for people with dementia. Active work is needed to ensure that the provisions of the Carers' Strategy are available for carers of people with dementia. Carers have a right to an assessment of their needs and can be supported through an agreed plan to support the important role they play in the care of the person with dementia. This will include good quality, personalised breaks. Action should also be taken to strengthen support for children who are in caring roles, ensuring that their particular needs as children are protected	Joint PCT / LA					<p><b>Provide support for carers of people living with dementia to have an assessment of their needs (if they choose to take the opportunity) and support carers through an agreed plan.</b></p> <p>Within the Carers Strategy and implementation plan 2009-2013, and the local strategy for older people with mental health needs it clearly sets out an action plan to ensure the needs of carers are reflected in the planning of services, and that their needs are seen in their own right.</p> <p>NHS County Durham and Darlington and Durham County Council jointly fund 5 carers centres and a range of other services</p> <p><b>Provide a comprehensive range of short break opportunities adequate to meet local need which are responsive and flexible including the use of direct payments to benefit people with dementia and their carers</b></p> <p>Currently there is a range of sitting services through the Domiciliary Care Contract including some specifically for respite/break and direct access sitting service for carers where the cared for person is non FACS eligible. This service is designed to be an early intervention, preventative service to support carers to maintain their caring role.</p>



Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
							Durham CC and NHS County Durham & Darlington have recently established a pilot to provide funding for carer breaks. This is designed to give flexibility and choice to carers in planning their own breaks
<b>8. Improved quality of care for people with dementia in general hospitals</b>	Identifying leadership for dementia in general hospitals, defining the care pathway for dementia there and the commissioning of specialist liaison older people's mental health teams to work in general hospitals	NHS County Durham & Darlington  CDDFT	2011				<p><b>Develop an acute liaison service for older people at University Hospital North Durham and Bishop Auckland General Hospital.</b></p> <p>The development of an acute liaison service is a key priority in the 5 Year Strategy for NHS County Durham and Darlington.</p> <p>CDDFT NHS (acute) representative is a member of the Joint Commissioning Strategy Implementation MHSOP Group which incorporates the NDS objectives, Work is ongoing in the Acute Trust , with Let's Respect, small environmental changes and bids to SHA for training projects</p>
<b>9. Improved intermediate care for people with dementia</b>	IC Strategy takes into consideration the needs of people with dementia, as well as those with delirium and depression	NHS County Durham  Durham CC					<p><b>Intermediate care services are provided which are accessible to people with dementia and are being used by people with dementia which fully meet their needs</b></p> <p>A draft Joint Intermediate Care Strategy is currently out for consultation. Older People with Mental Health needs have been included, including the needs of people with dementia</p>

Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
<b>10. Considering the potential for housing, housing related service and telecare support for people with dementia and their carers</b>	<p>The needs of people with dementia and their carers should be included in the development of housing options, assistive technology and telecare. As evidence emerges, commissioners should consider the provision of options to prolong independent living and delay reliance on more intensive services</p> <p>To have a range of services available to people with dementia and carers to enable them to live safely in their own homes for longer such as</p> <p>Extra Care Housing</p>	LA					<p>The Joint Strategic Review of OP housing and support needs, including people with dementia, will be out for consultation later this year</p> <p>1 x Extra Care Scheme for people with dementia (x 21 flats) exists in Spennymoor, It was established in 1996 Currently under review</p> <p>Business case to be developed to consider further provision across the county to address inequity.</p>
	Telecare	LA					All telecare equipment is available to all. Just Checking is used as part of the assessment process countywide and Buddi scheme for safer walking is currently being piloted on one locality
	Housing related support						Countywide Floating Support scheme specifically offering HRS to people over 55 , currently under review with other FS schemes

Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
<b>11. Living well with dementia in care homes</b>	<p>Improved quality of care for people with dementia in care homes by the development of explicit leadership for dementia within care homes, defining the care pathway there, the commissioning of specialist in-reach services from community mental health teams, and through inspection regimes</p> <p>Regional Outcomes:</p> <p>Leadership re Dementia in Care Homes</p> <p>In Reach services such as CPN liaison services, GP, Podiatry, Audiology, Pharmacy</p> <p>Homes/ Organisations have their own Dementia Strategy</p>	<p>LA with support from PCT</p>					<p>DE Care Home Forums have just been established as a network to share good practice, innovation etc</p> <p>Working Group in process of being established to look at issues in relation to registration,/people moving homes to resolve issues re non diagnosis</p> <p>Funding requested for equity of Care Home Liaison staff countywide</p> <p>To work with Care Homes to encourage the establishment a dementia lead and a strategy</p> <p>Nominations requested &amp; received from Care Homes for representation on Implementation Board for Joint Commissioning Strategy for OPMH needs</p>

Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
<b>12. Improved end of life care for people with dementia</b>	People with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the Department of Health End of Life Care Strategy. Local work on the End of Life Care Strategy to consider dementia.	NHS County Durham & Darlington  Durham CC					<p>End of Life Care Strategy is currently being written. It will include the needs of people with dementia. SHA has recently given funding to DECCA to provide training for Care Homes around End of Life Care</p> <p>Funding has been received by DECCA from SHA to provide End of Life training for care homes</p>
<b>13. An informed and effective workforce for people with dementia</b>	Health and social care staff involved in the care of people who may have dementia to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia						<p>All contracts with service providers include specific requirements for staff to be provided with basic training and professional and vocational development in dementia care. Need to develop and deliver a range of training materials in accordance with NICE/SCIE guidance and appropriate to a wide range of staff to ensure they have appropriate knowledge levels and expertise in caring for people with dementia.</p> <p>Some contracts eg TEWV and domiciliary care, extra care, include this requirement but not all. Floating support contracts require specific training. There is also a local alliance (DECHA) dealing with co-ordination of training with the independent sector</p> <p>The public health team will develop a resource for care homes including positive policy and practice development, training and workforce development, campaigns and awareness raising sessions and will use the findings from our recent listening event to inform this. Public health leads will support implementation in care homes the resources will be developed by March 2010 and piloted in 4 care homes across County Durham and Darlington before March 2011</p>

Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
							<p>Need to develop and deliver (some joint) workforce training plans to front line staff to enhance recognition of signs of dementia and ability to use screening tools.</p> <p>Roll out of training for primary care staff in dementia awareness</p> <p>Dementia training identified in Dom Care Contracts</p>
<b>14. Joint Commissioning for people with dementia</b>	Local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet these needs. These commissioning plans should be informed by the World Class Commissioning guidance for dementia developed to support this Strategy and set out in Annex 1	NHS County Durham & Darlington					NHS County Durham and Darlington and Durham County Council have developed a Joint Strategy for Older People with mental health needs, 2009 2013. The requirements of the National Dementia Strategy are addressed within this strategy. It has been signed off by both organisations. The strategy is a 3 year plan and will require annual review to ensure actions identified are taken forward.

Area	Outcomes	Lead Organisation	Timescale	R	A	G	Comments
15. Improved assessment and regulation for health and care services and of how systems are working for people with dementia and their carers	Inspection regimes for care homes and other services that better assure the quality of dementia care provided.						<p>Post contractual monitoring &amp; reviewing visits will be undertaken on a frequency determined by risk matrix.</p> <p>The Regional Quality Standards framework will be piloted in Durham in LD &amp; MH homes in March/April 2010 &amp; consideration will be open to roll out in all care homes following evaluation. Core outcomes make some specific reference to people with dementia. Reactive monitoring of care homes will also be carried out in response to safeguarding issues.</p> <p>Depending on outcome of REIP pilot this may be rolled out to Domiciliary &amp; Day Care</p> <p>Monitoring of Domiciliary Care currently covers aspects of training including dementia care.</p>

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