Health, Adults and Older People’s Overview and Scrutiny Sub-Committee

Report and Recommendations
Dementia Services in Waltham Forest

July 2011
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Acknowledgements

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1. Introduction

1.1 The Health, Adults and Older People’s Overview and Scrutiny sub-committee decided to examine the subject of Dementia Services in Waltham Forest as a single item agenda at its meeting of 5th July 2011.

1.2 Dementia is a growing concern for all agencies, especially as the number of people suffering from dementia is steadily increasing. According to statistics provided by the Alzheimers Society,¹

- There are currently 750,000 people with dementia in the UK.
- There will be over a million people with dementia by 2021; and
- Two thirds of people with dementia are women.
- The financial cost of dementia to the UK is over £20 billion a year.
- Family carers of people with dementia save the UK over £6 billion a year.
- 64% of people living in care homes have a form of dementia.
- Two thirds of people with dementia live in the community while one third live in a care home.
- Only 40% of people with dementia receive a diagnosis.

1.3 The sub-committee’s prime objective was:

Objective

To explore how different agencies are working together to identify and assess people with dementia as well as discover what support is available for the patient and their families;

To explore the scope of the local dementia strategy and what, if any milestones had been achieved in improving the lives of those affected by dementia; and,

To make appropriate recommendations to health and social care organisations (commissioning bodies) with the aim of improving provision of dementia care within the borough of Waltham Forest.

1.4 The report provides the background and the outcomes of the review and the recommendations made by the Members of the Health, Adults and Older People’s Overview and Scrutiny sub-committee.

2. Background and Context

What is Dementia?

2.1 The term Dementia is used to describe a collection of symptoms including a decline in memory, reasoning and communication skills with a gradual loss of ability to carry out everyday tasks. These symptoms are caused by structural and chemical changes in the brain as a result of physical disease such as Alzheimer’s disease.

2.2 Dementia is a terminal and progressive condition. It is predominately a disorder of later life, but there are at least 15,000 people under 65 with dementia in the UK. Dementia is a degenerative condition, and on average, the life span of people with dementia range from between 7 to 12 years after diagnosis.

2.3 Dementia results in gradual decline in multiple areas of function, including memory, reasoning, communication skills and the skills necessary to carry out daily activities. In addition, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which complicate care and can occur at any stage of the illness.

National Response

2.4 The National Dementia Strategy: Living Well with Dementia was published by the Department of Health in February 2009. The aim of the strategy is to ensure that there are improved awareness, earlier diagnosis, intervention and a high quality treatment at whatever stage of the illness and in whatever setting.

2.5 There are approximately 750,000 people in the UK with Dementia. Dementia costs the UK around £20 billion a year. In the next 30 years, it is estimated that the number of people with dementia will double to 1.4 million, with costs increasing to over £50 billion a year.

2.6 The Dementia 2010 report, published by the Alzheimer’s Research Trust, states that the annual burden on the economy is 35% higher than the previous calculations of £20 billion. The report found out that each dementia patient costs the UK economy £27,647 each year.

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Local Authority Response

2.7 In Waltham Forest it is estimated that there are 1,711 people with dementia and by 2030 this will increase to 2,135.

2.8 The family or informal carers of people with dementia are often of similar age and frail themselves, with higher degree of physical illness and diminished quality of life. The impact on those carers is profound.

2.9 Therefore in response to the Government’s National Dementia strategy – Living Well with Dementia, Waltham Forest has developed a joint Dementia Strategy⁴ which sets out the Authority’s response.

2.10 The Joint Dementia Strategy underpins the Adult Social Care and Health commissioning intentions for people with dementia and sets out a clear vision that people with dementia and their carers should be helped to live with dementia, no matter what stage of their condition or where they are in the health and social care system.

2.11 The strategy provides a framework for delivery, including an action plan for providing support and services that will assist in achieving the best outcomes for people with dementia and their carers.

3. **Current Provision in Waltham Forest**

3.1 **Community Mental Health Team (CMHT)** - The CMHT is a multidisciplinary service, which currently provides a Single Point of Access for older people to mental health services. The service provides support to people with Dementia as well as those with functional illnesses such as psychosis, depression etc. It works in partnership with Social Services, Third Sector and community based providers to deliver a holistic, complete package of support and care.

3.2 **North East London NHS Foundation Trust (NELFT)** - NELFT is commissioned to provide services for older persons who have both dementia related illnesses and/or functional mental health problems. They offer services to people who require assessment, diagnosis and, where required, it provides treatment options for people with complex and significant mental health problems.

3.3 **The Morley Centre** - The Morley Centre works in collaboration with NELFT and the Primary Care to provide specialist day care service for people with dementia to enable them to maintain independence at home. The centre offers a range of activities including music and relaxation, group discussion, aromatherapy, reminiscences, shopping and outings. Morley Centre offers an average of 40 places per day.

3.4 **Dementia Support Services** - This is an outreach service providing support for people with a diagnosis of dementia who are living at home. The service outcomes include carers respite, promotion of independence and empowerment, maintaining existing skills, peer support and it also provides gateways to other services that enable dementia sufferers to live at home for as long as possible. Currently, 75 people with dementia that are over 65 are accessing the service as well as 4 service users who are under 65. 112 carers are also receiving support from this service.

3.5 **Extra Care Housing** is a type of specialised housing that provides independence and choice to older adults with varying care needs, including dementia. This type of housing enables people to remain in their own homes, preventing the need for costly institutional care, with support available as and when they need it and to suit their individual needs. There are eight extra care sheltered housing schemes in the Borough offering a total of 252 flats.

The dementia outreach service is running very successfully within Extra Care services for scheme tenants and the wider community. Activities
within the schemes include, dominoes, bingo, quizzes, singing, hot meals, tea and cakes.

A new home care night service is currently being commissioned from the Social Care Grant to support people living with dementia with evening visits (11 pm – 6.00 am). The service will provide additional support to people currently living in extra care sheltered accommodation in order to maintain their independence in the community.

3.6 **The Rainbow Project** - Through the Rainbow Project, Dementia Support Groups operate in Baytree House, Albany and Gainsfield Courts. Activities have included a mobile film club, a gardening club, regular arts and crafts sessions and ASWA (Arabic Speaking Women’s Association).

3.7 **Voluntary Sector Day Opportunities Services** - William Morris Day Centre and New Testament Assembly Community Projects offer leisure, health, educational activities and lunches to enable people with dementia to lead healthier lives and stay active.

3.8 **Home Care Provisions** include enhanced specialist homecare for people with dementia which support dementia sufferers to live in their own homes and prevent delaying the need for care in the acute settings.

3.9 **Waltham Forest Telecare and Community Alarms** play a key role in facilitating the shift from residential care to supporting people with dementia to live at home. The sensory devises promote independence, security within the home, and contribute to the support of people with dementia and their carers.

3.10 **Re-ablement Service** - provided by the in-house Home Care Team to enable people leave hospital appropriately, safely and efficiently. People who have lost their skills for daily living are encouraged to re-learn to build their confidence and to enable them to be as independent as possible in their own homes. The overall aim is to help these people to remain at home, prevent hospital readmissions and where appropriate to reduce the level of needs.

3.11 **Residential and Nursing Care** - There is a range of providers in the borough offering dementia care in residential setting for people with substantial to critical needs. The average cost of dementia care per week is £560.

3.12 **General Hospital (WXUHT) and General Medical (GP) Care.** People with dementia may also need treatment for their physical
Over 1000 older people are recorded on GP databases with Dementia in 2010. More people were admitted with a secondary diagnosis of dementia than a primary diagnosis of dementia in 2009/10, i.e. more people with dementia were admitted to hospital due to a physical illness they were experiencing than because of their dementia directly. There were over 700 admissions to WXUHT for people whose diagnosis included one of dementia compared to approximately 50 to NELFT. This wider range of general medical care is highly important to the overall well being of people with dementia.

**PROGRESS**

3.13 Waltham Forest has considered how it will respond to the National Dementia Strategy during the development of the Waltham Forest Dementia Strategy 2010-15. It was acknowledged that there is a need to meet both national and local challenges, including demographic changes and also to deliver services within the reduced financial resources. Therefore, seven priorities were identified, these will form the action plan that the success of the strategy will be monitored against. *(Appendix 1: Progress on implementing Waltham Forest Joint Dementia Strategy 2010-15)*

3.14 The Joint Dementia Strategy also identified the key objectives for commissioning services that will enable people to live well with dementia. These objectives include;

- Re-focus of investment in earlier diagnosis and interventions to improve outcomes for people with Dementia and their carers to enable them to live better quality lives
- Empower people with dementia and their carers to shape their own lives and the services they receive.
- Shift dementia care from acute settings to care closer to home and in familiar surroundings wherever possible.
- Through re-ablement, reduce the number of people prematurely entering into long-term residential care.
- Reduce emergency hospital admissions amongst dementia patients and ensure safe and timely discharges.
- Prevent carers going into crisis.
- Adopt a whole system focus approach which is beyond departmental boundaries so that services are seamless and organised around the user.
Development of a multi-agency integrated care pathway.

- Identify commissioning priorities for dementia care.
- Ensure safeguarding protocols are in place for people with dementia.

3.15 The Coalition Government has set priorities for improvement in Dementia Services; published in September 2010. These are:

- Good-quality early diagnosis and intervention for all;
- improved quality of care in general hospitals;
- living well with dementia in care homes; and
- reduced use of antipsychotic medication.

These priorities are being actioned in Waltham Forest.

3.16 The Voluntary Sector Commissioning Programme 2011-14 resulted in the decommissioning of existing provisions which did not deliver the required outcomes; redesign and commissioning of new services that will meet the future needs of service user and carers.

3.17 A range of new services have been commissioned from Waltham Forest Carer’s association through the commissioning and conditional grant programmes. These services include;

**Crest** - Provides day opportunities for people with dementia at different venues in the borough.

**Waltham Forest Crossroads - Alzheimer’s Café**
This project will empower people with dementia and their carers to shape their own lives and the services they receive through socialising together in a community setting and also receiving both emotional and support.

**Waltham Forest Carer Association** - Facilitates Support Group for Carers of People with Dementia. This is a specialist support group which aims to reduce carers’ isolation and empowering them to build their confidence.

3.18 We are currently reviewing gaps in dementia services with health colleagues focusing on our joint priorities using an allocation of reablement monies. Therefore, Alzheimer’s Society has been asked to enhance its initial proposal to provide dementia services to include the following;

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- Coordinate work across the whole system and develop care pathway to achieve better outcome for people with dementia.

- Raise awareness and profile of dementia.

- Early identification and profile of dementia.

- Hospital avoidance, early discharge and crisis intervention to enable people with dementia to remain in the community for longer.

- Develop dementia register in Waltham Forest.

3.19 The proposal will be considered at the end of June/July 2011 and services will be commissioned from the re-ablement grant which has been allocated for the project.

3.20 Local Implementation Group terms of reference are being reviewed under the auspices of the Health and Well Being Board. On completion of this review a new LIT will be tasked to ensure continued co-ordination on implementation of the dementia strategy locally. This will link with the ONEL wide work being undertaken through the new PCT structure.

**REPORT CONCLUSION**

3.21 Dementia remains high on both the national and local agenda as the number of people with dementia in need of support and care are increasing. Equally, the social and economic costs associated with the projected increasing are quite daunting and needs to be managed within the available resources.

3.22 Progress continues to be made in implementing the Waltham Forest Joint Dementia Strategy which is reflected in the investments in the range of preventative services. These services will support people with dementia to remain in the community for a longer period before they need to be supported in acute and institutionalised settings.
## Appendix 1: Progress on implementing Waltham Forest Joint Dementia Strategy 2010-15

<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority One: Improving Public and Staff awareness</strong></td>
<td>WXUHT Dementia Pathway Action Plan; increasing staff induction on dementia, training and identification of a ‘dementia adviser’ role.</td>
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<tr>
<td></td>
<td>Dementia specific services including public and staff awareness raising to operate from the first Resource Hub in the South of the Borough from the 14/7/11.</td>
</tr>
<tr>
<td><strong>Priority Two: Good quality early diagnosis and intervention for all</strong></td>
<td>Inclusion of targets for information to people with new diagnosis of dementia in the NELFT contract.</td>
</tr>
<tr>
<td></td>
<td>Audit on Memory Services underway across ONEL working with NELFT.</td>
</tr>
<tr>
<td></td>
<td>Memory assessment services are defined as follows:</td>
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<tr>
<td></td>
<td>Memory assessment services (including memory clinics) aid the early detection and diagnosis of dementia. They provide early intervention to maximise quality of life and independent functioning and to manage risk and prevent future harm to older people with memory difficulties and their carers. The memory assessment service should be able to:</td>
</tr>
<tr>
<td></td>
<td>Offer home based assessment when requested;</td>
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<tr>
<td></td>
<td>Give pre- and post-diagnostic counselling;</td>
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<tr>
<td></td>
<td>Make the diagnosis of dementia accessing specialist psychometric assessments and timely brain imaging where necessary;</td>
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<tr>
<td></td>
<td>Explain the diagnosis;</td>
</tr>
<tr>
<td>Priority</td>
<td>Description</td>
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<td>----------</td>
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</tr>
<tr>
<td>Three:</td>
<td>Improved Community personal support</td>
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<tr>
<td></td>
<td>Appointment of a ‘Dementia Lead GP’ for the ONEL Sector (WF GP appointed) to work with similar leads across London to see improvements in Dementia care.</td>
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<td></td>
<td>A new night service initiative has been commissioned to support people in extra care accommodation with night visits</td>
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<tr>
<td>Four:</td>
<td>Improved quality of care for people with dementia in general hospitals</td>
</tr>
<tr>
<td></td>
<td>WXUHT Dementia Pathway Action Plan: led by Medical, Nursing and Management lead for the trust: aims to improve awareness &amp; staff training, audit key interventions for good dementia care (ie LOS, nutritional care) and include mini-mental state assessment in key generic assessments.</td>
</tr>
<tr>
<td>Five:</td>
<td>Living well with dementia in care homes</td>
</tr>
<tr>
<td></td>
<td>Dementia training has been provided for staff and Providers delivering care for people with dementia in Care Homes.</td>
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<tr>
<td>Six:</td>
<td>An informed and effective workforce for people with dementia</td>
</tr>
<tr>
<td></td>
<td>WXUHT Implementation Plan for Dementia; increasing staff induction on dementia, training and identification of a ‘dementia adviser’ role.</td>
</tr>
</tbody>
</table>

Give information about the likely prognosis and options for care;
Provide advice and support;
Provide pharmacological treatment of the dementia;
Follow-up and review.

**Development of a Whole Systems Dementia Pathway**

We are currently working with the Alzheimer’s Society to co-ordinate work across the whole system and develop a care pathway to achieve better outcomes for people with dementia.
<table>
<thead>
<tr>
<th>Priority Seven: Develop a joint commissioning strategy</th>
<th>5 dementia courses have been run for statutory, private and voluntary sector staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Post-ONEL restructure; Joint Commissioning Group looking at Mental Health Commissioning at its July meeting. Use of reablement monies to support joint priorities a first step.</td>
</tr>
</tbody>
</table>
4. Services provided by North East London Foundation Trust and Whipps Cross University Hospital Trust

North East London Foundation Trust (NELFT)

4.1 NELFT is commissioned to provide services for older persons who have both dementia-related illnesses and/or functional mental health problems. They offer services to people who require assessment, diagnosis and, when required, provide treatment options for people with complex and significant mental health problems.

4.2 The support is provided through a multi-disciplinary team approach and the current service provision consist of:

- Acute mental health Services
- Older Persons Liaison Service
- Community Mental Health Team
- Older Persons Day Hospital (reducing service)
- Memory Service (newly developing)

NELFT does not provide long term nursing care for Older Persons.

Financial Challenges

4.3 The financial challenges have been significant over the last 2 financial years, 2010/11 and 2011/12, driven by significant pressures both locally and nationally.

4.4 During this period, NELFT older peoples’ services have seen no new investment in service provision for Older Persons. The commissioners and NELFT have worked hard to ensure that saving requirements do not affect front line services as far as is possible and services have been reconfigured or realigned to meet national priorities such as the Dementia Strategy. All service development over the past 2 years has come from within existing resources. This is discussed more fully below:

- NELFT found 50k from existing resource to ensure an Older Persons Psychiatric Liaison nurse post remained at Whipps Cross

- The Memory Service function has been fully established from within existing resources, through a reduction in the Older Persons Day Hospital function. It is a small team with limited capacity to work to the Memory Service model outlined in the National Dementia Strategy
NELFT has reconfigured an existing post from the Older Persons Community Mental Health Team to establish the Admiral Nurse function. At this time there is 1 Whole Time Equivalent post in Waltham Forest. There is more detail on these developments outlined below.

**Acute Mental Health Services for Older Persons**

4.5 For those persons who experience a significant mental health crisis the person may be admitted to a psychiatric In-Patient ward if they are considered a risk to themselves or others. The Acute In-Patient unit, based at Whipps Cross Hospital site, offers a multidisciplinary team approach to care and is considered short term support to help the person recover from significant mental health problems.

In adult mental health services people are offered an alternative to hospital admission to support them with a mental health crisis through the Home Treatment Team. In Waltham Forest this is currently not provided for older persons, further development/ consideration is therefore required to ensure equality of access for Older People.

**Older Persons Psychiatric Liaison**

4.6 There is 1 Band 6 nurse for Older Persons working with the adult Psychiatric Liaison service based at Whipps Cross Hospital. This person works with the adult Psychiatric Liaison services and offers assessment following referrals made from the wards and suggests treatment options. The Older Persons psychiatrists also offer some limited input into Whipps Cross.

**Community Mental Health Team (CMHT)**

4.7 The CMHT is a multidisciplinary service which currently provides the Single Point of Access for older persons to mental health services. The service works to support people with Dementia as well as those with functional illnesses such as psychosis, depression etc. It works in partnership with Social Services, Third Sector providers etc to deliver a holistic, complete package of support and care. It is expected that most people referred will, at some point, be discharged from the service.

a) Eligibility:
The CMHT, based at Red Oak Lodge, Leytonstone, services Waltham Forest residents aged 65 years or over with functional or organic mental health problems. Service users, under 65, who have been assessed by the adult mental health service and have a diagnosis of early on-set Dementia, may also be supported by the service.

b) How to access:

All referrals are made to the duty system at Red Oak Lodge (Monday to Friday 9 - 5). The service accepts referrals from professionals and members of the public however most referrals are via GPs who rule out physical health problems prior to referral.

c) How many patients/carers does a service have capacity to support?

When fully staffed the CMHT has the capacity to support around 200 service users and approximately 150 carers. The Multidisciplinary team is made up of social workers, nurses, doctors, occupational therapists etc. The service is dependant on throughput via partnership working to ensure people receive the service they need when they need it. The local dementia strategy is key to delivering the required joined up working.

d) Services Provided:

A range of interventions are provided via the CMHT and in partnership with other Older Persons resources. Some of the interventions are:

- Diagnosis and treatment
- Domiciliary visit for comprehensive assessment and ongoing support
- Advice and education to both Service Users and other organisations around mental health issues
- Mental Health Act co-ordination
- Monitoring and support (care coordination) of mental and physical health
- Administration and monitoring of psychiatric medication
- Application and administration of social care packages; day care, personal care and residential placement etc
- Continuing Care assessments
· Activity of Daily Living assessment and care planning
· Psychology input / Neuropsychological assessment
· Carer assessment, support and information
· Safeguarding
· Carer support group

e) Performance/patient satisfaction

The performance of the service is reviewed monthly via the local and Trust Wide Performance and Integrated Governance meetings. NHS ONEL scrutinizes services regularly in terms of both contracted activity and performance targets and development objectives.

From a Service User and Carer perspective a service user and carer forum for older person’s services takes place twice a year. The NELFT wide service user and carer audits are also in place and the Trust action plans against the National Patient Survey audit results.

Admiral Nurse Service

4.8 The Admiral Nurse role is to work with families of people with complex and difficult presentations of dementia as well as to provide training and consultancy to other professionals working in dementia care settings.

4.9 The Admiral Nurse offers one to one support to carers supports educational groups facilitated by the voluntary sector and contributes to the following National Dementia Strategy objectives:

**Objective 1:**
Improving public and professional awareness (training, organising events during carers’ week etc)

**Objective 2:**
Good quality early diagnosis and intervention for all (working with GPs)

**Objective 3:**
Improved quality of care in general hospitals (collaborative working with staff in acute care hospitals)

4.10 There is a limited Admiral Nurse Service in Waltham Forest of one Band 6 nurse. National guidance indicates 2.5 posts for Waltham Forest would be more appropriate, however as previously stated, there is no investment in this service area and the 50k to fund the existing post has been allocated from existing resources. This service forms part of the Memory Service.
Feedback from the Dementia Workshop (2010) suggests this is a pivotal role. 1 Admiral Nurse is not sufficient to cover the Borough in terms of the number of cases that are likely to present as requiring support. NELFT are reviewing the Admiral Nurse role with NHS ONEL to ensure equity of services across the ONEL sector.

Memory Services

4.11 Memory Services are recommended in the NICE Dementia Guidance (2006) and the National Dementia Strategy (2009) as the most appropriate means of bringing together a multi-disciplinary team for the purpose of achieving early assessment, diagnosis and treatment of people with dementia and certain other related disorders. The Waltham Forest Memory Service is located within existing Older Persons services.

4.12 In order to deliver the current Memory Service NELFT, in discussion with commissioners, has reduced the Older Person’s day hospital function from 5 days a week to 2 days and ceased to provide transport and catering. This is in keeping with the general direction of change across the rest of the NELFT patch where Day Hospital function, whilst viewed as useful, is not a recommended model of care for Older People.

4.13 Key partners such as Social Services, Primary Care, Third Sector and Community Health Services are integral to the operational functioning of this service. Throughput is essential to ensure people will receive timely assessment, diagnosis and treatment recommendation.

4.14 Once the service is fully functioning, able to fully meet the requirements set out in the local dementia strategy, it will reduce the long waiting times for assessment of both general assessment of dementia and more complex neuropsychological assessments.

Services Provided:

The new service aims to provide a Single Point of Access for the assessment, diagnosis and to offer treatment options to people with a possible Dementia. Once fully functioning the expectation is the multi-disciplinary team will agree on the diagnosis, available treatment options which will include medical, psychological and social care interventions.

a) Current numbers accessing the service with Dementia
The current memory service commenced on the 07.07.10 and currently is able to review around 30 clients a week in 1 hour time slots. To date over 200 clients have attended and been assessed.

A NELFT steering group meets regularly to plan and oversee the changes required and NHS ONEL is working with NELFT to redesign the NELFT Older Persons day hospital service provision into a Memory Service with the aim to meet the requirements as set out in the National Dementia Strategy. It was acknowledged by NHS Waltham Forest, before the disaggregation to NHS ONEL, that future funding would be required to ensure a fully functioning Memory Service. It is not clear, at the time of writing, the position of NHS ONEL however meetings indicate that the delivery of the Dementia pathway is a key area of development for NHS ONEL.

**Red Oak Lodge Older Peoples Day Hospital**

**Function**

4.15 To provide multi-disciplinary assessment, treatment and other psycho-social interventions for clients with confirmed or suspected dementia. These interventions involve sessions both in the DH and within client’s homes and other community locations.

4.16 The service manages clients who are in crisis or undergoing relapse of their condition, so preventing hospital admission or deterioration. This is particularly important as currently there is no commissioned HTT service for Older People in Waltham Forest.

4.16 Part of this crisis intervention is to relieve carer distress, when they are experiencing difficulties with the responsibility and impact of the caring role. Currently the service receives clients on 2 days per week and empowers clients and carers wherever possible to identify their own needs, set their own goals, and make choices.

4.17 It promotes a culture of independence and positive risk taking. The service provides psycho-education and information relating to community support services, to clients and their carers.

4.18 Outreach community visits are an integral part of this service and these sessions are frequently carried out during the 3 days clients are not attending the Red Oak Lodge site.
4.19 The service works closely in partnership with the Red Oak Lodge CMHT, Woodbury and a range of other borough based health and social care agencies and third party voluntary organisations.

Performance/patient satisfaction

4.20 Currently a service user satisfaction questionnaire is distributed at each appointment. The team also work to the NELFT wide Service User and Carer audits.

NELFT REPORT CONCLUSION

4.21 In conclusion NELFT is commissioned to provide a range of services for Older Persons. The Community Mental Health Team, Liaison post, Memory Service, Admiral Nurse Service and Day Hospital have between 35 and 40 clinical staff providing approximately 10,000 face to face contacts with Service Users and Carers in a year.

4.22 Key areas for development include the Memory Service and Admiral Nurse Service. Both of these services form part of the process required to deliver the Dementia Strategy locally. With the changes to the PCT and the future commissioning by GPs there needs to be a strong local presence at relevant Commissioning Boards, Health and Well Being Boards etc to ensure dementia services are viewed as one Care Pathway, as outlined in the Dementia Strategy, and thus commissioned accordingly. NELFT is keen to continue to work with both commissioners and the Local Authorities, across Outer North East London, to ensure joined up services are in place and provided where they can be accessed easily by those who need them.

Whipps Cross University Hospital Trust

4.23 Whipps Cross University Hospital NHS Trust (WXUHT) is the provider of acute healthcare and universal hospital services in Waltham Forest. In 2009/10, WXUHT admitted 1308 patients with a comorbidity of dementia. Of these 1182 were admitted via A&E as emergencies, 18 ‘other’ emergency route, 7 were provider transfer and 101 were elective admissions.

4.24 WXUHT aim to implement a new dementia care pathway that will inform and improve the patients’ journey through the Trust. This pathway will be applicable to all patients admitted with co-morbidity of dementia, as well as impacting on the diagnosis of patients presenting on emergency or elective pathways.

This initiative includes proposals for the following developments:
• All over 65’s admitted should have a mini cognitive assessment – a low score will trigger a full Mini Mental State Examination (MMSE). The MMSE is not suitable for making a diagnosis, but can be used to indicate the presence of cognitive impairment such as in a person with suspected Dementia which warrants further assessment. This is being introduced first for A&E admissions before being rolled out to elective admissions.

• In line with the Healthcare for London Strategy which recommends a Dementia Adviser in each clinical area, a Dementia Adviser role to be piloted within Accident & Emergency. This role will be taken on by an existing member of staff.

• Basic Dementia awareness will be included as a component of all new staff induction. In addition, all nursing staff across the Trust will be required to complete Dementia refresher training once every 12 months.

• Whipps Cross is intending to approve recruitment for a Consultant Nurse for Dementia and Delirium. In summary this post will provide expert clinical practice and nursing leadership care and management of patients with complex care needs, particularly those with a diagnosis of dementia and those affected by delirium on admission.

• Development of care pathway including dementia specific care and discharge planning in line with NICE Guidance and National Dementia Standards

• Improve physical health of patients with dementia co-morbidity through weight assessments on admission and discharge, and additional nutritional support under the supervision of the nurse in charge of the ward, as appropriate.

Performance/productivity indicators have been identified in order to assess the dementia care pathway throughout 2010/11. This will include a focus on patient and carer information to be audited Feb 2011.

4.25 In response to the Joint Dementia Strategy, Whipps Cross University Hospital Trust have so far developed the following initiatives:

• All patients over 65’s should have an Abbreviated Mental Test Score (ATMS). This is currently printed on paperwork
completed by the Doctors in the Emergency Department. A low score will trigger a full Mini Mental State Examination, at a later stage in a patient’s admission. The ATMS is being introduced first in A&E before being rolled out to elective admissions.

- The appointment of a Dementia Adviser in each clinic is for future development in the hospital.

- The development of an awareness programme for all new staff is underway. All nursing staff across the Trust will be required to complete Dementia refresher training once every 12 months. This is being developed as an e-learning tool however this has not been finalised.

All staff have Dementia Awareness training as part of their induction when they start in the Trust irrespective of their speciality. Nursing staff in specialist areas that will have more contact with individuals potentially suffering from Dementia will have additional training to being in September 2011. This will be a full day and will explore different aspects of Dementia.

- Mr Frank Brennan has been in post as Consultant Nurse for Dementia and Delirium at Whipps Cross Hospital since April 2011. At present Dr McElligott the Dementia Lead is in consultation with NELFT with respect to accepting direct referrals from Whipps Cross University Hospital Trust to the Memory Clinic. Regular monthly meetings with NELFT consultant Dr Winnett are taking place.

- Whipps Cross has difficulty in being able to currently identify those presenting with a known diagnosis of Dementia. Dr McElligott is in consultation with NELFT about ensuring that the patients being diagnosed with Dementia is reflected in the hospital records of Whipps Cross. When this is accomplished a more accurate pathway can be achieved.

- Patients are routinely being assessed for their nutritional status on admission and input for the dietician is being sought early. There is currently good compliance with weighting the patient who need help with eating and drinking. This has been introduced successfully. ‘Hourly Rounding’ has been introduced, where patients are being asked about their needs regularly. There has been
a reduction in the incident of falls this may be linked to ‘hourly rounding’ however there may be other factors.
5. Focus on Domiciliary Care for people with Dementia

**Background**

5.1 The focus of the Joint Dementia Strategy and supporting strategies (Prevention, Extra Care, Carers and Commissioning) is to enable people to remain living in the community for longer. There has been a positive shift in trend downwards for residential placements. In March 2009/10 Waltham Forest had a total of 720 service users in residential and nursing placements (all ages, all client groups) compared to 616 on the 31st March which has been achieved through the implementation and monitoring of the Strategies.

5.2 In Waltham Forest it is estimated that there are 1,711 people living with Dementia and by 2030 this will increase to 2,135 although data currently available indicates that the prevalence may be higher as not all sufferers have been captured through the primary care system. Additional services have been commissioned to detect Dementia at the onset in order to prevent service users and their carers going into crisis.

5.3 Enhanced support for people with Dementia has been commissioned such as specialist domiciliary care, the re-ablement service provides support to people with low to medium levels of Dementia and Extra Care Housing enables older people with high care needs, including older people with Dementia, to maintain independent living.

**Domiciliary Support (Independent Sector)**

5.4 Adult Social Care re-configured the domiciliary care support in January 2010 to include specialist Dementia Providers. Six of the current approved domiciliary Providers work to an enhanced specification which includes a requirement for staff providing support to be in receipt of specialist training and have the appropriate knowledge and skills to work with the client group.

5.5 All domiciliary Providers are required to be registered with the Care Quality Commission and work to the aligned Regulations. Specialist Providers are required to evidence both to the commissioners of the service and to the Care Quality Commission that policies, procedures and protocols are in place to support people in receipt of services examples of which are risk assessments, dealing with challenging behaviour, monitoring and supervising compliance to medication, monitoring general well being and
alerting the Department to any risks/threats or significant changes in mood or behaviour.

5.6 People who are identified as meeting the criteria for enhanced monitoring are monitored closely by the commissioners and Providers to ensure that services are delivered.

5.7 Protocols are in place for domiciliary care staff to monitor trends which may require a social work review. This is particularly relevant where there has been a decline in behaviour or function.

5.8 Domiciliary approved Providers have been offered and received bespoke training for staff in Dementia Care.

**In-house re-ablement service**

5.9 This service is available for people with low to medium levels of Dementia for a period of six weeks. Following hospital discharge staff visiting the service user will monitor the individual with a senior support worker visiting within forty-eight hours of discharge. A support plan is formulated which is inclusive of regular monitoring of progress made in achieving the set goals. This visit is key in assessing and tracking changes for any evidence of onset Dementia for those in receipt of a service that do not have a diagnosis.

5.10 For people with a diagnosis of low to medium levels of Dementia the support plan is formulated to achieve the optimum levels of functioning and independence which often deteriorates during a period of hospitalisation.

**Extra Care Housing**

5.11 Extra Care housing enables older people with high care needs, including older people with Dementia to maintain independent living in line with their preferences and provides 24/7 holistic care and support through personalised support plans. Extra care housing is accessible and promotes safety and well being for tenants.

5.12 Waltham Forest currently has 8 Extra Care schemes supporting over 250 older people. The criteria for accessing extra care is based on service users meeting the FACs critical or substantial needs with care packages over 10 hours per week. 11% of Extra Care tenants currently have Dementia.

5.13 Extra Care assists people with Dementia through the following:-
  - co-ordinated care and support delivery
• safe, accessible environments with telecare/telehealth
• activities promoting well being through the Rainbow project including reminiscence and memory boxes
• activities for tenants and the wider community based in Extra Care schemes through Dementia Support
• re-ablement flat allowing up to 6 weeks to rebuild confidence
• re-ablement based individualised support plans based on the user’s choices, interests and strengths as well as needs.

5.14 Additional investment has been made into the Extra Care Housing in order to provide a new night service which will provide additional support to people with Dementia during the hours of 11.00 pm to 6.00 am. Panel data indicates that this has been an unmet need as people with Dementia are more at risk of going into crisis or entering residential care without a dedicated night service.

REPORT CONCLUSION

5.15 Dementia remains a commissioning priority which has resulted in additional investment being made into services to support people and carers of people with the condition.

5.16 Dementia training for staff delivering domiciliary care and aligned services also remains a priority. A dedicated Dementia Co-ordinator is scheduled to be commissioned in the July in the voluntary sector to work across health, social care and Providers to ensure positive outcomes for people supported and for those delivering support.

5.17 Domiciliary care policies, procedures and protocols have been strengthened to ensure that Providers are delivering quality services to people with Dementia.

5.18 Progress continues to be made in implementing the Waltham Forest Joint Dementia Strategy which is inclusive of commissioning dedicated domiciliary services.
6. **Outcomes from the Health, Adults and Older People’s Overview and Scrutiny Meeting of 5th July 2011**

**Emerging Themes**

6.1 There is a need to identify arrangements for rolling out examples of existing Good Practice already occurring in dementia services within the borough to all relevant partner organisations.

6.2 The dispensing of medication (especially anti-psychotic medication) / nutrition i.e. appropriateness of prescribing to dementia patients and support for ensuring dementia patients received appropriate levels of nutrition.

6.3 Support for Carers i.e. support for both carers accessing appropriate support information as well as addressing issues of carer’s isolation within the community.

6.4 Issues of ethnicity in relation to BME groups and incidence of dementia.

6.5 Admiral Nurses: Appropriate staffing levels of Admiral Nurses within the borough - they were acknowledged by all present at the Sub Committee meeting as pivotal in supporting carers.

6.6 Recognition that early diagnosis of dementia via General Practitioner’s and ameliorative intervention was extremely important.

6.7 Demographics and projected population growth: dementia currently affects 750,000 people in the UK and that number is set to double over the next thirty years. There is recognition by all service providers that that health and social care services will need to respond accordingly concerning design of care pathways, inter services dementia working practices and facilitating sufficient service capacity.

7. **Conclusion**

7.1 The Health, Adults and Older People’s Overview and Scrutiny sub-committee concluded:

- The Sub Committee recognised that there were some very good examples of Best Practice supporting
Dementia Care in Waltham Forest through the Council and its health partners; it needed to be circulated and a means of sharing and disseminating example of Best Practice established;

- There was evidence of good pathway work taking place, but not across the spectrum of all relative services;

- With regard to carers assessments and accessing further support services via General Practitioner’s and the assessment process itself, the Sub Committee felt that there was room for greater clarity around accessibility and provision of information for service users and their carer’s.

- The Sub Committee supported concern with regard to the Home Treatment Team’s arrangements for provision of after hours services to older people; specifically, that the service was not currently made available to those over 65 years of age.

8. Recommendations

8.1 The Health, Adults and Older People’s Overview and Scrutiny sub-committee resolved to make the following recommendations to the Council’s Overview and Scrutiny Management Committee and Cabinet meetings of 8th September and 13th September 2011 respectively.

1) That Whipps Cross Hospital and its partners investigate the feasibility of establishing direct referrals to the Memory Service and review the longer term capacity of the service;

2) That the arrangements for prescribing anti psychotic drugs for some dementia patients be referred to the Health and Well Being Board in order for this area to be further reviewed locally;

3) That NELFT further explore the feasibility of securing an additional 1 FTE post for the Admiral Nursing team, in order to comply with national guidance which indicates 2.5 FTE posts would be appropriate for a borough with Waltham Forest’s profile;

4) That the services provided by the Home Treatment Team also be made available to those over 65 years of age.
5) That the Council and relevant health partners provide a care plan for carers as part of the formal assessment process;

6) That the Council’s Adult Social Care Services work with the Medicine for Elderly People service (Whipps Cross University Hospital) in order to clarify care pathways for dementia patients;

7) That the benefits arising from the Collaborative Care Model, as established in London Borough of Barking, be explored further with a view to possible implementation in Waltham Forest if the CCM demonstrates distinct benefits; and,

8) That the Council support its health partners in raising awareness of dementia as a condition, particularly amongst its BME communities.
Appendices

1. Site Visit to Red Oak Lodge Day Hospital: Notes Arising