NATIONAL DEMENTIA STRATEGY:

LOCAL DELIVERY ACTION PLAN 2012/13
## CONTENTS

1. INTRODUCTION 3
2. DEMENTIA PREVALENCE 3
3. DEMENTIA STRATEGIES 5
4. PROGRESS SO FAR 5
5. CURRENT PERFORMANCE 7
6. IMPROVEMENT ACTION PLAN 8
7. IMPROVEMENT ACTION PLAN 2012/13 9

### GOOD QUALITY EARLY DIAGNOSIS AND INTERVENTION FOR ALL 9

#### IMPROVED QUALITY OF CARE FOR PEOPLE WITH DEMENTIA IN HOSPITALS 15

#### LIVING WELL WITH DEMENTIA IN CARE HOMES 18

#### REDUCING INAPPROPRIATE PRESCRIBING OF ANTIPSYCHOTIC MEDICATION 20

#### SUPPORTING CARERS OF PEOPLE WITH DEMENTIA 22

#### IMPROVED COMMUNITY SUPPORT 25

#### REABLEMENT AND INTERMEDIATE CARE 27

#### IMPROVING MENTAL HEALTH INPATIENT CARE 29

#### DIGNIFIED DEATH 30
1. INTRODUCTION

1.1 Dementia presents a huge challenge to society, both now and increasingly into the future with an increasing number of people affected with one in three people over the age of 65 predicted to develop dementia. Dementia has a profound impact on both the person with the illness and their families with a progressive decline in multiple areas of function, including memory, reasoning, communication skills and the skills needed to carry out daily activities. Alongside this decline individuals may develop behavioural and psychological symptoms such as depression, aggression and wandering. Family carers are often old and frail themselves, with high levels of depression and physical illness.

1.2 Dementia should not be misconstrued as an inevitable consequence of the ageing process or that nothing can be done. It is now recognised that a great deal can be done to help people overcome the problems of dementia, prevent crises and to improve the quality of life of both the person with dementia and those families and others in caring roles.

1.3 Living well with dementia: a National Dementia Strategy (DH, 2009) and Quality Outcomes for people with dementia (DH, 2010) set the Government’s commitment and vision to transform dementia services with the aim of achieving better awareness of dementia, early diagnosis and high quality treatment at whatever stage of the illness and in whatever setting. This has been followed by the ‘Prime Minister’s Challenge on dementia – delivering major improvements in dementia care by 2015’ highlighting both the progress on improving dementia care but with the message that we need to do far more.

1.4 Across the UK it is estimated around 60 percent of people with dementia have been given no formal diagnosis despite an early diagnosis and interventions being able to deliver better outcomes for people with dementia, and their carers/families. Avoiding ‘naming’ memory problems and possible dementia is a key factor preventing people seeking, and being offered the treatment and support they need early enough.

2. DEMENTIA PREVALENCE

2.1 Dorset has a higher proportion of older people than the national average for England and Wales with approximately 27% of the population aged over 65 years compared to national average of around 18%.

2.2 The expected numbers of people with dementia aged over 65 in Bournemouth and Poole is currently 5251 rising to 7638 by 2030. In Dorset expected numbers are currently 8211 rising to 13511 by 2030.
### Bournemouth and Poole

<table>
<thead>
<tr>
<th>Age groups Predicted to have dementia</th>
<th>2012</th>
<th>2015</th>
<th>2020</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>218</td>
<td>233</td>
<td>204</td>
<td>258</td>
</tr>
<tr>
<td>70-74</td>
<td>361</td>
<td>403</td>
<td>491</td>
<td>473</td>
</tr>
<tr>
<td>75-79</td>
<td>694</td>
<td>709</td>
<td>794</td>
<td>827</td>
</tr>
<tr>
<td>80-84</td>
<td>1253</td>
<td>1193</td>
<td>1240</td>
<td>1747</td>
</tr>
<tr>
<td>85+</td>
<td>2726</td>
<td>2882</td>
<td>3155</td>
<td>4284</td>
</tr>
<tr>
<td>Total over 65yrs predicted to have dementia</td>
<td>5251</td>
<td>5418</td>
<td>5884</td>
<td>7639</td>
</tr>
</tbody>
</table>

Table 1. Estimated number of people with dementia by age band in Bournemouth and Poole

### Dorset

<table>
<thead>
<tr>
<th>Age groups Predicted to have dementia</th>
<th>2012</th>
<th>2015</th>
<th>2020</th>
<th>2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>402</td>
<td>426</td>
<td>374</td>
<td>457</td>
</tr>
<tr>
<td>70-74</td>
<td>656</td>
<td>754</td>
<td>921</td>
<td>884</td>
</tr>
<tr>
<td>75-79</td>
<td>1194</td>
<td>1258</td>
<td>1491</td>
<td>1630</td>
</tr>
<tr>
<td>80-84</td>
<td>1985</td>
<td>2015</td>
<td>2187</td>
<td>3264</td>
</tr>
<tr>
<td>85+</td>
<td>3975</td>
<td>4324</td>
<td>5010</td>
<td>7276</td>
</tr>
<tr>
<td>Total over 65yrs predicted to have dementia</td>
<td>8211</td>
<td>8776</td>
<td>9982</td>
<td>13511</td>
</tr>
</tbody>
</table>

Table 2. Estimated number of people with dementia by age band in Dorset

(source [www.poppi.org.uk](http://www.poppi.org.uk))

2.3 Across Dorset a particular concern is around the identification and diagnosis of dementia. Alzheimer’s Society (2010) study of prevalence and diagnosis rates showed Bournemouth and Poole diagnosis rates at 47% and Dorset as 26% with the lowest ranking in England. Recent evidence from Q4 (2011/12) of GP registers suggests an improvement by Bournemouth and Poole to 51% and Dorset to 34% with an average across the cluster of 42%.

2.4 The most striking demographic change between 2012 and 2030 is the ageing of the learning disability population in Dorset, Bournemouth and Poole. Commissioners will need to plan how they are going to meet the changing needs of this group of people, as more and more people survive with a learning disability into older age. The overall number of people aged 65 years and over with a learning disability is projected to grow by around 32 per cent by 2030 across all three upper tier local authorities.
3. DEMENTIA STRATEGIES

3.1 Dementia is included in the NHS Dorset, Bournemouth and Poole Annual Operating Plan 2012/13 and this reflects the requirements within the Operating Framework for NHS in England. Local strategies include NHS Bournemouth and Poole, Bournemouth Borough council and Borough of Poole ‘Dementia Joint Commissioning Strategy 2010-2015 and Dorset’s Older People Mental Health Joint Commissioning Strategy 2008/2011 supported by an Action Plan 2011/12.

3.2 It is proposed to develop a pan Dorset Dementia strategy to align to the new Dorset Clinical Commissioning Group by April 2013 developed in conjunction with the Health and Wellbeing Boards, localities and the pan Dorset Dementia Partnership.

4. PROGRESS SO FAR

Across Dorset there is a genuine commitment to improving dementia services with a range of initiatives being taken forward. These include:

4.1 Awareness raising. There have been various forms of awareness raising information provision through local publicity campaigns, websites, leaflets and other various community initiatives, and voluntary sector groups. The Source website contains all services relevant for dementia information, support and advice. Bournemouth Borough Council has developed its own ‘Information for living’ brand in libraries.

4.2 Establishing and publicising a ‘Diagnosis Care Pathway’. This has been distributed as a booklet to all GP practices during 2010/11. Feedback suggests it has been well received. A supplementary pathway for people with a learning disability is being developed and this will feed into the diagnosis care pathway.

4.3 GP Clinical Leads. Currently we have a Dementia GP Clinical Lead offering leadership and guidance.

4.4 Training and awareness raising sessions delivered. Various training initiatives have taken place through the NHS, social care and voluntary sector to a range of different stakeholders.

4.5 POPPS programme. An innovative approach offering a countywide approach across Dorset to community engagement, supporting people whom may not be in contact with adult social care services.

4.6 Memory support service with Memory Advisors. Working with Local Authority partners, NHS Bournemouth and Poole led on a Department of Health funded national pilot of integrated care for people with memory loss and dementia, which ended in August 2011. Following this pilot, Memory support services were commissioned with memory advisors, whom signpost and support people with dementia and their carers. This service
plays a crucial role in being a named point of contact for people with memory impairments and dementia and offers appropriate support, information and signposting. Currently there are two services with different models being offered with 15 part time Memory Advisors working across Dorset through Age UK and 7 across Bournemouth and Poole through Dorset Healthcare University NHS Foundation Trust.

4.7 Memory Assessment Service. This service has been recently established to offer assessment, diagnosis and treatment (pharmacological and non-pharmacological). The service operates as a stand alone community-based model or can be provided through existing Community Mental Health Teams. Newly diagnosed patients are signposted to the memory support service and other community services. Shared care guidelines are in place for prescribing anti-dementia medications.

4.8 Community support - Memory Cafes, ‘Melodies for Memory’ and ‘Singing for the Brain’ Groups. Across Dorset a range of different community support is available. For example Memory Café’s are being run for people with memory impairment and their families/carers. Also various singing groups are being run with more being planned within Dorset.

4.9 Mental Health Liaison Services established in acute hospitals. Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust have well established teams. Dorset County Hospital NHS Foundation Trust has a dementia specific post in place initially as a pilot and plans are in place to evaluate liaison services overall and ensure future sustainability of these services.

4.10 Dementia Hospital Standards. Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, Poole Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust have all undertaken the South West Dementia Partnership Hospital Peer review (2011). Each highlighted considerable improvements such as Dementia Champions, improved environments and adoption of ‘This is me’ and areas for further improvement were identified. Each hospital is developing improvement plans to develop the standards further.

4.11 Memory Assessment Clinic and Older Person Assessment Liaison (OPAL) service within Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. The Memory Assessment Clinic at Christchurch Hospital is an innovative development to review patients identified with cognitive impairment providing screening, early diagnosis, investigations and follow up in community. The OPAL team have reduced average length of stay from 35 to 18 days.

4.12 Audits of anti-psychotic prescribing. A national DH audit of general practices is due to report in 2012. A local audit was completed within 2011 across general practices with work currently underway to understand the data and identify actions to work on further improvements. Audits have also been taken forward within the Acute Hospital Trusts.
Bournemouth Borough Council Commissioning and Contracting unit on behalf of Bournemouth and Poole Community Pharmacy Team carried out a anti-psychotic survey for all residential and nursing homes in Bournemouth. The results have been shared. A Joint Prescribing agreement with Dorset Healthcare University NHS Foundation Trust is in place.

4.13 **Care Homes.** A twelve month pilot In-Reach service into care homes provided by Dorset Healthcare University NHS Foundation Trust has evidenced improved clinical outcomes and quality of patient care and improved skills and knowledge of staff within nursing and residential homes, as well as a reduction in the number of Hospital Admissions from Care Homes supported It has been agreed to continue and commission this service. Local authority Social Care leads have continued to liaise with Council Planning teams to ensure that potential developers are aware of Dementia Care requirements when considering new Care Homes. Local Authority learning and development teams have continued to provide a range of free or subsidised specialist dementia training for care homes.

5. **CURRENT PERFORMANCE**

5.1 Following NHS South of England Stock Take report for Dementia January 2012 Dorset, Bournemouth and Poole were rated ‘red’ under diagnosis rates.

<table>
<thead>
<tr>
<th>Performance Assessment Framework for Dementia, NHS South of England Q3</th>
<th>Dorset Bournemouth and Poole</th>
<th>Diagnosis rates (QOF DEM 1) 2010-11</th>
<th>Review in past 15 months (QOF DEM 2) 2010-11</th>
<th>Memory services</th>
<th>Hospital care</th>
<th>Care Homes</th>
<th>Prescribing</th>
<th>Leadership</th>
</tr>
</thead>
</table>

5.2 Alzheimer’s Society (2010) national study of prevalence and diagnosis rates showed Bournemouth and Poole diagnosis rates at 47% and Dorset as 26% with the lowest ranking in England. Recent evidence from Q4 (2011/12) suggests an improvement by Bournemouth and Poole to 51% and Dorset to 34% with an average across the cluster of 42%.

**NHS South of England ‘Stock-Take’ requirements:**

5.3 Ensure comprehensive programmes of work are in place to improve the diagnosis and post-diagnosis pathway.

5.4 Taking action to achieve a year on year improvement in the PCT mean rate of diagnosis of dementia by a minimum of 10% (where current rates are below 40%) and a minimum of 5% (where they are over 40%). It is envisaged that all PCT clusters should be able to achieve a minimum of 60% of the estimated local prevalence of dementia for the Primary Care Trust population.
5.5 Following the Prime Ministers ‘Dementia Challenge’ there will be a requirement in the future for regular checks for over 65’s ensuring GP’s and other health professions refer those in need of assessment. From April 2013 there will be quantified ambition for diagnosis rates across the country with a need to be underpinned by robust and affordable local plans.

6. IMPROVEMENT ACTION PLAN

It is important to develop and implement an improvement plan that builds on current progress and good practice and importantly takes a whole system approach across health and social care. The aim will be to build further on the dementia strategies both local and national to increase the identification and diagnosis of dementia and improve the care, treatment and support offered to people with dementia and their families and carers.

This is a collaborative plan developed with a range of stakeholders and is a working document which will continue to evolve as further innovations develop.
DEMENTIA IMPROVEMENT ACTION PLAN 2012/13

GOOD QUALITY EARLY DIAGNOSIS AND INTERVENTION FOR ALL

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>ACTION</th>
<th>ALLOCATED EXPENDITURE 12/13 £’000</th>
<th>BY WHOM</th>
<th>DELIVERY BY</th>
</tr>
</thead>
</table>
| Increased community awareness | Creation of Dementia Friendly Communities and a Dementia Action Alliance through a partnership of different organisations both statutory and voluntary sector. Led by Alzheimer’s Society  
Targeted community awareness raising events across localities  
Host a dementia conference  
Engagement with all Health and Wellbeing Boards to ensure Dementia is a priority agenda to promote actions. | Tbc (dementia Challenge bid) 3 (NHS) 4(NHS) | Partnership to include Alzheimer’s Society and other voluntary and community orgs  
Di Bardsley  
Paul Morgan  
Ivor Cawthorn  
Kerry Flann  
Paul French | Mar 14  
Dec 12 |
| Improved information for people with dementia and their families/carers | Commissioners review the provision of information for people with dementia and families/carers through the Dorset, Bournemouth and Poole Dementia Partnership.  
Ensure information is provided and given to people with dementia and families/carers  
Promote The Source website – contains all services relevant to dementia information, support and advice.  
Promote Bournemouth’s ‘Information for Living’ brand in libraries that has information in libraries.  
Review and develop information packs for carers - support, services, treatment etc and help people prepare for differing stages in differing media and formats. | 4 (NHS) | Di Bardsley  
Kerry Flann/ Paul Morgan/ Ivor Cawthorn  
Liz Kite  
DHUFT  
Fenella Barnes  
Debbie Hyde | Review Sept 12  
March 13 |
| Improved information for GPs and general practice staff | Develop a communication and implementation strategy to promote the Dementia Care pathway.  
Disseminate information packs for people with dementia/carers via GP, memory advisors and other relevant services.  
Primary Care Dementia Facilitators to work with general practice managers to ensure access to and provision of information and resources about dementia and dementia services.  
Review the Dorset, Bournemouth and Poole diagnosis Care Pathway ensuring relevance for all sectors and local ownership. | Paul French  
Di Bardsley  
Primary Care Dementia Facilitators | Review Dec 12 |
| Increased education & training for GPs and general practice staff | Develop a GP dementia education package with a ‘Three Stepped’ programme in conjunction with Wessex Deanery.  
Advertise through GP Education Trust.  
Deliver a range of blended learning approaches Step 1 through GP Fellows.  
Memory Assessment Service staff deliver 2 training events as part of step 2  
Embed learning into practice through Primary Care Dementia Facilitators advising and supporting general practice staff and through reminder systems and follow up sessions. | 17 (NHS)  
Paul French  
Diane Bardsley  
Clare Weddaburn | Review Sept 12 |
| Advice, support and capacity building offered within primary care | Develop roles and appoint:  
2 x Primary Care Dementia Facilitators to:  
• embed dementia diagnosis pathway, systems and protocols through advice, guidance and training.  
• Identify, support and train dementia champions within all practices.  
• Work with general practice managers to ensure access and provision of information on dementia.  
• Ensure good working practices between memory assessment service, memory advisors and GP practices. | 160 (NHS)  
Di Bardsley  
Paul French | Dec 12 |
- Pick up concerns for resolving by CCG/GP leads.

**Dementia Champions to:**
- Promote dementia awareness and good practice within their general practice
- Attend dementia training and networks and disseminate learning

**GP Clinical Advisor role to:**
- Promote awareness and diagnosis of dementia within GP practices.
- Promote diagnosis care pathway and good practice.
- Advise on development of GP education with the Wessex GP Deanery.

4 x GP Dementia Fellows to:
- Deliver dementia education
- Promote awareness and diagnosis of dementia within GP practices.
- Promote diagnosis care pathway and good practice.

**Service Improvement Fellow through Wessex Deanery to work with localities and general practices on dementia education project.**

**Localities are informed and engaged**
Meet localities to encourage identification of a dementia lead within localities and to promote the dementia diagnosis pathway and discuss progress.

Localities to identify a dementia lead to follow through actions and inform GP constituents.

Local Enhanced Service (LES) – To have a single link in each locality for each programme.

**Dementia diagnosis performance rates are monitored**
Commissioners receive updates and monitor QOF DEM 1, DEM 2, and DEM 4 data across practices. Commissioners identify means of receiving data from general practices directly to prevent delays.

Commissioners RAG rate all GP practices and send data every quarter including information on support, education, etc. available.

Commissioners inform and discuss progress with Locality Leads.

GP Leads and Primary Care Dementia Facilitators monitor and work with practices to develop action plans to improve recognition and rates of diagnosis.

<table>
<thead>
<tr>
<th>Localities are informed and engaged</th>
<th>Paul French</th>
<th>From July 2012 ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Locality leads</td>
<td></td>
</tr>
<tr>
<td>Dementia diagnosis performance rates are monitored</td>
<td>Di Bardsley Paul French</td>
<td>Review every quarter</td>
</tr>
</tbody>
</table>
| **Enhance case finding, screening and health checks within general practices and link to other health programmes** | Primary Care Dementia Facilitators, GP Leads and GP Fellows to encourage active case finding by general practice staff  
Dementia Champions to actively promote case finding.  
Link primary care memory checks with cardiovascular health programmes; stroke recovery programmes and carer assessments  
Annual health checks for people with learning disabilities | Paul French  
Di Bardsley | Review Dec 12 |
|---|---|---|---|
| **Standardised coding systems** | Ensure all coding systems have common language to support diagnosis  
Send coding to all relevant services | Di Bardsley  
Paul French | completed |
| **Mild Cognitive Impairment care pathway** | Develop and promote a complimentary care pathway for people diagnosed with 'Mild Cognitive Impairment' | Di Bardsley  
Paul French  
Primary Care Dementia Facilitators | March 2013 |
| **Improved awareness and diagnosis rates within hospitals** | Dorset, Bournemouth and Poole Hospital Dementia working groups develop guidance and shared care protocols on the diagnosis and referral care pathway from within acute hospital settings.  
Dementia Hospital Standards applied to Community Hospitals  
Dementia CQUIN - screening all over 75 year olds within acute, community hospitals and older people’s functional mental health wards  
Commissioners share with Acute hospitals a standardised coding with request to put coding on discharge letters to GPs. | CQUIN  
Acute hospital Dementia Leads (Dr Claire Sixsmith, Dr Matt Thomas, Dr May Ooi)  
Community Hospital Lead - Cara Southgate | ongoing  
March 13  
completed |
| Expansion and strengthening of Memory Advisor service | Evaluate the two current memory advisor services and models offered within Bournemouth and Poole (7 memory advisors) and Dorset (15 memory advisors) commissioned until 2014.  
Build capacity into the Memory support service.  
Make recommendations for future commissioning of service with aim of developing a unified specification and ensuring sustainability and meeting future demand. | Bmth and Poole 120 per annum  
Dorset 248 per annum from  
11/12  
120 12/13 (NHS) | Di Bardsley  
Kerry Flann  
Paul Morgan  
Ivor Cawthorn | March 13 |
|---|---|---|---|---|
| Expansion and strengthening of Memory assessment service | Ensure memory assessment service meets required contract specifications, NICE Quality Standards and service transformation is achieved through the three phased approach.  
Memory assessment service is expanded and strengthened to meet increased demand. Expectation that a stand alone community-based model is achieved.  
Phase 3 to include adoption of Memory Services National Accreditation Programme (MSNAP) standards. | 513 11/12  
350 12/13 (NHS) | Di Bardsley  
Rachel Crewe | Ongoing |
| Evaluation of Mental Health Liaison Services | Evaluate Mental Health Liaison Services across pan Dorset and ensure model meets the needs of people with dementia. Make recommendations and share findings.  
Commissioning Specification, activity and budget for DCH service  
Consider the commissioning specifications for RBCH and Poole Hospitals | | Di Bardsley  
Jane Brennan | Dec 12  
March 13 |
| Shared care guidelines updated | Evaluation of current ‘Shared care guideline for the use of acetylcholinesterase inhibitors and the management of mild to moderate Alzheimer’s disease’ with stakeholders and revisions made as appropriate | | Paul French  
Di Bardsley | March 13 |
| Leadership established | Establish a ‘Dementia Diagnosis Clinical and Leadership Steering group’ to offer leadership and direction for early intervention and diagnosis linked to Clinical Commissioning Programme.  
Establish a nominated dementia lead within localities to follow through actions and | | CCG Dementia diagnosis clinical & leadership Steering group Locality leads | Established |
inform GP constituents.

Work with locality leads and locality managers

Appoint two Dementia GP Clinical Advisors

| Transparency and accountability in place | Build on previous dementia groups and establish a new Dorset, Bournemouth and Poole Dementia Partnership Group |
|                                         | Report to Mental Health Clinical Commissioning Programme, Health and Wellbeing Boards, Health Overview and Scrutiny Committees (Bmth, Dorset and Poole) and other Boards as appropriate on progress |
|                                         | Discuss and give opportunity for feedback on the Dementia Improvement Plan with the Dementia Partnership. Dementia Partnership to monitor progress. |
|                                         | Share and publish the Dementia Improvement Plan widely |

| Di Bardsley, Kerry Flann, Ivor Cawthorn, Paul Morgan Paul French |
| Established | Ongoing |

| Metrics | QOF DEM 1 – reported prevalence for PCT as a proportion of expected prevalence |
| QOF DEM 2 - % patients with a diagnosis of dementia who have been reviewed in previous 15 months |
| QOF DEM 4 - % patients with a new diagnosis of dementia from April 2011 to have full complement of tests |
## IMPROVED QUALITY OF CARE FOR PEOPLE WITH DEMENTIA IN HOSPITALS

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>ACTION</th>
<th>PROPOSED SPEND £’000</th>
<th>BY WHOM</th>
<th>DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior leadership identified</td>
<td>Ensure senior leadership is in place for dementia and a dementia working group is in place to drive improvements</td>
<td>Acute hospital boards</td>
<td>2012/13</td>
<td></td>
</tr>
<tr>
<td>Improved awareness and diagnosis within acute hospitals</td>
<td>Dorset, Bournemouth and Poole Hospital Dementia working groups develop guidance and shared care protocols on the diagnosis and referral care pathway from within acute hospital settings. National Dementia CQUIN screening all over 75 year olds within hospitals. Acute hospitals to promote standardised coding &amp; put coding on discharge letters to GPs. Increase numbers of Dementia Champions</td>
<td>Di Bardsley Acute hospital Dementia Leads (Dr Claire Sixsmith, Dr Matt Thomas, Dr May Ooi)</td>
<td>Review Sept 12</td>
<td></td>
</tr>
<tr>
<td>Incentivise the identification of patients with dementia</td>
<td>Incentivise the identification of patients with dementia and other causes of cognitive impairment alongside their other medical conditions and to prompt appropriate referral and follow up after they leave hospital through the national Dementia CQUIN. Use local data collection to ensure that all patients aged 75 and over are identified, assessed and referred as appropriate. Monitor delivery of national Dementia CQUIN with early learning and problem solving to inform the wider dementia care improvement programmes within each hospital</td>
<td>CQUIN</td>
<td>Sally Shead Diane Bardsley</td>
<td>2012/13</td>
</tr>
<tr>
<td>Dementia care strategy and improvement plan developed</td>
<td>Care strategy and improvement plan to be completed following SWDP peer review October 2011 in acute hospitals. Implementation of improvement plan</td>
<td>Acute hospital dementia leads</td>
<td>2012/13</td>
<td></td>
</tr>
</tbody>
</table>
| Completion of National Audit of dementia care in General Hospitals | Core audit to be completed 2012  
Improvement plan in place  
Monitored by the Trust Board and updates on delivery reported and discussed with commissioners. | Trust Boards  
Acute hospital commissioners | 2012/13 |
|---|---|---|---|
| Improve hospital coding | Share coding form to improve dementia diagnosis rates across all hospitals  
Track coding within the acute hospitals and resolve any issues | | Completed  
Review Dec 2012 |
| Liaison services evaluated | Evaluate each Mental Health Liaison Service in place in all acute hospitals and ensure model meets the needs of people with dementia. Make recommendations and share findings.  
Develop a Service specification for provision of liaison service for Dorset County Hospital | Jane Brennan  
Diane Bardsley | Sept 2014 |
| Evaluate the different care pathways across acute hospitals | Explore the different memory service care pathways across all hospitals and ensure a consistent approach | Diane Bardsley  
Hospital Clinical leads | March 2013 |
| Audit of unplanned admissions | Routine audit of unplanned admissions to general hospitals of people with a primary or secondary diagnosis of dementia  
Action plans in place with each hospital  
Local Authorities via contracting and Dementia Quality lead to work with care homes to avert unplanned admissions. | Acute hospital commissioners  
Acute hospitals  
Local Authorities | ongoing |
| Hospital standards applied to community hospitals | Review any previous reports.  
Measure progress across all community hospitals on hospital standards  
Ensure improvement plans in place | Jane Silvester  
Sally O’Donnell  
Di Bardsley | Review by March 2013 |
<table>
<thead>
<tr>
<th>Comprehensive training programme in place</th>
<th>Ensure comprehensive training programme of a) induction. b) dementia awareness for all ancillary, clinical and medical staff. Trajectories set for delivery of training</th>
<th>Delivery is monitored by commissioners and hospital Trust Board</th>
<th>Acute Hospital dementia leads</th>
<th>Review Dec 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raise the importance of nutrition</td>
<td>NHS Dorset and Dorset County Council are jointly working with partners to develop and implement a Nutritional Care Strategy for Adults and an Action Plan that will raise the profile of malnutrition and dehydration and develop preventative care services. The focus is on all home and professional care and health settings.</td>
<td></td>
<td>Sue Hawkins</td>
<td></td>
</tr>
</tbody>
</table>
| Monitoring of dementia care in acute and community hospitals | Quality monitoring of contracts  
Record patient experience through feedback from patients and carers, voluntary sector, NHS, Community Services and Social work teams | | Quality Team | ongoing |
| Monitoring use of Mental Health Act across all settings | Audit use of Mental Health Act and admissions of people with dementia.  
Produce report and consider findings.  
Monitor MHA admission rates | | Di Bardsley | Report March 13 ongoing |
| Metrics |  
- Excess bed days for patients with dementia per 1000 persons with dementia  
- Emergency admissions, people with a primary or secondary diagnosis of dementia  
Emergency readmissions within 30 days – people with a primary or secondary diagnosis of dementia  
- Number of admissions of patients aged 75 and over reported as screened for dementia (CQUIN)  
- % of patients 75 and over who have been screened as at risk of dementia and have had a dementia risk assessment within 72 hours of admission  
- % of all patients aged 75 and over, identified as at risk of having dementia who are referred for specialist diagnosis  
- % of patients with dementia admitted under the Mental Health Act | | | |
## LIVING WELL WITH DEMENTIA IN CARE HOMES

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>ACTION</th>
<th>PROPOSED SPEND £'000</th>
<th>BY WHOM</th>
<th>DELIVERY BY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation system applied</td>
<td>Bournemouth developing accreditation system for Dementia Care Homes. Poole considering how to work with Bournemouth and consider aspects of the kite mark for care homes in taking accreditation forward. Dorset will review position.</td>
<td></td>
<td>Brian Langridge (Bmth) Sue Lee (Poole) Nicky Beaton (DCC)</td>
<td>Review March 2013</td>
</tr>
<tr>
<td>In reach services provided</td>
<td>Dedicated Mental Health Nurse In-reach service to nursing homes as 12 month pilot initially. Evaluated Functions of care Home In-reach team to be incorporated within Dementia Intensive Community support team.</td>
<td></td>
<td>James Barton</td>
<td>March 2013</td>
</tr>
<tr>
<td>Training and education provided</td>
<td>Range of ongoing Learning and development actions in place across pan Dorset, including rolling out Dementia Champion function through Partners In Care in Poole Bournemouth Borough Council Staff Development and Training dedicated trainer reaches into residential care homes and provides on site training and advice.</td>
<td>£10k Poole allocation to PIC</td>
<td>Workforce leads Marion Macdonald</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Raise the importance of nutrition</td>
<td>NHS Dorset and Dorset County Council are jointly working with partners to develop and implement a Nutritional Care Strategy for Adults and an Action Plan that will raise the profile of malnutrition and dehydration and develop preventative care services. The focus is on all home and professional care and health settings.</td>
<td></td>
<td>Sue Hawkins</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Enhanced quality of care in care homes</td>
<td>Continuing liaison between Contract Management teams and CQC in relation to quality services within Care Homes. Quality of provision is developed through a number of methods primarily in relation to learning and development of staff. Appointment of new Joint Dementia Quality Lead to monitor standards of care and improve quality of care for people residing in care homes in Dorset</td>
<td>129 (Reablement funding)</td>
<td>Kerry Flann Ivor Cawthorn Paul Morgan Nita Hughes</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Improve quality of care through an observational Audit tool</td>
<td>Pilot the SWDP regional observational audit tool within care homes within Dorset and evaluate.</td>
<td></td>
<td>Diane Bardsley Paul Morgan</td>
<td></td>
</tr>
</tbody>
</table>
## REDUCING INAPPROPRIATE PRESCRIBING OF ANTIPSYCHOTIC MEDICATION

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>ACTION</th>
<th>PROPOSED SPEND £'000</th>
<th>BY WHOM</th>
<th>DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audit of antipsychotic medication prescribing</strong></td>
<td>Review the DH audit of antipsychotic prescribing for people with dementia within general practices and review local prescribing audit data. Highlight outlying data, identify any weakness within current pathway and develop action plan. Audit prescription of antipsychotic medication in specialist mental health services, general hospitals, community hospitals and care homes. Action plans to be developed. Consider the results of anti-psychotic survey completed by Bournemouth Borough Council for all residential and nursing homes in Bournemouth Performance monitoring and clinical governance mechanisms in place.</td>
<td></td>
<td>Lynne Richley Locality Prescribing Leads</td>
<td>Ongoing from June 12</td>
</tr>
<tr>
<td><strong>Prescribing rates audited and revised</strong></td>
<td>Review the DH audit of antipsychotic prescribing for people with dementia within general practices and review local prescribing audit data. Highlight outlying data, identify any weakness within current pathway and develop action plan to support primary and secondary care. Workforce training and education on alternatives to prescribing anti-psychotic medication. GP leads and Primary Care Dementia Facilitators ensure practices follow Shared Care Guidelines and NICE guidance in relation to anti-dementia drugs</td>
<td></td>
<td>Di Bardsley Paul French Lynne Richley Locality prescribing leads</td>
<td>Review July 12</td>
</tr>
<tr>
<td><strong>Leadership established</strong></td>
<td>Establish a pan Dorset leadership group around anti-psychotic prescribing and medication issues for people with dementia</td>
<td></td>
<td>Paul French Lynne Richley Di Bardsley</td>
<td>Established June 12. Meet quarterly</td>
</tr>
</tbody>
</table>
### Information provided

Develop an education pack on appropriate prescribing and alternatives to antipsychotic medication

GP Clinical leads to promote good practice & information to reduce antipsychotic medication through locality visits

GP Fellows and Primary Care Dementia Facilitators to promote good practice to general practices on anti-psychotic prescribing through dementia education and information.

Information to care homes around alerts to poly-pharmacy

<table>
<thead>
<tr>
<th>Information provided</th>
<th>Paul French Di Bardsley GP Clinical Leads GP Fellows Primary Care Dementia Facilitators</th>
<th>Sept 12 ongoing</th>
</tr>
</thead>
</table>

### Training and education provided on alternatives to antipsychotic

Promote education package on ‘Behaviours that challenge us’ offering alternatives to antipsychotic prescribing

Workforce training and education sessions on alternatives to prescribing anti-psychotic medication offered to general practices and care homes through localities.

GP Dementia Clinical Leads and Primary Care Dementia Facilitators promote alternatives to antipsychotics within general practices

<table>
<thead>
<tr>
<th>Training and education provided on alternatives to antipsychotic</th>
<th>Paul French GP Leads GP Fellows Lynne Richley Locality Prescribing leads Local authorities</th>
<th>ongoing</th>
</tr>
</thead>
</table>

### Metrics

- % of people with dementia prescribed anti-psychotics within specialist mental health services, general hospitals, community hospitals and care homes.
- % of people with dementia prescribed anti-psychotics who have had a medication review
# SUPPORTING CARERS OF PEOPLE WITH DEMENTIA

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>ACTION</th>
<th>PROPOSED SPEND £’000</th>
<th>BY WHOM</th>
<th>DELIVERY</th>
</tr>
</thead>
</table>
| **Improved Information for carers**         | Information pack to be developed for carers of people with dementia (see page 9)  
Ensure Carers Information Service across Bournemouth and Poole is accessible to all. Provide a regular newsletter and access to information in relation to activities and benefits. Ensure that Carers are linked in to all appropriate services at the point of diagnosis. |                      | Diane Bardsley Fenella Barnes  | March 2013        |
|                                              |                                                                                                                                          |                      | Carer leads                    | ongoing           |
| **Improved numbers of carer assessments**   | The Previous national indicator for Carer assessments which has been removed from the statutory performance framework has been retained locally to measure performance in this area. Continue to monitor level of carer assessments.  
Dorset liaise with Bournemouth and Poole local authorities to ensure a unified assessment process and improve performance. |                      | Debbie Hyde Paul St Quinton    | ongoing           |
|                                              |                                                                                                                                          |                      |                                |                   |
| **Direct payments for carers**              | Bournemouth and Poole Borough Councils offer Direct Payments to be used as a single payment to support the carer sustain their caring responsibility. Eg a piece of equipment, a holiday. |                      | Bournemouth and Poole Borough Councils | ongoing           |
|                                              |                                                                                                                                          |                      |                                |                   |
| **Provide respite opportunities**           | All local authorities provide residential respite to people who meet FACs eligibility. Sitting services are provided a universal service to all carers irrespective of FACs.  
Bournemouth and Poole have developed with carers the definition of what is a break/respite and services have and are being developed to facilitate this  
Dorset has dedicated dementia respite available for self funders and CHC eligible people  
Beach huts are available free for BBC and Borough of Poole carers |                      | Kerry Flann Ivor Cawthorn Paul Morgan Carer leads | ongoing           |
Complimentary Therapy Vouchers to access a range of therapies by nominated providers (Bournemouth Borough Council). Cinema vouchers to enable the carer to have a break - Bournemouth Borough Council.

Home from Home – a full cost service provided to carers (could be through a personal budget) across Bournemouth Borough Council and Borough of Poole. Provides an alternative to a day centre. The older person spends the day within a small group (up to 4) supported by a trained ‘host’ at the hosts home. Costs £39 per day including lunch.

<p>| <strong>Provide a carers sitting service</strong> | Investment will be made by securing capacity in the Dorset sitting service for carers of people with dementia (funding also includes training provision - see below) through Dorset County Council | 92,684 DCC | Paul Morgan | ongoing |
| <strong>Provide support solutions for carers</strong> | Bournemouth Borough Council is developing its box branding and is moving forward with two facets: 1. Developing a virtual menu of possible support solutions that individuals may want to use. 2. Developing a ‘Box of Tricks’ which will contain simple and inexpensive items that could provide a solution in helping an individual live their daily lives and routines | 38141 Borough of Bournemouth | Ivor Cawthorn | Review march 13 |
| <strong>Improve quality of life with support groups</strong> | Provide a range of support groups. Some are condition specific and some are generic. Some are run by commissioned organisations, but not all. Some are provided through Local Authority or Health Trust employed staff | | Carer leads | ongoing |
| <strong>Training and education</strong> | Provide carers with access to St John’s ambulance training courses for Dorset through Dorset County Council, NHS Dorset and Poole Borough Council through both generic courses and dementia specific. 2 day courses to be developed. Dementia training courses offered to carers via Friends of Oakley supported by Aldreney Hospital and training courses via CMHT staff at Kings Park. | 1.8 and 23.8 (Part of DCC 92K funding above) Part of Poole Borough Council funding of 29k | Fenella Barnes | Review March 13 |</p>
<table>
<thead>
<tr>
<th>Provide advocacy for carers</th>
<th>Carers advocacy is provided through Help and Care for all adult carers in Bournemouth and through Dorset Advocacy In Poole.</th>
<th>Bournemouth Borough Council &amp; Borough of Poole</th>
<th>ongoing</th>
</tr>
</thead>
</table>
| Provision of items and equipment | Provide assistive technology – a range of ‘stand alone’ items not linked to a responder such as movement sensors are available to assist carers  
Memory bags. An individualised version of the ‘Memory Box’ scheme. A simple cotton bag and reminiscence guide to capture memories to support a person with memory loss | Bmth Borough Council and Poole | ongoing |
| Offer emergency support | A Carers Emergency card scheme is provided across all three local authorities providing emergency pack up for carers in times of crisis. Ensure scheme is effective and monitor uptake  
Carers in Crisis scheme to contact a nominated emergency contact where there is no replacement care. Can be used by carers who have regular contact with someone who lives in sheltered or residential accommodation | Debbie Hyde  
Paul St Quintin | Ongoing |
| Carers Outreach | A pilot partnership across Bournemouth Borough Council and Borough of Poole to provide a Carer Outreach Support workers | Debbie Hyde | Review March 13 |
| Counselling | 1 year funding to offer counselling for carers of people with dementia in Bournemouth | Debbie Hyde | Review March 13 |
| Carers Consultation Group | Ensure carers are represented actively:  
A Carers Consultation Group (generic) links with Carers Commissioning Board, advising on funding and service development. There are regular opportunities for carers to feedback their experiences.  
Ensure carers are represented on the Dementia Partnership group | Carer leads  
Diane Bardsley | ongoing |

**Metrics**
- Numbers of carers identified
- % of carer assessments
- Carer satisfaction surveys
- Number of carers accessing services and training
## IMPROVED COMMUNITY SUPPORT

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>ACTION</th>
<th>PROPOSED SPEND (£'000)</th>
<th>BY WHOM</th>
<th>DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice, guidance, support within community</td>
<td>Memory Advisor Service – current providers DHUFT in Bournemouth and Poole. Age Uk in Dorset. Evaluate the two current memory advisor services and models offered within Bournemouth and Poole (7 memory advisors) and Dorset (15 memory advisors) commissioned until 2014. Build capacity into the Memory support service. Make recommendations for future commissioning of service with aim of developing a unified specification.</td>
<td>See early intervention and diagnosis</td>
<td>Di Bardsley, Kerry Flann, Paul Morgan, Ivor Cawthorn</td>
<td>March 13</td>
</tr>
<tr>
<td>Community engagement</td>
<td>Dementia Partnership group established to include stakeholders from community, voluntary and private sectors and people with dementia and families/carers. Yearly dementia event for all stakeholders and community.</td>
<td></td>
<td>Dementia Joint Commissioning and Procurement group, Dementia Partnership</td>
<td>April 2013</td>
</tr>
<tr>
<td>Dementia friendly communities</td>
<td>Creation of Dementia Friendly Communities and a Dementia Action Alliance through a partnership of different organisations both statutory and voluntary sector. Led by Alzheimer’s Society as part of Dementia Challenge.</td>
<td>Tbc- Dementia Challenge bid with matched resources</td>
<td>Alzheimer’s Society in partnership with Prama, DUHFT and LA’s</td>
<td>Review March 13</td>
</tr>
<tr>
<td>Action learning for care homes/domiciliary care</td>
<td>Poole Borough Council and Bournemouth Council are working with Partners in Care to develop Action Learning sets for care homes and domiciliary care agencies. The learning to be cascaded within the care homes and agencies.</td>
<td>29,212</td>
<td>Kerry Flann, Ivor Cawthorn</td>
<td>Review by March 2013</td>
</tr>
<tr>
<td>Provision of Memory Cafes</td>
<td>Provision of Memory Cafes across Dorset (until 2014) and Bournemouth and Poole (until 2013) with intention to become self sustaining thereafter. Evaluation from Bmth and Poole. Currently within Bmth and Poole DHUFT host two cafes and sub contract Alzheimer’s society to provide a further two. Dorset is tendering for a service. Evaluate services, model and the sustainability of services beyond commissioned services (2013 and 2014) Bournemouth Borough Council has also commissioned a memory café for the Strouden Park area to compliment the areas where memory cafes are.</td>
<td>81,250 (Dorset Re-ablement funding group) 100 12/13 Bournemouth and Poole</td>
<td>Christine Howell Paul Morgan</td>
<td>Review by March 13</td>
</tr>
<tr>
<td>Provision of singing groups</td>
<td>Provision of Melodies for Memory groups across Dorset (Dorset until 2014) Bournemouth and Poole currently provide ‘Singing for the Brain’ through Alzheimer’s Society and Memory Advisor Service (2013)</td>
<td>81,250 (Dorset Re-ablement funding group) Bournemouth and Poole — (within Memory cafe funding)</td>
<td>Christine Howell Paul Morgan</td>
<td>Review Bmth and Poole by Dec 12</td>
</tr>
<tr>
<td>Increase Dementia Champions</td>
<td>Increase the number of dementia champions in community services with incentive of a CQUIN</td>
<td></td>
<td>Christine Howell Quality Team DHUFT</td>
<td>March 13</td>
</tr>
<tr>
<td>Improve training and education of community staff</td>
<td>Delivery of a dementia training programme aimed at community services staff supporting adults and older people. Incentive of CQUIN</td>
<td></td>
<td>Christine Howell Quality Team DHUFT</td>
<td>March 13</td>
</tr>
<tr>
<td>Funding of new projects within community</td>
<td>Dementia Innovation fund available for community groups in Dorset to apply for up to £2k to fund initiatives that will benefit people with memory loss or dementia Poole run similar scheme in partnership with Poole CVS</td>
<td>20 (Dorset Re-ablement funding group) £10k from Poole</td>
<td>Re-ablement Board Poole Borough Council</td>
<td></td>
</tr>
</tbody>
</table>
## REABLEMENT AND INTERMEDIATE CARE

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>ACTION</th>
<th>PROPOSED SPEND £'000</th>
<th>BY WHOM</th>
<th>DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide care in the most appropriate setting</strong></td>
<td>Commission an Intermediate Care Service for Dementia (East Dorset) to operate as the community response to urgent need and the gateway to/from inpatient dementia care.</td>
<td>Neutral (reconfiguration)</td>
<td>Diane Bardsley</td>
<td>March 2013</td>
</tr>
<tr>
<td><strong>Increasing capacity and continuity of care in community services</strong></td>
<td>Review the role of OPCMHTs (East Dorset) together with the working of the ICSD to offer advice, support and training as well as direct care input in appropriate situations to improve the confidence and capability of mainstream community services and care homes in the ongoing care for people with dementia.</td>
<td>Neutral (reconfiguration)</td>
<td>Diane Bardsley</td>
<td>2012/13</td>
</tr>
</tbody>
</table>
| **Consistent county-wide approach** | Learning from implementation in East Dorset, reform services in West Dorset:  
• OPCMHT capacity and function;  
• introduce an Intermediate Care Service for Dementia  
• reconfigure Inpatient Care | Neutral (reconfiguration) | Diane Bardsley | From Nov 2013 |
<p>| <strong>Re-Member Pilot project</strong> | Establish a pilot that provides re-ablement for people with memory loss and dementia within Dorset. Re-member is a short term home care support to promote and sustain independence, wellbeing and community involvement for those with early stage and pre-diagnosis and recent diagnosis of dementia. It is also support for carers by giving them support and skills to continue to care also using equipment such as Telecare. Following evaluation from 6 months agreed to pay for hours delivered rather than care posts. Alongside continuation of pilot, a locality pilot to test mainstreaming the service through DCC’s established in-house reablement service. First wave of training taken place and further training planned. Evaluation and | 50 (Dorset re-ablement Funding group) | Paul Morgan | Review Dec 12 |</p>
<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Consider how housing related services, telecare and technology can be used to support people with dementia</th>
<th>Paul Morgan, Ivor Cawthorn, Kerry Flann</th>
<th>Ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telecare and technology for people with dementia</strong></td>
<td>Life style monitoring project to support assessments of people who are returning home and who care needs require further assessment to ensure correct support is received</td>
<td>50 (Dorset Reablement funding group)</td>
<td>Ruth Davies, Review March 13</td>
</tr>
<tr>
<td><strong>Life style monitoring - supporting assessments of people returning home</strong></td>
<td>Poole Reablement Service provides support to people living with dementia / Memory loss. At any one time approximately 25% of clients going through the service will have some form of memory loss</td>
<td>Kerry Flann</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
## IMPROVING MENTAL HEALTH INPATIENT CARE

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>ACTION</th>
<th>PROPOSED SPEND £’000</th>
<th>BY WHOM</th>
<th>DELIVERY</th>
</tr>
</thead>
</table>
| Improving care in mental health hospitals    | Centre inpatient care in East Dorset in a dedicated facility on a single site at Alderney Hospital Learning from implementation in East Dorset, reform services in West Dorset:  
- OPCMHT capacity and function;  
- introduce an Intermediate Care Service for Dementia  
- reconfigure Inpatient Care | Neutral                                                              | Diane Bardsley        | Sept 2013 From Nov 2012    |
| Observation methods                          | Promote observation methods as a mechanism for supporting the delivery of quality care services. Consider delivery of SWDP regional observation tool. |                       | Joint Dementia Commissioning and procurement group | 2012/13    |
| Monitoring use of Mental Health Act          | Audit use of Mental Health Act and admissions of people with dementia. Produce report and consider findings. Monitor MHA admission rates |                       | Di Bardsley                | Report March 13 ongoing |
| Ensure a competent and well trained workforce| Dementia Competency Framework to be incorporated within the new commissioning specification and monitor improved quality of care |                       | Graeme Barnell Di Bardsley DHUFT | ongoing    |
| Raise the importance of nutrition            | NHS Dorset and Dorset County Council are jointly working with partners to develop and implement a Nutritional Care Strategy for Adults and an Action Plan that will raise the profile of malnutrition and dehydration and develop preventative care services. The focus is on all home and professional care and health settings. |                       | Sue Hawkins               | Review March 13 |
**DIGNIFIED DEATH**

<table>
<thead>
<tr>
<th>OUTCOME</th>
<th>ACTION</th>
<th>PROPOSED SPEND £’000</th>
<th>BY WHOM</th>
<th>DELIVERY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promotion of Gold Standards Framework</strong></td>
<td>Gold Standards Framework (GSF) implementation in care homes with one of 20 standards focusing on Dementia and cognitive impairment. Three programmes have been completed across Dorset and the fourth is in progress with a fifth planned covering potentially 120 care homes. The Dementia Module is within the fourth workshop. The programme also focuses on reduction in inappropriate admissions ant end of Life and improved cross boundary communication to improve care. All Dorset County Council care homes for older people have either completed or are going through GSF accreditation. This was invested in three years ago. Gold Standards Framework is also being implemented in all community Hospitals in Dorset, commenced Spring 2012. GSF encourages uptake of the Dementia Kite Mark. GSF in Primary Care also encourages recognising those with Dementia in their last year of life and anticipating care needs of the person and carers.</td>
<td>Cath Granger/EOLC facilitators</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td><strong>Improved education and training</strong></td>
<td>The Pan- Dorset End of Life Care Workforce Education group is a group of providers and commissioners. Dementia is an identified priority in the group and they wish to commission specific areas of dementia end of life training, including Advance Care Planning, Communication skills development and prognostic indicators. Connect Communication Skills Project completed in January 2012 focused on developing training for those caring for people with aphasic and dementia communication issues within the care home sector. This is to be taken forward with the further development of the Connect DVD and potential development of a fourth training day to strengthen the programme.</td>
<td>Cath Granger</td>
<td>Dorset EOL Workforce and Education Group</td>
<td>ongoing</td>
</tr>
</tbody>
</table>
Dorset County Council has committed to EOLC training and dementia training. There are links to LD through the LD palliative Care Forum which recognises the need for better information at EOL and has developed pathways and ACP documents.

<table>
<thead>
<tr>
<th>Provide information for carers</th>
<th>Ensure information is available and offered to families and carers on end of life care and support for themselves</th>
<th>Deborah Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvements in primary care, care homes, community hospitals and acute trusts</td>
<td>The End of Life Care Facilitators have an effective role in providing training and education support in a range of care settings, through GSF and associated tools. Community Hospitals including those delivering inpatient dementia care participating in the national GSF Community Hospital pilot 2011/12 will be supported to achieve accreditation over the next 12 – 24 months. Dorset County Council has revised the standard contract with care homes to include expectations about EoLC. Regular raising of profile with care homes through providers meetings and in Care Home newsletter. An end of life care LES was offered for the first time in 2011/12. The CCG agreed to fund a LES in 2012/13. The standards in the LES include active management of the end of life care register by recording, planning and monitoring the register, identifying and sharing with the PCT a named palliative care coordinator, every patient should have a discussion about preferred priorities for care and/or advance care planning and DNAR, the practice should assess the need for anticipatory prescribing, practices share information with OOHs, evidence commitment to CPD, tailored bereavement support, undertake after death analysis to identify learning for the practice and health system. Undertaking the LES does not necessarily mean patients with Dementia will be included on the register. More work is required. Input from COPMHT required to ensure those in community settings link to GSF register.</td>
<td>Diane Bardsley Fenella Barnes March 13</td>
</tr>
</tbody>
</table>

EoLC Facilitators

DCC Hilary Lawson and Chris Elgar ongoing
Implement Standard 7 of Dementia Hospital Standards.
• Patients with dementia identified as approaching their end of life are flagged to General Practitioners for entry onto the end of life care register and are taking appropriate action.
• All patients with dementia who remain in hospital are cared for using the Liverpool Care Pathway or agreed integrated pathway for care of the dying.
• All clinical and support staff working with people with dementia requiring end of life care have received appropriate training.

Review acute and community hospital trust improvement plans based on the General Hospitals Self Assessment template (March 2011)

Dorset County Council anticipate using the NHS devised DNAR form within the 355 places available in DCC older people care homes.

<table>
<thead>
<tr>
<th>Development of Compassionate Community</th>
<th>A community group has formed, bringing multi professional groups together who have an interest in living with loss, death, dying and bereavement. The main objective of the group is to raise public awareness and map existing services for death, dying and bereavement.</th>
<th>Compassionate community group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving Advance Care Planning at diagnosis</td>
<td>Encourage advance care planning at the time of diagnosis of dementia</td>
<td>Primary Care Dementia Facilitators Dementia GP Fellows</td>
</tr>
</tbody>
</table>