NHS Bedfordshire Dementia Service Mapping for Central Bedfordshire Council

3 key steps;

- Ensure better knowledge about dementia and remove stigma 1
- Ensure early diagnosis, support and treatment fro people with dementia and their family and carers
- 2 3 **Develop services** to meeting changing needs better

No Objectives	Outcomes	Current Services	Gaps In Service	Gold Standard	Rag	Comments
1 Raise awareness of dementia and encourage people to seek help	The public and professionals will be more aware of dementia and will understand dementia better. This will; • Help remove the stigma of dementia • Help people understand the benefits of early diagnosis and care • Encourage the prevention of dementia • Reduce other people's fear and	 Alzheimer's Society provide Leaflets/Info Public Champions have raised awareness e.g. Terry Prachett POPPS in Luton raised awareness with public & GP's Internet Day Care in Luton provide info Carer Support Groups via Alzheimer's Soc e.g. Music for Memory at Queens Park, Allotment Group at Queens Park - in peer groups Alzheimer's Society Havens (South Beds) & Carers Rest (Henlow & Bedford) National Strategy 2009 Awareness week – Memory Walks Dignity Champions Carer's Café 	 Awareness within Schools & Further Education Links needed between publicity of physical & mental wellbeing (regular awareness raising programme) Training (refreshers for professionals – local workforce plan) Professionals sharing info/referrals e.g. acute to specialist MH Articles within 	 National campaign e.g. Stroke, Swine Flu National Champions Dementia Training (Academic Unit – Competencies Standards) Champions with CMHT and wider team (Personalisation) 	Red/Amber	

misundersta nding of people with dementia.	publications 'Stepping Out' & 'News Central' Bedford Borough
	& Central Bedfordshire literature • Lack of training or awareness of training around
	Dementia for the public, spotting early signs

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Greeting at Memory Clinic Understanding Training of GPs						5		
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described as wonderful GP's – some provided prompt referrals and gave good information Alzheimer's support group is very helpful Some good experiences at Weller Wing with good information being given Memory Clinic Carers Assessment	around the process and their involvement.+ Home AssessmentsProvision of accessible info leaflet.Sensitive and appropriate forms of service to supportSensitive and appropriate forms of support accessible• Home care service to supportContinued Follow – up support• Home care planningContinued sersesment/care planning• Meeting culturally diverse needs – sector.Bureau – one accessed by different agencies• Vintegrated Sector.Self-Referral sector.• Lack of Speech Therapy Input in Memory ClinicsSelf-Referral enable quick
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of contact &
ongoing support
for carers
Lack of equality
in
accessing/fundin
g of drugs
Lack of expertise
in meeting the
needs of
Dementia &
Complex
Physical
problems
More Support
Groups Needed
Quantity of
specialist
Services e.g.
Speech &
Language, OT.
Dementia
Register – GP's
4-5 Visits to GPs
before referral
Wrong Diagnosis
- Told it was just
'Ageing process'
Awareness of
different types of
Dementia
Not told
immediately
about
Alzheimer's

society
Poor
communication
between
Agencies and
Services
Lack of
Specialist In-
patient service
for early on-set
Dementia
GP confirmed
Dementia with no
test
CPN's role
Don't see the
same psychiatrist
Poor English
used by some
clinical staff –
hard to
understand them
Social workers
unable to refer to
Memory Clinic
GPs not referring
to moment elinio
to memory clinic
until crisis
happens
Kept waiting for
2Hours for a
10minute
appointment
Follow up

				 appointments with the same psychiatrist Would prefer Memory Clinic in the community or Bedford Health Village No clear pathway Lack of link between Memory Clinic and Acute Wards Written diagnosis not provided to patient or carer 			
3	Good-quality information for people with dementia and their carers	People with dementia and their carers will be given good-quality information about dementia and services • At diagnosis • During their care	 Alzheimer's Society currently produce great literature, leaflets Self - help books 	 Get the balance right between written information & 1:1/group verbal information in relation to people with diverse cultures Information not always clear on direct payments and Vouchers 	Internet Support	Red/Amber	
4	Easy access to care, support and advice after diagnosis	People with dementia and their carers will be able to see a dementia adviser who will help them	 Emergency Respite for Carers Carer's Support Bureau through (BRCC) Link (Alz Society) – Telephone 	Rural Issues geographic isolation/transpor t to access groups/peer	Generic Helpline Number (0800), • Mobile Memory Clinic	Red/ <mark>Amber</mark>	

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		throughout their care to find the right; Information Care Support Advice	 Service Alzheimer's society helps direct you to different agencies and services Age concern helped with information and form filling Inconsistent service at Memory Clinic when providing information on Dementia and Support Groups 	 support Support to make self-directed support work, presently very process driven. Self – funding people on their – no support to find Carers/ care homes/Respite Once diagnosed, no obvious links on where to go next Would like information about Dementia, benefits and support groups as early as possible 	 Self directed support, direct payments To ensure Service Users and Carers are made aware of support available after diagnosis Advice and support around power of attorney More activity groups e.g. Gardening, Fitness, Golf Simple overview of services To ensure services are set- up by Health and Social Care to enable Service Users and Carers to Commission their own services 	
5	Develop structured peer support and learning networks	People with dementia and their carers will be able to; • Get support from local people with	 Using Existing resources e.g. Day centres for partnership working between stautory/3rd sector 	 Clarification over the remit of 'peer support' 3 haven groups in S.Beds become more 	Increase numbers of Cafes & Drop In Centres (North o County	δ

		 experience of dementia Take an active role in developing local services 		social in focus rather than peer support			
6	Improve community personal support services for people living at home	There will be a range of flexible services to support people with dementia living at home and their carers. Services will consider the needs and wishes of people with dementia and their carers.	 Voluntary sector support groups Assessment and treatment team Specialist Learning Disabilities assessment Commissioned personal care at home Alzheimer's society provide home care not personal care Carers rest run by Alzheimer's society/Henlow/Barton/Dunstab le/LB Carers Café run by NHS Drop-in Café in Biggleswade & Houghton Regis "Dega Project" in Aspley Guise run by age concern, Transport included Social Services, Dementia Units providing respite for carers in Biggleswade and LB 5days a week Home support specifically for LD Patients with dementia Communication assessment with carer – speech and language, eating and drinking 	 No specialist team to assess for personal care Crisis teams over 65 Counselling GP Knowledge Training for carers and family Lack of carers rests and cafes in Ampthill and Flitwick Transport is Limited in Rural Areas Day care- very restrictive depending on where you live, mid-beds very restrictive Social care is means tested Self-funding issues Only one speech and language 	 Respite needed Flexible to individual needs Specialist Dementia workers across all settings GPs working alongside specialist services One system pathway, measurable quality outcomes in all settings Specialist training and development Community Hub Person Centred planning is a good model Comprehensive list of services available or flowchart of pathway 	Red	

 Community Dietetic support fo LD Patients with Dementia LD services are not split for under/over 65s Limited OT Support Families providing respite care Respite breaks provided by Kilorian & winged fellowship holidays 	the county Scheme – more Patients feel in chance of the middle of staying at home social and Health • Educated Staff,
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	instead of eight hours a month• Specialist help with daily tasks• Turn one of the Bupa homes into a resource centre where all services are under one roof• One point of call for all services – e.g. Specialist Link nurse to help co-ordinate social and Health• More publicity about benefits and financial help that may be available• Live – in Carers where appropriate• Access to Occupational Therapist• Live – in Carers where appropriate• Not aware of how to access care at home• Poor Quality Home Care, in- experienced Care staff• Carers for Individual staff, rather than alternating (seeing different Carers each time)• Task orientated and not Hollstic
	,
	Home Care
	Regular manifering of
	monitoring of

7	Implement the New Deal for Carers	Carers will: • Have an assessment of their needs • Get better support • Be able to have good- quality short breaks from caring.		people without family • Confusion and fear of Accessing social services	 Carers Strategy Personalisation Carers Assessment Choice 	Red/Amber
8	Improve the quality of care for people with dementia in general hospitals	This way people with dementia will get better care in hospital: • It will be clear who is responsible for dementia in general hospitals and what their responsibiliti es are • They will work closely with specialist	 Ambulance, A&E, Paramedic service – Excellent Older persons team liaison 	 Support for challenging behaviour Learning Disability Liaison in general Hospitals Lack of dignity on the ward, level of training is patchy Focus on beds rather than patients Lack of information stating if dementia 	 Dementia Liaison in General Hospital and community- specific role, not add-on Hospital and Clinical Environments that are easy to access Facilities for person with Dementia in hospitals while carer sees hospital consultant 	Red

older assessment people's have been made, mental triggers, health preferences teams. • Nutrition issues	
mental triggers, health preferences teams. • Nutrition issues	
health preferences teams. • Nutrition issues	
• Nutrition issues	
on ward-staffing	
commitments to	
assist eating	
Night Cover –	
Staffing issues	
Mental Capacity	
assessment –	
not clear	
No Liaison with	
memory clinic	
and general	
acute ward	
No provision for	
relatives to stay	
Poor In-patient	
care and	
Discharge	
information	
Confusion over	
appointment	
times	
Hospital	
Transport –	
Unreliable	
Car-Parking	
difficult at	
hospital	
Lack of basic	
care i.e. Food	
and Drink	

Lack of
Dementia
Training &
Infaning &
Information
available for
nurses on ward –
Cultural shift
needed
Inappropriate
discharges home
– without social
work assessment
Poor
communication
of patient needs
Not in specialist
ward because
admitted with
Physical
problems
Better link
between
Addenbrookes
and NHS
Bedfordshire
General wards
not picking up on
symptoms when
un-diagnosed
patients are in
hospital
Social workers
sometimes have
to insist on a
diagnosis if client

				in Hospital showing signs of Memory loss			
9	Improve intermediate care for people with dementia	There will be more care for people with dementia who need help to stay at home.	 Learning Disabilities pathway Intermediate beds and care homes 	 Specialist Training for all front line staff, with further updates Rehab Register of Support Workers 	 Intermediate care service tailored to Individual needs County-wide definition of what good quality Dementia Care is One statutory organisation providing dementia support One point of access 	Red	
10	Consider how housing support, housing-related services, technology and telecare can help support people with dementia and their carers	Services will: • Consider the needs of people with dementia and their carers when planning housing and housing services • Try to help people to live in their own homes	 "Projects" Aarogan Housing- Clophill Shillington Telecare care line Smart Flat Technology 	 Knowledge of SMART facilities Availability of SMART facilities Awareness of Telecare Web Based Support Making adaptations to the homes – very difficult & very costly 	 Assistive technology for all – adaptations and equipment Information about panic alarms, and assisted technology 	Red	

		for longer					
11	Improve the quality of care for people with dementia in care homes	Services will work to ensure; Better care for people with dementia in care homes Clear responsibilit y for dementia in care homes A clear description of how people will be cared for Visits from specialist mental health teams Better checking of care homes	 Learning Disabilities homes – personalisation agenda, April 2010 Some good care homes/day care/dom care Some training available via Alzheimer's society Some specialist training (AMHP- Approved Mental Health Practitioner), BIA (Best interest Assessors) Family needed for support New care homes for couples to stay together 	 There is not enough care homes in Bedford Some Care home rates are above the funding ceiling Some care homes not specialist in Dementia even though they state they are Sexual/Intimacy support Valuing of Care Home staff Not enough care homes for younger people in Mid-Beds Registration Criteria can lead to inappropriate placements GP Assessments do not happen at all homes Funding is an issue Lack of Activities stimulation/thera py/no music 	Care home support, networks/forums	Red	

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				UncleanNot being			
				prompted to walk			
				by Care Staff			
12	Improve end of life care for people with dementia	People with dementia and their carers will be involved in planning end of life care. Services will consider people with dementia when planning local end of life services.	Bereavement services offered	 Provision for families staying at hospitals Liaison with continuing health care Clear discussions with family on expectation of end of life Dignity Choices 	 Admiral nurses for end of life Palliative care 	Red	
13	An informed and effective workforce for people with dementia	All health and social care staff who work with people with dementia will; • Have the right skills to give the best care • Get the right training • Get support to keep leaning more about dementia.	 Bedford college run NVQ style distance learning Dementia Care planning in some homes and hospitals Learning Disabilities, Multi Disciplinary Teams EoE 1-2day training course 	 No mandatory awareness training In depth Quality Training 	 Harmonise training for health/ social/independe nt sector Statutory training Continue on professional development Clear standards of quality and assurance 	Red	
14	A joint commissioning	Health and social care services will	 Move away from Silo working has improved] 	 Duplication of work 	World Class Commissioning		
	commissioning	Care Scivices will		WUIK	Commissioning		

15	strategy for dementia	 work together to develop systems to: Identify the needs of people with dementia and their carers Best meet these needs There is guidance in the Strategy to help services to do this. 	 The work on joint strategy should lead to joint working NHS Bedfordshire taking the lead on the strategy Safeguarding Adult procedures 	 Criteria of the social services and NHS Access to direct payments & personalised budgets Lack of presence of world class commissioning Framework for implementation – action plan to continue to drive forward Ring fenced funding for dementia 		Red	
10	assessment and regulation of health and care services and of how systems are working	checks on care homes and other services to make sure people with dementia get the best possible care.	• Saleguarding Addit procedures			Red	
16	Provide a clear picture of research about the causes and possible future treatments of dementia	People will be able to get information from research about dementia. We will do lots of things to indentify gaps in the research information and do	 Information from Alzheimer's society Cognitive stimulation therapy Dendron – Research network, Luton registering and creating database 	 Dementia Champions at Clinical/Consulta nt Level Sharing of research outcomes 	 Research outcomes disseminated Reduce anti- psychotic meds and focus on behavioural 	Red	

		more research to full the gaps.								
17	Effective national and regional support for local services to help them develop and carry out the Strategy	The Government will give advice and support to local services to help them carry out the Strategy . There will be more good-quality information to help develop better services for people with dementia.	•	Consultation/ Forums to capture all sectors demographically e.g. Young Persons, LD etc Darzi review looking at uniform memory clinic model and education unit for service providers	•	Uncertainty of take-up for service users – adapting existing services Regional lead for dementia	•	Local Implementation Network (LIN Group) Memory Clinic accreditation (Aspire to obtain excellent status within two years)	Red	