

Item 126 Appendix 2

The following recommendations were made by the Dementia Select Committee. All of these have been incorporated in the Revised Dementia Planning Framework (2010 – 2013), which is going to the Joint Commissioning Board in November 2010. The table below sets out the PCT/LA response to each individual recommendation.

| Recommendation | PCT/LA Response |
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| <p>1. When re-designing the local dementia care pathway, the city commissioners should ensure that all city healthcare workers are appropriately trained in dementia issues, in order to improve early diagnosis of dementia. This should specifically address the issues of GP expertise and that of people working in the acute sector, given the key role that these workers play in the diagnosis of dementia.</p> | <p>In the recent dementia care pathway redesign work, undertaken in summer 2010, stakeholders were engaged to seek their views on the priorities for future dementia developments. A high priority was workforce development. A number of new dementia services will be developed in 2011/12, and training for staff will be key to this. For example, as a Memory Assessment Service is developed, a focus will be on training GP's so they are aware of the service, and of the role they can play in the ongoing support for people who receive a diagnosis.</p> <p>A dementia liaison service will be developed in the local acute trust. An element of this service will be to provide training to generalist staff providing care to people with dementia.</p> |
| <p>2. That whatever model of memory assessment service model the city adopts, the commissioners should be able to demonstrate that the service: a) provides a homely environment for diagnosis and/or assessment; b) has the capacity to deal with all referrals in a timely manner; c) is able to maintain its core focus if integrated within a team with broader responsibilities.</p> | <p>Plans are currently in place to develop a memory assessment service, and the wrap around pre and post-diagnosis support and information service. The specification for the service will be developed to ensure that the provider can meet all of the requirements set out in this recommendation.</p> |
| <p>3. That in re-designing the local dementia care pathway, the city commissioners should explicitly address the issue of carer bereavement, ensuring that dementia services support carers as well as people with dementia, and that supports services do not cease suddenly following the death of patients.</p> | <p>Support for carers- people with dementia is a priority focus area. A training package for carers of those newly diagnosed is being developed. This will include an element on support services available to those who are bereaved.</p> <p>In addition, work taking place to commission the End of Life Care will explicitly address the needs of people with dementia and their carers. This will ensure that support is available to those who require it.</p> |
| <p>4. That in re-designing the local dementia care pathway, the city commissioners should explicitly address the issue of how the wishes of people with dementia and their carers can best be reflected in terms of planning appropriate end of life care.</p> | <p>As mentioned in the response to recommendation 3, the End of Life care commissioning workstream is looking specifically at the needs of people with dementia to ensure their needs are met.</p> <p>The End of Life Care commissioning workstream will focus on care planning for people reaching the end of their life, which will ensure that the preferences are documented, so that people are able to receive care in their</p> |

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| | place of choice. |
| 5. That the city commissioners should seek to ensure that all their staff and the organisations they commission (e.g. equipment providers as well as health and social care providers) are aware of the need to treat bereaved people with understanding and sympathy. | Funding for bereavement services is currently given to the carers centre. Delivering End of Life Care and bereavement training is a priority for Brighton and Hove. Providers will be encouraged to attend relevant training to ensure that they are aware of the needs of the recently bereaved. |
| 6. When the city commissioners make their decisions on the future of in-patient acute dementia beds, they should bear in mind the position of dementia Select Committee members: that locating this service outside the city should not be agreed unless there are overriding therapeutic benefits to such a move. | This position will be noted. |
| 7. The city commissioners should be able to demonstrate that they have planned for sufficient capacity in terms of in-city nursing and residential home placements to ensure that everyone with dementia who requires such a placement is normally able to access one. | A number of new care homes are planned to open within Brighton and Hove in the coming months. The Council's contracts unit work with owners to secure sufficient capacity for local residents. A priority is ensuring that sufficient places are available for local residents wishing to remain within Brighton and Hove. |
| 8. That NHS Brighton & Hove should arrange the invitation of a representative of the Access Point to forthcoming Locality GP meeting(s) or otherwise facilitate the promotion of the Access Point's work amongst city primary care practitioners. | This recommendation will be passed on to the convenor of the GP Locality meetings. |
| 9. That the Access Point should continue to be encouraged to promote its services via all appropriate council/city initiatives (such as Get Involved Day etc.) | This action is supported. |
| 10. When re-designing the local dementia care pathway, the city commissioners should specifically address the issue of support service capacity in the light of anticipated growth in demand for these services in the near future. | The new services to be implemented from April 2011 will better meet the needs of people with dementia and their carers. The support provided will ensure that the needs of individuals can be met. |
| 11. When re-designing the local dementia care pathway, the city commissioners should explicitly address the issue of ensuring that all aspects of the pathway are as easy to negotiate as possible, so as to reduce the pressure on advocacy and advice services. | This point was also highlighted in the recent engagement work. The service users and carers attending the sessions fed back that they need services which are easily accessible and a care pathway that they can understand. These points will be fed into the development of the new services. |
| 12. The city commissioners should investigate the potential benefits of engaging with local communities in order to encourage them to better support people with dementia and their carers. | In April 2011(estimated) a local dementia awareness campaign will run. This will seek to improve awareness of dementia and reduce stigma. The campaign can also be targeted at other community groups to ensure they are made area of dementia and the associated issues. |
| 13. When re-designing the local dementia care pathway and commissioning city dementia | Services will be available based on an individual's need, and not the age that they are |

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| <p>services, the city commissioners should specifically address the needs of people with early onset dementia, ensuring that appropriate support services are in place to deal with current and likely future demand.</p> | <p>when they access a service. This will ensure that the needs of younger people, including those with learning difficulties, are met in dementia services.</p> |
| <p>14. The issue of dementia and the ongoing changes to local dementia services should inform Overview & Scrutiny work planning, particularly with reference to the work programmes of the Adult Social Care & Housing Overview & Scrutiny Committee (ASCHOSC) and to the Health Overview & Scrutiny Committee (HOSC).</p> | <p>Feedback will be given to all relevant committees regarding service developments, so that they can incorporate this into their work programmes.</p> |

