



Dementia 3 Year PLAN

**Cardiff and Vale End of Year 2
(2015-2016) Report**

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Foreword



From the Chair of Cardiff and Vale Dementia Taskforce

Two thirds of the way through our 3 year Strategic Plan for Dementia Services it is appropriate that this, our Second year Report, is framed in terms of “looking back” and “looking forward”.

Looking back over each of the four strategic themes adopted from the National Dementia Plan we are able to record achievements and improvements over the past year. Notable successes to date have been increases in the number of Dementia Friends, and of Dementia Champions (now present in every Clinical Board). Equally pleasing is the number of staff of both health and social care services who have received training in the care of patients and clients with dementia. This and the production of Guidance on Anti Psychotic Prescribing and the development of a Memantine Pathway represent major advances.

In improving access to services, especially diagnostic services progress has been more difficult to achieve. The worsening waiting times and waiting list numbers for the Memory Team Clinic have been a major focus of concern for the Taskforce, though even here we can record that the number of patients presenting with severe dementia at diagnosis has reduced.

However looking forward there are exciting further developments in the pipeline with pilot projects on Dementia Friendly Communities, and on Primary Care Diagnostic clinics about to be established. The latter it is hoped will reduce the pressure on the Memory Team.

As I noted last year we have been set a mountain to climb in achieving services that truly meet the needs of both patients and carers but, I am confident that by the sustained efforts of all the agencies and personnel involved we have progressed well above “base camp” and with sustained support from both statutory and voluntary agencies we will continue on the way to the “summit”!

Deirdre J Hine DBE FFPH FRCP

Taskforce Member Organisations

- **Cardiff and Vale University Health Board**
- **Vale of Glamorgan Council**
- **City of Cardiff Council**
- **Glamorgan Voluntary Services**
- **Cardiff Third Sector Council**
- **Nexus**
- **Alzheimer's Society**
- **Carers**
- **Cardiff Metropolitan University**



Introduction

The Cardiff and Vale Dementia 3 Year Plan was developed in 2014 for people with dementia and their carers, in order that they can live well with dementia.

The Plan was jointly developed between Cardiff and Vale University Health Board (UHB), City of Cardiff Council, Vale of Glamorgan Council, and Third Sector Partners (including service user and carer representation). It addresses the needs of people with dementia and their carers, as well as serving future population growth. In order to achieve this, a multi-agency response was required.

The plan builds on previous national strategic documents, including:

- The National Dementia Plan for Wales
- National Dementia Vision
- How To Improve Dementia Guide
- 'Together for Mental Health' (the national mental health strategy)

It also builds on local frameworks including the Mental Health Service User and Carer Involvement Framework and the Charter for Mental Health which incorporates a recovery and re-ablement ethos.

The Three Year Plan was launched in July 2014 by the Minister for Health and Social Services Professor Mark Drakeford AM; Mr Adam Cairns, Chief Executive Officer of Cardiff and Vale UHB; Councillor Susan Elsmore; Mrs Mary Thomas, who was diagnosed with early onset dementia at the age of 54 and Mary's carer Mr Graham Thomas. The launch took place at Cardiff Metropolitan University, home to the National Centre for Product Design and Research, which has provided expertise in developing user focussed services and problem solving in the development of the plan.

This End of Year report provides an update on progress made by the Dementia Three Year Plan in its second year of implementation (2015-16). It will highlight key achievements made as well as areas in need of improvement over the remaining lifespan of the plan from 2016-2017.

Background

Much has been achieved nationally and locally for people with dementia and their carers. However gaps remain and we need to plan for the future predicted increase in numbers of people with dementia across Cardiff and the Vale. It is estimated that the number of people suffering with dementia in Cardiff and Vale will increase by 53% between 2013 and 2030.

Diagnosis rates for dementia in Cardiff and Vale as well as nationally has been historically low. This is a key priority in the Three Year Plan. In 2015, the diagnosis rate was 50% in Cardiff and Vale, which meant that half of people with dementia are undiagnosed. Across Wales as a whole only 43% of people with dementia were diagnosed. Steps are therefore being undertaken within the community as part of the Three Year Plan to improve people's awareness of dementia and how to signpost to appropriate agencies if they suspect cognitive impairment. Such as the work done as part of the dementia supportive communities initiative, which continues to make community members more aware of dementia, more inclusive of people with dementia, and able to signpost as appropriate.

Services and agencies available for people with dementia remain a key priority and work continues with both the statutory and the Third sector. The statutory sector includes the Memory Team, Mental Health Services for Older People (MHSOP), Local Authority provision, and Community Resource Teams (CRTs). In the third sector there is ongoing co-ordination and engagement work undertaken by Nexus, Cardiff Third Sector Council (C3SC) and Vale Centre for Voluntary Services (VCVS).

The Cardiff and Vale Three Year Plan is organised around four strategic themes identified in the national dementia plan. These are:

Making structural changes to economic, cultural and environmental conditions

In order to support people with dementia and their carers, the environment in which they live in needs to be inclusive and dementia-aware. One way of doing this is to create what has been coined a 'dementia supportive community'. This is defined by Alzheimer's Society as: 'one in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them'. In Cardiff and the Vale two community pilots to create dementia supportive communities are underway, one in Barry and one in Cardiff West, with hopes to roll this out across Cardiff and Vale in future.

Improving infrastructure and access to services for all

Diagnosing people with dementia in a timely fashion is critical to ensure that treatment and support is given at the earlier rather than the later stages of the illness. Earlier diagnosis can enable people to be cared for at home for longer as carers can be linked into informal support networks and formal networks for advice, guidance and signposting to formal assessment in their own right.

The Memory Team provides a diagnostic and early support service for people with suspected dementia. Later in the illness the person may need access to MHSOP or Local Authority Social Services for additional support and advice. Most everyday care and support may be given by primary care and a variety of Third Sector organisations.

Strengthening Communities

It is important to ensure that the public have an awareness and understanding of dementia. To a certain extent, the national Dementia Vision created some visibility of the condition. However, more can be done locally to create awareness. Primarily this will be achieved through the dementia supportive communities work. Alzheimer's Society delivered 337 Dementia Friends sessions in the first two years of the Three Year Plan and created over 4,752 Dementia Friends and 134 Dementia Champions across Cardiff and Vale. There is also ongoing work by the Third sector to raise awareness at events and through campaigning activities, for example Alzheimer's Society provides awareness training to a range of organisations and professional groups, including GPs, Private Sector, Public Sector, and both statutory and Third Sector bodies. However, we all have a role to play in awareness-raising. In the longer term it will be advantageous to develop 'an army' of volunteers for people with dementia to enhance their support in the community.

Strengthening Individuals

Following a diagnosis of dementia it is important that the person with dementia and their carers have access to good quality information to enable them to understand and come to terms with the diagnosis and to be able to access support with ease. The Memory Team have a series of information leaflets written to meet the needs of individuals with dementia and their carers. The Alzheimer's Society was commissioned to provide an information pack, but supplementary information may be needed for some people, for example, on the Mental Capacity Act, Advance Decisions to Refuse Treatment and Lasting Power of Attorney, and on the variety of care options available. Cardiff and Vale Action for Mental Health (CAVAMH) produce 'Directions' the hand book of Older People's Mental Health Services in Cardiff and the Vale of Glamorgan The Mental Health Services for Cardiff and the Vale of Glamorgan provide information on older people's mental health services including legal matter such as the Mental Capacity Act. Seeking the views of people with dementia and their carers is critical to improving care and support within this process.

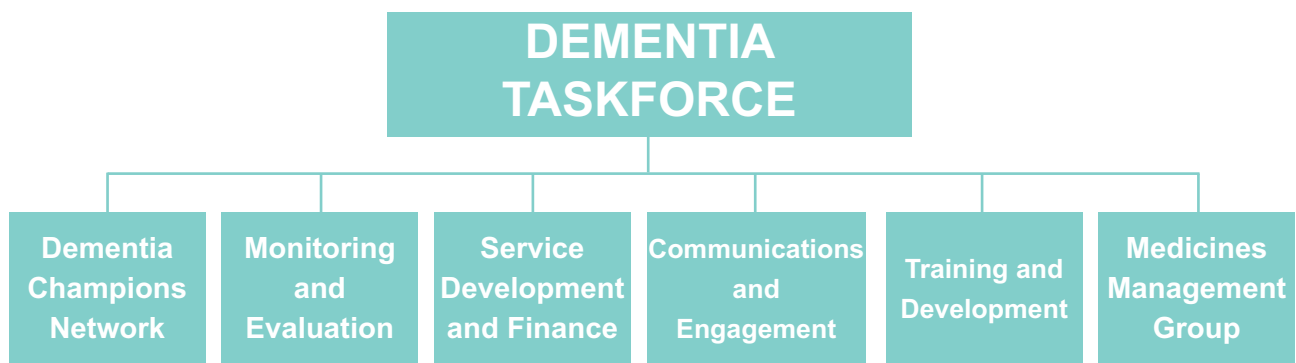
Delivery of Cardiff and Vale 3 Year Plan

Overview of the Dementia Taskforce Sub-groups

The joint Taskforce has brought together health, local authority and third sector partners, patients and carers to develop the Dementia Three Year Plan to help people avoid, delay and better cope with dementia.

Following the launch of the Plan, the Taskforce identified six sub-groups to take forward key actions, each chaired by a member of the Taskforce (Figure 1).

Figure 1: Dementia Taskforce and Sub-Group Structure



Dementia Champions Network

Chair: Professor Marcus Longley
(Vice Chair, Cardiff and Vale University Health Board)



Purpose of the group

The Dementia Champions Network was set up in October 2014 as a way of mobilising change across the Health Board in the way we support people with dementia and their carers. Dementia Champions are there to remind colleagues of the needs of people living with dementia, and to encourage us all to think of simple steps and small changes to meet those needs better. A Dementia Champion aspires to be a dementia advocate or 'agitator', to challenge and influence others, to provide input into service developments and evaluation, to be knowledgeable and experienced in dementia care, and to mainstream and integrate dementia care in all that we do. This means being the main point of contact for patients, carers and families in relation to dementia care, in their clinical area; co-ordinating and signposting people; providing dementia education and awareness; using well-evidenced best practice; and leading by example.

We now have Champions in every Clinical Board, and are rapidly extending their reach into every aspect of the care we provide.

Looking back

Since the launch of the Dementia Champions Network there have been several business meetings. Good progress has been made since then. Key achievements include:

- The creation of a project plan for the 'measures of success' for the first year, with all achieved except a Dementia Champion on each ward/service area.
- The development of the Dementia Champions role descriptor.
- The creation of a dementia awareness questionnaire for staff which was trialled by Specialist Services, with a report pulled together to find out where most misconceptions were for training purposes. The questionnaire was launched electronically in the Weekly Round up on 20th July and there have been over 230 attempts so far.
- The Dementia Champions designed a dementia training framework, and this has been incorporated into the Dementia Toolkit.
- The Dementia Champions have created a Dementia Toolkit for staff, which can be found on: <http://www.cardiffandvaleuhb.wales.nhs.uk/dementia-training-and-development>
- A mini-audit of Dementia care in the general hospital setting, in preparation for formal audit in the future.

In December 2015, there was a Dementia Champions Network workshop to reflect on what had gone well in the year and where further work was needed. The findings were as follows:

- Progress to Date: Dementia Care Bundle; effective networking; people starting to listen; more integrated provision; better understanding through training; increased confidence of staff in dealing with dementia; Dementia Friends training/champions cascaded.
- Further Improvements needed: release of time for staff to do dementia awareness training; higher profile for dementia training; improving staff access to a computer to do the dementia awareness e-learning module; make champions' work more visible e.g. on ward boards; work more on engagement with carers; map training provision and uptake.

Looking forward

A new work programme for 2016 has now been adopted to address the issues above. The Champions are very conscious of the fact that the changes envisaged in the Dementia Plan still require a lot of developmental work, and that active support from clinical leaders and staff at all levels is crucial. Great progress is being made, and the Champions will continue to make a strong contribution.



Launch of the Three Year Plan, July 2014



CASE STUDY: Dementia Friendly Communities

Background

Dementia friendly communities is a programme developed by Alzheimer's Society which facilitates the creation of dementia-friendly communities across the UK. The programme aims to engage with everyone from governments and health boards to local businesses and front line staff with the aim of sharing the responsibility for ensuring people living with dementia feel understood, valued and able to contribute to their communities. A dementia friendly community can be described as:

'A city, town or village where people with dementia are understood, respected and supported, and confident they can contribute to community life. In a dementia-friendly community people will be aware of and understand dementia, and people with dementia will feel included and involved and have choice and control over their day-to-day lives.' – Alzheimer's Society, 2013

Cardiff and Vale pilot areas

Cardiff West and Barry were chosen as the dementia friendly communities pilot areas for Cardiff and Vale in 2014. Steering groups were established for each of the pilot areas consisting of a variety of partner organisations including: Alzheimer's Society, Cardiff and Vale University Health Board, Public Health Wales, City of Cardiff Council, Vale of Glamorgan Council, Cardiff Third Sector Council, Glamorgan Voluntary Services, a variety of third sector organisations, carers and volunteers.

Representatives from key partner organisations were invited to attend the first Dementia Champions training in order to be able to deliver Dementia Friends* sessions across the pilot areas. Funding was secured through the Cardiff West Neighbourhood Partnership fund to establish a Memory Cafe in Pentreban Community Centre and associated activities including 'Singing for the Brain' and 'Life Stories'.

Throughout 2014 and 2015 Dementia Friends sessions were delivered across Cardiff and Vale and Glamorgan to a variety of professional groups, community groups and community members, and both steering groups developed a variety of plans for dementia related activities. In October 2015, both pilot areas submitted action plans to Alzheimer's Society to be formally recognised as working towards becoming dementia friendly communities.

Working towards becoming dementia friendly communities

Cardiff West and Barry were formally recognised as working towards becoming dementia friendly communities in December 2015. As a requirement of the recognition, every six months, the respective steering groups must demonstrate that they are working towards the following seven criteria:

1. A local structure is in place to maintain a sustainable dementia friendly community
2. People are identified to take responsibility of driving forward the work to support the community to become dementia friendly, and that individuals, organisations and businesses are meeting their stated commitments
3. A plan is in place to raise awareness about dementia in key organisations and businesses within the community that support people with dementia
4. People living with dementia have a strong voice within their communities
5. The work around dementia maintains a high profile to increase reach and awareness to different groups in the community
6. Plans are focussed on a number of key areas that have been identified locally
7. Plans or systems are in place to update the progress of communities after six months and one year

The two steering groups report back to an overarching Cardiff and Vale steering group, established to oversee the work on dementia friendly communities, and to support new areas wishing to work towards the recognition process. Progress is then reported directly to the Local Service Board.

**Dementia Friends* is a dementia awareness training session developed by Alzheimer's Society. By training Dementia Champions to deliver Dementia Friends sessions, the aim is to 'transform the way the nation thinks, acts and talks' about dementia and develop greater awareness amongst the population.



Dementia Friendly Communities Event, December 2015

Service Development and Finance

Chair: Conrad Eydmann
(Head of Partnership Strategy and Commissioning,
Cardiff and Vale University Health Board)



Purpose of the group

The Service Delivery and Finance sub group, following a restructure and development process in 2014/2015, has a remit to identify and address the priorities and pressures across treatment, care and support services for dementia.

The group is chaired by Conrad Eydmann, and has representation from across all key stakeholders including the UHB (Mental Health, Medicine and Primary Care clinical boards), both local authorities, the Third Sector, and service carer representatives.

Looking back

The group has followed up its work on establishing a user, carer and staff-led outcomes framework in 2014/15 with work to embed the necessary responsibilities and actions into frontline services. Each of the UHB clinical boards now has a bespoke matrix of actions and responsibilities that will collectively ensure progress to achieving the outcomes that matter most to those who use the services.

The top priority has been to address the pressures on waiting times for a dementia diagnosis, with the Memory Team recording a waiting time of over 30 weeks and over 500 individuals waiting for a diagnosis at the time of writing. Proposals are currently in place for non-recurrent resources that will enable this waiting list to be cleared over a 12 month period. Those same proposals also include additional resources to enable the Memory Team to maintain the increased caseload as a result of the increased number of diagnoses.

Developing primary care services has also been a key component of this year's work programme, and a case study is included in this report that highlights the achievements in this area.

In March 2016, the group submitted proposals to the Health Board and both local authorities in order to access Integrated Care Funding (ICF) as a means of addressing the waiting times pressures, and to sustain the primary care development work that is underway. A decision on these resources is expected early in the new financial year.

Looking forward

The work to embed dementia into primary care services and settings will remain the main priority for 2016/17. There will also be a sustained focus on ensuring that the commitments to eliminate the waiting time for diagnosis are followed through. GP dementia diagnosis clinics will be running from April through to July 2016. The group are confident that the ICF funding proposals will enable this pilot to be extended until 2018, as well as providing the necessary resources to eradicate the Memory Team waiting list by the end of the 2016/17 financial year.

CASE STUDY: Ty Enfys

Residential Care Home

The Service Development and Finance Group has been overseeing a new project this year that aims to provide additional liaison, training and support to nursing and residential homes, using additional funding from the Welsh Government. This has included surveying operational practices and staff knowledge levels, as well as organising training and development for staff to increase their skills in relation to dementia identification and management.

Members of the Health Board's Nursing Home Liaison Team within Mental Health Services for Older People have demonstrated an exemplary level of commitment to delivering this project within a very short deadline, and have become ambassadors for improving how nursing and residential homes respond to the needs of residents with dementia and their carers.

As part of this work, one Nursing Home in particular has stood out as an example of best practice, when considering how patients with dementia are cared for and supported. Ty Enfys residential home represents the gold standard in responding to dementia related needs in this sector.

Here, we interview Candace Rowlands and Emma Murdoch, the nurses who have delivered the liaison care home project, in order to gain an insight into how Ty Enfys excels at supporting people with dementia.

Q. Could you set the scene for us by describing Ty Enfys for us in terms of its location, how many residents live there, how many staff work there, and how long it has been operational in Cardiff?

A. Ty Enfys is a privately owned care home by Hallmark Care Homes group. The home is situated in the Pentwyn area of North Cardiff and opened in 2006. The home has accommodation for 100 residents and offers residential, nursing and dementia care.

The home has approximately 90 care staff – 2 employment unit managers, 38 general registered nurses, 3 senior carers and 72 care assistants. Other teams include receptionists, chef, kitchen assistants, housekeeping, maintenance and a lifestyle team.

The home registered manager, Ms. Sujjata Singh (RGN), is very passionate about supporting people living with dementia. She holds a diploma in Dementia care and has built strong links with the Cardiff and Vale Alzheimer's Society. The home supports the Alzheimer's Society by hosting weekly patient and carer groups and regularly fundraises on their behalf.

Q. *What are the unique features about the way staff in this home manage dementia?*

- A. The most significant factor is the way Sujjata leads and nurtures a caring and supporting environment for people living with dementia. Sujjata encourages her team to approach care delivery with empathy, compassion and understanding.

Q. *What are the main success factors that make this home so good at responding to dementia?*

- A. In general the team are motivated in not only person centred approaches, but are open to new strategies and techniques in order to enhance their care. They work inclusively with supporting community services embracing collaborative working and are always open to discussion and exploration in elements of dementia care and education.

The team in Ty Enfys have weekly motivation meetings where they discuss approaches to engagement and activity with their residents. This is when they evaluate already established approaches and look to identify new proposals that can be explored as projects. Individual team members are assigned these projects, and are encouraged to pursue areas in which they have a personal interest. They are then responsible for taking the project forward in terms of research, planning activity and implementation.

Q. *What practices would you see as the most important in this home that should be duplicated everywhere else?*

- A. The team at Ty Enfys have made it their mission that by the end of 2016, ALL team members will become Dementia care champions having completed the training with the Alzheimer's Society. This is something that ideally all residential homes should aspire to.

Q. *If you had to name one critical factor in the success of Ty Enfys, what would it be?*

- A. The emphasis on positive person-centred care is an important element to their approach. The team spend time building on resident's abilities, personalities and strengths to enhance general well being. They use both formal and informal activity as an opportunity of therapy, using board methods of communication to encourage engagement.



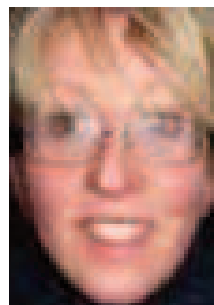
Ty Enfys, courtesy of <http://www.hallmarkcarehomes.co.uk/care-homes/cardiff/ty-enfys/>

Communications and Engagement Sub-group

Chairs:

Helen Joy (Nexus Involvement Officer, CAVAMH)

Dr Suzanne Wood (Consultant in Public Health Medicine, Cardiff and Vale University Health Board)



Purpose of the group

In July 2014, the Dementia Taskforce agreed that in order for the actions within the Dementia Three Year Plan to be implemented, that a Communications and Engagement Sub-group required formation. Communications and engagement between dementia agencies and service users, carers and the general public is critical to the success of the Dementia Three Year Plan. The purpose of forming a Dementia Communications and Engagement Sub-group is to ensure that there is dialogue between the public and dementia agencies to ensure that the services that people receive are right for them. The idea is to create a continuous feedback loop that is meaningful and in accessible formats.

The Communications and Engagement Sub-group will continue as a formal agenda item on the Nexus Carer Involvement Group (CIG), meeting bi-monthly, feeding back into the Mental Health Services for Older People and Mental Health Partnership Board fora.

Looking back

During 2014/15 the group devised a Communications Plan, which was signed up to by the Taskforce. This outlined how best we communicate with our community on this issue of dementia.

Since then, the group also reviewed the information given out at the time of diagnosis and made some recommendations for improvement. A major part of this is the Directions magazine which is currently being revised and reissued thanks to funding apropos the Dementia Taskforce. The pack will also contain suggestions on positive engagement with people experiencing dementia such as memory boxes, scrapbooks and ID cards. The UHB dementia website has also been updated with supportive information and stories by carers for other carers.

Looking forward

During the next year we would like to broaden the reach of information to the community about dementia. This will be done by creating a fuller website on the condition for service users, carers and the wider community. The information pack given out at the time of diagnosis will also be modified to improve the information given out at this time. We will continue to increase our reach and enhance the dialogue with the community and services.

Training and Education Sub-Group

Chair: Jo Finch (Workforce Development & Training Manager, City of Cardiff Council)



Purpose of the group

The Training and Development Sub-group was set up because there is a real need within health and social care to ensure that the training and development needs of staff who come into contact with people with dementia are met. It is recognised by the sub-group that depending on the frequency and interaction of staff with people with dementia and their carers, that different training and development needs are required. The sub-group is formed of the training leads from Cardiff and Vale UHB, City of Cardiff Council, Vale of Glamorgan Council, and an academic lead.

Looking back

The wider Taskforce has identified a need to develop a menu of opportunities and support options for nursing and residential homes starting with literature and advice through to supported improvement planning and staff training and development. As a part of the care home liaison project, the distribution of baseline questionnaires to staff to enable prioritisation of those most in need was conducted.

We have continued to roll out Dementia awareness training and basic skills training for health and social care (including private sector) staff. This training is based on a modular approach and covers areas from 'What is Dementia' through to behaviours.

The Dementia Reablement Training Programme has now been written and a training manual has been distributed to all 22 local authorities in Wales. The manual contains training notes for facilitators based on the four day presentation modules. These will be distributed via the SSIA.

Work has commenced in rolling out a Dementia Training Programme and we held sessions for Occupational Therapists, reablement staff and home care staff from October 15 through to March 16 after which we will review the way forward for roll out in 2016/17.

Looking forward

For 2016/17, we will continue the development and agreement of a cross-departmental dementia staff skills and competencies training and development plan that incorporates generic skills and competencies for all service delivery environments; and increasingly specialised skills and competencies in areas of service with an increased likelihood of the presence of a dementia diagnosis amongst service users.

We will review the way forward for the Dementia Training Programme roll out in 2016/17.

Medicines Management Sub-Group

Chair: Vicki Gimson (Mental Health Pharmacist, Cardiff and Vale University Health Board))



Purpose of the group

The Medicines Management Sub-group was formed in response to the increasing demands of the medicines management agenda in particular the need to provide guidance on the management of acute behavioural and psychological disturbance (BPSD) in people with dementia. The group is co-run with Clare Clement, Primary Care Pharmacist and meets on a quarterly basis.

Looking back

Development of an antipsychotic checklist and appropriate prescribing guidance

The rationale for development was based on recommendations by Professor Banerjee in his “Time for Action” report in 2009. It concerned the use of antipsychotic medication which are often used as a first line response to manage behavioural difficulty in dementia rather than second line treatment when other non-pharmacological approaches have failed.

The checklist was piloted in Mental Health Services for Older People and St David’s/University Hospital of Wales. Roll out and official launch is anticipated for May 2016. The checklist and guidance is now available to access online through the Cardiff and Vale Prescribing Formulary. Graham Shortland, our Medical Director, has promoted the work through a recent bulletin of “Have you Heard?” Hard copies of the duplicate forms will be available shortly for use on wards. A plan to audit the use of the checklist uptake is currently being devised.

Care Home Pilot - Antipsychotic Review

After initial setbacks in getting the second Care Home Pilot off the ground, the model has now been improved and is proving to be very successful. A prescribing mental health pharmacist has joined the dementia liaison nurse and together work as a team to review antipsychotic medication in a specific nursing home. Timely changes in antipsychotic medication are being made by the prescribing mental health pharmacist. Also the dementia liaison nurse has been working closely with staff at the nursing home to up-skill them in the appropriate management of service users with behaviour that challenges and the appropriate use of the Challenging Behaviour Scale. This is used to review patients prior to their antipsychotic review.

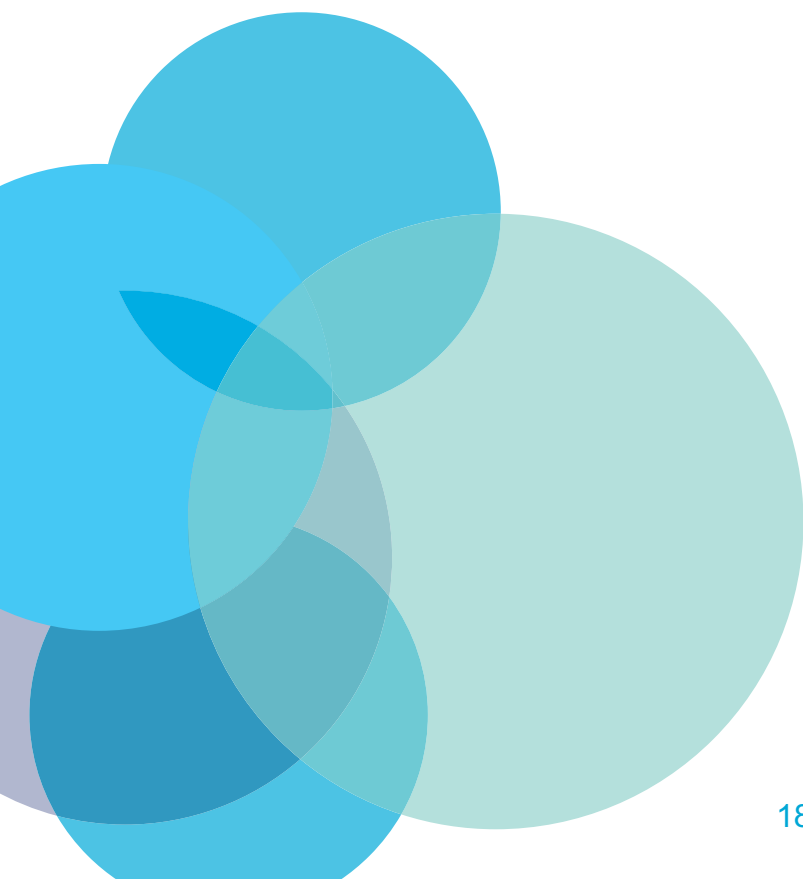
Work continues with an aim to link these reviews to the GP regular 3 monthly reviews to allow both parties to work together which will allow a seamless handover of responsibilities when the pilot is finished.

Review of Memantine prescribing pathway

A Memantine pathway and guidance has now been approved and is available to view online through the Cardiff and Vale Prescribing Formulary pages. It has now become a 'specialist initiated' drug rather than hospital only prescribed which means GPs can take over the prescribing once the patient has been stabilised on it.

Looking forward

- Launch the antipsychotic checklist onto wards.
- Devise an audit tool to monitor the antipsychotic checklist.
- Audit the Care Home Pilot.
- Develop a "How-to guide" for GPs when reviewing antipsychotics.



Monitoring and Evaluation Sub-group

Chair: Kimberley Cann (Specialty Registrar in Public Health, Cardiff and Vale Public Health Team)



Purpose of the group

The Monitoring and Evaluation Sub-Group was established to monitor the implementation of actions within the Three Year Plan, making sure that progress is being made and flagging up areas where action or improvements are needed. The group includes members from Cardiff and Vale UHB, City of Cardiff Council, and the Vale of Glamorgan Council and operates as a virtual group.

Looking back

The Monitoring and Evaluation Framework is aligned to the four strategic themes of the Dementia Three Year Plan. For each strategic theme there are 'Measures of Success', with a baseline measure and target to compare against. Data from each lead organisation is sought on a quarterly or annual basis to enable us to monitor the Measures over time. Each Measure of Success is designed to be SMART: specific to the intended changes, measurable and unambiguous, attainable or achievable, relevant and time bound. The Monitoring Framework adopts a traffic light rating or 'Red, Amber, Green (RAG)' system a visual cue to performance (see the Performance section).

We have met with a few challenges over the last year. The data on the number of calls to C2C who were signposted to the Alzheimer's Society and the number of referrals by the Independent Living Support Service are no longer available due to organisational changes. But we hope to be able to get this information directly from the Alzheimer's Society in future. The average waiting time between referral and initial assessment by the Memory team has also been increasing due to staff shortages but work is underway to tackle this.

Looking forward

The Sub-group will continue to monitor progress being made across the four strategic themes over the final year of the Three Year Plan and escalate any issues to the Taskforce when needed. The Measures of Success are continually being refined and improved to make them as meaningful and useful as possible. In 2016, we hope to start a regular audit of the Memory Team's work to capture the availability of psychosocial interventions for people living with Dementia in Wales and their care partners. We will also be looking to further refine the measure of group activities undertaken in clinical areas to make it more meaningful.

Performance during 2015/16

The Monitoring Framework (Figure 2) demonstrates the wide range of activities currently undertaken by the Taskforce and the six sub-groups across the four strategic themes. Performance information helps the Taskforce to objectively identify how well its services are being delivered, to what extent outcomes are being achieved, and where improvements need to be made.

The 'Measures of Success' identified by the Monitoring and Evaluation Sub-group show welcome improvements for the year for some indicators (coded green), with anticipated declines in performance for others (coded in red).

Monitoring and Evaluation Framework key:










-  Significant issues and target not being met
-  A problem with performance but being dealt with by lead organisation.
-  Performing as expected
-  Data unavailable / RAG rating not applicable

Figure 2: Dementia Three Year Plan Monitoring Framework

	Measure	Target	Baseline	Progress from April 2015 - March 2016	Performance
Making structural changes to economic, cultural and environmental conditions	Number of Dementia Friends sessions delivered (Cardiff and Vale)	Continuous improvement	83 sessions delivered (2014)	217 sessions delivered	
	Number of Dementia Friends and Dementia Champions created (Cardiff and Vale)	Continuous improvement	1007 Friends and 55 Champions created (2014)	3118 Friends and 77 Champions created	
	Number of calls to C2C (contact and assessment) signposted to the Alzheimer's Society	Continuous improvement	0	Not currently available	
	Referrals made to 3rd sector by the Independent Living Support Service (the Gateway)	Continuous improvement	0	Not currently available	
	Number of staff trained in 'Making Every Contact Count'	Continuous improvement	163 (2013/14)	384	

	Measure	Target	Baseline	Progress from April 2015 - March 2016	Performance
Improving infrastructure and access to services for all	% of people with dementia with a diagnosis	Continuous improvement	45.6% (2013)	49.5% (2015)	
	% of people with severe dementia at time of presentation to memory services	<5%	8% (Q1 2015)	4% (Q1 2016)	
	Number of people with an established dementia diagnosis who are aged under 65	100% of young onset dementia patients to be known to services ¹	(new measure)	123 (Apr)	
	Average waiting time between receipt of referral and initial assessment by the CVUHB Memory team	6 weeks	16 weeks (Apr 2015)	29 weeks (Apr 2016)	
	% of patients diagnosed with dementia who have been offered a formal specialist review in last 12 months	100%	Approx 40% (Dec 2014)	44% (100% are now offered or have been referred on)	
	% of people diagnosed with dementia who have had a face-to-face care review in the last 15 months in Wales	tba	84.4% (2013)	82.0% (2015)	
	% of residents with a diagnosis of dementia prescribed an anti-psychotic (in pilot project area)	Continuous improvement	30 patients in pilot area (Jan 14)	25% (n=16) (Jan-Mar 2016)	
	% of residents with an antipsychotic review within the last 3 months (in pilot project area)	Continuous improvement	10% in pilot area (n=3) (Jan 14)	56% (n=6) (Jan-Mar 2016)	
	Percentage of residents with a diagnosis of dementia on an antipsychotic for longer than 9 months (in pilot project area)	Continuous improvement	70% in pilot area (n=21) (Jan 2014)	22% (n=14) (Jan-Mar 2016)	
	Percentage of carers satisfied with care received in NHS Dementia in-patient unit	2.5% higher than baseline in 1 year 5% higher in year 2	90% (Apr 2014)	100% with standard of treatment; 84% with ward environment (Jul-Dec 2015)	
Strengthening Communities	Group activities undertaken in clinical areas	Continuous improvement	(new measure)	Currently being refined	
	Number of Dementia Friends sessions delivered (Cardiff and Vale)	Continuous improvement	83 sessions delivered (2014)	217 sessions delivered	
	Number of Dementia Friends and Dementia Champions created (Cardiff and Vale)	Continuous improvement	1007 Friends and 55 Champions created (2014)	3118 Friends and 77 Champions created	
Strengthening Individuals	Number of calls to C2C (contact and assessment) signposted to the Alzheimer's Society	Continuous improvement	0	Not currently available	
	Referrals made to 3rd sector by the Independent Living Support Service (the Gateway)	Continuous improvement	0	Not currently available	
	Number of staff trained in 'Making Every Contact Count'	Continuous improvement	163 (2013/14)	384	

¹ Known via Memory Clinic follow up post diagnosis (Primary List) and mental health Care Coordination (Secondary MH care list). Daffodil projects 115 people aged 30-64 with early onset dementia in 2015; 120 in 2020.

Conclusion

The Cardiff and Vale Dementia Three Year Plan was launched two years ago and we are over half way through now. This second end of year report from the Taskforce demonstrates the progress that has been made over the last two years. The Taskforce continues to work in a coordinated manner to drive and deliver tangible and measureable change and improvement in dementia services in Cardiff and Vale over the three year period.

The Monitoring and Evaluation Framework highlights areas where improvements have been made in dementia service delivery and since the start of the Three Year Plan. Headline areas where good progress is being made include:

Promoting healthy living initiatives in dementia and increasing public awareness and understanding of dementia

The development of Dementia Supportive Communities across Cardiff and the Vale of Glamorgan has made good progress during 2015/2016 with over 3,100 Dementia Friends and 77 Dementia Champions created as part of Alzheimer's Society Dementia Friends Strategy. This is a big increase on last year (over 1,600 Friends and 57 Champions) and will help the public to become more aware and have a greater understanding of dementia as well as create a more inclusive environment for people with dementia and their carers.

This year 384 professionals received Making Every Contact Count (MECC) training which aims to embed health improvement as a systematic element of service delivery. It is hoped that these staff will opportunistically identify individuals who wish to make changes to a lifestyle behaviour, provide basic information and signpost to appropriate local resources. Providing information and access to support for risk factors for dementia, such as smoking cessation, healthy eating, physical activity and sensible drinking, should help to lower the risk of dementia developing.

Ensuring timely diagnosis of dementia

The diagnosis stage is important as it is a gateway to effective care and support. The person who has been diagnosed with dementia, and their family, know the cause of the changes that have worried them and they have a chance to get back in control of their lives by understanding their condition, what the future might hold and plan accordingly. Prior to the start of the Three Year plan, the rate of diagnosis in Cardiff and Vale was 45.6% (2013). In 2015, this reached to 49.5%; showing a year-on-year improvement since the start of the Three Year Plan.

When we started recording in January 2015, 8% of those diagnosed with dementia presenting to the Memory Team had severe dementia. Since July 2015 this has consistently met the target of being under 5%. This means that more people with dementia are being seen before the disease becomes severe and may be able to start drug or psychological treatments earlier.

In-patient dementia care

A survey of carer's experiences of the NHS Dementia in-patient unit has been started. Sample sizes are small and the questions are in the process of being refined, but the initial results are promising. From July to December 2015, 100% of carers who filled out the survey were satisfied with the standard of care received by the person that they cared for. This is an improvement on the previous 72% of carers in January to June 2015. During July to December, 100% of carers were also satisfied that the person they cared for was treated with dignity and respect. This is also an improvement on 86% of carers in the previous 6 months and meets the target.

One area of service delivery is currently coded as red indicating significant issues and targets not being met:

Average waiting time between receipt of referral and initial assessment by the CVUHB Memory team

This issue is currently being addressed through the Service Development and Finance Sub-group.

In years 1 and 2 of the Project Plan the following key actions have now been achieved:

- Pilot dementia supportive community areas implemented and both received recognition status
- Roll out of Making Every Contact Count
- Telecare/telehealth strategies being implemented
- Dementia Champions Network developed
- '10 minutes of your time' survey widely implemented (within a Mental Health inpatients setting)
- Existing training provision scoped across health and social care, and a future model created
- SPIDER project in reablement services completed
- Mini audit of general hospital inpatients
- Single point of access for urgent and emergency referrals within Mental Health created
- Anti-psychotic checklist and dementia drugs pathway ratified and launched
- The refocusing model, within current resource limitations, is fully applied

Looking forward to 2016/17

In addition to the actions being taken forward by the sub-groups, the following outstanding actions from the Year 2 Project Plan will be prioritised for action during Year 3 of the Three Year Plan. Specifically these are:

- To develop standard guidance on how to conduct an anti-psychotic review
- To audit length of stay for people with dementia
- To implement Dementia '2 minutes of your time' Carers survey widely
- To further develop DGH Liaison Psychiatry for Older People Service, in particular to ensure a presence in unscheduled care
- To develop the carers education pathway

Year 3 of the Project Plan comprises the following key actions:

- To develop respite opportunities by assessing need and then rolling out the new opportunities
- To increase the opportunities for different respite opportunities and publicise them
- To increase opportunities for people with dementia to die at their place of choice
- Roll out of dementia supportive communities pilots, with evaluation of the pilots and consideration given to integrating these across all Cardiff and Vale communities
- To develop primary care Quality and Outcomes Framework 15 month review to a standardised template and train primary care clinicians
- To re-audit the prescribing of anti-psychotics in people with dementia
- To develop the quality of residential and nursing care home placements if appropriate and consider supported living options
- To develop primary care Quality and Outcomes Framework 15 month review to a standardised template and train primary care clinicians
- To develop Memory Team capacity further to cope with increasing demand
- To roll out training on non-pharmacological methods in behaviour management and to ensure that this covers health and social care staff in pilot areas



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