Dorset Dementia Services Review Consultation Document

Improving Dementia Services
Have your say
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Foreword

Thank you for taking the time to read this booklet, which provides you with an opportunity to have your say about some important changes we want to make to dementia services in Dorset.

In Dorset, the number of older people is increasing, meaning dementia will affect more lives. This places an increasing demand on health and social care services and increases costs.

We know that our dementia services staff are working hard to provide the best care possible for people living with dementia. We also know that things could be better for patients, their family carers and staff if we developed our dementia services further.

Currently dementia services vary across Dorset, so we want to ensure people have access to the same care no matter where they live in the county.

Our overall aim is for all people living with dementia, their families and carers, to receive the same high quality, compassionate care from diagnosis to end of life care. That is why we launched a review of dementia services in 2016.

Throughout the review NHS Dorset Clinical Commissioning Group (CCG) has been working with people living with dementia, with those caring for someone with dementia and with people working within health and social care to look at how we can improve dementia services.

In 2017, we analysed a range of evidence and data and published a ‘Health and Social Care Needs and Data Analysis’ document. For more information on why we need to change go to pages 16-19.

This was followed by a range of engagement approaches asking as many people as possible for their views on dementia services in Dorset and a ‘View Seeking Report’ was produced. For more information on the view seeking go to pages 20-21.

People told us they felt: dementia services are fragmented and confusing; people have to wait too long to get diagnosed; and more support is needed for people living with dementia, their family and carers.

Working with over 300 people, including people living with dementia and their carers, we used all of the information from the needs analysis and the feedback from the view seeking to develop models for how dementia services in Dorset could be improved. The participants identified the ideal services and created an initial long list of options. This long list was gradually narrowed down to a short list of options and then one preferred option was agreed. For more details on how the options were developed go to pages 23-24.

This process included evaluating each option against a list of critical ‘success factors’, which asked:

• Can the option really be implemented?
• Does the option deliver services which are safe and sustainable?
• Will the option be affordable?
• Will this option deliver services which will be acceptable to people?
• Is the option based on evidence of best practice?
• Will this option result in a better experience for those who use the service?

The preferred option was chosen by the participants involved because it best met all the critical success factors. This option would also create more efficient and cost effective services, reflects national guidance and is more compliant with National Institute for Health and Care Excellence (NICE) standards.

The proposals are in line with the national NHS Long Term Plan published in January 2019 which aims to relieve pressure on services and ensure sustainability for future years. The plan sets out an increased focus on community-based teams with a range of skills, a commitment to reduce the number of avoidable hospital visits and help for more people to live independently at home for longer.

These proposals have been looked at by the three local Health Scrutiny Committees, made up of local elected councilors, who are responsible for scrutinising local NHS policy, planning, and impact against local needs and inequalities. Minutes from these meetings are available at www.dorsetccg.nhs.uk/dementia.

We have also worked with Wessex Clinical Senate, an independent group of healthcare professionals, who assess whether they believe the proposals will improve patient care and the quality of care. A report of their findings and recommendations can be found at www.dorsetccg.nhs.uk/dementia.

Although we name a preferred option based on the extensive work we have done with patients, carers and staff, no decision will be taken until after the public consultation has been completed and the public responses fully considered by NHS Dorset CCG’s Governing Body. The Governing Body has the power to amend or reject the proposals if better ideas emerge.

For more information on our preferred option go to pages 32-37.

As part of the consultation, we would like to ask you if you think the proposed option would deliver higher quality dementia care and support to Dorset residents.

After the consultation closes and all your comments have been considered alongside a range of other evidence and information, we will make a decision on the future shape of dementia services in Dorset. We will then explain the outcomes, including changes that have been made as a result of your feedback. Even then, it would take time to make any changes and we are committed to continuing to engage with and involve a wide range of people as the changes were introduced.

We look forward to hearing your feedback and thank you in advance for your contributions.

Dr Paul French
Clinical Commissioning Lead for Mental Health and Dementia
Dorset CCG
The proposed changes in brief

<table>
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<tr>
<th>You told us</th>
<th>The preferred option</th>
<th>What this means</th>
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<tbody>
<tr>
<td>Information needs to be more accessible</td>
<td>• Signpost people to a <strong>national</strong> <strong>helpline</strong> where they can get information and support.</td>
<td>• Easier access to clear support and communications.</td>
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<td></td>
<td>• Provide local information and a <strong>dementia directory</strong>.</td>
<td>• People would gain more understanding of what a dementia diagnosis might mean to them and increases awareness of the services and support on offer.</td>
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<td>• <strong>Dementia Roadshows</strong> would run across Dorset regularly, providing information on dementia and dementia services.</td>
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<td>Diagnosis takes too long</td>
<td>• <strong>Refer people directly</strong> to the <strong>Memory Assessment Service</strong> from their GP.</td>
<td>• A smoother and quicker diagnostic process.</td>
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<td>• <strong>Advanced Nurse Practitioners</strong>, supervised by consultants, would help diagnose less complex dementia cases.</td>
<td>• Staff better able to meet the demands of the service.</td>
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<td>• <strong>Consultants</strong> would diagnose more complex cases.</td>
<td>• Quicker and more accurate diagnosis for more difficult to diagnose cases.</td>
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<td>• The <strong>Neuropsychology</strong> service would assist with more complex or difficult to diagnose cases.</td>
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<thead>
<tr>
<th>You told us</th>
<th>The preferred option</th>
<th>What this means</th>
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<tbody>
<tr>
<td>Services are confusing and not joined up</td>
<td>• <strong>One main provider of the service</strong> could sub-contract the Dementia Co-ordinator service if required.</td>
<td>• Services working better together with the same IT systems with clearer joint processes.</td>
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<td></td>
<td>• <strong>Community-based dementia teams</strong> would ensure there is good communication and joined up working to offer better person-centred care.</td>
<td>• Clearer ways to access services.</td>
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<td>People living with young (early) onset dementia and their families need more support specific to their needs</td>
<td>• <strong>Young Onset Dementia Co-ordinators</strong> would specifically support people diagnosed with dementia under 65 to better meet their needs.</td>
<td>• Services tailored to meet the needs of people diagnosed with young onset dementia.</td>
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<td>Carers (unpaid) of people living with dementia need better support</td>
<td>• <strong>Carer Emotional Wellbeing workshops</strong>.</td>
<td>• More education and support for carers including emotional and psychological support.</td>
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This review is all about improving dementia services in Dorset to make sure people living with dementia, their families and carers, receive the same high quality, compassionate care from diagnosis to end of life care across Dorset. We have estimated that the preferred option would require an additional initial investment of £670,000 and this would increase each year.

We are asking for your views on our preferred option – you can find more details about this proposal on pages 32-37.

You told us | The preferred option | What this means
---|---|---
More support needs to be available to people living with dementia | • Dementia Co-ordinators would offer support, signpost to a range of community services, ensure a care plan is in place with the most appropriate health and social care services, and give patients and family carers a person to contact from the point of diagnosis to end of life. | • One point of contact through the Dementia Co-ordinators.  
• More support to help people live better with their symptoms in the community.  
• More support in the community helping people to stay in their own homes for longer and feel less isolated.  
• Opportunity to learn more about dementia and meet people from dementia services and other services.  
• More treatment for people who currently do not benefit from dementia medications.  
• More support for care homes when they need help with residents with psychological distress or behaviours that challenge others.  
• Community Mental Health Teams supporting people with higher levels of support needs.

You told us | The preferred option | What this means
---|---|---
More support for when people living with dementia are in crisis | • A local crisis helpline.  
• Intermediate Care Service for Dementia would offer urgent assessment and care for people with complex needs.  
• Two day hospitals, one in Poole and one in Weymouth.  
• Specialist inpatient beds at Alderney Hospital, Poole.  
• Exploring with family carers of patients in Alderney Hospital, Poole how we can support them if they need to travel far to visit their loved one in hospital. | • More support for people living with dementia and their families and carers when in crisis.  
• Enabling people with dementia to stay in their own homes for longer and reducing the need for admissions to a specialist dementia inpatient ward.  
• Offering specialist short-term assessment and treatment for highly complex dementia patients who at that time cannot be supported in the community.
Mary was diagnosed with dementia in 2015, at the age of 78. Mary also has type 2 diabetes. She lives at home in the west of the county with her husband John, he is her main carer. Mary is in the later stages of dementia and is becoming more frail. Mary and John are receiving some support from the Community Mental Health Team for Older People. Recently, Mary became unwell with a urinary tract infection and John was unable to manage due to Mary’s behaviour.

Mary was admitted to the local acute hospital, Dorset County Hospital. When in hospital, it became apparent that Mary also needed care for her more complex dementia needs. In hospital, Mary became distressed as being away from home was very confusing for her. The Dementia Specialist Nurse at the hospital helped manage Mary’s care by advising staff how to look after her and referred her to the Community Mental Health Team for Older People. The co-ordinator developed joint care plans and provided advice and intensive support. Mary was given the antibiotics needed to treat her infection and she and John were given the support they needed, so John was able to cope again. This prevented Mary from needing to be admitted to hospital and allowed her to recover in her own home safely in a familiar environment.

John phoned the crisis helpline. Mary and John’s assigned Dementia Co-ordinator urgently referred Mary to the local health and social care teams including the Community Mental Health Team for Older People. The co-ordinator provided advice and intensive support. Mary was given the antibiotics needed to treat her infection and she and John were given the support they needed, so John was able to cope again. This prevented Mary from needing to be admitted to hospital and allowed her to recover in her own home safely in a familiar environment.

Your views are important to us and we would like to hear from you.

This document provides you with the information you need in order to respond to the questions about our proposals for dementia services. The questions are set out in a pull-out questionnaire in the centre of this booklet. There is space for any additional comments you may wish to make. We will take account of your views before final decisions are made.

The information is set out in sections with clear headings. When you complete the questionnaire the corresponding pages in the document are listed next to each section to make it easier for you to refer back to the relevant information.

This consultation document provides you with information on:

- What services are currently like and why they need to change
- How we developed our proposals and what we are consulting on
- How to give us your views
- What the next steps will be.

Before completing our questionnaire, you may want to look at the detailed supporting information at www.dorsetccg.nhs.uk/dementia.

Additional key documents include:

- Health and Social Care Needs and Data Analysis
- Dementia Review View Seeking Report
- Strategic Outline Case
- Equality Impact Assessment.
The word dementia is used to describe a collection of symptoms including memory loss, confusion and a reduction in a person’s ability to carry out day-to-day tasks. Dementia is not something that just happens as people get older, it is caused by different illnesses. The most common types of dementia are: Alzheimer’s disease, vascular dementia, mixed dementia and dementia with Lewy bodies.

Currently there is no cure for dementia. Once a person has dementia, they will have it for the rest of their life.

Dementia mainly affects older people, and after the age of 65 the likelihood of developing dementia roughly doubles every five years. However, for some, dementia can develop earlier, presenting different issues for the person affected, their carers and their family.

Dementia affects people in different ways and often gets worse over time. Some people may develop behavioural and psychological symptoms such as depression and behaviours that are challenging to others.

NHS Dorset Clinical Commissioning Group (CCG), the organisation responsible for planning and funding NHS health services in Dorset, is leading this consultation and was responsible for the review of dementia services.

Our vision is to make sure people living with dementia, their families and carers, receive the same high quality, compassionate care from diagnosis to end of life care no matter where people live in Dorset.
How dementia services operate now in Dorset

Currently, across Dorset, when a person is concerned about their memory their GP can refer them to the Memory Support and Advisory Service provided by the Alzheimer’s Society. Memory Advisors will complete a short screening assessment and will offer advice and guidance prior to the person getting a dementia diagnosis.

If the screening or information from the GP suggests the person may have dementia, the patient is referred onto the Memory Assessment Service provided by Dorset HealthCare University NHS Foundation Trust (Dorset HealthCare). This service will carry out a further assessment and any other tests needed, and a clinical specialist will provide the formal diagnosis.

When a person’s diagnosis is not dementia or is ‘mild cognitive impairment’ they are referred back to their GP. If the person is given a dementia diagnosis, depending on the dementia type, they may be offered dementia medication. However, for people diagnosed with vascular dementia there is currently no anti-dementia medication to help treat this type of dementia.

All patients diagnosed with dementia are referred back to the Memory Assessment Service for post diagnostic support, which is usually offered by telephone or visit from a Memory Advisor.

People living with dementia then continue with their lives. They may access different community-based services often provided by the voluntary sector and local authorities, such as respite care or help with personal care such as washing and dressing. They are unlikely to be referred to any specialist mental health services until their needs significantly increase or become more complex.

When people do need to access more specialist support, services like the Community Mental Health Teams for Older People provide a range of services including assessments, treatments and home visits for older people to enable them to live safely at home. There are 13 Community Mental Health Teams for Older People, based in different locations across Dorset. These teams include staff who are specially trained in supporting people with mental health problems such as depression, anxiety disorders, schizophrenia and dementia.

If the needs of a person living with dementia increase significantly, such as becoming very distressed, aggressive or very agitated, a referral may be made to the Intermediate Care Service for Dementia. This service offers urgent assessment, care and treatment for people with significant complex needs who require regular and intensive support. This is provided for up to six weeks or until the difficulties are resolved and less intensive support may be provided by the Community Mental Health Teams for Older People.

The Intermediate Care Service for Dementia has only been commissioned in the east of Dorset since 2012, following a review of the Bournemouth and Poole services. However, with funding released from the Chalbury specialist inpatient unit based in Weymouth (which had to be temporarily closed on the grounds of safety due to a shortage of registered staff) this service has started to be developed across the west. We have been operating without these additional beds since 2016 and the Intermediate Care Service for Dementia has worked to reduce the need for specialist inpatient beds. These temporarily closed units are now used by other mental health services and the money has been reinvested in dementia services.

Hospital wards can be confusing places for people living with dementia; a strange environment with bright lights and noise can cause distress for patients. People living with dementia and their carers would often prefer to remain at home and, where possible, patients are supported in their community. For a small number of patients whose problems cannot be resolved in the community, care may need to continue on one of the specialist dementia hospital wards for a short time. These wards are based at Alderney Hospital in Poole.

There are also two day hospitals providing dementia care, one in Poole and one in Weymouth. They offer safe day care to patients and help prevent people from being admitted to hospital. The two day hospitals operate differently with different client groups.

In the east of Dorset, the Dementia In-Reach service offers advice and support, particularly around more challenging behaviours, to care homes, day centres and community hospitals. This service is currently not commissioned for the west of Dorset.
Why we need to change dementia services in Dorset

Based on the ‘Health and Social Care Needs Analysis’ report and the ‘View Seeking’ report we know that whilst our current services have supported many people in lots of positive ways, dementia services could be improved.

Needs analysis

During 2016-2017, a Health and Social Care Needs and Data analysis was completed. This identified the range of different dementia needs across Dorset.

Local challenges

Our ageing population

Nationally, dementia is a growing challenge as the population ages and people live longer. We estimate in Dorset there are 10,362 people living with dementia aged over 65 years. By 2025, this number is expected to rise to 11,319. Dementia can start before the age of 65, we call this young or early onset dementia. In Dorset, there are approximately 190 people diagnosed with young onset dementia.

Across Dorset we have one of the longest life expectancies in the country and the number of Dorset residents aged over 65 is predicted to rise by 22 per cent by 2030*. Although this is good news it brings new challenges, as more people are living with dementia. This places an increasing demand on dementia services and increases costs.

Access to services and differing outcomes

There are services that we commission in some parts of Dorset but not across the whole county. In the east of Dorset, the Intermediate Care Service for Dementia offers urgent assessment and short-term intensive support for people in crisis to prevent hospital admission. Although this service is not commissioned in the west of Dorset, funding released from the temporary closure of specialist inpatient beds has meant that this service has developed informally in this area. There are also In-Reach teams who offer advice and support to care homes, day centres and community hospitals. This service is also not commissioned in the west of Dorset.

We want to ensure everyone has access to high quality services no matter where they live in Dorset.

Dementia staffing difficulties

We have difficulties staffing dementia services because there are national and local shortages of some staff with key specialist skills and it is difficult to recruit to some posts. There is a significant shortage of registered staff, particularly in west Dorset. These factors can make it more difficult for patients to be seen quickly and by the same team. A shortage of specialist dementia staff resulted in the temporary closure for safety reasons of specialist dementia inpatient beds in Blandford in 2013 and Weymouth in 2016 and has prevented them from being reopened.

We need to organise our dementia services better to make sure we can provide high quality and safe care in the future.

Dementia diagnosis

All CCGs have a national target to meet for diagnosing dementia. Two thirds of the estimated number of people with dementia (67%) are expected to receive a diagnosis and have appropriate support. Dorset is not meeting this target and it is calculated that our diagnosis rate is around 62% across Dorset. These diagnosis rates are higher for the urban areas of Bournemouth and Poole and lower in the more rural areas of Dorset.

* Figures are taken from the Office for National Statistics (ONS)
Memory Support and Advisory Service contract end

The Memory Support and Advisory Service contract provided by the Alzheimer’s Society is due to end. This offers the opportunity to address concerns raised in the view seeking where people felt the current access to diagnostic services was confusing and fragmented, and there is insufficient ongoing support following a diagnosis.

Dementia treatments and vascular dementia

In Dorset, nearly 10% of patients with dementia are diagnosed with vascular dementia. Currently, these patients are discharged back to their GP and receive no specific treatment as there are no medicines to treat this type of dementia.

People with vascular dementia may benefit from Cognitive Stimulation Therapy: activities designed to stimulate thinking skills and promote cognition and quality of life.

Day hospitals

There are two day hospitals providing dementia care, one in Poole and one in Weymouth. They both offer different types of care. Haymoor Day Hospital in Poole offers safe day care to help prevent patients needing to be admitted to hospital and is run by the Intermediate Care Service for Dementia team. The Melcombe Day Hospital in Weymouth offers care for older people with dementia and people with other mental health issues such as depression. The Weymouth service is not currently integrated with the Intermediate Care Service for Dementia team.

Specialist dementia inpatient beds

There are currently 40 specialist dementia inpatient beds in use at Alderney Hospital, Poole. These specialist wards provide assessment and treatment for dementia patients with complex needs who cannot be supported elsewhere within the community.

Two inpatient hospital units have been temporarily closed. The Betty Highwood unit, Blandford closed in 2013 and the Chalbury unit, Weymouth closed in 2016. They were closed following concerns about safety due to the difficulty recruiting specialist staff, which is an ongoing issue particularly in the west of Dorset. When the Chalbury unit closed in 2016, the stated intention was always to review these beds and those from the Betty Highwood unit alongside the other dementia services as part of the wider Dementia Services Review.

We know that for patients with dementia the environment of an inpatient hospital can be confusing and is not the ideal place for them. Since these units have closed we have developed services to help reduce the need for patients to be admitted to an inpatient hospital. The Intermediate Care Service for Dementia works with patients and their families experiencing a crisis to try to support people to remain in their own homes. This service has been very successful and was highly valued within the view seeking. Since 2016-17, the number of admissions to the inpatient unit has reduced by 22%.

National strategy and NICE guidelines

The ‘Living Well with Dementia: National Dementia Strategy’ was published in 2009. Dementia remains a national priority with the ‘Challenge on Dementia 2020 Implementation Plan’ driving change around a range of elements including improving diagnosis and providing all NHS staff with training on dementia. Further information can be found at www.gov.uk/government/publications/challenge-on-dementia-2020-implementation-plan.

The National Institute for Health and Care Excellence (NICE) provides a range of guidelines including one covering the diagnosis and management of dementia. The 2018 update recommends involving people in decision-making, giving information and support and providing care co-ordination and planning. Further information can be found at www.nice.org.uk/guidance/ng97.

All national guidance has been considered within the review with many elements included within the proposed options.
What you have told us

In 2016, we asked people to tell us about their views and experiences of dementia services, we call this the ‘view seeking’ stage of the review. We wanted to know what people thought was good about dementia services and what could be improved.

During the view seeking we received 531 responses (2,107 comments) from:

- 15 community events
- 10 meetings with health and social care staff
- Online survey and postal survey.

In summary people told us:

• Services are fragmented and there is no continuity of staff.
• People have to wait too long to get a diagnosis.
• There needs to be more support available for people once they have received a diagnosis of dementia and more support for their family and carers.
• Appropriate support is needed for people diagnosed with young onset dementia and their families.
• The information people receive needs to be more accessible.
• Carers want more involvement in care planning.
• The practical and emotional support carers receive from groups was praised.
• People felt that support groups, charities and volunteers work well.

View seeking quotes

“There are too many stages in the assessment process towards diagnosis – this means that a diagnosis can take months….”

“…She saw a different person each time and they did not initially speak with the family. This gave a somewhat false picture of her abilities as she had a very good social facade; in consequence their assessment letter was inaccurate. Seeing someone different made it difficult for them to gauge any change.”

“Availability and more forthcoming approach to providing information about practical support and available finance/funding. Provide carers with clearer understanding of what services do and which teams are responsible for what.”

“By providing a specialist service for early onset dementia patients and not grouping us with old age dementia patients, who equally deserve their own specialists.”

“Staff that work with dementia services in my experience are very caring and want to do their best for the patients despite shortages of staff and provision.”

All of the comments provided were analysed and reviewed independently by Bournemouth University’s Market Research Group. We have listened to what you have said and have used it to help develop the options for how dementia services could be better organised in Dorset.

You can read more about our view seeking and how it has been used to shape our proposals in the documents available on our website – www.dorsetccg.nhs.uk/dementia.
The different models for dementia services have been developed with around 300 people, including people living with dementia and people caring for someone with dementia. We used all of the information from the needs analysis and the feedback from the view seeking to inform the options.

Five core elements of a dementia pathway were identified using the experience of people who use or work in dementia services in Dorset. These core elements are:

- Preventing Well
- Diagnosing Well
- Living Well
- Supporting Well
- Supporting Well in Crisis.

For each of these elements, members of the co-production group considered options for a future model of care for dementia in Dorset.
**Agreed outcomes**

The agreed outcomes are to ensure that people living with dementia agree with these statements:

- I have personal choice and control over the decisions that affect me.
- I know that services are designed around me, my needs and my carer’s needs.
- I have support that helps me live my life.
- I have the knowledge to get what I need.
- I live in an enabling and supportive environment where I feel valued and understood.
- I have a sense of belonging and of being a valued part of family, community and civic life.
- I am confident my end of life wishes will be respected. I can expect a good death.

**Co-design events**

You can find out more about the work of the co-design groups and the development of the options at www.dorsetccg.nhs.uk/dementia.

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**Shortlisted options considered**

The shortlisted options, with the preferred option highlighted:

- **Preventing Well**
  Preventing Well looked at how to ensure local people had access to dementia advice and guidance.

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<th>Shortlisted option</th>
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<th>Preferred option</th>
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<tr>
<td>An internet based directory of services</td>
<td>A local phone helpline and directory</td>
<td>A local directory of services, supported by signposting to a national helpline</td>
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The local directory of services supported by signposting to a national helpline was identified as the preferred way forward. This was because it can be delivered immediately and is more sustainable as it makes use of an established and well regarded national resource.

- **Diagnosing Well**
  Diagnosing Well focused on how to ensure people living with dementia and their carers/families have timely access to memory assessment, diagnosis, advice and support.

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<th>Shortlisted option</th>
<th>Shortlisted option</th>
<th>Preferred option</th>
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<tr>
<td>GP screening</td>
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<td>GP screening</td>
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<td>Desk-based triage by non-registered staff</td>
<td>Desk-based triage by registered staff</td>
<td>Desk-based triage by registered staff</td>
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<td>Referral to memory nurse assessment</td>
<td>Referral to memory nurse assessment</td>
<td>Referral to memory nurse assessment</td>
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<td>Diagnosis by medical specialists</td>
<td>Diagnosis by medical specialists</td>
<td>Diagnosis by medical and nurse specialists</td>
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The co-production group chose the preferred way forward on the basis that:

- It provides a better experience of care and addresses concerns raised in the view seeking about the process being too fragmented.
- It offers the most sustainable solution in terms of workforce, as there is a shortage of medical specialists.
- It is in line with best practice and provides a consistent level of quality and a more integrated approach.
Living Well focused on helping people living with dementia to live well in their community and ensure they have the right support and care to meet their needs. This also included looking at how to make sure people with a dementia diagnosis are aware of and signposted to the various community services provided by organisations and groups that help people feel less isolated and supported.

<table>
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<th>Shortlisted option</th>
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<th>Preferred option</th>
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The preferred option was chosen as it was identified as the most sustainable, affordable and did not duplicate support. It would ensure all people with a diagnosis, including those with young onset dementia, have access to a Dementia Co-ordinator throughout their dementia journey as well as ensuring carers’ emotional needs are supported. A Dementia Co-ordinator would be allocated to support each care home rather than each individual and work with the staff already supporting residents, with extra support through the Dementia In-Reach team.

Offering Cognitive Stimulation Therapy to all those diagnosed was considered carefully, but this would be far less affordable and not all people diagnosed would be suitable for this therapy. Targeting this offer at those who do not benefit from medication, such as those with vascular dementia, offered greater long term financial sustainability.

Supporting Well looked at how to meet the needs of those with a higher level of need due to their dementia and possibly other health or psychological issues. The focus was also on how to ensure care homes are supported to care for their residents with dementia.

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The preferred option was considered to be highly deliverable, affordable and aligns with wider developments associated with the Clinical Services Review.
In the medium list of options (see our website www.dorsetccg.nhs.uk/dementia) we considered a number of options for inpatient beds. These options included:

- Closing all beds and providing all treatment within care homes
- Reopening the temporarily closed wards
- Providing the specialist dementia inpatient beds within an acute hospital
- Providing the specialist dementia inpatient beds on one site.

Within the evaluation process of the different models, the option to close all beds and provide beds within care homes or in an acute hospital was not taken forward to the shortlisted options. Staff working on these wards need to have a high level of specialist dementia skills to support patients who exhibit very challenging behaviour and psychological distress. It was felt this support needed to be provided in a specialist unit.

Reopening the closed wards was ruled out because of the difficulties in recruiting and retaining specialist staff in these areas and the evidence that the demand on these specialist beds has been reduced.

Since the closure of the two wards in 2013 and 2016 services have moved forward. The Intermediate Care Service for Dementia has developed and has been very successful in supporting more people in the community, reducing the need for people to be admitted to hospital.

The closed units are now used by other mental health services and the money has been reinvested in dementia services.
Elaine received some support from the Memory Support and Advisory Service and they signposted her husband Stuart to a local carers’ support group. The Memory Assessment Service were able to offer guidance, information on carer’s assessments, medication reviews and information for Peter on how he can support his wife. They also arranged for Elaine to have a care co-ordinator as her condition worsened. She was told that there are no specialist services for young onset dementia, but the dementia services already in place will support her and her family as far as they are able. The local Community Mental Health Team for Older People accepted her on to their caseload for ongoing support and were able to signpost Stuart to a local support group for carers of people with young onset dementia.

Two years later
Elaine and Stuart have moved to the other side of the county to be nearer family when Elaine had to stop working due to her dementia. Stuart is increasingly unable to manage his own job and caring for Elaine. They visit their GP as they lost touch with the Community Mental Health Team for Older People when they moved. Stuart is frustrated by having to wait for referrals and by having to keep going over the same information in various assessments to get help.

What you told us in the options modelling
Feedback quotes from people involved in the options modelling:

“Great to collaborate so positively with such a varied group of people.”

“The best part is time talking through with people from different areas.”

“Was very useful to hear different perspective from carers/dementia patients and other professionals.”
Signposting to a national dementia helpline for general queries and information.

A dementia directory and dementia website providing information on dementia, services and support available in Dorset.

Our proposals – the preferred way forward

Dementia Co-ordinators would provide support and information on services available. They would help people navigate the health and social care systems and ensure people living with dementia and their family carers have a person to contact for advice, guidance and signposting to other community services. They will also help make sure a care plan is in place and help co-ordinate care and support from different organisations including the NHS, local authorities, the voluntary sector and Dementia Friendly Communities.

The needs of people diagnosed with young onset dementia can be very different from those of an older person. Young Onset Dementia Co-ordinators would specifically support people diagnosed with dementia who are aged under 65 years to better meet their needs.

The co-ordinators would be based in local areas aligned to GP practices and would work closely with other dementia team members and in particular with the Memory Assessment Teams. We propose introducing 32 full-time co-ordinators working across Dorset.

A revised dementia diagnostic service to provide a quicker and smoother diagnosis process by referring people directly to the Memory Assessment Service from their GP. This will support the ambition to ensure people receive a diagnosis within six weeks of their referral.

This revised Memory Assessment Service would use Advanced Nurse Practitioners supervised by consultants to assist with the diagnosis of less complex dementia cases. This would enable consultants to focus on more complex cases and supports a more sustainable workforce.

A Neuropsychology service offered by Clinical Psychology Teams within the Memory Assessment Service would support patients who are more complex to diagnose and help with developing coping strategies.

A New Diagnostic Service

Diagnosing Well

Living Well

Dementia Co-ordinators

Preventing Well
Living Well

>> continued

Cognitive Stimulation Therapy Groups

Currently, some patients who would get no benefit from taking anti-dementia medication are discharged back to their GPs and receive no treatment for their dementia – for example, people with vascular dementia. Cognitive Stimulation Therapy based groups would be offered to these patients. The therapy would support patients by providing structured group sessions with activities designed to stimulate thinking skills and engage people who have dementia. This would help improve people's memory, thinking skills and quality of life.

Dementia Roadshows

Dementia Roadshows would run regularly across Dorset providing information on dementia and dementia services, helping people gain an understanding of what a dementia diagnosis might mean to them. The roadshows would also increase awareness of the services and support offered across Dorset and offer an opportunity to meet representatives from these services including the NHS, local authorities, the voluntary sector and emergency services.

This would be offered to everyone who has received a dementia diagnosis and to their family and friends supporting them.

Emotional Wellbeing Workshops for Carers

Carers play a vital role in supporting and caring for someone with dementia. Carer Emotional Wellbeing workshops would be available for all family carers of people living with dementia. These training sessions would be held over a number of weeks. They would offer education around dementia, explore coping mechanisms and offer tips and strategies for managing stress. This would help to improve carers' quality of life and offer valuable support alongside the services offered through local authorities and the voluntary sector.

Supporting Well

Dementia In-Reach Services

The Dementia In-Reach services would be provided across all of Dorset. This service would offer dementia education to care homes and community hospitals, focusing on behaviours that challenge others.

Supporting Well in Crisis

Crisis Helpline

A Crisis Helpline would be provided through the new Connections service run by Dorset HealthCare. The Crisis Helpline would provide both support and guidance as well as organising appropriate services when needed. This will help to reduce people's anxieties and create better outcomes for patients.

Intermediate Care Service for Dementia

The Intermediate Care Service for Dementia provided across all of Dorset. This service offers intensive support and treatment for up to six weeks in the person's own home to those experiencing a crisis, to try and keep the person in their own home if possible. This service would help to prevent patients needing to be admitted to the specialist dementia inpatient beds.

Our proposals
We currently have two day hospitals, one in Poole and one in Weymouth, which operate differently. We want the Intermediate Care Service for Dementia to be available at both our existing hospital sites. Aligning the Melcombe Day Hospital in Weymouth to the same approach as Haymoor Day Hospital in Poole would ensure they provide a similar joined-up service. This service would provide people in a crisis with a safe environment to receive assessment and treatment during the day time, returning to their own homes in the evening. This would mean patients can remain in their own homes for longer.

The specialist inpatient beds would provide short-term support to dementia patients with complex needs who cannot be supported elsewhere in the community. These specialist inpatient hospital beds would be complemented by community beds (sometimes referred to as ‘step up’ and ‘step down’ beds) across Dorset. These beds would be based in care homes and community hospitals and can provide temporary support to patients discharged from the specialist inpatient hospital beds or help prevent people being admitted to the specialist inpatient beds.

The preferred option is focused on improving care and outcomes for people who have dementia. This proposal would require extra initial investment of an estimated £670,000 to develop the new services and would require recruiting significantly more dementia staff.

This model has been developed using calculations based on the actual number of people we know are living with dementia in Dorset (this is known as ‘Dementia Incidence’). As this number differs from national estimations of people who may have dementia in Dorset (known as ‘Dementia Prevalence’), NHS Dorset CCG will continue to monitor and review the impact of any changes to ensure there are adequate resources and numbers of staff to meet any subsequent rising demand.

You can read more about the modelling calculations used at www.dorsetccg.nhs.uk/dementia.

“We believe the proposed changes will bring significant benefits to the people using them and their carers. People will have more choice and support when they need it. People will be supported better to live well with dementia and have more responsive services which may prevent some crisis.”

– DR PAUL FRENCH, CLINICAL COMMISSIONING LEAD FOR MENTAL HEALTH AND DEMENTIA, DORSET CCG
The CCG believes that the proposed changes would result in the following benefits:

- People would experience a smoother diagnostic process. It would be less fragmented so patients will be seen quicker and experience less delays with the aim of receiving a diagnosis within six weeks.
- By investing more in community services we could ensure people living with dementia and their families would be better supported and may have less crisis episodes. This would help people stay in their homes for longer, reducing the need to admit people to inpatient hospitals.
- The new Dementia Co-ordinators would help people navigate the health and social care systems and ensure both people living with dementia and their family carers have a person to contact for advice, guidance and signposting to other community services.
- Family carers would be better supported, through education and emotional wellbeing workshops. This should enable them to develop their resilience and have a greater understanding of the emotional impact on them as a carer.
- Maintaining a single, specialised, dementia-friendly inpatient unit for the small number of people who could not be supported in the community would provide safe, high quality care for these patients.
- Staff would be better able to meet the demands of the service.
- More services would be provided in the community offering care closer to people’s homes and helping to prevent unnecessary hospital admissions.
- Services would be more efficient and cost effective.
- Services would have greater compliance with NICE standards.

With the challenges we face, doing nothing is not an option if we want to ensure people continue to receive good, high quality care no matter where they live in Dorset.

Before we can make any decisions we will listen carefully to your views. To help us, please answer the questions in the pull-out questionnaire in the centre of this booklet.
PATIENT STORY:
Sanjay and Karisma

Sanjay was very recently diagnosed with dementia. Sanjay, his wife Karisma and their family were upset to receive the diagnosis and didn’t know where to start to look for advice, information and support.

CURRENT
Sanjay’s family tried to find out what was available locally to them by looking on the internet, using the Dorset Dementia Directory and looking at the leaflets from the Alzheimer’s Society and the local Trust’s dementia information on their website. The Memory Advisor was able to help with information on benefits, carer’s allowance and support groups.

FUTURE
When Sanjay received his diagnosis the Memory Assessment Service referred him to the local Dementia Co-ordinator and gave him and his wife information on the Dementia Roadshows that are held regularly across Dorset. The next roadshow was close to Sanjay’s home town and his wife and family decided to go with Sanjay.

After visiting the Dementia Roadshow, Karisma spoke to Sanjay’s Dementia Co-ordinator and explained that the roadshow was helpful and they were able to talk to many services including social services, the fire service and voluntary groups. Karisma appreciated the opportunity to talk to other carers and getting information on local services to help support Sanjay and her throughout Sanjay’s dementia. The Dementia Co-ordinator also signposted them to local groups for support, activities information and reassured them that if they needed further help later on, they would be able to come directly back to them.

Giving your views

- Read more about the proposed changes
- Come and talk to us
- Complete the questionnaire – send us your feedback.

Through a public consultation running for 8 weeks from 17 June 2019 to 11 August 2019, we are asking people for their opinions on our proposals, making sure we involve patients and the public widely.

There will be events, meetings and presentations. The aim is to discuss, to listen, and to receive views from as many people as possible.

Come and see us at an event. Details of events will be on our website and publicised through the media and social media.

You can read more about the review and access detailed supporting information at www.dorsetccg.nhs.uk/dementia.

The questionnaire offers you the opportunity to express your views on some specific questions we would like answers to, as well as anything else you want to say.
Appendix 1 – Developing the options

Working with over 300 stakeholders, a number of events were held to design and narrow down the options.

Summary of the co-design events held:

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<th>Event Type</th>
<th>Participants</th>
<th>Description</th>
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<tr>
<td>Innovation Day</td>
<td>Over 100</td>
<td>A large innovation day was held, attended by health and social care staff, family carers and people living with dementia. Workshops were held to develop the ideal dementia services to better meet people’s needs.</td>
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<tr>
<td>Design and Modelling Groups</td>
<td>333 people</td>
<td>Three groups met to consider the different areas along the dementia care pathway. They also all met to design solutions for the more severe and complex stages of dementia and staff issues. They summarised the whole care pathway and suggested where funding should be prioritised.</td>
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<tr>
<td>Working Groups</td>
<td>Over 70</td>
<td>Working groups met to consider different elements of the dementia journey in detail. The groups where made up of people with a mixture of knowledge, experience and perspectives including people living with dementia and family carers.</td>
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<tr>
<td>Options Sense Check Event</td>
<td>Over 60</td>
<td>Attendees, including carers, gave their views and voted on the emerging models of service. These models were developed from all of the previous design and modelling work. All the feedback and scoring provided helped develop the final proposed option.</td>
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<tr>
<td>Final Options Event</td>
<td>60 people</td>
<td>Attended by people who work in health and social care, and family carers. The shortlisted options were evaluated and a preferred way forward was identified.</td>
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What happens next

Making a decision

We have not made any decisions yet and will remain open-minded about the proposed options until after the public consultation has finished.

Once the public consultation has closed, the responses will be analysed by independent experts at Bournemouth University who are working with NHS Dorset CCG. We will share this feedback with the public. The independent consultation feedback evaluation report will be shared with the CCG’s Governing Body. All your comments will be considered alongside a range of other evidence and information, and will be used to help the CCG’s Governing Body to make its final decision in winter 2019.

The decision-making process will be robust, rigorous and fair.

What happens after a decision has been made?

Changes would not be made altogether in one go but would be implemented using a phased approach over time. We are committed to continuing to engage with and involve a wide range of people as changes are made.

We will keep you updated and details about progress will be available at www.dorsetccg.nhs.uk/dementia.

Get in touch
Visit our website: www.dorsetccg.nhs.uk/dementia
Email us: involve@dorsetccg.nhs.uk
Call us: 01202 541946