

CABINET ITEM COVERING SHEET PROFORMA

AGENDA ITEM

REPORT TO CABINET

DATE 16th May 2013

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

Portfolio Lead Cabinet Member: Councillor Jim Beall

NORTH OF TEES DEMENTIA COLLABORATIVE

1. Summary

1.1. The purpose of this paper is to present an update to Cabinet on the progress of the North of Tees Dementia Collaborative. This is a joint programme between the following health and social care organisations in Stockton and Hartlepool:

- Stockton and Hartlepool Clinical Commissioning Group
- North Tees and Hartlepool NHS Trust
- Stockton Borough Council
- Hartlepool Borough Council
- Tees, Esk and Wear Valleys NHS Foundation Trust.

1.2. The collaborative has been established to implement *Living Well With Dementia: a national dementia strategy* (DH, 2009). This strategy has 17 key objectives, broadly-themed into three high-level outcomes:

- i. Raising awareness and understanding
- ii. Early diagnosis and support
- iii. Living well with dementia

The aims of the North of Tees Dementia Collaborative are to deliver large-scale change across organisational boundaries to improve services for people with dementia in Stockton-on-Tees and Hartlepool. It has been endorsed by the Chief Executives of the statutory organisations involved.

1.3. A number of improvement events (Rapid Improvement Workshops or RPIWs) have been agreed, with three of these having been completed since March 2013. A further four RPIWs are planned until September 2013.

1.4. A Project Lead for the Collaborative was recruited for a one year fixed term post from 1st October 2012.

1.5. The North of Tees Dementia Collaborative steering group has identified that they intend to continue as a collaborative after October 2013. Membership and Terms of Reference need to be agreed. The current Terms of Reference are included at **Appendix 1**.

The steering group need to agree how:

- they will ensure sustainability from the improvement activity already completed
- to continue to promote sharing of new processes from pilot areas across Stockton and Hartlepool
- to maintain document control for the shared documentation agreed and tested after the events
- to identify and deliver further improvement activity including whether the certified leads will continue to deliver RPIWs or one-off improvement events.

2. **Recommendations**

2.1. Cabinet is requested to note the contents of the report.

3. **Reasons for the Recommendations**

3.1. Improvement activity is underway, and good practice will be rolled-out across organisations in Stockton and Hartlepool. Further updates on this rolling out of good practice, and subsequent planned improvement activity, will be provided as the North of Tees Dementia Collaborative project progresses.

4. **Members' Interests**

Members (including co-opted Members with voting rights) should consider whether they have a personal interest in the item as defined in the Council's code of conduct (**paragraph 8**) and, if so, declare the existence and nature of that interest in accordance with paragraph 9 of the code.

Where a Member regards him/herself as having a personal interest in the item, he/she must then consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest (**paragraphs 10 and 11 of the code of conduct**).

A Member with a prejudicial interest in any matter must withdraw from the room where the meeting considering the business is being held -

- in a case where the Member is attending a meeting (including a meeting of a select committee) but only for the purpose of making representations, answering questions or giving evidence, provided the public are also allowed to attend the meeting for the same purpose whether under statutory right or otherwise, immediately after making representations, answering questions or giving evidence as the case may be;
- in any other case, whenever it becomes apparent that the business is being considered at the meeting;

and must not exercise executive functions in relation to the matter and not seek improperly to influence the decision about the matter (**paragraph 12 of the Code**).

Further to the above, it should be noted that any Member attending a meeting of Cabinet, Select Committee etc; whether or not they are a Member of the Cabinet or Select Committee concerned, must declare any personal interest which they have in the business being considered at the meeting (unless the interest arises solely from the Member's membership of, or position of control or management on any other body to which the Member was appointed or nominated by the Council, or on any other body exercising functions of a public nature, when the interest only needs to be declared if and when the Member speaks on the matter), and if their interest is prejudicial, they must also leave the meeting room, subject to and in accordance with the provisions referred to above.

AGENDA ITEM

REPORT TO CABINET

16th MAY 2013

**REPORT OF CORPORATE
MANAGEMENT TEAM**

CABINET DECISION

UPDATE ON THE NORTH OF TEES DEMENTIA COLLABORATIVE

1. SUMMARY

The purpose of this paper is to present an update to Cabinet on the progress of the North of Tees Dementia Collaborative. This collaborative has been established to deliver large-scale change across organisational boundaries to improve services for people with dementia in Stockton-on-Tees and Hartlepool, and has been endorsed by the Chief Executives of the statutory organisations involved.

2. RECOMMENDATIONS

That Cabinet consider the update on current developments within the North of Tees Dementia Collaborative and the project outcomes to date.

3. DETAIL

3.1. The North of Tees Dementia Collaborative is a joint programme between the following health and social care organisations in Stockton and Hartlepool:

- Stockton and Hartlepool Clinical Commissioning Group
- North Tees and Hartlepool NHS Trust
- Stockton Borough Council
- Hartlepool Borough Council
- Tees, Esk and Wear Valleys NHS Foundation Trust.

3.2. The Collaborative will deliver large scale change across organisational boundaries in order that commissioning and delivery of services for people who have a Dementia are of the highest quality.

3.3. A Project Lead for the Collaborative was recruited for a one year fixed term post from 1st October 2012.

3.4. The Collaborative has agreed to implement a recognised process to improve quality. A document capturing the aims and improvement strategy for the collaborative has been signed by the Chief Executives of all of the statutory organisations. Voluntary and Independent sector organisations have expressed a wish to join this collaborative formally and we are in the process of contacting all the relevant organisations in Stockton and Hartlepool to ask them to sign up to the same aims and commit to the same improvement methodology.

- 3.5. The main aim of the collaborative is to implement the National Dementia strategy: *Living Well With Dementia* (2009) across Stockton and Hartlepool. This will be achieved through the completion of a series of Rapid Process Improvement Workshops (RPIWS), each with its own agreed scope, to address specific objectives from the National Dementia Strategy. These are summarised, for the completed RPIWs, in **Appendix 2**.
- 3.6. Following each RPIW, there will be follow-ups at 30, 60 and 90 days with the project team, sponsors and process owners in order to:
- monitor progress against the targets identified in the RPIW;
 - review any outstanding tasks;
 - address any barriers to success of implementing the changes.
- 3.7. Seven staff members were identified by the participating organisations to complete certified leader training in order to develop the competence to facilitate workshops and monitor improvement.
- 3.8. A high level mapping event was held in September with all the collaborative partners to identify the high level process flows and the main issues for people with dementia and their carers in accessing services in Stockton and Hartlepool. A second mapping event was held in December with participants from Care Home and Home Care providers to identify the issues experienced by these organisations when they interface with health and social care organisations. These high level maps have been used to assist the North of Tees Dementia Collaborative steering group in determining the focus of the improvement activity for 2013.

3.9. Improvement activity plan

- 3.9.1. The project plan from October 2012 to end September 2013 incorporates seven RPIWs. The topics are agreed by the Dementia Collaborative Steering Group and the aim is to ensure that each workshop addresses process that involve more than one partner in the collaborative and to explore how to improve the pathway or service(s) and work more effectively across organisations. The sharing of good practice is considered during the planning and implementation phase for each RPIW.
- 3.9.2. In addition to the seven RPIWs, one GP practice in Stockton is willing to participate in a two or three day improvement event, with a scope to be agreed. We are hoping to include other practices in this event.

3.10. Completed RPIWs

- 3.10.1 The first topic of RPIW 1 was *The Continuing Health Care process: From completion of the checklist to the multi disciplinary meeting recommendation after completion of the Decision Support Tool (DST)*. The DST is the form completed to determine health needs and the associated NHS funding. The workshop team was made up of representatives from the five collaborative organisations; there is an identified senior practitioner or manager responsible for the implementation of the new process in each organisation.
- 3.10.2 The main outcomes of the week were:
- Agree and standardise information provided to clients, families and carers by all five organisations
 - Agree and standardise involvement of clients, families and carers in the process meeting the requirements of National Framework for CHC 2013
 - Standardised assessment process with one nursing assessment agreed by all organisations and including assessment by social worker prior to DST with full information sharing of assessments prior to the DST
 - Safe information flow using secure team email addresses across all 5 organisations
 - Streamlined way to arrange a Decision Support Tool (DST) meeting

- Standardised process for DST Meeting including scripting the beginning and end of the meeting

3.10.3. North Tees and Hartlepool Acute Trust have agreed a six month roll out plan to ensure all their wards adopt the new process which will be led by their process owner.

3.10.4. We have agreed three events within TEWV to facilitate the sharing of good practice. The first was held w/c 11th March with Westerdale North & South wards and the Intensive Community Liaison Service. Each team has an action plan to complete and will be adopting the new process over the next few weeks. The other events to share good practice will involve roll out to Hartlepool MHSOP CMHT, Tees Young Onset Dementia Team, Wingfield ward and Stockton & Hartlepool LD CMHT.

3.10.5. Due to the complexity of this process and the large number of teams involved, we have agreed to continue the monthly monitoring of progress for up to six months after the event.

3.10.6. The topic of RPIW 2 (held 4th – 8th March 2013) was 'Preventing unnecessary admissions to A&E for persons with Dementia in Care Homes'. The workshop team was made up of staff from the Pilot care home, North East Ambulance Service, North Tees and Hartlepool Foundation Trust & TEWV Intensive Community Liaison Team.

3.10.7. The main outcomes for the week were:

- Introduction of a standard transfer document pack including North East Ambulance Service documentation, and a standard document which incorporating the individual client's 'This is me' document and Hospital passport. A system to be set up to complete and hold these documents in care home records, using easily identifiable yellow folders, to assist in ensuring the paperwork follows the patient into and out of acute hospital, with updating of record by acute staff if required.
- Introduction of undertaking health observations by care home staff, with training provided by Acute Clinical Educators
- Introduction of a recognised tool for communication between the care home and health staff for any concerns about the resident's health deterioration
- Agreed procedure for promoting 'Deciding right' (a document to support advance decision making) within care homes
- Communication plan and tools shared with other parties e.g. GPs, Acute community staff and relatives

3.10.8. The new process will be tested in three pilot care homes. Once the testing is complete we will take the revised process to care home forums in Stockton and Hartlepool with a view to providers adopting these new processes.

3.10.9. The 30-day outcomes from this RPIW are:

- Reduction in 999 calls per month of 33% across the three homes
- Increase in conveyance rate after 999 call from 60% to 75% across the three homes
- 17% residents have been given information on 'Deciding Right'
- 96% of residents now have standard transfer documents in place baseline 0%
- 100% of transfers have standard documentation, baseline 0%
- 33% of returns to care home have standard documentation, baseline 0%
- Additions to standard documentation is still 0%
- 100% of residents now have agreed physical observations monitored, at the required intervals.

3.10.10. The topic of RPIW 3 (held 18th -22nd March 2013) was “The assessment and decision-making process for people with dementia admitted to a general ward, to ensure a timely discharge to an appropriate setting”. The workshop team comprised staff from SBC Social Work, North Tees and Hartlepool NHS FT ward staff and OT reablement team, and TEWV’s Acute Mental Health Liaison Team.

3.10.11. The key outcomes for the week were:

- Improving awareness of patients’ needs through the adoption and promotion of the “All About Me” document devised during RPIW 2, the introduction of patient whiteboards on the pilot ward to display key information about the patient, and a prompt for the telephone transfer call from Emergency Admissions Unit to a ward.
- Developing a clear decision-making process through the production of flowcharts to clarify where and when to refer to the Acute Liaison Team/Dementia Specialist Nurse, and Social Services for assessment, and an agreement that referral can be made before patients are medically fit.
- Improving the recording of decision-making through the agreement of one standard referral form for all specialities, separating the current episode of care notes from previous notes to ensure that notes are in a consecutive order, and keeping a referral log at the foot of each patient’s bed.
- Ensuring key dementia medication is accessible, wither though the 24 hour pharmacy or on hospital wards.
- An agreed process for confirming a diagnosis of dementia with the TEWV Acute Liaison Team.
- Enabling the TEWV Acute Liaison Team access to blood test results to avoid delays in the system.

3.10.12. The new processes will be piloted on Ward 27 at University Hospital of North Tees. Once the testing is complete, the good practice will be shared across other wards at both this hospital and University Hospital of Hartlepool.

3.10.13. The next RPIW topics will be as follows:

- May: Management of behaviours that acute staff find challenging when persons with Dementia are admitted to an acute ward
- June: Intermediate care for people with Dementia (scope to be agreed)
- July: A community service model for people with dementia (scope to be agreed)
- September: To be agreed

3.10.14. Additional Stockton specific developments:

- Following a successful stage one bid, the Council is awaiting the outcome of its commitment to proceed to stage two of the Department of Health bidding process to develop the Halcyon Centre to incorporate a “LiveWell”, hub to improve the environment of care for people with dementia. The hub resource centre will act as a one stop, single point of contact offering assessment, information, sign posting, training and consultation opportunities for people with dementia, their families, carers and the wider public. It will also provide a specialised dementia friendly day care service and a new memory clinic for adults. The associated funding is £576,546.
- An initiative called ‘Smarter Homes for the Future’ aims to support people with dementia and their carers to remain living at home, using the principles of dementia-friendly design. This approach was developed by Stirling University and involves specially trained home care staff making recommendations to people with dementia and their carers about environmental changes to the home to make day to day living easier. Examples include using block colours in soft-furnishings and wall colours to designate particular areas such as the bedroom and clear signage. Glass fronted

cupboards can also help people with dementia to make sense of their living environment. In addition, assistive technology can enhance the living environment and address identified risks to the person with dementia.

- Stockton Public Health has been successful in securing £100,000 funding in order to develop Stockton as a dementia friendly community, with the aim of ensuring better awareness in the public, a better and more supportive community environment and helping to keep people with dementia independent and healthier longer. Public Health will be working closely with people with dementia and other partners to make sure the work is linked into other projects and what people with dementia need.
- One such partner is the charity Clevearc (Cleveland Alzheimer's Residential Centre), a local specialist provider of services for people affected by Alzheimer's and other forms of dementia. Clevearc secured more than £17,000 from NHS North East, to fund a Dementia Friendly Communities Link Worker to support people with early stages of dementia.

3.11. The North of Tees Dementia Collaborative steering group has identified that they intend to continue as a collaborative after October 2013 and need to agree.

- ongoing project management arrangements and how they will ensure sustainability from the improvement activity already completed;
- how to continue to promote sharing of new processes from pilot areas across Stockton and Hartlepool;
- how to maintain document control for the shared documentation agreed and tested after the events;
- how to identify and deliver further improvement activity

4.0. FINANCIAL IMPLICATIONS

4.1. Each statutory member of the collaborative will need to contribute £10,000 to £15,000 to support the continuation of the required project management arrangements. This funding has been identified within the adult services budget for 2013-14.

5.0. LEGAL IMPLICATIONS

5.1. There are no legal implications in relation to this report.

6.0. RISK ASSESSMENT

6.1. The improvement activity linked North of Tees Dementia Collaborative is categorised as low to medium risk. Existing management systems and daily routine activities are sufficient to control and reduce risk.

7.0. SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS

7.1. The North of Tees Dementia Collaborative supports the Sustainable Community Strategy through:

- supporting and increasing the independence of vulnerable people;
- developing increased choice and voice for people who use services;
- the development of health and wellbeing provision to focus on prevention and cure-increasing the focus on personalisation of care, increased access to health and Social Care facilities, and promotion of healthy living;
- growing older with dignity – looking after and improving personal wellbeing through the provision of high quality health and social care.

8.0. EQUALITIES IMPACT ASSESSMENT

8.1. This report is not subject to an Equality Impact Assessment because approval is not being sought for a new policy, strategy, or change in delivery of a service.

Name of Contact Officer: Liz Hanley
Post Title: Adult Services Lead
Telephone No. 01642 527055
Email Address: liz.hanley@stockton.gov.uk

Education related? No

Background Papers

Appendix 1: Current Terms of Reference for the North of Tees Dementia Collaborative Steering Group



ToR Dementia
Collaborative FV 1 0 .

Appendix 2- National Dementia Strategy Objectives linked to Rapid Process Improvement Workshop activity



APPENDIX 2 Cabinet
Update.doc

Ward(s) and Ward Councillor:-

Not Ward Specific