



AGENDA

SELECT COMMITTEE - DEMENTIA

Tuesday, 5th April 2011, at 1.30 pm

Ask for: **Christine Singh/Sue Frampton**

Swale 2, Sessions House, County Hall, Maidstone

Telephone **01622 694334/694993**

Tea/Coffee will be available before the meeting

Membership

Mrs T Dean (Chairman), Mrs A D Allen, Mr D L Brazier, Mr A R Chell, Mr L Christie (co-optee), Mr J D Kirby, Mr S Manion, Mr K H Pugh Mr A Sandhu, MBE

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- 1.30 - 2.15 pm Interview with **Sandie Crouch** of Priority House and **Anna Ramsay**, Senior Practitioner, Maidstone and Malling A&E Team (1 - 2)
- 2.30 - 3.15 pm Interview with **Penny Hibberd**, Director of Dementia Services Development Centre South East and an Admiral Nurse based at Canterbury Christ Church University (3 - 6)
- 3.30 - 4.15 pm Interview with a Panel on the theme of Crisis and Emergency (Prevention and Response) (7 - 8)

Linda Caldwell, NHS Eastern and Coastal Kent

Dave Ivatt

Michael Smith, Team Leader - Vulnerable People Team, Kent Fire Service

Jamie Waldie

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

At the end of the public session, Members of the Committee should remain in the meeting room for 20 minutes for summing up

Peter Sass

Head of Democratic Services and Local Leadership
(01622) 694002

Monday, 28 March 2011

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Dementia Select Committee – Hearing 5th April 2011

Joint interview:

Sandie Crouch

Sandie was originally a care manager working in the field of Older Persons' Mental Health¹ and was tasked with developing the service. She thus became the first specialist dementia care manager and was based at Priority House, in the grounds of Maidstone Hospital along with health professionals.

This role ended and Sandie became a generic KASS enablement worker and her clients included those with dementia but also those with a physical frailty. However, very recently she has been offered a post back at Priority House as part of an integrated team.

Anna Ramsay

Anna qualified as a social worker in 1999 having worked with adults with dementia throughout her time at university. She took up a post as a care manager with KCC in September 1999 and in 2000 joined the Heathside Community Mental Health Need for Older People Team as a care manager. She worked for 9 years in this multi-disciplinary team which included Dr Smith, nurses, occupational therapists, psychologists and support workers. However, in 2009 this team, along with other OPMH teams in Kent, was withdrawn and the KASS workers returned to Assessment and Enablement teams in order to work under the Self-directed Support model. She now works as a senior practitioner in the Maidstone and Malling A&E team. She has been involved in the development of DemetiaWeb and represented KASS in the development of services such as the Dorothy Goodman Centre in Bearsted.

Panel - Themes & Questions

1. Could you please introduce yourselves and briefly outline your current roles, in relation to dementia?
2. How are social care and health services in relation to dementia being integrated and what opportunities does integration offer for improved care and support, for example during transfers of care?
3. What is your view about the training available and the level of expertise required in order for health and social care professionals to provide a good quality service to people with dementia and their carers?
4. The Mental Capacity Act 2005 (covering England and Wales) provides the statutory framework for making decisions in cases where individuals do not have the capacity to make specific decisions for themselves – how and

¹ OPMH is a term synonymous with dementia.

by whom are assessments of mental capacity carried out and what are the issues? How, for example, are borderline cases, or cases where capacity fluctuates, decided?

5. A number of people have commented to the Select Committee about the change to social care services and the absence of a named worker in the current system – can you please comment on this change and if possible on the rationale behind it. How might this aspect, in your view, impact on a person with dementia or their carer?
6. Could you please tell us the ways in which enablement can assist a person with dementia – is it always known that the person being cared for has a dementia - are the needs of carers considered at the same time?
7. What are the three most important changes that needs to happen in Kent to shift the typical experience of people with dementia and their carers in Kent from one portrayed to the select committee of a carer coping largely unassisted and a diagnosis being obtained quite late on in illness progression to one of early signposting to IAG, early diagnosis and personalised, good quality care with improved quality of life for both the carer and cared for person?

Dementia Select Committee – Hearing 5th April 2011

Penny Hibberd

Biography

Penny is the Director of Dementia Services Development Centre South East (DSDCse) and Admiral Nurse based at the Canterbury Christ Church University. Penny is a general and mental health nurse and has many years of experience as a community nurse. She specialised in dementia care nursing in 1999. Penny now has a key role in leading the development and research into improved care for people with dementia and their carers.

Since taking over as Director of DSDCse in January last year, Penny has been concentrating on developing partnerships with other dementia specialists across the region to provide a comprehensive approach to dementia care. The DSDCse has been involved in several projects over the last year including, the local evaluation of the DH Medway Advisers Project, the introduction of a series of monthly lectures to raise awareness of and improve dementia care, dementia awareness one day courses for general hospital staff, spirituality in dementia care and work force development care homes. Penny also leads on accredited Higher Education dementia care courses at Canterbury Christ Church University at Foundation Degree, Continuing Professional Development (BSc) and MSc Advanced Practice levels and oversees a virtual learning environment for dementia care for student nurses and others working towards being a registered professional.

The DSDCse is 3-way funded by Christ Church University, Dementia UK, (Uniting Carers, Admiral Nurses, Dementia UK Training) and Avante Partnership (care homes and community care in Kent and SE London). The DSDCse works closely with other Faculties in the University, The Service Evaluation and Development Centre and Knowledge Transfer.

Themes & Questions

1. Could you please introduce yourself and briefly outline your current role?
2. How does DSDC identify good practice and how is this disseminated; particularly within Kent but also more widely?
3. Several people have indicated to the select committee that improving professionals' level of knowledge about dementia is a key requirement if the experiences of people with dementia and their carers are to be improved. In your view,
 - a) which professionals need specific or specialist dementia training?
 - b) what targets are in place regarding dementia training in Kent and what progress has been made so far?

- c) regarding GP practices, what are the issues applicable to dementia training for:
 - i) GPs at the start of their career
 - ii) Experienced GPs
 - iii) Practice Nurses
 - d) is dementia training being incorporated into any courses offered by the University?
 - e) is any of the workplace-based training, to your knowledge, compulsory or linked to progression?
 - f) how is the quality of training assured - what accreditation is in place (and are there particular issues for people who may be purchasing services using a personal budget – what should they look out for?)
4. In addition to dementia awareness-raising and professional training, what could be done to ensure that more GP Practices are fully informed about the number and type of support services available in their area for people having memory problems and their carers? What is the role of the Voluntary Sector?
 5. Kent is lucky to have a number of good support services for people with dementia and their carers, already in place. How can we ensure that, in the current financial climate, these services are enabled to continue and that continuity and local experience/knowledge are not lost?
 6. How can stigma about dementia be reduced – at what age do you feel children should learn about its effects on people in order to make them more accepting and to foster a supportive culture?
 7. What practical steps can be taken to make our communities generally more accepting and supportive of people with dementia and their carers, for example when going about everyday tasks like shopping or when undertaking social activities?

future time bomb?



John Suchet, renowned newscaster, launched his campaign for more Admiral Nurses to be made available nationwide at a conference hosted at North Holmes Campus.

“My wife Bonnie was diagnosed with dementia in February 2006. It changed our lives. I was fortunate to have access to an Admiral Nurse. When I found out that there

are only around 70 Admiral Nurses in England and Wales, none in Scotland or Northern Ireland, and that I only had access to one because I happened to live in an area where the local NHS Trust provides them, I decided to do something about it. Every copy sold of my book about my ‘love story’ with Bonnie will bring a donation to Dementia UK.

It is estimated that there are currently 700,000 people with dementia in the UK. By 2021 the number is forecast to increase by 38% and by 154% by 2051. Dementia is already a serious problem and set to be an even bigger problem in the future.

Alzheimer’s disease accounts for 62% of all dementias. Whilst it is likely that both genes and environmental factors combine in some way to trigger Alzheimer’s, smoking, excessive alcohol consumption, obesity and diabetes are all independent risk factors for the development of Vascular Dementia.

The lifestyles of many young people growing up now are paving the way for suffering some form of dementia in the future. Lack of exercise, eating processed food, smoking and drinking all combine to store up trouble ahead.

Leading the research into better care for sufferers and their carers is Penny Hibberd, Director of Dementia Services Development Centre South East (DSDC), based at the University.

Since taking over as Director of DSDC in January, Penny has been concentrating on developing partnerships with other dementia specialists across the region to provide a comprehensive approach to dementia care.

The recent teaming with the Avante Partnership, which provides residential and domiciliary care, and Dementia UK, which supplies the specialist dementia training and a network of support groups for carers, brings a practical aspect of care. Dementia UK also supports the Admiral Nurses, who are specialist nurses who work with carers and families of people with dementia.

The DSDC has also created Honorary positions from colleagues at the Universities of Kent and Surrey, and together they provide an academic platform for educational programmes, research and organisational development projects.

As an Admiral Nurse herself, Penny is more than aware of the need to support carers as well as the sufferer. Her own research particularly focussed on how Admiral Nurses can empower carers by giving them knowledge, skills and understanding of their own and the sufferer’s emotional state. “Dementia touches the whole population,” Penny explains. “Everyone in time will meet someone or knows someone who has dementia. In fact there are 21,000 sufferers in Kent alone. It’s a frightening statistic.

“Recognising someone has dementia in the first place is key to giving them the right treatment. The DSDC is developing new training programmes for professionals and assistant practitioners in acute and primary care settings and in domiciliary, residential and nursing homes.

“Providing Admiral Nurses to support carers and families can help enormously. They can help them to understand dementia and how to manage the symptoms and changing abilities of the person they are caring for. For instance a trip to a restaurant can be quite traumatic if the person with dementia becomes agitated at having to wait for food to arrive. A six foot husband thumping the table because he is having to wait can be very alarming. This can be eased by warning the restaurant ahead of time that this might happen so everyone is prepared and knows how to react.

“Forewarned places can be very helpful. There was one gentleman whose wife was quite able to push the trolley around the supermarket while he put things into it. One day he left her in an aisle for a few moments to get something and when he came back she had walked out of the doors with the unpaid trolley. Security staff surrounded her and it was all very distressing. Now, however, they actually have a staff member who helps them with their shop. So it is pre-empting events to avoid awkward situations.

“We are lucky because we have some very good services in our region. Training has got better and people are really striving to improve things. We need to keep talking about the future for people and families living with dementia. In this way, as with cancer 40 years ago, things can only get better.” ●

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Dementia Select Committee – Hearing 5th April 2011

Panel on theme of crisis/emergency (prevention and response)

Linda Caldwell, NHS Eastern & Coastal Kent

Biography to follow

Dave Ivatt

Biography to follow

Michael Smith

Michael's role in the fire service is Team Leader of the service's newly formed Vulnerable People Team. He also manages the fire setters and BME engagement teams.

The Community Safety Team aims to deliver in depth home safety advice along with any identified fire safety measures to people identified as having additional needs by other agencies or as the result of operational incidents.

He has worked in the fire service for 30 years, the last 6 of those years being in the Community Safety arena.

Jamie Waldie

Biography to follow

Themes & Questions

1. Could you please introduce yourselves and briefly outline your current roles.

Questions below will be put to the panel and one or more people may wish to respond, as appropriate:

2. Are the right systems or services available in Kent to ensure that people experiencing problems, which could be undiagnosed dementia, are picked up early on in order to avoid crisis
 - a) who should be picking up the signals?
 - b) are cases proactively managed?
 - c) how are or how could professionals be better enabled to proceed in the right way?

3. Are there examples of good integrated case management in Kent? Is there a Kent-wide protocol and if not, what can be done in order to move towards one?
4. What situations most frequently result in crisis for a person and their family/carers/professionals if they are living
 - a) at home with dementia
 - b) in a care home
5. Who would typically respond to a crisis in either situation, including if an alarm was triggered by Telecare, during office hours or at night? (Is there a personal care response service?)
6. What low-level preventative services have been shown to improve the quality of life of people with dementia and their carers and who pays for such interventions?
7. If Police, Fire & Rescue or Ambulance services respond to an emergency and attend to find a vulnerable person who may be confused or unable to communicate that they have dementia:
 - a) what protocols or safeguards should be in place?
 - b) what would typically happen and what should ideally happen?
 - c) how can information about that person be quickly and safely obtained?
 - d) are personnel trained either in recognition of dementia or how to respond/interact with a person who shows signs of it?
8. Are emergency services aware of where vulnerable people are living in their communities – is there any proactive support or advice given to families?
9. If a person with dementia is reported missing, what usually happens in Kent – who responds and what safeguards are or could be put in place?
10. What are the three most important changes which needs to happen to shift the typical experience of people with dementia and their carers in Kent from one portrayed to the select committee of a carer coping largely unassisted and a diagnosis being obtained quite late on in illness progression to one of early signposting to IAG, early diagnosis and personalised, good quality care with improved quality of life for both the carer and cared for person?