

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 However, in 2009 this team, along with other OPMH teams in Kent, was withdrawn and the KASS workers returned to Assessment and Enablement teams in order to work under the Self-directed Support model.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?