

## **Dementia Select Committee – Hearing 8<sup>th</sup> April 2011**

Joint interview (2.30)

### **Biographies**

#### **Anne Tidmarsh**

Anne is KASS Director of Commissioning & Provision (County-wide QIPP Lead for Dementia)

#### **Emma Hanson**

Emma is Joint Commissioning Manager Dementia West Kent Adult Social Services & West Kent NHS. She has worked for Kent County Council since qualifying as a social worker in 1996 and has always chosen to work in older people's services. She has had various roles in the organisation and is committed to improving the quality of experience for users and carers. When newly qualified she worked as a care manager in the Maidstone area and for almost seven years was the team leader of a busy care management team supporting the Gravesham area. As well as operational roles she has also held three strategic roles as a policy officer, policy manager and now as a strategic commissioner. As a policy manager she had the county lead for Carers issues which led her to her current role as West Kent Dementia Commissioner.

Her aim is to ensure that Dementia viewed as a long term condition and to support the change necessary to deliver a new model of care which will be more proactive and community focused. She is fully committed to integration with the NHS and thinks this is the best way to provide seamless proactive services and make the best use of joint resources. Emma believes that the next few years will be very interesting as GP colleagues are supported to become commissioners and she will be working hard to keep Dementia high on their agenda and maintain the positive changes that have been made since the publication of the National Dementia Strategy.

1. Could you please introduce yourselves and briefly outline your respective roles in relation to dementia in Kent.
2. Could you tell us about QIPP, KCC's involvement in it, and how this will impact on dementia services in Kent. How do you envisage the 'dementia pathway' changing and what measures of progress have been put in place?
3. What links does KCC have with the various groups working on dementia in Kent including the Collaborative, Dementia Forums and the Dementia Strategy Group for Maidstone & Tunbridge Wells NHS Trust. Do other Trusts in Kent have similar strategy groups – how is all this work co-ordinated?
4. Since the CQC's report Independence, Wellbeing and Choice how has planning for additional support to cater for growing numbers of people with dementia progressed. What is the outlook for, and planned pathway of those people who are not lucky enough to have family carers and may or may not be self-financing?

5. How is the 'core offer' of dementia services and support being identified from the best practice within the county and elsewhere? How can we ensure that small, experienced local providers in the Voluntary Sector are retained within that framework in order to provide quality and continuity to people with dementia and their carers in Kent?
6. Could you please highlight any substantial differences between the East and West Kent Dementia Strategies and whether the people of Kent who are affected by dementia can expect a consistent approach throughout the County regardless of where they live?<sup>1</sup> What are the barriers to having a Kent-wide Dementia Strategy?
7. A proportion of the people who receive community care services are people with dementia yet these services are non-specialist, generic and may not be sensitive to the particular requirements of this group of people. For example the select committee has heard about a lack of continuity in care staff causing additional problems, over and above those that might otherwise be expected – and an apparent lack of awareness of (or ability to handle) behaviours that may be associated with dementia - what is being done to address this e.g. through contracts or training?
8. How is (non-ringfenced) money from the PCT for carers, including those for people with dementia, being spent?
9. People may encounter gaps between KASS and Health and one area of inconsistency would seem to be continuing care – what protocols or policies are in place to ensure that people know what they are entitled to?
10. A proportion of people with dementia will not want carers though they need them for taking medications etc. If in addition a person is required to pay for any care they might (reluctantly) receive – what measures are in place to safeguard them?
11. What are the three most important changes which needs to happen to shift the typical pattern of 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?

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<sup>1</sup> The Select Committee currently has access to the West but not the East Kent Strategy.