Innovation and integration in Derbyshire our journey so far

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Background

Derbyshire and Derby 4 CCGS + Tameside and Glossop (Pop approx. 1 M Hardwick Lead for MH contracts)
Joint Dementia Strategy
Joint Commissioner Group
North and South Implementation Groups
Dementia Listening Events
Dignity Campaign
Dementia support service
Dementia Action Alliance DAA
KEY Points

• Process in place to enable partnerships
• LEADERSHIP
• Listening both small scale and whole system
• One approach does not fit all
• Ingredients approach
• It is a Journey you must take Primary care with you - can not be imposed
3 stories

1. begins 15 years ago –a good idea in South Derbyshire on how a Older Persons MH team and Social Services (as they were then) could work differently -now evolved to how MH Teams and Adult Care Domiciliary care service can integrate with primary care team .(Stephen)

2. practice in Hardwick thinking they must be able to better themselves (Claire and Dr Barrett)

3. project in Derby City with 3 practices can we bring the service to primary care? (Claire)

4. Summary from primary care (Dr Barrett) things you must take away from the experience of doing it differently.
http://youtu.be/jb-dXvHWO-Q

integration vision

http://www.youtube.com/watch?feature=player_detailpage&v=jb-dXvHWO-Q#t=153
Dementia Support Service – INTEGRATION GLUE?

• Commissioned from Alzheimer’s Society (County) & Making Space (City)
• Support - for anyone with memory concerns or diagnosed with dementia – forward from wherever you are.
• Support workers in each area
• Offer information, advice and support, carers information programmes, do casework, run memory cafes
• Work with memory assessment (MAS) clinics to help with ‘what next?’ after diagnosis
• MAS arrangement works really well at new County Community Care Centres
• Value being added – singing for the brain; carers assessments
Specialist Joint Home Care Service

Chesterfield 2 Year Joint Home Care Care Pilot

- Enable people to Live Well at home with Dementia; reduce hospital admissions/ residential care etc.
- Existing South Derbyshire Service reviewed/ lessons learned
- Literature Search done; fixated on statistics; unclear messages
- Service is short term (app. 6 weeks) to stabilise where a person’s home situation unstable.
- Service Level Agreement for in house home care service integrated with the Community Mental Health team
- Pilot service researched, tracked and changed, step 1 to integration ..........
Specialist Dementia Home Care: Model to Recipe for the Shires

• Recruitment – experience and passion!
• Person Centred Dementia Training
• Dedicated Service Organiser (with back up)
• Small team in face to face contact
• Time & Task flexibility – allow initiative
• Attend to Emotional Needs
• Work with Carers
• Consistency of Staffing
• ‘This is me’ one page profiles
• Communication books
• Quick Duty Response – quick intervention then review at weekly meeting
Specialist Dementia Home Care – More Ingredients

• Don’t over ‘criteriatise’ Above all ‘Will the person benefit?’
• Dedicated lead/link Social Worker
• Flexible handover to Mainstream Services
• Assistive Technology try & buy
• Recording proof of outcomes/who benefits important from outset
Specialist Dementia Home Care Service – Outcomes & Next Steps

• 25% people continue with no formal services – dementia support role here
• 1 year tracking indicates delayed need for further community/residential services
• Carer stress, exceptionally high at the start of significantly reduces
• Hospital admissions taking place as result of multiple long term conditions spurred pursuit of integration.
• New home care team joining the Shires Medical Practice Community Service team (CST)
• CST allows right members from this primary care team to lead on assessment/service
• Specialist Home care service not a magic solution – best as part of an integrated service
Delirium: A Whole Community Challenge

The Issues

- Common population
- Frequent flyers
- Cyclical
- People die
- Carer Stress
- Dementia Labelling
- Behavioural problems

The Approach

- Awareness raising
- Training
- Identify those at risk
- Prevention
- Treat at Home
- Integrated Approach Key
- Delirium care plans
- NICE Guidance
Can Primary Care ‘Do’ Dementia?
2 Pilots

**We** can do it all!
- CPN for a year (or 2…….)
- Diagnose in PC
- Manage as LTC
- In-house specialist response
- Virtual ward input
- Care homes
- Consultant support

**You** can do it all!
- 3 practices, 1 year
- City Centre
- 0.5 RMN, 0.6 NA
- Raise awareness
- Screen
- BME
- Diagnose in PC
Issues

- Governance (walnuts and sledge hammers)
- More people with dementia than predicted
- Cost
- Monitoring & NICE
- Communication & records
- Time, Interest & Commitment
- Screening populations
Outcomes

Outcomes
• Benefits to the patient
• Efficiencies in capacity
• Improved communication
• Potentially bigger than thought
• We can’t do it all, we can’t leave you to do it all!
• Integration presents opportunities

Next steps
• Diagnosing & managing
• Memory not population
• Dementia Support PC role
• Specialist support at every level
• Low Risk = low governance
• Contractual considerations
To summarise the primary care experience.

• To be rich is to use what you have
Dementia Guide for Primary Care
Some links

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Accommodation
• http://www.derbyshire.gov.uk/social_health/adult_care_and_wellbeing/accommodation_and_housing/community_care_centres/oakland/default.asp

Derbyshire Dignity Campaign is here
• http://www.derbyshire.gov.uk/social_health/care_and_health_service_providers/dignity_respect/default.asp

Dementia Support Service is here