Dementia - A Joint Commissioning Strategy for Merton 2010-2015
London Borough of Merton, NHS Sutton and Merton and the Third sector
This Dementia Strategy has been developed in partnership with:

- Merton Mind
- Merton Seniors Forum
- Carers Support Merton
- South Thames Crossroads
- Link Merton
- Alzheimer's Society Sutton & Merton Branch
- Age Concern Merton
- South West London and St. George's NHS Trust
Foreword

Dementia should no longer be misconstrued as an inevitable consequence of the ageing process. A great deal can and should be done. This strategy sets out the vision for the development and commissioning of services and support for people with dementia and their carers in Merton over the next five years in response to the publication of the new National Dementia Strategy 2009 – Living well with dementia.

We all know someone who has been affected, be it a relative, friend or work colleague. It affects more people each year, as the numbers affected rise with an ageing population. This joint commissioning strategy demonstrates a commitment across Merton to improve the lives of people with dementia, their carer’s and their families.

The strategy represents a transitional stage for commissioning Dementia services which will take us into a more person-centred and personalised approaches to delivering care provision. This will also ensure that service delivery is in line with the national agenda and NHS policy direction to ‘shift care closer to home’ and delivering more choice and flexibility in how health needs are met. The strategy aims to;
• Ensure better knowledge about dementia and remove stigma
• Ensure early diagnosis support and treatment for people with dementia, and their families and carers.
• Develop services to meet changing needs better.

Throughout the development of this strategy we have listened to people with dementia and spoken to carers. These experiences formed the foundations of this strategy. We will commit that this level of engagement continues throughout the life of the strategy.

There is no doubt it will require a great deal of work and commitment by those responsible for commissioning and providing services in Merton. However, we have every confidence that we, in the NHS, local authorities and voluntary bodies, will rise to the challenge of delivering the changes needed.

Simon Williams
Director of Community and Housing, London Borough of Merton

Helen Cameron
Director of Merton Locality, NHS Sutton and Merton

All the quotes in this strategy come from real carers living in Merton who have or are caring for people with Dementia. Names have been changed but words have not.
Executive summary

This strategy sets out the vision for the development and commissioning of services and support for people with dementia and their carers in Merton. Services for dementia in the borough are by delivered by several organisations, from the local authority, NHS Sutton & Merton, Mental Health Trust and Voluntary Sector, who are commissioned to provide a range of services to people with dementia (PWD).

The strategy sets out our plans for developing services for people with dementia over the next five years. This strategy has been informed primarily upon a baseline review that was carried out over the summer of 2009 with a number of key stakeholders across Merton in response to the publication of the new National Dementia Strategy 2009 – Living well with dementia. (Appendix A).

This strategy represents a transitional stage for commissioning dementia services which will take us into a more person-centred and personalised approach to delivering care provision. This will also ensure that service delivery is in line with the national agenda and NHS policy directive to ‘shift care closer to home’ and delivering more choice and flexibility in how health needs are met.

Our local strategy and implementation plan focuses upon:

- the outcomes for service users and carers,
- the key aims and objectives, and the principles which underpin these,
- the progress we have made so far, and
- what still needs to be done.

The strategy also takes into consideration the national guidance published regarding commissioning dementia services. This guidance includes a number of key overarching principles. The Merton joint commissioning strategy for dementia will adopt these key principles and strive to integrate into all commissioning activity.

Keep the person with dementia and their carers at the centre of all commissioning activity

- Keep people with dementia and their carers at the centre of all developments through consistent engagement with them about the support and services they require.
- Empower people with dementia and their carers through the commissioning process, and put systems and services in place to ensure they retain control and choice over their lives and the focus is on the individual’s abilities.
Work across the commissioning community

- Commissioners leading on dementia should work in partnership with commissioning colleagues, notably commissioners of acute general healthcare, mental healthcare, NHS primary and community services, practice-based commissioning, learning disabilities services, end of life care, public health and health promotion services, social care and housing services.
- Working collaboratively should result in services that are connected and provide a joined-up pathway for people with dementia and their carers.

Build quality and dignity into every service

- The vision of the Strategy is that people are helped to live well with dementia, which means they must have a full range of services and support available that is delivered to high-quality standards. Therefore, commissioners should build quality and dignity into every contracted service.
- The NHS Operating Framework 2009/10 repeatedly states that every local NHS should have ‘quality as its organising principle’.

“We went to see my Mum one day and found her sitting in front of the television, it wasn’t on. We decided that afternoon that she would need to come and live with us. Becoming a carer for someone with dementia isn’t easy, it’s not always a natural thing to do and you don’t know what to do or where to go when it happens.”

Margaret
Equality

Commissioners should particularly consider certain groups of people with dementia to ensure their specific needs are met. These groups include:

- people of working age with dementia
- people with learning disabilities
- people with alcohol-related problems
- people on low incomes and in poverty
- minority ethnic groups
- lesbian, gay and transsexual people
- disabled people
- people who live alone
- asylum seekers
- people with basic skills needs (e.g. literacy and numeracy)
- travellers
- prisoners

Ensure people’s legal rights are maintained

Commissioners should ensure all relevant legislation is adhered to when commissioning services for people with dementia, in particular:

- the Single Equalities Act 2008 – this can be used as a lever to ensure that older people are not marginalised from accessing services
- the Mental Health Act 2007 – this can be used as a safeguard to protect the interests of people with dementia
- the Mental Capacity Act 2005 – this can be used as a safeguard to protect the interests of people with dementia
- the Human Rights Act 1998 – this can be used to uphold a person with dementia’s right to have their private and family life and personal beliefs respected.

"I was told to send my Mum to a day centre so I could have rest. Mum has never been a social person and I knew that she didn’t enjoy going, so she stopped. I didn’t have any alternative care offered to me."

Margaret
Commission services that maintain and enhance an individual’s abilities

- All services for people with dementia should aim to promote and maintain independent functioning.

Including all groups of people affected by dementia

Commissioners are responsible for ensuring that services are provided to all individuals affected by dementia in the local population. Section 2a of the NHS Constitution states that patients:

“…have the right to expect your local NHS to assess the health requirements of the local community and to commission and put in place the services to meet those needs as considered necessary.” NHS Constitution 2009, Department of Health
Dementia - An Overview

Dementia is characterised by confusion, memory loss and disorientation, and can be caused by, for example:

- Alzheimer’s disease
- Cerebral Vascular Disease including strokes
- Lewy Body Dementia
- Fronto temporal dementia
- Parkinson’s disease
- Huntington’s disease
- Creutzfeldt Jacob disease
- HIV AIDS related dementia

Alzheimer’s disease is the most common form of dementia and is generally diagnosed in people over 70 years of age, although a less prevalent young onset Alzheimer’s condition can occur much earlier.

People may become forgetful in older age, disorientated and confused due to a quickly reversible condition [such as infection] that is totally unrelated to dementia.

Depression can resemble dementia while physical conditions such as infections can also cause confusion and other psychological symptoms in older people.

Dementia presents a huge challenge to society both now and increasingly in the future and it is estimated that there are currently 700,000 people in the UK who are living with dementia, of whom approximately 570,000 live in England. Dementia costs the UK economy some £17 billion per year with projected costs set to treble over the next 30 years.

Dementia as a condition has a profound and wide ranging impact not just upon the affected individual but also the spouses, partners, family members and carers of them and this should be considered when designing both inpatient and community services for dementia patients.
Sound bites from a carer

I was given my husband's diagnosis, the doctor wrote it down on a piece of paper, I had never heard of it, I left the hospital with it in my hand. I found out it was one of the rarer dementias.

My GP was excellent he referred us to two consultants so we received the diagnosis quickly.

The Alzheimer’s society have been excellent they gave me really helpful information about the disease and about benefits.

I get respite from Crossroads, it means I can go out and have a proper rest, away from everything for a few hours. I don’t have to worry as I know he is being looked after.

I get respite from Crossroads, it means I can go out and have a proper rest, away from everything for a few hours. I don’t have to worry as I know he is being looked after.

We still try to go out and do things like before. Its important to try and keep “normal”. I feel I’m on 24 hour duty, I have to be.
Sound bites from a carer

When I do get time off I don’t want only to talk about it, I want to talk to friends and do different things. When you only have a few hours off the last thing you want to do is talk about it. When I have time off I want to get away.

When I need more help than Crossroads can give me, I have to pay for it, the carers are great but it’s at least £50 for an afternoon before you have even stepped out of the door.

There are continued losses along the way yet there is a determination in me to keep going and keep my husband part of our community.

The diagnosis is important but it’s not the end, it’s the beginning, then you have to get on with it.

I don’t worry about what people think, most people have been kind and supportive.
National policy context and drivers for change

The national policy context and drivers for change in terms of the commissioning of services for Dementia are:

- High Quality Care for All – Lord Darzi’s Review 2008
- World Class Commissioning in the NHS 2008
- Our Health, Our Care, Our Say 2006
- The National Service Framework for Older People 2001
- New Ambition for Old Age – next steps in implementing the National Service Framework 2006
- Opportunity Age 2005
- Everybody’s Business 2005
- National Institute of Clinical Excellence (NICE) Clinical Guidelines – Dementia 2006
- Transforming the Quality of Dementia Care 2008
- New Horizons 2009

The National Dementia Strategy – ‘Living Well with Dementia 2009’ provides a five year plan toward the development of dementia care services that are fit for the 21st century.

The National Dementia Strategy has three key steps:

- Ensure better knowledge about dementia and remove stigma
- Ensure early diagnosis support and treatment for people with dementia, and their families and carers.
- Develop services to meet changing needs better.

The key objectives and outcomes of the National Dementia Strategy are to have a system where people with dementia:

- Know where to go for help
- Know what services they can expect
- Seek help early for problems with memory
- Are encouraged to seek help early
- Get high quality and equitable care wherever they live
- Are involved in decisions about their care

"We saw lots of people and they ran lots of tests but no one told me what they had found or what was going to happen to Mum. I just wanted to know what was going to happen next and why certain things were happening now."

Margaret
The strategy also lists seventeen key objectives that are covered in more detail in section 8 and then picked up as actions in the local implementation plan that accompanies this chapter.

Having in place a joint commissioning strategy for dementia is a mandatory requirement of the national strategy [see Local Implementation Plan Objective No. 14].

Links to other Local Strategies

The Merton Dementia strategy links directly with:
- The Merton Partnership Local Area Agreement
- Merton’s Community Plan
- Merton Carers Strategy
- Merton’s Alcohol Strategy
- Merton’s Service Transformation
- Sutton’s Older People and Mental Health Joint Commissioning Strategy 2009-14

Health Care for London

Healthcare for London is a 10-year programme to transform healthcare and standards of health in the capital. It is run on behalf of – and funded by – the 31 primary care trusts (PCTs) in London. Its aim is to introduce the most ambitious programme of healthcare improvements in London for 50 years.

Everything it is doing is being taken forward in partnership with PCTs and NHS London. Engagement with patients and health professionals is a vital part of its work. Healthcare professionals are also playing a leading role in the projects that make up the programme of work.

"I found out a friend has also been through a similar experience. She had been given access to some support and education session run locally, she said it had helped her immensely when she was first faced with being a carer for her Mum. Her knowledge, experience, support and advice was invaluable, she had been through it too especially on the “bad” days."

Margaret
The need for change

The need to improve London’s healthcare system was highlighted in Lord Darzi’s landmark 2007 report *A Framework for Action*.

Lord Darzi recognised a number of areas where the capital was lagging behind the rest of the country, and Europe. In the report he set a 10-year vision to transform health and healthcare in London, and make our care among the best in the world. Healthcare for London was established in 2007 to turn this vision into reality.

**Dementia is one of the work streams within Healthcare for London identified to:**
- Produce a case for change based on a review of current evidence, a needs analysis and mapping of current service delivery.
- Develop care pathways for people with dementia and outline preventative measures.
- Model the financial implications.
- Review the workforce to identify gaps and needs.
- Produce commissioning specifications for dementia services.
- Provide interactive workshops with commissioners to support cluster-based commissioning and implementation of the commissioning specification.

This strategy will work in synergy with any developments to ensure equitable services are delivered at the highest standard in Merton.

**Better Health Care Closer to Home (BHCH)**

This programme proposes a reconfiguration of health services to ensure they are provided as far as possible in primary and community care settings. This includes the development of local health centres (called Local Care Centres) at The Wilson, Wallington, The Nelson and St Helier. These Local Care Centres will deliver some redesigned services, some of which are currently within hospitals. From previous public meetings, there was awareness that communities are aware of BHCH, but want to see concrete progress as local communities are suffering from consultation fatigue. Nonetheless a public education programme is needed to help people understand how the new model will work, and NHS Sutton & Merton is keen that given the opportunity to establish new Local Care Centres, they gather and incorporate patient recommendations as far as possible.

In 2009 a project was undertaken by Groundwork to facilitate the public involvement element of NHS Sutton & Merton’s Communication and Engagement Plan for the organisation’s planning cycle. The consultation aims to involve patients who have experience of various health conditions which are priority areas for NHS Sutton & Merton to improve. This included a specific stream of work on dementia.
This report summarised the findings of the consultation process, based around the priority themes identified by NHS Sutton & Merton which formed the framework for consultation, both on the needs related to these conditions and to identify any recommendations which they may be able to implement through Local Care Centres. Although these recommendations were from residents of both Sutton and Merton, the value of this piece of work remains current, therefore these recommendations have also been captured in the gap analysis and form part of the intelligence that supports this Joint Commissioning strategy.

**Economic challenge**

It is also worth noting this strategy will be implemented during an economic recession which will provide a climate which will mean resources will be stretched and investments will need to demonstrate more than ever that key outcomes are being delivered in an effective and efficient manner.

**The National Dementia Strategy**

The National Dementia Strategy [NDS] wants people to ‘live well with dementia,’ and argues for the individuality of residents in care homes and people with dementia more generally, to be valued and respected.

**Delivering person centred care for people with dementia requires a clear understanding and appreciation that:**

- **People are unique** - people are a rich tapestry of needs and wants, strengths and weaknesses, likes and dislikes, feelings and habits, doubts and insecurities.
- **People with whom we share more in common than what separates us** - a need to be pain free, emotionally secure and meaningfully occupied. To be in receipt of human contact affection and respect, to feel a sense of belonging.
- **People enduring a world of not knowing that resonates with threat and misery** - person centred working assists a person’s adjustment by having empathy for their experience. The loss of insight means that a person with dementia does not know their plight.

The Merton Dementia Strategy and Local Implementation Plan outlines our commitment to ensure that the quality of care for people with dementia is personalised, improved and upgraded.

It should not be forgotten that these principles can be applied equally to older people with functional mental illness, although their needs are different.
Learning difficulties

The Joint Strategic Needs Assessment undertaken locally across health and social care in 2008 has a strong focus on people with learning difficulties as a key theme and evidences co-morbid links with other physical and mental health conditions. In the case of the latter, more notably and in the case of this document, dementia.

It also suggests that although only relatively recently recognised, the prevalence of mental health problems in people with learning disabilities is higher than in the general population [48% of adults under 65].

Alcohol related dementia

It is estimated that up to 10 percent of dementias are related to alcohol. Services to support people with alcohol-related dementia frequently fall between standard dementia services and alcohol services. Traditional dementia services are unlikely to meet the needs of an individual with problems with alcohol misuse, particularly if the individual is still in an acute phase of drinking.

The National Alcohol Strategy does not make reference to alcohol-related brain damage or dementia.

Alcohol-related dementia remains an area for further development for research as well as service development. At this stage, commissioners are encouraged to work with their colleagues working on alcohol misuse commissioning to assess local needs and develop appropriate services to meet those needs.

Younger people with dementia

The needs of younger people with dementia may be different because they may be in work at the time of diagnosis, have dependent children or family, be more physically fit and active and have heavy financial commitments, such as a mortgage.

Future service models will need to be user-led and will vary depending on the population distribution and other local circumstances. A dedicated service may be required or it may be possible to meet local needs through the innovative use of existing resources. Services will need to be flexible and span organisational boundaries through partnership working.
Young onset dementia is more likely to be caused by genetic factors and access to genetic counselling will need to be considered. (Living well with dementia: the National Dementia Strategy – Joint commissioning framework for dementia June 2009)

**NHS Sutton & Merton Strategic Plan**

As part of its strategic planning and commissioning intentions prioritisation process for 2009/12, the NHS Sutton & Merton has identified the following as key areas for investment and development of dementia services locally:

- Hospital Liaison Worker for older people with mental health issues – subject to funding
- Memory Assessment Service - subject to funding
- Intermediate care for older people with dementia – subject to funding

**Gap analysis and priorities for investment in services for people with dementia locally**

Regarding services for people with dementia locally, the base line review and the BHCH report identified the following as priorities areas for development and investment locally:

- Provide comprehensive specialised accessible information and support for carers for all people with dementia.
- Increase the flexibility and responsiveness of respite care for people with dementia.
- Offer easily accessible and clearly sign posted memory assessment counselling and information and advice services.
- Take account of the expansion of payments to carers, personal and self directed support.
- Co-ordinate and increase the capacity and skills of district, hospital and CMHT teams that assess and support older people with dementia.
- Develop a range of low level community based services that provide opportunities for social interactions.
- Develop services for people from Black and Minority Ethnic groups.
- Develop an integrated intermediate care service to provide short term intervention, promote independence and maximise functional skills.
- Develop services for younger people with dementia.
- Improve data sources that inform planning for people with dementia and improve data recording.
- Develop a joint work force development and training strategy.
Local Implementation of the Dementia Commissioning Strategy 2010-15

The local implementation for improving dementia services will be built around the 17 outcome objectives of the National Dementia Strategy:

- Raise awareness of dementia and encourage people to seek help.
- Good quality early diagnosis support and treatment for people with dementia and their carers, explained in a sensitive way.
- Good quality information for people with dementia and their carers.
- Easy access to care, support and advice after diagnosis.
- Develop structured peer support and learning networks.
- Improve community personal support services for people living at home.
- Implement the New Deal for carers.
- Improve the quality of care for people with dementia in general hospitals.
- Improve intermediate care for people with dementia.
- Consider how housing support, housing related services, technology and telecare can help support people with dementia and their carers.
- Improve the quality of care for people with dementia in care homes.
- Improve end of life care for people with dementia.
- An informed and effective work force for people with dementia.
- A joint commissioning strategy for dementia.
- Improve assessment and regulation of health and care services and of how systems are working.
- Provide a clear picture of research about the causes and possible future treatments of dementia.
- Effective regional and national support for local services to help develop and implement the national strategy locally.

A Picture of Merton

The most recent relevant source of UK data is Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at Kings College London, for the Alzheimer’s Society, 2007.
Dementia in the UK

An estimated 700,000 people in the UK have dementia of which the majority are over 65 and have late onset dementia. This population is expected to significantly increase over the next half-century, by 38% to 2021 and 154% by 2051. In the UK an estimated 17,000 people under 65 have dementia.

Old age is the largest risk factor for dementia and prevalence doubles every decade after 65. Some 68% of all people with dementia are over 80 and most will have other conditions and illnesses that result in physical impairment. Women with dementia outnumber men by 2:1.

Alzheimer's disease accounts for 62% of all dementia with vascular dementia and mixed dementia accounting for 27%. Dementia is a leading cause of disability and death in people aged 65 and over. A progressive disease, it is terminal usually some 5-8 years after diagnosis.

In the UK people from Black and Minority Ethnic groups make up just 1.7% of the total population affected by dementia. This group is expected to increase by 15% over the next decade. The younger age profile is reflected in the larger proportion of people from BME groups with early onset dementia at 6.1% compared to an average of 2.2% for the UK.

It is estimated that 63.5% of people with dementia live in the community, two thirds of whom are supported by carers and one third live alone. Approximately 36.5% live in care homes.

Overview of Dementia in Merton

Headline Messages:

- 700,000 people in the UK are estimated to have dementia, the majority of which are over 65 years. This is estimated to increase by 38% by 2021.
- 1,531 people aged 65 and over in Merton are estimated to have dementia, this is estimated to increase by 10% by 2021 (a rise of 153 persons).
- The numbers of younger people with dementia is much smaller. 40 people aged 30-64 in Merton are estimated to have dementia. This is estimated to increase to 51 persons by 2021.
- More women have dementia than men. 1,011 women aged 65 and over are estimated to have dementia in Merton, compared to 520 men (7.33% compared to 5.2%).
- Age is a major risk factor for dementia. Merton's relatively young age profile means that projected rises in dementia are not as steep as in borough's where the age profile is more in line with the UK average, such as Sutton.
Dementia in Merton

Age is a major risk factor for dementia and the population profile of an area has an impact on the numbers of people with dementia. Merton has a relatively young population, for example, projections suggest that in 2009 the population of working age (20-64 years) accounted for 66.1%, compared to 64.7% in London and 61.6% in Sutton.

The population aged 65 and over in Merton accounted for 11.5% of the population in 2009 (23,500 people), which is projected to rise to 26,200 by 2019, this is an increase of 2,700 older people. The population aged 85 and over accounted for 1.9% in Merton compared to 1.6% in London. The number 85 years and over are projected to increase by 18% by 2018 (rising from 3,800 to 4,500 by 2018).

Older people are predominantly living in the Village, Wimbledon and Cricket Green wards in Merton. Given that age is a major risk factor for dementia, these wards are likely to have the largest populations of people with dementia. However our more deprived older people are living in the East of the borough in St Helier, Figge’s Marsh and Colliers Wood wards.

There are differences between generations in the ethnic make up of communities, where minority communities generally have a much younger profile, and this will be reflected in lower levels of dementia, consistent with the national picture. In Merton 80.5% of people aged 60 and over are from the White ethnic group, and this is projected to decrease to 74.5% by 2017. Indian, Black Caribbean and ‘Other Asian’ groups account for 12% of people aged 60 and over, and this is projected to rise to 15% by 2017.

Based on 2007 figures it is estimated that:
• 1,531 people aged 65 and over have dementia in Merton (just under 6.5% of the population). This figure is estimated to rise by 10% to 1,684 by 2021, a rise of 153 persons.
• The numbers of younger people with dementia are much smaller. Based on 2007 figures it is estimated that 40 people aged 30-64 years have dementia in Merton (0.81% of the population). This figure is estimated to rise to 51 by 2021.
• Women are more likely to have dementia than men. Based on 2007 figures, 1,011 women aged 65 and over have dementia, compared to 520 men (7.33%, compared with 5.2%). In the 30-64 age group, women also had a higher prevalence, of 1% compared to 0.5% for males.
• Based on a more detailed analysis of the 65 and over population it is estimated that the number of people aged 85 and over with dementia will rise from 872 in 2008 to 1,061 by 2020, a rise of 189 persons.
Table 1. Projections of People with Dementia aged 65 and over in Merton
Source: POPPI

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<td>Males aged 80-84 predicted to have dementia</td>
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<tr>
<td>Males aged 85 and over predicted to have dementia</td>
<td>217</td>
<td>256</td>
<td>296</td>
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<td><strong>Total males aged 65 and over predicted to have dementia</strong></td>
<td><strong>588</strong></td>
<td><strong>630</strong></td>
<td><strong>694</strong></td>
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<tr>
<td>Females aged 80-84 predicted to have dementia</td>
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<td>293</td>
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<tr>
<td>Females aged 85 and over predicted to have dementia</td>
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<td>655</td>
<td>680</td>
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<td><strong>Total females aged 65 and over predicted to have dementia</strong></td>
<td><strong>1,223</strong></td>
<td><strong>1,210</strong></td>
<td><strong>1,208</strong></td>
<td><strong>1,254</strong></td>
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<td><strong>Total population aged 65 and over predicted to have dementia</strong></td>
<td><strong>1,811</strong></td>
<td><strong>1,840</strong></td>
<td><strong>1,903</strong></td>
<td><strong>2,029</strong></td>
<td><strong>2,201</strong></td>
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Figures may not sum due to rounding. Crown copyright 2007

Merton compared with other London Borough

Figures 1 shows the percentage of the female population in Merton with Dementia, compared to other boroughs in London. Merton ranks 13th out of 32 London boroughs, where 1 is the highest prevalence, this compares with Sutton which is ranked 3rd. Figure 2 shows the percentage of the male population, where Merton ranks 17th out of 32 boroughs. This reflects the younger population profile of the borough.
Sources

- The Dementia UK Report (2007), for the Alzheimer's Society
- POPPI (Projecting Older People Population Information System)
- LB Sutton Older People with Dementia Service Redesign, London Centre for Dementia, 2008

"The carers that came in to help with Mum were nice but not very knowledgeable; sometimes they are the only people you see."

Margaret
"Mums friends did visit but over time most of them stopped coming and even when friends did come they spoke to me not Mum. They didn’t know what to do or say because they didn’t understand what was happening to Mum."

Margaret
Governance arrangements

The local implementation plan will be refreshed annually from 2010-15.

The Merton Dementia Joint Commissioning Strategy and local implementation plan were produced as consultation drafts will be subjected to a mandatory twelve week period of public consultation and scrutiny beginning in March 2010.

Membership from both the older people well being network and the MH Partnership Board have formed a delivery arm/group of this project, which will fed into the Healthier Citizens Thematic partnership -Service delivery sub group. This Thematic will then report upwards through established Local Strategic Partnership mechanisms.

The group has identified a number of priority areas including:

• Early Diagnosis/GPs
• Access to range of information at the earliest point in care pathway (Feedback from the engagement work over the summer of 2009)
• Care home provision
• Younger People
• Workforce

The membership of this group can be found in Appendix B.

The Doctor said “I’m sorry your husband has Dementia, its progressive and there is no cure”. I was in turmoil and as lost and confused as my poor husband. Someone said phone Merton Mind they may help you.

A carer, Margaret came to see me she did not give me advice or information earlier but something much better. Margaret sat with me and listened quietly while I poured out my feelings of despair, misery and anger too. She let me cry and let out my emotions and she told me gently I would cope.

Margaret came several times and let me talk to her about my jumbled feelings and gradually just by her doing that I found the way to go forward and cope just as she had told me I would.

A carer
Dementia - A Joint Commissioning Strategy For Merton 2010-15

Local implementation plan

An action plan will be developed and monitored through the Governance arrangements set out on page 23.

Where possible Merton will look to work across NHS Sutton and Merton in partnership with the LB Sutton to ensure effective working and efficient use of resources.

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| 1.  | Raise awareness of dementia and encourage people to seek help                      | • Ensure that existing publicity and promotion materials on dementia and where to get help and support locally are reviewed. Ensure that information is easily available on the London Borough of Merton and Sutton and Merton PCT websites.  
  • Ensure that information on dementia is provided in different formats and translations according to local population needs.  
  • **Develop a communication plan for dementia in 2010/11 that will include:**  
      – A local national dementia strategy launch open event for the public and professionals locally. |
| 2.  | Good quality early diagnosis support and treatment for people with dementia and their carers, explained in a sensitive way | • Review the existing dementia care pathway arrangements to ensure that easily accessible and good quality early diagnosis services are available for all.  
  • Develop good local outputs to monitor the impact of service delivery in relation to early diagnosis and support.  
  • Ensure that funding for a memory assessment clinic is prioritised Research models of good practice that might feed into and inform better delivery locally [Croydon model]. |
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| 3.  | Good quality information for people with dementia and their carers               | • Have in place a checklist of good practice for services providing comprehensive information to the public including:  
  - Carers Telephone Helpline.  
  - Info packs in different formats (incl. DVD, different languages to address needs of BME groups).  
  - Carer support workers in GP practices.  
  - Benefits Advice fast-track.  
  - Carer support through Programmes of learning.  
  - Advice on power of attorney when acting on behalf of someone.  
  • In conjunction with this, develop a service user’s information pack to be given out post diagnosis. |
| 4   | Easy access to care, support and advice after diagnosis                          | • Review local dementia services easy access pathways and information care, support and advice giving services.                                                                                              |
| 5.  | Develop structured peer support and learning networks                            | • Review the current level of service from the Older People’s Community Mental Health Team and ascertain the level of support provided to carers of people with dementia and how this support is being provided.  
  • Agree improvements as necessary, i.e. café service, ‘self seeding’ support groups.                                      |
| 6.  | Improve community personal support services for people living at home            | • Ensure that:  
  - Caring for people at home is a primary option.  
  - Ensuring the delivery of a range of flexible personalised services that enable people with dementia to live at home longer  
  - High quality support and flexible respite for carers  
  - People with more complex needs are provided with additional specialist services at home  
  • Review existing home care service provided for PWD and will identify and address gaps in service provision.               |
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| 7.  | Implement the New Deal for carers | • Ensure that respite care assessments are standardised and that a fair and equitable system is in place that is determined by people’s needs and means.  
• Meet with community agencies to determine the best mechanisms for consulting with and advertising the New Deal package to people who do not readily access mainstream service provision e.g. BME groups, people with early onset dementia etc.  
• Develop plans for flexible “sitting” and “overnight” respite services for carers of people with dementia. |
| 8.  | Improve the quality of care for people with dementia in general hospitals | • **Review and redesign of hospital care for people with dementia locally the joint commissioning manager will ensure that:**  
  - Resources permitting, the hospital liaison service will grow into a fully functioning multidisciplinary team.  
  - The hospital liaison service will act as a specialist resource and source of expert advice to hospital personnel [St Helier and St Georges].  
  - The hospital liaison worker/s will provide specialist assessment and advise on the treatment and management of dementia patients in hospital.  
  - The hospital liaison team will provide specialist training to staff regarding dementia care in hospital.  
  - The hospital/liaison worker will ensure that post discharge arrangements are in place for home/community treatment.  
• As part of this process, develop a clear care pathway for the management of people with dementia on their wards, identifying a senior clinician to lead its development and delivery.  
• Develop an integrated care pathway between the Older Peoples Community Mental Health Team (OCMHT) and LBM Care Management Teams. |
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| 9.  | Improve intermediate care for people with dementia | • As part of the Intermediate Care Service review we will:  
- Routinely monitor access to intermediate care for people with dementia.  
- Identify resource requirements to improve access for people with dementia.  
- Redesign the existing service specification for intermediate care to better meet these resource needs and promote more flexible access.  
- Establish a working party to consider and develop a business case to provide domiciliary and intermediate care services for PWD to deepen and support existing domiciliary care services, and develop a partnership agreement between domiciliary care service providers to facilitate this. |
| 10. | Consider how housing support, housing related services, technology and telecare can help support people with dementia and their carers | • Liaise with housing services and influence the development of new supported housing schemes locally that might be suitable for people with dementia.  
• Develop existing support services to remain at home e.g. handy person, gardening, housework, visiting hairdressers that specifically support the needs of people with dementia and their carers. |
| 11. | Improve the quality of care for people with dementia in care homes | • Review criteria for “Approved List” to ensure it includes quality standards requirements around dementia care.  
• Monitor and encourage uptake of available training by care home providers.  
• Review involvement of GP’s as stakeholders to improving quality of care homes.  
• Promote good practice through the Care Home Provider Forum.  
• Develop a mechanism for promoting and monitoring good practice in those care homes who do not attend the Care Home Provider Forum.  
• Encourage use of Dementia Care Mapping or similar techniques to improve quality of life in care homes.  
• Utilise commissioned services to support developments and improvements in services for people with dementia in care homes.  
• Reduce the use of anti-psychotics for people with dementia who exhibit challenging behaviour across all care homes.  
• Prescribing regimes will be reviewed regularly by an appropriate clinical team. |
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| 12. | Improve end of life care for people with dementia                                | • **Develop a specific carers information pack, including:**  
  - What to expect with advanced dementia conditions.  
  - The range of assistive treatments and services available to people with dementia who are in the final stages of life.  
  - Where and how carers can get help and support after the person has died – i.e. putting affairs in order, probate, bereavement counselling etc.  
  • Ensure that all NHS Sutton and Merton commissioned care homes are encouraged and supported to register for the ‘Gold Standards Framework and Accreditation Programme’ to achieve this standard and ensure high quality end of life care for people with dementia.  
  • Ensure that NHS Sutton and Merton End of Life Care Strategy appropriately reflects the needs of people with dementia. |
| 13. | An informed and effective work force for people with dementia                    | • **Develop a Joint Workforce Development and Training Programme to deliver:**  
  - Primary dementia awareness and signposting training aimed at staff who work in easy access ‘front door’ services.  
  - Intermediate training for all staff and professionals working with people with dementia in their own homes or in care homes.  
  - More advanced training for all staff and professionals working in registered nursing homes and hospitals, Hospital Liaison Services and OPCMHTs.  
  • Ensure PCT provider services have sufficient training about dementia. |
<p>| 14. | A joint commissioning strategy for dementia                                       | • To have written the local strategy and implementation plan and for it to be consulted on publicly and signed off at Executive Board |
| 15. | Improve assessment and regulation of health and care services and of how systems are working | • Work with the Care Quality Commission that local care homes are compliant with all health and social care regulation and are fit for purpose in delivering high quality personalised services to people with dementia. |</p>
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| 16. | Provide a clear picture of research about the causes and possible future treatments of dementia | • Commission a Needs Assessment of dementia across Merton to better inform the local picture and help to shape the development of the commissioning strategy and future redesign of services.  
• Local service care pathways will be designed around best evidence and best practice in other areas. The joint commissioner will research this. |
| 17. | Effective regional and national support for local services to help develop and implement the national strategy locally | • Merton will take advantage of any high level advice and support that might be available to assist our developing better quality dementia services locally.  
• Findings from demonstrator sites will be implemented locally. |

Appendix A

Baseline assessment of current information provision to people with dementia and their carers

**Date of submission:** July 2009


**Acknowledgements**

Thank you to everyone involved for providing valuable comment on the project; and those who agreed to be interviewed.
Executive summary

Aims
The aim of the project was to identify the current service provision to people with dementia and their carers across Merton and identify gaps in order to facilitate a response to the National Dementia Strategy in Merton:

- producing a local picture of current dementia service provision by range of professionals in the voluntary, user, community, health and social care sectors
- Identifying barriers and enablers in relation to service provision for people with dementia and their carers and families, in line with Sutton’s response and the National Dementia Strategy
- establishing a baseline for evaluation for further discussion and Improvement

Methods

- Develop a statement of request for the project, understanding organisational background, and deliverables in line with Sutton’s response.
- Develop a baseline questionnaire with Commissioning Manager sign off to send to professionals in order to survey current services.
- Develop a list of key stakeholders for survey.
- Forward information regarding the National Dementia Strategy.
- Set up interviews with key stakeholders where appropriate within tight timescales.
- Survey of 18 stakeholders in voluntary, community, health and social care sectors across Merton within a short timescale to identify current practice and views about provision of the Dementia service for Merton, in line with the National Strategy.
- Identify follow-up interviews with a range of professionals to explore barriers, and solutions to these barriers in more depth.
Contents

Executive summary

Contents

1. Background
2. Aim and objectives
3. Methodology
4. Results
5. Issues raised
6. Current services
7. Barriers
8. Suggestions for future developments
9. Recommendations
1. Background

There is evidence that people living in Merton with dementia and their carers and healthcare professionals do not receive sufficient, clear information about the condition, the services available, what to expect as time goes on and where to get help.

There is, however, every indication that better information at the right times can sustain care partnerships and enhance quality of life for both people with dementia and their carers.

This project was defined as a baseline assessment of current service provision, and the findings to contribute towards the response to the National Dementia Strategy for the Merton and the development of an implementation plan.

2. Aim and objectives

2.1 Aim

The aim of the baseline was to identify the current service provision to people with dementia and their carers and families across Merton. The project focused on the views of a variety of service providers and users of the current services.

2.2 Objectives

- To produce a local picture of current dementia service provision.
- To produce a local picture of dementia information provision by a variety of professionals who work with people with dementia and their carers and families.
- To identify (where possible) barriers and enablers in relation to effective service provision for people with dementia and their carers and families at diagnosis and during the course of the illness.
- To establish a baseline for evaluation to support Merton to in responding to the National Dementia Strategy.
3. Methodology

Four stages of work were conducted:

3.1 Delivery of the National Dementia Strategy
The strategy was sent to all professionals interviewed prior to completion of baseline questions and 1-1 discussions. This was to highlight the key points and inform professionals of the work undertaken nationally with consultation and user participation. A separate document highlighting the 17 key strategy aims linked to all 11 World Class Commissioning competencies were also forwarded.

3.2 The baseline questionnaire design
The National Dementia Strategy Consultation process comments were used to inform the questionnaire design. The principal topic raised in the strategy discussions focus groups that was incorporated in the survey was that of support for people with dementia and carers to understand information.

3.3 Baseline of relevant professionals who work with people with dementia and their carers and families
A baseline questionnaire was distributed to over 18 professionals working with people with dementia including psychiatrists, GPs, community staff working with people with dementia, including Mental Health Officers and voluntary organisations. Table 1 gives the breakdown of respondents. There were 1-1 discussions held with many professionals who work with people with dementia, their carers and families. Due to time restraints, a small handful of professionals chose to complete the questionnaire without further discussion at this stage.

3.4 Sample survey of people caring for loved ones with dementia, and their families
A discussion was held with focus groups involving carers and families of people with dementia at the Cumberland Centre. In addition, it gave an opportunity to meet people living with dementia who were using the facility. In addition a local BME community group was observed and several community group professionals were consulted individually about issues for their users. The principal topic raised in the BME focus groups was that of support for people with dementia and carers to understand information.
Baseline assessment of current information provision to people with dementia and their carers, 
Questionnaire respondents included;
- Consultant Psychiatrist
- Directors of Services
- Age Concern
- Merton Mind
- Sutton Branch Alzheimers Society
- Sutton Joint Commissioning Manager
- GP’s
- Users and carers
- Carers Organisations
- End Of Life Care project Lead
- Community groups
- Mental Health Nurse
- Support Worker
- Practice Based Commissioning (PBC) Chief Executive

Within the discussions, reference is made to the stages of dementia which were commonly understood by participants:
- In mild dementia, a person might have difficulty making decisions, coping with complexities in their work or hobbies, and may have problems remembering to pay bills or attend appointments.
- At a moderate stage, the person with dementia may have increasing difficulty recognising family, friends or familiar places, may need more help with everyday activities such as reading or dressing, and their behaviour may change.
- In the later stages of dementia, the disease affects more functions of the brain, and problems of memory and everyday activity become more severe. Communication can become very challenging, and the illness is likely to increasingly affect the person’s physical abilities.
4. Results
This section gives the results of the questionnaire survey and highlights key findings from the analysis of the interviews.

4.1.1 Information
Healthcare professionals verbally discuss information, or hand out contact details and leaflets.

No professional mentioned any other means such as audio, DVDs or videos.

We explored how information was given at different stages of dementia. Carers and families suggest that there was either little or no information given at the mild cognitive impairment stage, and if given it was given, verbally to both patients and carers. Carers and families suggest in the early stages of dementia, engagement decreased (very little or no engagement after diagnosis), and both early and later stage dementia, users of services claim that they found local projects themselves, with no help from healthcare professionals.

Healthcare professionals indicate they have no local knowledge or information to support people diagnosed with Dementia, carers and families and they refer on to their preferred consultant.

4.1.2 Publications used
National and local Publications were reported to be under used. Leaflet information on Merton Mind, Alzheimers Society, benefits allowance, Crossroads and MASCOT are used. The Alzheimers Society branch is in Sutton and the information for Merton is captured on the leaflet, however it is ‘Sutton’ focused.

Publications and information sources available
- National Dementia Strategy
- Helpline card (Alzheimer Society)
- Understanding Dementia - a Handbook for Carers
- Safety in the Home
- Getting Help from your Doctor (Alzheimer Scotland)
- Worried about Your Memory? (Health Scotland)
- National Care Standards (Care Commission)
- Benefit agencies
4.1.3 Alternative formats
No alternative formats are used in response to particular needs.

4.1.4 Getting information
Most respondents felt that they actively sought out information for themselves to help them understand dementia. They were most likely to feel that information came from the following sources at the time of diagnosis, and later on in the dementia journey.

- Social Worker
- Consultant
- Carers Centre
- Dementia voluntary group/charity
- Community Centre

4.1.4 Giving Information
Most respondents felt that the best ways to give information to people with dementia, their carers and families around the time of diagnosis would be:
- Orally and written by GP/professional
- DVD/Video

Users of the current services felt the best way to support people with dementia and their carers in understanding information would be:
- GP/Psychiatrist
- Nurse/Community/Voluntary
- Social Worker
5. Issues raised

Few respondents felt that they had sufficient information available to give out either to people with dementia or to their carers or families including health and social care professionals. They identified a number of specific gaps in the information available locally, including information on specific local services available, ‘one-stop’ information that could indicate routes to support for the many issues faced by people with dementia and easier access to more published information. There was significant comment on the lack of resources available locally.

GPs felt that there were few services to refer to and no up-to-date information available to them.

Users, carers and families in Merton suggested they could not obtain suitable materials, they did not know what was available to them, and there was a lack of 1-1 support to help them understand information.

When asked, professionals were not aware of any pathway, or pathway development.

6. Current services

Respondents clearly felt that giving good information to people was important. Services are very disjointed in Merton. Information was given as backup or for later reference. It was clear that an individual was likely to be spoken to by a range of professionals, all giving information as people came to them for specialist support and in the last stages of Dementia rather than at early diagnosis.

A psychiatrist would give an assessment and diagnosis, and a patient would then be referred to medical treatment, carer support or social work input, Occupational therapy (OT) or Day Hospital. Professionals spoke emphatically of the need for information and support to be tailored to the person and to the stage of their dementia and for rapid high quality assessment. It is reported there are no young person’s dementia services available, people who are in their 40’s and 50’s are referred to the same services as people aged over 60 years.

At time of interview it was quoted that there was a waiting list of 2-3 weeks for assessment (memory clinic), 3 months for Psychiatric testing and 2 months for OT.
Whilst there seems to be a National Survey quoting high satisfaction from patient feedback, local users, families and carers and those organisations working closely with people with dementia, feel that there is not enough information once diagnosed and not enough capacity for those accessing support services (particularly voluntary such as Merton Mind/Carers). A sense of being ‘left alone to get on with it’.

There are no Peer Support groups for people with dementia to meet other people with dementia, (for those in early stages and recently diagnosed).

Merton Mind offer resources for both carers and people with dementia to attend regular sessions at the Cumberland. These sessions are seen as a ‘lifeline’ to those users attending sessions and the only source for a break or rest for carers, families who can meet other carers and family members.

7. Suggestions for future developments

Tailoring the information to individual needs and having support throughout the patient journey from diagnosis onwards was seen as crucial. How much understanding people had, small amounts of information at a time, timing of information and support. Audio-visual materials were mentioned as a more appropriate solution for some people.

It was suggested that the current pathway and pathway redesign could be taken to the GP Forum where the Dementia Strategy could also be discussed.

Using counselling services for hard to reach groups to reduce stigma and to build relationships in order to encourage diagnosis and support.

It was mentioned there was little being done to manage an individual’s needs such as people with learning disabilities and ethnic diversity.

Currently there is a community development plan for integrating services through enhanced Community Mental Health Teams (CMHT) which suggests freeing resources and finance through closure of day hospital to outreach to day services and develop Memory Clinics, liaison psychiatry in hospitals to diagnose older people with Mental Health problems, and the development of a training nurse team to deliver ‘how to deal with challenging behaviour’ within residential and nursing homes.

There is a need for a user group to be formed to develop the National Dementia Strategy across Merton and to work with health, social care, Primary Care, Voluntary groups and NHS Sutton & Merton/local authority.
8. Barriers

Reflecting the impression of people with dementia moving from one professional to another, our interviewees identified insufficient clarity in individuals’ responsibilities for information giving among the team of professionals. Whilst it was clear that psychiatrists provided diagnoses, once a diagnosis is given it seems that a range of people may be involved in giving further information concerning topics such as progression, care available and how to access it, benefits, carer support, bereavement and many other issues. Since it is not clear who gives what, there is potential for people to be left without the information they need. One voluntary group co-ordinator noted that people referred for support would often say ‘no-one told us that before’. However, in the light of the other finding concerning the importance of information being given at appropriate times, the difficulty of judging this for the individual must be noted – people may feel they have not received information because they were not receptive to it when it was given or it was inappropriate to provide it at that time.

Users and carers/families referred to the quality of information available as out of date, incomplete or inaccurate. Also, they noted that some professionals lacked accurate up-to-date knowledge and were, therefore, unable to advise people properly or to refer them to expert sources of support.

The stigma attached to a dementia diagnosis was seen as a barrier to information-giving and receiving. Patients and their carers were reported to be ‘in denial’ about the diagnosis, at least partly because they believed little could be done. One result of this was lack of diagnosis or late diagnosis, resulting in lack of support for people with dementia and their family care givers.

Professionals also discussed the lack of dedicated liaison service for the elderly in acute hospital.

That there was also no challenging behaviour service for some care homes.

Professionals felt that there was no forum to discuss dementia in Merton.

Currently there is insufficient capacity to provide a full memory service.

Funding to develop community services, funding being withdrawn from services that could be used to access unmet need.

Clarity is needed over who is driving the current implementation plans for integrating CMHT services.
9. Recommendations

Interviewees recommended that training and improved knowledge could help with information-giving and that further pathway development would help to better map patient journeys and improve referral to services and knowledge across all professions, especially if the pathway development could include voluntary and community organisations.

The need for a platform for discussion and development of Dementia Services in line with the National Strategy needs to be formed.

A need for better training for staff, specifically GP’s, those who were not dementia specialists needed to have better knowledge about the condition and where to refer people for support. To have a platform for GP’s to discuss the pathway and development and training. A need for dedicated dementia nurses (or other lead professionals) who could stay with a person throughout the patients journey (challenging behaviour training) and to take this forward to care homes where there is a highlighted need for better education and training for frontline staff.

In Primary Care settings and Care homes – to develop a Gold Standards. This potentially could link to current Gold Standard Framework (GSF) practice for End of Life (EOL) care to include Dementia. Better attention to sensory impairment when giving information; and routine support for carers. These improvements emphasised the twin themes of attention to the person and co-ordination between professionals.

Potentially the young persons dementia service could be merged with Sutton residents to create a joint service for younger people. The numbers are quoted by professionals as being relatively low across both boroughs.

Carers Support and Alzheimers Society could work together to link current best practice models to include Peer Support for people with dementia. There are good models in place already that could be expanded such as the Carers Café to include more sessions for peer support for people with dementia (particularly in early stages). Carers Merton were happy to discuss further.

The Consultant Psychiatrist has long advocated a dedicated team of staff to provide input to care homes in Merton and found a recovery and support worker input to be very beneficial to the current service. The team are planning to provide outreach for activities and group support in day centres.
Appendix A (i): Baseline for Dementia Services in Merton.

| Q1. | Please can you tell us about any services you provide or refer to within Merton, or know about for people with Dementia and their carers/families? What is the investment input (if you are aware of this)? |
| Q2. | What are the services strengths and weaknesses? Are there waiting lists - can Users access these services in a timely manner? |
| Q3. | Are there any services for people with Dementia and their carers/families that you are involved in within Merton? Can you tell us about these? And what is the investment input (if you are aware)? Are there waiting lists - can Users access these services in a timely manner? |
| Q4. | Do you have any feedback from Users and Carers about any of the services you know about or provide? And do the Users, carers and families of these services have any input in them? |
**Appendix A (i): Baseline for Dementia Services in Merton.**

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<thead>
<tr>
<th>Q5. What gaps do we have in Merton for people with dementia?</th>
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<th>Q6. Do you refer to services outside of Merton and if so which services?</th>
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<th>Q7. Are you using or aware of a Pathway for people with Dementia?</th>
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<th>Q8. For PCT Stakeholders - what is currently being provided within the MH Contract for people with Dementia and their families/carers?</th>
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<tr>
<th>Q9. What information do you use to signpost people with Dementia to support services once diagnosed? Please tell us about this and bring copies / or attach electronically?</th>
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</table>
### Appendix A (i): Baseline for Dementia Services in Merton.

<table>
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<tr>
<th>Q10. Have you attended any training courses or are you aware of any training for front line staff to support people with Dementia?</th>
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<tr>
<th>Q11. Do you have any new and innovative ideas you would like to share with us that would improve the lives of people in Merton, their carers and families, who are living with Dementia?</th>
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<tr>
<th>Q12. What planning do our carers, families and Users of the services in Merton currently have with regard to end of life care? Are we following Gold standards? What are the Gaps? What are the strengths?</th>
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<tr>
<th>Q13. Are you aware of any new research and evidence needs based on Dementia in the UK and any gaps that need to be filled?</th>
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<th>Q14. Any other information you would like to contribute to this baseline? Thank you for completing the questionnaire.</th>
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Appendix B: Membership of Merton Dementia Steering Group

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<tr>
<th>Name</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Mary Hopper</td>
<td>NHS Sutton &amp; Merton</td>
</tr>
<tr>
<td>Mark Robertson</td>
<td>NHS Sutton &amp; Merton</td>
</tr>
<tr>
<td>Sandy Belcher</td>
<td>South West London &amp; St George’s Mental Health Trust</td>
</tr>
<tr>
<td>Jennie Chapman</td>
<td>Carers Support Merton</td>
</tr>
<tr>
<td>Dr Raj Shah</td>
<td>South West London &amp; St George’s Mental Health Trust</td>
</tr>
<tr>
<td>Dr Yasmin Daghistani</td>
<td>South West London &amp; St George’s Mental Health Trust</td>
</tr>
<tr>
<td>Debbie Brennan</td>
<td>Alzheimers Society Sutton Branch</td>
</tr>
<tr>
<td>Dick Dickinson</td>
<td>South West London &amp; St George’s Mental Health Trust</td>
</tr>
<tr>
<td>Patrick Mendonca</td>
<td>Merton Mental Health Partnership Board</td>
</tr>
<tr>
<td>Roy Benjamin</td>
<td>Merton LINK</td>
</tr>
<tr>
<td>Sheila Knight</td>
<td>Merton Mind</td>
</tr>
<tr>
<td>Rona Bourke</td>
<td>CrossRoads</td>
</tr>
<tr>
<td>Grace Salmon</td>
<td>Positive Network</td>
</tr>
<tr>
<td>Lynne Bainbridge</td>
<td>Age Concern Merton</td>
</tr>
<tr>
<td>Jenny Rees</td>
<td>London Borough of Merton</td>
</tr>
<tr>
<td>Victoria Hill</td>
<td>South West London &amp; St George’s Mental Health Trust</td>
</tr>
<tr>
<td>Jenny Thrower</td>
<td>London Borough of Merton</td>
</tr>
<tr>
<td>Sarah Wright</td>
<td>NHS Sutton &amp; Merton</td>
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<tr>
<td>Stephen Bell</td>
<td>LINK</td>
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</table>
Appendix B: Membership of Merton Dementia Steering Group (Cont.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ernest Nortley</td>
<td>GP</td>
</tr>
<tr>
<td>Julie Groom</td>
<td>NHS Sutton &amp; Merton</td>
</tr>
<tr>
<td>Muriel Martin</td>
<td>Carer</td>
</tr>
<tr>
<td>Rahat Ahmed-Man</td>
<td>London Borough of Merton</td>
</tr>
<tr>
<td>Helen Cook</td>
<td>London Borough of Merton</td>
</tr>
<tr>
<td>Rakhshi Memon</td>
<td>CEO IPCC PBC Group</td>
</tr>
<tr>
<td>Myrtle Agutter</td>
<td>Merton Seniors Forum</td>
</tr>
<tr>
<td>Ros Cook</td>
<td>Nurse Consultant</td>
</tr>
</tbody>
</table>
Dementia Pathway - Merton 2010-15

**Entry**
- Hospital liaison

**Information**
- Social services
- GP Screening
- Primary Care Memory service
- Under 65 refer to neurologist

**Diagnosis**
- Memory Assessment Clinic
  - Medical
  - Psychological
  - OT
  - Support workers

**Treatment**
- Further assessment and continuing support OPCMHT
  - Discharged to GP until further needs identified
  - Day care

**Ongoing Support & Advice**
- Re-enablement intermediate care
- Post diagnostic counselling
- Social services
- Telecare
- Housing
- Broker
- In patient
- Cognitive stimulation group
- Challenging behavior service April 2010 in Nursing Homes
- End of life care in line with strategy

**Enablers**
- Training for all health & social care staff, general hospital staff & local nursing homes
- Public awareness campaigns to help identification and tackle stigma

- This section indicate where service developments are required.

**OPCMHT** - Older peoples community mental health team
If you need any part of this document explained in your language, please tick box and contact us either by writing or by phone using our contact details below.

Your contact:
Name....................................................................
Address................................................................
.............................................................................
.............................................................................
Telephone............................................................

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London Road
Morden SM4 5DX
Telephone: 020 8545 3440