

Implementing the national dementia strategy - an action plan for Portsmouth 2014/15

1. Introduction

1.1 According to research, dementia is one of the most severe and devastating disorders that we face today. It is a syndrome which describes a collection of symptoms, caused by a number of illnesses in which there is a progressive decline in multiple areas of function. Although dementia is primarily associated with old age, the syndrome also affects a significant number of people in earlier life.

1.2 There are different types of dementia - these include Alzheimer's disease (most common), Vascular dementia, Dementia with lewy bodies, Frontal temporal dementia and Parkinson's dementia.

1.3 Symptoms vary and include difficulty and decline of memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this individuals may develop behavioural and psychological symptoms such as depression, psychosis, agitation and wandering. Dementia is progressive; the speed at which it progresses depends on both the individual and the type of dementia they have.

1.4 As the population ages and lives longer so the number of people living with dementia is increasing. It is estimated that 670,000 people in England are living with dementia, two thirds of whom live at home. An estimated 21 million people (42% of the population) know a close friend or family member with dementia. One in three people aged over 65 will have dementia by the time they die.

1.5 Within the next 30 years the number of people in the UK with dementia is expected to rise to 1.4 million. The cost of care and treatment is currently estimated at £19 billion a year and at the current rate will rise to £50 billion over the 30 year period.

2. Policy context

2.1 Growing awareness of the scale of the dementia challenge has led to the development of a number of policy documents:

[Living Well With Dementia - A national dementia strategy, DoH, February 2009](#)

With 17 key objectives across three key areas (improved awareness, earlier diagnosis and intervention, and a higher quality of care), the strategy set out to bring about improvements to dementia services across the country. Many of the objectives were targeted at a local level through the establishment of NHS and council partnerships and the development of local dementia action plans.

[Quality outcomes for people with dementia: Building on the work of the national dementia strategy, DoH, September 2010](#)

The Coalition Government maintained the national dementia strategy's direction but, based on the facts and evidence available, gave focus to four priority areas to be pursued locally -

1. Good quality early diagnosis and intervention for all;
2. Improved quality of care in general hospitals;
3. Living well with dementia in care homes;
4. Reduced use of anti-psychotic medication.

[The Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015, DoH, March 2012](#)

The challenge focuses on three areas;

1. Driving improvements in health and care
2. Creating dementia friendly communities (that understand how to help);
3. Better research.

Five key commitments are made;

1. Increasing diagnosis rates;
2. Financial rewards for hospitals offering quality dementia care;
3. An innovation challenge prize;
4. A dementia care and support compact for care homes;
5. Improving information on local dementia services.

[The NHS mandate, a mandate from the Government to the NHS Commissioning Board; April 2013 to March 2015, November 2012](#)

This is the first mandate between the Government and the NHS commissioning board (Now NHS England). The mandate states that the Government's goal is that the diagnosis, treatment and care of people with dementia in England should be amongst the best in Europe.

2.2 In the wider policy context, the development of dementia services is taking places within the overall programme for creating a patient-centred NHS which calls for integrated and well co-ordinated services. Alongside this, major change has been taking place over the last five years within councils to create a system that promotes people's independence and wellbeing while increasing choice and control. The new care act will see a further shift towards early intervention, wellbeing and prevention. Public Health England named dementia as one of its seven high level priorities for 2013/14 and some campaigning work is set to continue in 2014.

3. National Action

The Dementia Action Alliance (DAA)

3.1 The Dementia Action Alliance is made up of over 480 organisations committed to transforming the quality of life of people living with dementia in the UK and the millions of people who care for them.

Members of Dementia Action Alliance have signed up to a National Dementia Declaration. Signatories to the Declaration have published their own Action Plans setting out what they each will do to secure these outcomes and improve the quality of life of people with dementia. It is supported by a secretariat funded through voluntary financial and in kind contributions from members. It is hosted by the Alzheimer's Society and works to a programme agreed by the whole membership and people living with dementia and their carers who attend DAA sessions.

3.2 The alliance also encourages and supports the development of local dementia action alliances. A Local Dementia Action Alliance is a collection of stakeholders brought together to improve the lives of people with dementia in their area. They would usually include a range of organisations within a community and examples would include bus companies, taxi firms, police forces, fire and rescue services, high streets, local authorities, charities, care providers and health trust, faith groups, local associations or schools.

3.3 Other work includes the development of a [dementia care and support compact](#) and the creation of [dementia friendly communities](#).

The Alzheimer's Society

3.4 The Alzheimer's Society is the UK's leading care and research charity for people with dementia and those that care for them. It provides information and support for people with all forms of dementia, runs local care services, gives advice to professionals and government and campaigns for improved health and social care and greater public understanding of dementia.

3.5 The Society's latest campaign is "[Dementia Friends](#)" which aims to give people in local communities an understanding of dementia and the small things they can do that can make a difference. It is delivered through friend's information sessions and the ambition is to create a network of a million Dementia Friends across England by 2015.

4. Outcomes, standards and guidance

NHS and Adult Social Care Outcome Frameworks 2013/14

4.1 Domain two of the NHS Outcomes Framework (Enhancing quality of life for people with long term conditions) includes a two part measure. The first part measures diagnosis rates for people with dementia. As diagnosis rate is not a direct measure of the outcome sought, a second complementary measure is being developed which will measure the effectiveness post-diagnosis care in sustaining independence and improving quality of life. This indicator will be shared with the Adult Social Care Outcomes Framework.

Quality outcomes for people with dementia: building on the work of the national dementia strategy, DoH, September 2010

4.2 As mentioned above, this document describes the Coalition Government's strategic direction for dementia. It presents nine quality outcomes for people with dementia-

4.3 By 2014, all people living with dementia in England should be able to say;

1. I was diagnosed early
2. Those around me and looking after me are well supported
3. I feel part of a community and I am inspired to give something back
4. I understand, so I make good decisions and provide for future decision making
5. I am treated with dignity and respect
6. I can enjoy life
7. I get the treatment and support which are best for my dementia and my life
8. I know what I can do to help myself and who else can help me
9. I am confident my end of life wishes will be respected. I can expect a good death

NICE Quality Standards and Guidelines

4.4 The National Institute for Health and Clinical Excellence (NICE) has published a number of standards, guidelines and guidance tools for dementia. These are;

CG42 Dementia - clinical guidance, first published November 2006

4.5 This guideline makes recommendations for the identification, treatment and care of people with dementia and the support of carers. It has been amended to incorporate Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease (NICE technology appraisal guidance 217), which was published in March 2011.

QS1 - Dementia, published June 2010

4.6 This quality standard contains the following 10 statements, alongside measures and an explanation of how the statements relate to different audiences. It is described as a set of specific, concise statements that act as markers of high-quality, cost-effective patient care. It applies to all health and social care staff in direct contact with people with dementia in hospital, community, home-based, group care, residential or specialist care settings.

Statement 1. People with dementia receive care from staff appropriately trained in dementia care.

Statement 2. People with suspected dementia are referred to a memory assessment service specialising in the diagnosis and initial management of dementia.

Statement 3. People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.

Statement 4. People with dementia have an assessment and an on-going personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs.

Statement 5. People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of:

- advance statements
- advance decisions to refuse treatment
- lasting Power of Attorney
- preferred Priorities of Care

Statement 6. Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.

Statement 7. People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.

Statement 8. People with suspected or known dementia using acute and general hospital inpatient services or emergency departments have access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.

Statement 9. People in the later stages of dementia are assessed by primary care teams to identify and plan their palliative care needs.

Statement 10. Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia.

QS30 - Supporting people to live well with dementia, published April 2013

4.7 This quality standard is to be read alongside QS1 above. It applies to all social care settings and services working with and caring for people with dementia.

Statement 1. People worried about possible dementia in themselves or someone they know can discuss their concerns, and the options of seeking a diagnosis, with someone with knowledge and expertise.

Statement 2. People with dementia, with the involvement of their carers, have choice and control in decisions affecting their care and support.

Statement 3. People with dementia participate, with the involvement of their carers, in a review of their needs and preferences when their circumstances change

Statement 4. People with dementia are enabled, with the involvement of their carers, to take part in leisure activities during their day based on individual interest and choice.

Statement 5. People with dementia are enabled, with the involvement of their carers, to maintain and develop relationships.

Statement 6. People with dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing.

Statement 7. People with dementia live in housing that meets their specific needs.

Statement 8. People with dementia have opportunities, with the involvement of their carers, to participate in and influence the design, planning, evaluation and delivery of services.

Statement 9. People with dementia are enabled, with the involvement of their carers, to access independent advocacy services.

Statement 10. People with dementia are enabled, with the involvement of their carers, to maintain and develop their involvement in and contribution to their community.

CMG48 - Commissioning Guidance; NICE support for commissioners, published April 2013

4.8 This guidance assists the commissioning of dementia care in line with NICE guidance. NICE have also created an online "Dementia Pathway" that provides a summary of NICE guidance on dementia.

4.9 Associated guidelines include QS13 - End of Life care for adults.

Commissioning for quality and Innovation (CQUIN)

4.10 This is a system introduced in 2009 to make a proportion of a healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care. In 13/14 there was a national CQUIN for dementia for acute NHS service providers (Portsmouth Hospitals NHS Trust) which has three parts-

1. Find, Assess, Investigate and Refer
(The proportion of patients aged 75 and over to whom case finding is applied following emergency admission, the proportion of those identified as potentially having dementia who are appropriately assessed, and the number referred on to specialist services);
2. Clinical leadership (named clinician for dementia in place and appropriate training for staff);
3. Supporting carers (ensuring carers feel supported).

4.11 There was also a locally developed CQUIN scheme for 13/14 for both the acute provider (Portsmouth Hospitals NHS Trust) and the specialist dementia provider (Solent NHS Trust) to reduce the length of stay for people with dementia in hospital.

4.12 Final data and performance against both CQUINs will be available in the spring of 2014.

Quality and outcomes framework (QOF)

4.13 Introduced in 2004 as part of the General Medical Services Contract, the QOF is a voluntary incentive scheme for GP practices in the UK. It contains groups of indicators, based on quality standards, against which practices score points according to their level of achievement. The higher the score, the higher the financial reward for the practice. The final payment is adjusted to take account of the practice list size and prevalence.

In 14/15 the following indicators are included for dementia;

- DEM001 - The contractor establishes and maintains a register of patients diagnosed with dementia
- DEM002 - The percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months (payments stages 35 -70%)
- DEM003 - The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of full blood count (FBC), calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12, and folate levels recorded between 6 months before or after entering on to the register (payment stages 45-80%)

Enhanced Service

4.14 NHS England produced an enhanced service specification for 13/14 and 14/15 to reward GP practices for undertaking a proactive approach to the timely assessment of patients who may be at risk of dementia. The scheme is entitled "Facilitating timely diagnosis and support for people with dementia" and involves;

1. Identifying patients at clinical risk of dementia;
2. Offering an assessment to detect for possible signs of dementia in those at risk;
3. Offering a referral for diagnosis where dementia is suspected; and,
4. Supporting the health and wellbeing of carers for patients diagnosed with dementia.

4.15 GPs were invited to opt into the scheme and receive a payment for upfront costs and then a further payment based on their achievement. All but three surgeries in Portsmouth signed up and we are currently awaiting the end of year outcome for 13/14.

Skills for Care

4.16 Skills for Care has developed a number of resources and dementia qualifications to support and equip the adult social care workforce with the skills and knowledge needed to provide high quality services. This includes a set of eight Common Core Principles for Supporting People with Dementia. The principles have been mapped to generic national occupational standards and agreed units of learning available through the Qualifications and Credit Framework.

5. Local position

5.1 Objective one of the Portsmouth Joint Health and Wellbeing Strategy in 13/14 was to enhance the quality of life for people with dementia. This remains a priority for the council, Portsmouth CCG and members of the dementia action group for 14/15 and beyond.

Prevalence

5.2 Prevalence forecasts for 14/15, using the national DPC¹ and trend data we can estimate -

- 2186 Portsmouth residents will have some form of dementia
- 55% (1202) will be mild, 32% (700) will be moderate, 13% (284) will be severe
- About a third (772) will be male and two thirds (1414) will be female
- 51 will be early onset (<65 years old) and 2135 will be late onset (>65 years old)
- 1703 will be living in the community and 483 will be living in residential care

5.3 In 2011/12 65.7% of the local predicted prevalence had a diagnosis, ranking Portsmouth 4th out of 211 CCGs in England for diagnosis to prevalence rate. The local target is for this to increase to 80% by the end of March 2015.

Prescribing of anti-psychotics

5.4 In November 2009, the Government accepted the findings and recommendations of the independent Banerjee Report on the prescribing of antipsychotics for people with dementia. The report identified an unacceptable level of mortalities as a result of prescribing antipsychotics in people with dementia.

5.5 The report makes several recommendations, mainly that people with dementia should receive antipsychotics only when they really need them, and that reducing their use in this group should be a priority for the NHS. It suggests this can be achieved by various means including training carers and medical staff to use alternatives to anti-psychotics. The report estimated that anti-psychotic use could be safely reduced to a third of its current usage over a period of three years.

5.6 A national audit of prescribing of anti-psychotics in people newly diagnosed (diagnosed each year with a prescription of anti-psychotic within 12 months of diagnosis) was carried in 2011. 17 out of 27 GP practices in Portsmouth participated. The audit showed that in 2006, 11.11% were prescribed an anti-psychotic compared to 3.91% in 2011.

5.7 In 2010 and 2011 a local review of the use of anti-psychotic drugs in all patients over 65 with Dementia (with a prescription with the last year) was carried out.

¹ Dementia prevalence calculator (By clinical commissioning group), adjusted for care homes in the area - NDPR

5.8 In 2010, 191 patients of 1089 on the dementia registers of GP surgeries were prescribed an anti-psychotic (17.5%). 76% lived in a care home.

5.9 In 2011, 180 patients of 1218 on the dementia registers of GP surgeries were prescribed an anti-psychotic (14.8%). 64% lived in a care home.

5.10 The local target is to reduce the proportion of all people with dementia prescribed an anti-psychotic to 12% by the end of March 2014. At quarter three of 13/14 the rate has reduced to just over 8%.

Services

5.11 Specialist secondary mental health services for Portsmouth's older people are principally provided by Solent NHS Trust. This includes dementia services which also support people under 65 yrs with early onset dementia. Portsmouth City Council provides a range of in house services and commission residential and domiciliary care from the third sector. The Alzheimer's Society and Age UK are also very active in the city, providing advice, information and a range of independent services.

5.12 In 13/14 two one year reablement pilots were commissioned to try out and explore ways of meeting the future needs of people with dementia and their carers. These are;

- Solent Mind - Dementia Reablement Advisers
- Housing 21 - Dementia Voice Nurse

5.13 These pilots have been extended for a further year to 31 March 2015.

5.14 In October 2013, the Portsmouth Clinical Commissioning Group (CCG) agreed further investment to develop a number of pilot services to meet the needs of people newly diagnosed and to start building a framework to consult with people with dementia and their communities on priorities and service development.

5.15 November 2013 saw the start of weekly memory cafes in the north and south of the city; In January 2014 the Portsmouth Dementia Network was launched; In May 2014 a Dementia Adviser Service will begin. These services are commissioned from The Alzheimer's Society.

Pathway Review

5.16 Throughout 2014 The University of East London will work in partnership with Healthwatch Portsmouth and the University of Portsmouth to carry out a review of the current dementia pathway. The review will be based on feedback from service users, patients, families and carers. The findings of this review and a commissioner review of the pilots mentioned above, together with local population and prevalence forecasts will give commissioners a picture of the services required to meet local needs from 2015 onwards.

Stakeholder engagement

5.17 In the past service users/patients and carers have been engaged at various points in the development of dementia services. Alongside national patient satisfaction surveys, there have been both service-led and commissioner-led reviews. In August 2012 a commissioner-led service user consultation exercise on the Older Persons Mental Health Service was carried out and satisfaction from service users/patients was high.

Dementia Action Group

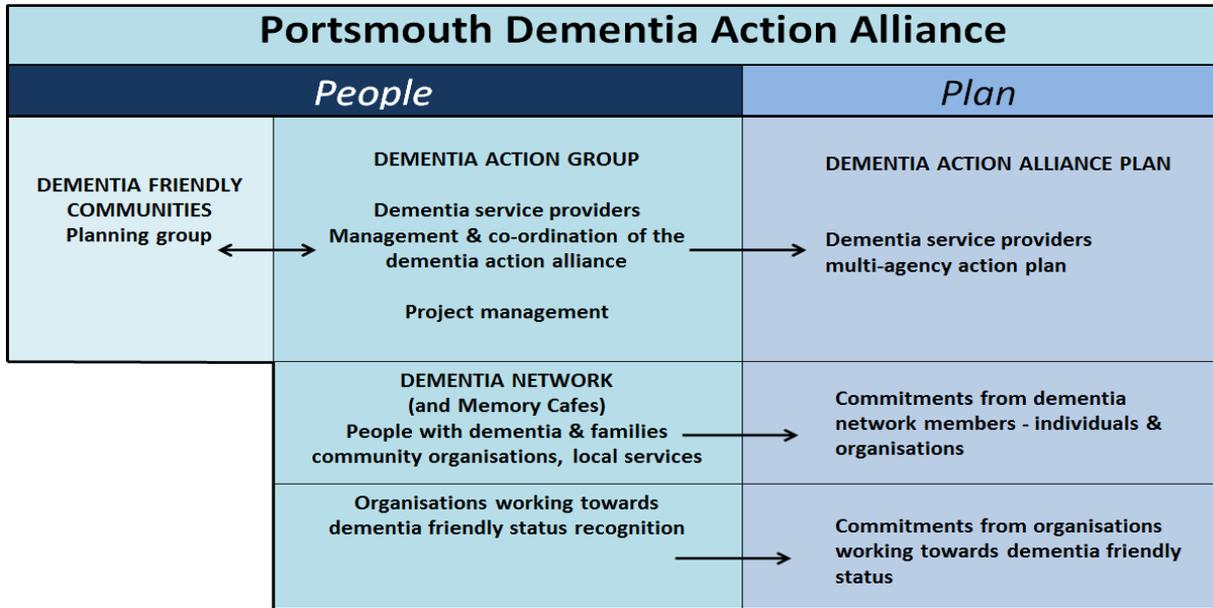
5.18 In June 13/14 the following organisations joined together in partnership to review existing plans and to create a new plan for Portsmouth for 13/14 and more recently for 14/15.



Dementia Network and Dementia Action Alliance

5.19 With the Dementia Action Group now well established and a plan in place, a new Dementia Network developing and work planned to create more dementia friendly communities in Portsmouth, we have a framework across which we can begin to build a Portsmouth Dementia Action Alliance.

5.24 People with dementia, their carers and the wider community will be involved in improving and developing both a dementia friendly city and needs-led dementia services through a thriving dementia network.



Our Vision for the future

5.20 Portsmouth aspires to be a dementia friendly city where people with dementia will be treated with respect and feel included in our local communities. We want everyone to be able to find information and advice about memory problems and dementia quickly and easily and for people with dementia to receive a diagnosis at the right time.

5.21 In the future we want to see dementia services offering people greater choice and control over their care, enabling individuals to remain independent in their own home for longer and minimising the crises that have previously resulted in lengthy acute hospital stays or admission to long term care.

5.22 We aim to have advisory services and peer support networks available to support people with dementia and help their carers and families to access support throughout their journey as and when required. There will need to be a shift away from acute care towards primary and community based service provision, including rehabilitation and reablement. Palliative care services should be available to support people with dementia achieve choice at the end of their life.

5.23 The personalisation agenda, with a focus on support delivered through self-directed support and ultimately personal health budgets will help change the way people with dementia access personal support services in the community. Support for carers is key and this will be progressed through the Portsmouth Joint Carers Strategy.

Local objective	2013/14 Review	Actions	Lead	RAG*	Timeframe	Outcome Measures
<p>OBJECTIVE 1: Improve public awareness and understanding of dementia and increase dementia diagnosis rates</p>	<ul style="list-style-type: none"> Links maintained with Dementia Friendly Cities Initiative Awareness raising sessions delivered to retailers, statutory organisations and elderly friendly pharmacies Portsmouth met the foundation criteria for the recognition process for dementia friendly communities There is now a dementia champion in each of the police stations in Portsmouth who will begin rolling out dementia friends training to communities in 2014/15 <p>All bar three GP surgeries signed up to provide an enhanced service to facilitate timely diagnosis and support in 13/14. This service has now been extended to 14/15.</p> <p>Bryony Sales, GP fellow in Quality Improvement and Medical Education carried out a survey late 2013 with Portsmouth GPs entitled- <i>Attitudes and Potential Barriers to Referrals to</i></p>	1.1 Establish primary care GP lead and work plan for 2014	PM/PS	Green	June 2014	Lead in place - involvement and work to be described
		1.2 Set up a Dementia Friendly Communities Planning Group	PM	Complete	April 2014	CCG Target: Increase dementia diagnosis rates to 80% of prevalence by end of March 2015
		1.3 Set up a Portsmouth Dementia Action Alliance	PM	Green	July 2014	
		1.4 Develop a 2014/15 plan for the group and action plan, to include: - activity during dementia awareness week - training and awareness raising programme for communities, businesses & statutory organisations - a local scheme and recognition process for the use of the dementia friendly logo in Portsmouth -awareness raising questionnaire to be developed to measure and baseline public awareness of dementia	PM LD LD/HH PM PM	Green	June 2014	Dementia Friendly Communities planning group and plan in place Dementia Alliance established with a framework that encompasses the dementia action group, the dementia friendly community work, the dementia network and dementia cafes
		1.5 Review primary care dementia screening tool	BS/BW	Green	Aug 2014	Tools reviewed and recommendations presented
		1.6 Community pharmacy to continue to develop Dementia Friend programme and deliver support for completing the Elder Friendly workbook. Signposting role to the Carers centre to be established (Further work to be described)	JB	Green	Dec 2014	Minimum of one dementia friend in every pharmacy in Portsmouth 80 % of all pharmacies have completed the Elder Friendly Workbook
		1.7 Dementia awareness raising to be included in the Health Checks programme	AM	Complete	June 2014	Staff involved in Health Checks will have completed training The national Public Health

Local objective	2013/14 Review	Actions	Lead	RAG*	Timeframe	Outcome Measures
	<p><i>Secondary Care.</i> The findings will help direct future work with GPs.</p> <p>MECC (Making Every Contact Count) seeks to up-skill the workforce with the skills, knowledge and confidence to deliver brief advice and signposting to the individuals they come in contact with</p>	<p>1.8 Support locally the Public Health England national communications plan</p> <p>1.9 Develop a targeted awareness raising programme based on the results of the dementia week questionnaire</p> <p>1.10 Establish how dementia can be incorporated into MECC (making every contact count)</p>	<p>LL</p> <p>LL</p> <p>LL</p>	<p>Green</p> <p>Green</p> <p>Amber</p>	<p>On-going</p> <p>July 2014</p> <p>TBC</p>	<p>England dementia work will be enhanced locally and impact evaluated.</p> <p>A targeted communications programme will be developed and impact evaluated.</p> <p>Dementia will be incorporated into the MECC (Making Every Contact Count) training</p>
OBJECTIVE 2: Reduce the inappropriate use of anti-psychotics	<p>Primary Care Drug Usage reviews have been carried out by the CCG medicine's management team in 10/11, 11/12, 12/13 & 13/14 and have seen year on year reduction in prescribing of anti-psychotics. In 13/14 reducing the inappropriate use of anti-psychotics was a local quality premium indicator for Portsmouth CCG.</p> <p>Solent NHS Trust has reviewed the use of anti-psychotics in all individual living in nursing homes and care homes over the last three years.</p> <p>GP prescribing events were delivered.</p>	<p>2.1 Continue to measure and monitor the prescribing of anti-psychotics for people with dementia in primary care</p>	KH/BW	Green	On-going throughout 14/15	Quarterly reporting to Dementia Action Group
		<p>2.2 Evaluate findings of the review of anti-psychotic usage in people with dementia in care and nursing homes and present recommendations/ further actions for 14/15</p>	BW	Green	June 2014	Recommendations/ further actions for 14/15 presented and implemented
OBJECTIVE 3: Improve support and information for people with dementia and their carers living in the community	<ul style="list-style-type: none"> Reablement pilots commissioned in 13/14 and extended through to March 2015 Two new pilots commissioned late 2013 	<p>3.1 Develop and monitor Memory Café and Dementia Advisers Pilot</p>	PM/LD	Green	On-going 14/15	Steering group(s) meeting monthly
		<p>3.2 Review all pilots (reablement & above) to inform a strategy for future commissioning</p>	PM/CB	Green	October 2014	Quarterly contract reviews taking place

Local objective	2013/14 Review	Actions	Lead	RAG*	Timeframe	Outcome Measures
	<ul style="list-style-type: none"> - Memory Café & Dementia Adviser Service • Dementia pathway mapped • Information provision and community services mapped • Carers support reviewed (Carers Centre) • Support group pilot started for veterans with dementia and their carers (Alzheimer's Society) 	3.3 Review Dementia Pathway (University of East London in partnership with Portsmouth University & Healthwatch)	MC	Green	March 2014 - Dec 2014	Commissioning strategy developed Pathway review complete and documented -report and recommendations published
		3.4 Adult Social Care to undertake a self-assessment of its service using NICE quality standards (QS1 & QS30)	CR	Green	By June 2014	Self-assessment complete and action plan for development in place
		3.5 Carers Centre to research best practice around supporting dementia carers and benchmark current services	CR	Green	By Dec 2014	Report and action planning
		3.6 Carers Centre to establish close links between dementia and carers work in partnership with PHT	CR	Green	By Dec 2014	Pathways reviewed and processes refined to ensure close working
		3.7 Evaluate the use of tele-care for people in the early stages of dementia to prolong their independence	JH	Green	July 2014	Report
		3.8 Map and identify the best way to promote dementia awareness amongst independent sheltered housing providers	TH	Green	By Oct 2014	Report and action planning
OBJECTIVE 4: Improve quality of care and support for people with dementia in hospitals	<ul style="list-style-type: none"> • Portsmouth Hospitals NHS Trust has an active dementia steering group working on key priorities (e.g., staff training, dementia champions etc.) • "This is me" was rolled out across QA & St James Hospitals • Funding bid for dementia friendly environment funding successful (QA) 	4.1 Maintain active involvement with the PHT Dementia steering group 4.2 PHT representative to continue to sit on the Portsmouth Dementia Action Group and update group on progress	PM GG	Amber	On-going On-going	Regular updates delivered to the group

Local objective	2013/14 Review	Actions	Lead	RAG*	Timeframe	Outcome Measures
OBJECTIVE 5: Improve quality of care and support for people living in nursing homes, care homes or receiving home care services	Training plan established in 2013. Mandated dementia training included in the domiciliary care framework.	5.1 Launch the new pan-Hampshire terms of inclusion for care and nursing home standards	CB	Green	By June 2014	New terms of inclusion launched
		5.2 Dementia Training action plan for Care & Nursing homes progressed	CC	Green	During 2014/15	Quarterly highlight reporting to Dementia Action Group
		5.3 Review the nursing liaison support provided to care homes	CC/MV	Green	By Sept 2014	Report and recommendations
		5.4 Open a new residential care home for people with dementia - East Lodge	JWC	Green	By Oct 2015	

*RAG = Red (failed target), Amber (needs watching), Green (on target)

AM	Amanda McKenzie, Health Checks Manager, Public Health Portsmouth
BS	Bryony Sales, GP fellow in Quality Improvement and Medical Education
BW	Balaji Wuntakal, Consultant in OPMH & Clinical Director
CB	Claire Budden, Snr Programme Manager, Integrated Commissioning Unit, Portsmouth City Council/NHS Portsmouth CCG
CC	Caroline Curtis, Contracts Manager Continuing Health Care, Integrated Commissioning Unit, Portsmouth City Council/NHS Portsmouth CCG
CR	Clare Rachwal, Team Manager, Adult Social Care, Portsmouth City Council
GC	Gill Gould, Portsmouth Hospitals NHS Trust
HE	Holly Easlick, Health Development Officer, Public Health Portsmouth
JB	Janet Bowhill, Pharmaceutical Adviser, NHS Portsmouth CCG
JH	Jason Hope, Senior Project Manager, Integrated Commissioning Unit, Portsmouth City Council/NHS Portsmouth CCG
JWC	Justin Wallace Cook, Asst. head of Adult Social Care, Portsmouth City Council
KH	Katie Hovenden, Director of Professional and Clinical Development, NHS Portsmouth CCG
LD	Lucie Debenham, Services Manager, Portsmouth, South East Hants and Isle of Wight Alzheimer's Society
LL	Lee Loveless, Advanced Health Improvement Practitioner, Public Health Portsmouth
HH	Hannah Horne, Lead Portsmouth Dementia Reablement Practitioner, Solent Mind
MV	Maggie Vilkas, Service Manager, OPMH Service, Solent NHS Trust
PM	Snr Project Manager, Integrated Commissioning Unit, Portsmouth City Council/NHS Portsmouth CCG (TBA)
PS	Perminder Sethi, GP and Primary Care Lead for Dementia
TH	Tracie Honey, Scheme Manager, CESSA Housing Association