

Bristol Dementia Wellbeing Service

# Quality Account

2015/16



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# Introduction

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# About us

The **Bristol Dementia Partnership** provides a **Dementia Wellbeing Service** to people who are registered with a Bristol GP. It is a partnership between **Alzheimer's Society** and **Devon Partnership NHS Trust (DPT)**. Since 1 April 2015, we have been responsible for delivering dementia services in the city. The service is commissioned by **Bristol Clinical Commissioning Group** as part of the **Bristol Mental Health (BMH)** services.

The service brings together a whole range of professionals who work with GPs, other health professionals and other partners across Bristol to support people with dementia and their carers. We create personalised wellbeing plans with the person with dementia at its heart, providing support, guidance and help when and where people want it, and in a way that suits them.

You can find out more about the Dementia Wellbeing Service on our website:

[www.bristoldementiawellbeing.org](http://www.bristoldementiawellbeing.org)

In our first  
year we  
received

**2,068**  
referrals

...and have  
undertaken

**8,499**  
appointments

delivering

**2,945**  
wellbeing plans  
or reviews

# Our vision

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In the Bristol Dementia Wellbeing Service we want:

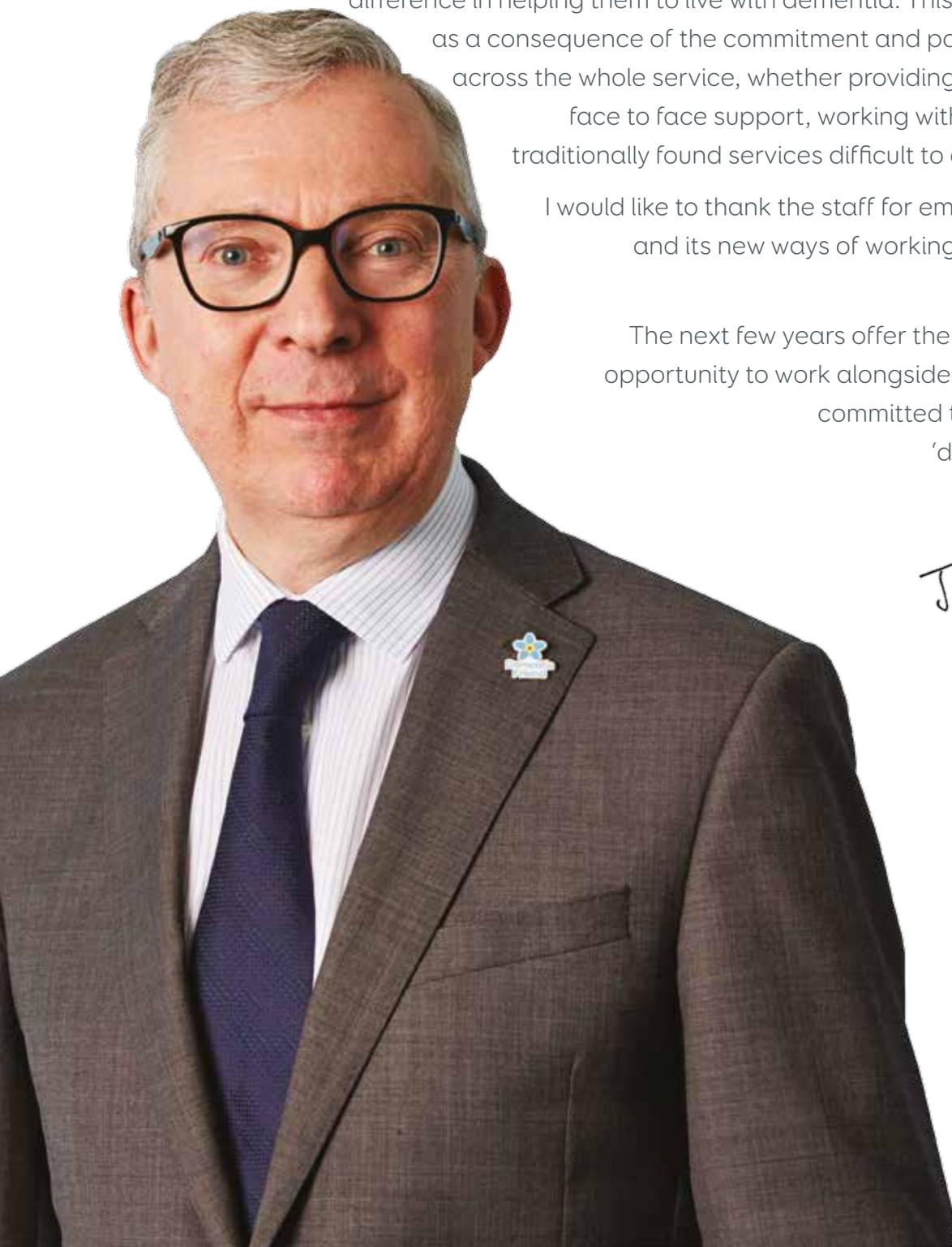
- To work with GPs to ensure all people with dementia in Bristol receive a timely diagnosis with a range of ongoing support available to them;
  - To put people at the heart of everything we do to ensure people with dementia and their family/carers are supported in their wellbeing, whether they are at home, in a care home or in hospital;
  - To make connections and develop partnerships with other organisations to help Bristol to become a dementia-friendly city
-

## Foreward: Chief Executive's Report

"Alzheimer's Society is committed to providing the best services for people affected by dementia. The opportunity to work in partnership with Devon Partnership Trust provides a truly integrated service where staff from Alzheimer's Society and the NHS work together to provide the best outcomes. As a result of working in a true partnership, as this report shows, we have been able to reach an increasing number of people and make a real difference in helping them to live with dementia. This has only been achieved as a consequence of the commitment and passion of dedicated staff across the whole service, whether providing administrative support, face to face support, working with communities who have traditionally found services difficult to access or management.

I would like to thank the staff for embracing this partnership and its new ways of working and finding solutions to the challenges faced.

The next few years offer the partnership the exciting opportunity to work alongside others in Bristol who are committed to making the city a truly 'dementia friendly' place."



A handwritten signature in black ink that reads "Jeremy Hughes".

**Jeremy Hughes**  
Chief Executive  
Alzheimer's Society

## Foreword: Chief Executive's Report

I am pleased to report on the excellent progress of the Bristol Dementia Wellbeing Service in its first year of operation.

This new partnership between Devon Partnership NHS Trust and Alzheimer's Society demonstrates the Trust's commitment to explore new ways of working, listening to people's needs and talking to our staff and partners.

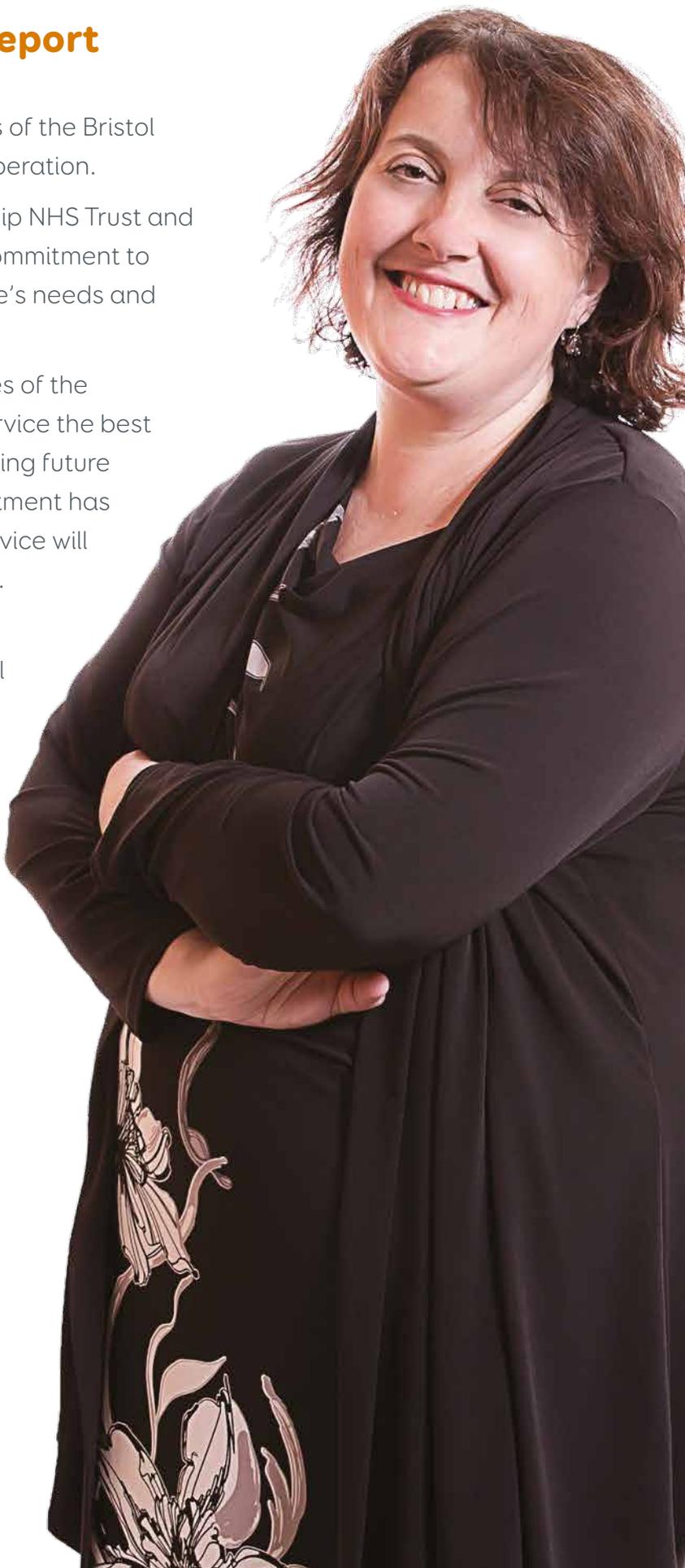
In a challenging environment, staff on both sides of the partnership have pulled together to give the service the best chance of success, laying a foundation for exciting future development. This positive attitude and commitment has already paid off and I am confident that the service will go from strength to strength in the years ahead.

This great start has been recognised in positive carer feedback and the achievement of 'Mental Health Team of the Year' awarded by Bristol Health Partners

On behalf of our Board, I would like to extend sincere thanks to all of our staff for their efforts in this first year and their ongoing commitment to developing a dementia service in Bristol that they can be rightly proud of. Our staff remain a source of inspiration in their passion and knowledge to improve the lives and wellbeing of people with dementia and their carers in Bristol.



**Melaine Walker**, Chief Executive  
Devon Partnership NHS Trust





# Looking Back

In this section you will find a review of our aims and objectives for this service, including what we set out to do, and what we have achieved in our first year.

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# How effective have we been?

In our first year, we have been developing relationships with GP practices across Bristol. In preparation for our launch in April 2015, each GP practice was allocated a **dementia practitioner and dementia navigator**.

GPs are given support in the ongoing clinical management of patients with dementia or those experiencing memory problems. Our aim is that practitioners meet with their GP practices at least once per month. These meetings include information and advice on medication, sharing of best practice and supporting joined-up clinical care.

## Memory Clinic

We support GPs in the assessment and diagnosis of dementia, including referral to our specialist Memory Clinic operating from the Bristol Brain Centre for those with a complex presentation or early onset dementia. This service is managed by the practice lead for the Memory Clinic. Diagnosis happens in four different ways:

- 1:** GP collects information and makes their own diagnosis
- 2:** GP collects information and discusses it with their dementia practitioner for advice
- 3:** GP requests assistance from their dementia practitioner who visits the person experiencing memory problems and completes an assessment. We then discuss this within the service and a report is sent to the GP suggesting the likely diagnosis and offering recommendations
- 4:** The person's presentation is complex and they are invited to attend the Memory Clinic for a multidisciplinary appointment, which includes an assessment and sometimes a CT head scan

“The support we have from the team in caring for our patients is excellent”

(GP Survey - March 2016)

## Who are...?

Dementia practitioners are qualified members of the service who work closely with the GP to support them in the diagnosis of dementia for people experiencing memory problems. For those diagnosed with dementia, dementia practitioners will assess their needs and start developing a wellbeing plan. Dementia practitioners and navigators work collaboratively to offer timely interventions at times of change.

“From beginning to end, the [Memory] service was outstanding. Everyone was very professional and the diagnosis was delivered with empathy and understanding. Thank you.”

(PALS, April 2016)

## Post Diagnosis

After a diagnosis of dementia has been made, we offer a six-session **Post Diagnostic Group** course for those who wish to gain a better understanding of their illness, including carers whose increased understanding and empathy can help with interactions at home. These sessions include group discussion with a focus on the occupational lives of people with dementia, and what can be done to help continue or resume these meaningful activities, which might include employment, sports or hobbies.

## Ongoing Support

One of the key features of the service is that **we don't discharge**. As long as someone wants to remain with our service, they will have access to advice and support from their dementia navigator and input from a dementia practitioner as and when required.

We provide an initial assessment of need within four weeks of diagnosis or referral, and this is usually carried out by the dementia practitioner. This is the starting point of the development of a personalised **wellbeing plan**. Once the assessment is complete, ongoing support is then provided through a named dementia navigator who will maintain regular (at least six-monthly) contact with the person with dementia and their carer, providing some or all of the following:

Signposting to a range of services to support the person with:

- Mental and physical wellbeing
- Social networks
- Carer wellbeing, including accessing support via social services
- Relevant education and information, including future planning, driving, living arrangements and maintaining independence and relationships
- Self-management

## Who are...?

Dementia navigators support the person with dementia and their family/carers, working to maintain independence and promote quality of life. Navigators will look at local groups and activities in the community as well as signposting to other services, providing information, guidance, practical and emotional support that is responsive to each individual's needs.

## What are...?

Wellbeing plans are a core part of the post-diagnostic support provided by the service, setting out what is important to the person with the diagnosis, what activities and groups they might like to take part in, what support they feel they need, and what is being done to meet these needs.

It also outlines medication regimes, social care support, risks and crisis support. Wellbeing plans are reviewed by the service at least every 6 months.

- Befriending services
- Contingency (crisis) planning
- Legal and financial considerations such as Lasting Power of Attorney Advanced Directives and benefits
- One-to-one and group activities in partnership with other organisations and Dementia Wellbeing Service staff.

A Dementia Pack is offered to all people with dementia who access our services, including:

- About the Dementia Wellbeing Service
- Information Guide to Services
- Alzheimer’s Society Dementia Guide ‘Living with Dementia’
- How to access support for carers
- How to Join Dementia Research
- WellAware leaflet
- How to give feedback (PALS)

### **Life Story Focus**

Being responsive and flexible as a service helps us to make changes to meet people’s needs. We revised our wellbeing pathway so that our first assessment begins with an introductory visit where we can get to know the individual, their life experience, strengths and abilities. Our wellbeing plan formalises how we support people with dementia and their carers to stay connected, access activities, and remain – or become – an active part of their community.

### **Acute Support**

Our practice leads regularly attend ward rounds at Callington Road and are developing how we work with our inpatient facilities.

We remain actively involved in supporting patients through admissions and aim to only admit where absolutely necessary. When we do admit someone we aim to be clear about the purpose of the admission and our practitioners support discharge to ensure that patients will be appropriately cared for, whether returning to their own home or being referred to other supported accommodation or formal care settings.

### **Care home support**

Care home support is led by the practice lead for care home liaison and includes a number of dementia practitioners who support all care homes with nursing across Bristol.

We provide education and support to care homes with nursing, which includes all residents with dementia or other mental health conditions. We work holistically with the home as a whole, including care home managers and staff at all levels.

We have developed good working relationships with people within care homes in Bristol who are enthusiastic about dementia care and are now aiming to build on this by developing a forum for Dementia Champions across Bristol’s care homes.

People in residential homes (without nursing) are currently supported by the service as we would for someone in their own home, but dedicated residential home support will be reviewed over the next year.

# How have people experienced our service?

It is important to us that we listen to the people who use our service, gather information about their experiences and identify ways we can develop the service to meet their needs.

## Patient Advice & Liaison Service (PALS)

As part of our Dementia Pack, we provide a PALS leaflet for feedback, compliments and complaints.

- ✓ We had **21 compliments** via PALS between April 2015 and March 2016. These compliments praised the care and professionalism of our staff.
- ✗ In 2015/16 we had **one complaint**, which related to an interaction with another service. However, we supported the resolution of the complaint.

## Friends & Family

The Friends & Family Test gives quick feedback about the services we provide and helps us to make changes quickly where needed. The test measures both the rate of return and the satisfaction score achieved. Since April 2015, we have received 59 comments through Friends & Family feedback. Of these, 55 would be 'extremely likely' to recommend our service with the remaining four selecting 'likely'. We are pleased to report that people who use our service have responded to the personalised one-to-one support we provide, praising the special efforts made by individual members of staff.

Friends & Family test results

**59 Responses: 100% Satisfaction**

“ Thank you for the support and very helpful advice you gave me...my partner has been drinking less and drinks as much Shloer as he did wine! ”

(PALS feedback)

“ Thank you for being my saviour, lifting me up each time I fell. God bless you. ”

(PALS feedback)

“ The team in Bristol seem to be wonderful at combining professionalism with great kindness. ”

(PALS feedback)

“ Thank you for your time and care yesterday when assessing [parent]. It is great we have people like you out there. ”

(PALS feedback)

# Friends & Family comments

“ Your practitioner introduced himself and shook hands which put me at ease instantly. He asked the questions in between chat, which was reassuring and at the end he was very matter of fact. That also was very reassuring. I look forward to seeing him again. ”

(Person with dementia)

“ Absolutely fantastic service! Would be lost without it. Great to have extra support within the community for our residents. Staff are extremely supportive to residents, but to staff in home as well ”

(Care Home Manager)

“ An excellent service. Most relevant for our needs. The physiotherapist was very helpful and identified (and helped us obtain) useful equipment and exercises. ”

(Family Carer)

“ [Dementia navigator] was lovely to my dad, she explained things in a way we understood and was very caring. Thank you, you made a difference. ”

(Person with dementia)

“ Each time I have been in contact with [my Dementia Navigator], I have been treated with kindness, empathy and they have been extremely supportive. My Navigator has always given me the time to explain my concerns and worries and always seems to have suggestions that are practical and helpful. ”

(Person with dementia)



# How have we promoted support and inclusion?

Bristol Dementia Wellbeing Service should reflect and support Bristol's diverse population. We are working to ensure the service is accessible to those who have previously found it difficult to access services, or are under-represented.

## Age and younger adults with dementia

The age of people with dementia on our caseload ranges from under 50 to over 100. Most people who use our services are aged between 80-90. One of our challenges as a service is to identify a range of networks and support that caters for different generations.

We support a monthly drop-in social support group, **young people with dementia** in a local café which includes tackling stigma around young onset dementia, covering topics such as 'life after dementia', supporting representation at other forums or sometimes to simply just chat.

We have also linked with an employment coach and occupational therapist from Bristol Mental Health Employment Service, operated by Richmond Fellowship working in partnership with Mental Health Matters. This meets every six weeks to discuss employment needs and issues for people with young onset dementia and their carers, including advice about their rights and the Disability Act, giving confidence when job seeking, and guidance on job retention, grievances and benefits.



60% of people with dementia who use our service are **female** ...and most are between 80 and 90 years old

## What is...?

Young onset dementia is characterised by a dementia diagnosis under the age of 65 which is based on the traditional age of retirement rather than any biological significance.

Young adults with dementia are more likely to have a rarer form of dementia and there are specific challenges in accessing age-appropriate services.

Roughly 3.2% of people with dementia accessing our service are classed as 'young onset'

## Gender

60% of people with dementia who use our service are female and 40% are male. This reflects the local older adult population and the increased life expectancy of females.

## Ethnicity

76% of our caseload identifies as white British with 6% identifying as Black or Minority Ethnic (BME). This reflects the expected prevalence of the local 65+ population in Bristol. Whilst this is encouraging, we will continue to work with community groups to ensure that services are available that are appropriate to their needs.

Bristol is moving towards being a more dementia-aware and inclusive city. A new research project at University of West of England (UWE), **BME people and Dementia** adds momentum to this journey, looking specifically into the awareness, experiences and needs of Black, Asian and other minority ethnic people in Bristol around dementia. Initial evidence shows that BME people do not often go to their GP with questions around dementia. This means they can miss out on diagnosis, and on receiving valuable treatment, advice and access to support services. This, in turn, means that those who give them informal support and care - such as their children or partner - also don't get the advice around benefits, respite care and support services which could be of huge value to them.

Bristol Dementia Wellbeing Service forms part of the steering group for this research project, alongside Bristol City Council and Bristol and Avon Chinese Women's Group and the project is due to report in early 2017. The service will reflect on the report and identify how it can improve the access and experience of services for BME people in Bristol.

## Human Rights

We successfully bid to receive dedicated staff training from the **British Institute of Human Rights**, raising awareness about Human Rights legislation. We now have Human Rights champions across the service who support colleagues to apply human rights legislation in their daily practice.

## Equality & Diversity

We have established an Equality, Diversity and Inclusion (EDI) subgroup, led by DPT's equality, diversity & human rights coordinator, that meets once per month to discuss equality and diversity issues within the service, including developing staff training and ensuring the service is compliant with local and national requirements.

Staff are also encouraged to attend staff networks led by DPT for LGBT+, BME and disabled staff groups. These forums provide a safe space for staff to discuss issues and we are currently exploring staff forums taking place in Bristol.

## Community Development

One of the biggest challenges for the service is making effective links across the health and social care sectors to ensure that there are clear pathways between services with effective communication to ensure a seamless experience for people with dementia and their family/carers.

In our first year, **community development coordinators** have:

- Researched which dementia and non-dementia specific groups people with dementia can access in the local area, sharing this information within our teams
- Delivered **Dementia Friends** information sessions to many community organisations, helping them to consider how they cater for people with dementia and what they can do differently to provide greater access. Many of these organisations now have dementia champions.
- Worked alongside **Bristol Dementia Action Alliance** to support businesses and organisations to become more dementia-friendly, ensuring approaches are joined-up
- Supported community partners to grow and develop, including helping GP practices to create Memory Cafes and reminiscence groups in Bristol's Libraries
- Built working relationships with key members of community groups who have not typically accessed our services, including Somalian, South Asian and Chinese communities
- Organised consultations with community members to listen to their experiences and feedback how the service could best meet their needs, including Dhek Bhal, the Bristol and Avon Chinese Women's Group and Somali Elders Group.

## Bristol Dementia Action Alliance

[sites.google.com/site/bristoldaa/](https://sites.google.com/site/bristoldaa/)

## Who are...?

Community development coordinators ensure equity of access to our services, building relationships with under-represented communities, providing education and awareness and working in collaboration with key community partners to promote and develop community-specific support networks, working towards our aim of Bristol being a dementia-friendly city.

# How have we promoted a positive experience of services for people with dementia and family / carers?

We aim to work collaboratively with carers and families, recognising the importance of stable and supportive relationships in caring for a person with dementia and helping carers to look after their own health and wellbeing.

## Carers

The service provides practical and emotional support for carers of people with dementia, including information and signposting, advocacy, form-filling and a formal assessment of needs.

In our first year approximately 10% of those being supported by us accessed the Carer's Single Assessment offered by Bristol City Council. We will continue to promote this and other opportunities to carers to help them to access much-needed breaks from their caring role.

## Support Groups

One of the key benefits of the partnership has been in Alzheimer's Society's experience in operating service user and carer support groups.

## Carers Support Groups

Carers Support Groups are facilitated by dementia navigators within the service. These groups are for close family, friends and carers of people with dementia and are the place to share concerns and experiences, as well as a place to make friends.

“ We expect all family/ carers to be properly supported and to have access to a break from the stresses that caring can bring.”

(Local Action Plan for Dementia, 2011-2015)

“ I was given a lot of useful information re dementia and a contact number if I needed help or advice - much appreciated, as I felt the person who visited us (my mother & myself) really understood the problems associated with dementia & could offer practical solutions to some of the problems we encountered.”

(family carer)



We support **444** carers:  
(as at 7th March 2016)

Dementia navigators support both people with dementia and their carers. At the end of March 2016, dementia navigators supported 1,220 people with dementia, and 444 carers.

## Memory Cafes

Memory Cafes are a great opportunity to provide and share information and encourage social interaction for people with dementia, carers, friends and family or anyone concerned about their memory. Memory Cafes provide written information as well as guest speakers from external organisations, along with activities games and opportunities to build friendships.

## Activity Groups

Our Activity Groups include:

**‘Movement and Memory’**: an opportunity for gentle exercise and table-top games and activities for people with dementia and their carers.

**‘Lighting Up’**: a monthly arts and crafts session led by a group of volunteer artists for people with dementia and their carers.

## Social Group

Based in St Annes, the Social Group is an opportunity for people with dementia and their carers to socialise and engage in activities and games.

## Service User & Carer Reference Group

We have set-up Service User & Carer Reference Groups which take place each month, alternating between the north, south and central hubs. People with dementia and their carers are invited to input and provide feedback on the service. To date, the group has been instrumental in the development of the wellbeing plans and the development of the service’s website and the contents of the dementia wellbeing pack. We will continue to listen and learn from those who receive our service.

## Service Development

Following on from a complementary therapies pilot funded by the Innovation Fund and facilitated by dementia navigators, we commissioned a pilot with Sensory Heaven, a community service based in Fishponds who provide complementary therapies ranging from animal assisted therapy, laughter therapy, sensory and massage therapies and beauty treatments.

**Sensory Heaven**  
[sensory-heaven.co.uk](http://sensory-heaven.co.uk)

People with dementia and their carers have been given vouchers to try out Sensory Heaven’s services. This pilot is still ongoing but early feedback has been very positive, and some of those who used vouchers are now continuing to enjoy the benefits of complementary therapies. One carer attends with her husband who has dementia, and whilst he enjoys a singing group, she receives a relaxing massage. She has commented how great it is for them to access a service that they can both benefit from.

## Music & Memories

The service also commissions Music & Memories – an afternoon of music and reminiscence that takes place in two venues across Bristol once a month. Each session includes a different performer, covering a wide range of musical genres and eras. This is well-attended by both people with dementia and carers and the service will continue to support the development of these groups.

## Befriending

With an in-house Befriending Manager, we are able to match volunteers with those looking for companionship to continue with hobbies and interests or start new activities on a one-to-one basis.

Befriending is a bespoke service that focuses on what the person with dementia wants

by assessing and continually reviewing individual needs and desired outcomes.

Our Befriending Manager oversees the volunteer recruitment process, including interview, references and Disclosure & Barring Service (DBS) check and provides support throughout the volunteering journey.

### Befriending Case Study

A befriending match was made based on a shared love of painting. The person with dementia is an artist with every wall in her flat covered by her beautiful paintings over the years. Although the person with dementia had a canvas in progress, it had not been touched in several months.

#### After the first session, the volunteer reported back:

“ I had a really nice time with her and was pleased she knew why I was there. Although she was focused on me doing my kind of art somehow I managed to persuade her to do some too. I'm sure she'll do some again next week - we're going to try boats - her idea!

She was surprisingly not very chatty while she was painting. I hope that's a good sign. I would say we shared a companionable silence, not something that happens with everyone, and certainly not on only the second time of meeting. ”



## Communications

Our website went live in July 2015. Between 1st August 2015 and the end of March 2016, the site has received over 2,500 visits by over 1,700 different users with over 7,800 page views. We are pleased that over 30% of site visits are from returning users, and 500 users are from Bristol although we have been viewed all around the world!

We will continue to develop the website, and based on feedback from people with dementia and their carers, we have introduced a search function, a section on care homes, and have linked with a Twitter account.



# How safe have we been?

While we cannot prevent admissions to hospitals, we hope we can support people with dementia and their carers to remain safe and healthy, for as long as possible. Despite a significantly increased open caseload, the level of admission to acute primary care has not increased.

## Incidents

We strive to ensure that all incidents that we are aware of are reported in a timely fashion. Details of the incident are recorded on an electronic reporting tool called the Risk Management System. Incidents are then discussed at the local leadership team meeting.

As an open and learning service anything that can be learnt from the incident is shared across our whole service, wider to DPT or Alzheimer's Society, and partner agencies, if required. Under Duty of Candour, any harm, near harm, omission or error is reported openly and honestly directly to the person who uses our services or their carer/nominated person. Any serious incidents that require an investigation would be subject to a Root Cause Analysis (RCA) report which is investigated externally.

## Crisis Planning

We have strong relationships with our partnering services to ensure the person receives a seamless service at times of crisis and have developed joint pathways for both functional and organic crisis alongside Avon

and Wiltshire Mental Health Partnership NHS Trust (AWP).

We have provided training to other services to develop their skills in dealing with crisis for people with dementia and/or functional mental health diagnosis. We have regular interface meetings, bringing together key services such as Inpatient, Crisis and Recovery and are developing this further with more local links between each service. This collaborative approach encourages open lines of communication and joined-up care supporting safe services.

## Safeguarding

We have secured membership on the Bristol Safeguarding Adults Board where its main objective is "to assure itself that local safeguarding provision and partners act to help and protect adults at risk in its area". All safeguarding is reported to Bristol City Council's Safeguarding Team and incident reports are completed via DPT's incident reporting system where appropriate. All staff members are trained to the appropriate level for their role.

Safeguarding issues are discussed within local team meetings to support staff development and share expertise. Where appropriate our dementia practitioners will work closely with our Bristol City Council colleagues to help reduce identified risks following a safeguarding investigation.

### **Medicines Optimisation**

The input of DPT Medicines Management, including input from a clinical pharmacist, training for our staff on medicines management best practice and access to their dedicated helpline has helped us.

The Dementia Wellbeing Service also supports GPs in the prescription and review of antipsychotic medication, including an awareness of potential side-effects. Bristol has a relatively low rate of prescribing antipsychotic medication, but the service is committed to ensuring there are therapeutic alternatives for people with behaviours that challenge and that any antipsychotic medication is continually assessed and reviewed.

# How have we supported the development of the service?

## Background

For the majority of our staff, the partnership brought together staff from Alzheimer's Society and NHS. Staff respect each other's roles and work well together. In some cases, practitioners have been providing informal clinical support to their navigator colleagues, and we hope to continue to be a supportive service for our staff.

Due to the nature of the work, there is an inevitable emotional impact for our staff. One way we support staff is in reflective practice sessions where they can discuss cases in a safe, supportive environment.

Staff are also encouraged to play an active role in developing the service, whether this is identifying ways in which we can work more effectively, or providing feedback to the management team on 'gaps' in services.

## Supervision

All staff receive monthly supervision, annual appraisals and appropriate clinical supervision from practice leads where appropriate. Each team hub has a weekly assessment feedback meeting led by the practice lead.

## Training

Over 92% of core training requirements for DPT-employed staff within the service have been completed (as at April 2016).

“ A very caring and supportive team who aim to be patient centred. [There is a] lot of experience and knowledge within the team along with enthusiasm in our role to help our service users. ”

(staff survey)

“ Since moving over to Devon Partnership Trust, I have been treated very well. Managers have always made sure staff or ok and if we have any concerns they are very approachable to speak with. I think that the way they care for their staff is a good reflection on way they treat their patients. ”

(member of staff)

“ Excellent service, destigmatising and normalising the process of memory assessment. Forward thinking leadership is developing a new way of working...A caring team for not only the person but staff also. ”

(member of staff)

## Training

Both Alzheimer's Society and DPT staff receive statutory training with their respective organisations, which includes Safeguarding Adults & Children (Level 1 & 2), Mental Capacity Act, Clinical Risk, Health & Safety, Conflict Resolution, Equality & Diversity and Information Governance.

In addition to this, a Staff Training subgroup has been established to support internal staff development. This includes managing the agendas for quarterly service-wide development days, bi-monthly lunchtime seminars, and accessing external training and conferences.

## Staff Wellbeing Survey

Over the last year we have set up a working group specifically tasked with raising awareness about the importance of staff wellbeing. There is growing evidence that one of the most important factors in providing compassionate care is staff wellbeing. Over 50 colleagues completed a questionnaire about

their wellbeing, and results were fed back to individual teams, which prompted discussion about seven factors linked to wellbeing:

- demands
- control
- management support
- peer support
- relationships
- role
- change.

As a follow up, we asked for more in-depth responses using a confidential online tool, and we had 27 responses. There has been a positive engagement with these exercises and staff wellbeing is recognised as a core part of our service. We have acted on suggestions arising from colleagues' feedback to support staff wellbeing both in the short term (for example, collating the various support options available for all colleagues) and also in the longer term, considering ways that we can continue to grow a caring, kind and compassionate workplace culture.

## Our staff (as at end of March 2016)

Staff Group	Male	Female	TOTAL
Dementia practitioner	5	24	29
Dementia navigator	1	25	26
Senior managers & clinical managers	3	8	11
Clinicians/doctors (inc. locum)	2	3	5
Clinical Psychologist	1	0	1
Community development coordinators	0	3	3
Assistant psychologist	0	2	2
Befriending manager	0	1	1
Activity support	1	2	3
Administration	2	6	8

# How have we ensured effective governance?

## **Service Leadership Team**

Our leadership team meets every week with a rotating agenda covering Quality & Standards, Risk & Safety and Performance. Messages to the wider staff team are agreed at the end of each meeting, and are then shared the same week at each of our hubs' team meeting.

## **Operational Board**

The service meets with Bristol CCG on a monthly basis, providing assurance and evidencing the service's capacity and capability to deliver on its service level performance and quality requirements, including a review of identified risks. We also report on service development, service infrastructure issues such as Estates and IT, and provide update on research, communications and equalities. This board also includes carer representation.

## **Partnership Board**

The partnership between DPT and Alzheimer's Society is also reviewed on a quarterly basis. This ensures that the service continues to operate in the partnership and promotes consistency across our respective organisations.

## **Systems Leadership**

Bristol Dementia Wellbeing Service is one of many services commissioned as part of Bristol Mental Health.

BMH Systems Leadership oversees all of these services, working to ensure a fully integrated system of high quality mental health services in Bristol. The service is represented across BMH Systems Leadership, including BMH Partnership Committee and the BMH Equality and Diversity subgroup.

## **Provider Forum**

This forum brings together a range of public sector and voluntary sector organisations who are involved in supporting people with dementia and those involved in a caring/support role. Over the year topics for discussion have included the needs of younger people with dementia, acute hospital experiences and how best to ensure the involvement of people with experience of living dementia in planning and development of services. Organisations present developments and opportunities as part of the quarterly agenda. The Wellbeing Service is represented by both service managers (DPT & Alzheimer's Society).

## **Health Integration Team (HIT)**

The HIT brings together NHS organisations, universities, local authorities, patients and the public to facilitate the systemic application of evidence to promote integration across healthcare pathways.

Dementia HIT:

- Deliver dementia -friendly communities and services based on the highest quality evidence
- Conduct world-class research to achieve the best quality of life for people and families living with dementia

Alzheimer's Society staff are the leads for Public and Patient Involvement and throughout the year Bristol Dementia Wellbeing Service has also been represented through our clinical lead and research and development manager.

### **Case Audit**

To ensure the consistency and quality of information recorded in people's case notes, we undertake a monthly internal audit.

### **Flexible Respite Beds**

We have worked alongside Bristol Clinical Commissioning Group (CCG) providing clinical support to the Flexible Dementia Respite Care Beds pilot. This pilot is exploring the benefits of using rehabilitative short-term care beds for people with dementia-related issues and providing an alternative to hospital stays due to their dementia or carer breakdown or illness.



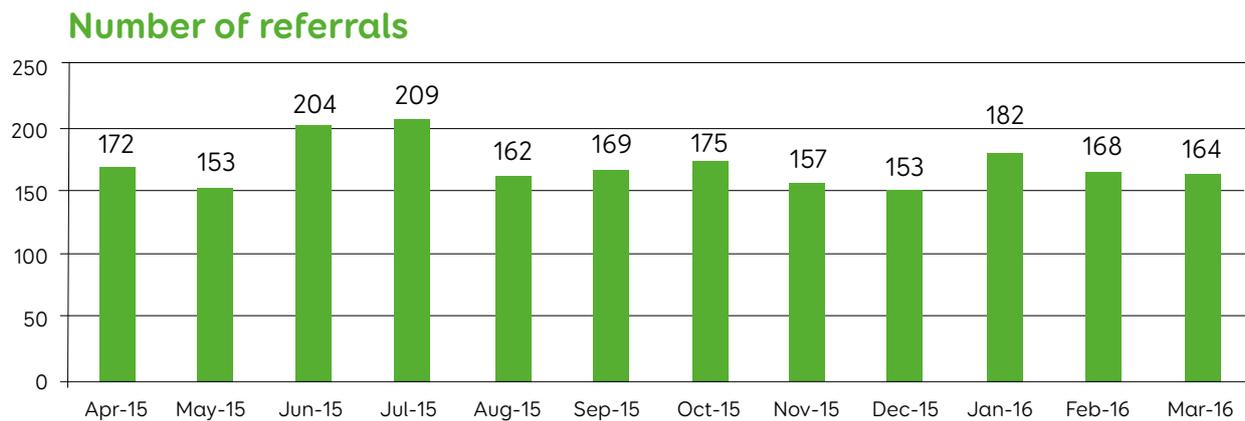
# Service Performance

In this section you will find a review of our service performance in our first year.



# Number of referrals

We have received 2,068 referrals in 2015/16. The rate of referral has remained relatively consistent, with some increases in June/July 2015, possibly attributed to increasing awareness of the new service or seasonal impact.



## Key Performance Indicators for 2015/16

### KPI01: Diagnosis rates

In 2010/11 only 1,906 people were on the dementia register, less than half of the then expected prevalence of 4,134, based on the age and demography of the Bristol population.

Bristol now has the best diagnosis rates in the south west and is amongst the best nationally. We have worked alongside the CCG with GP practices to improve diagnosis rates.

Within the service our expectation is that 90% of our caseload will have a diagnosis of dementia. This takes into account those who are currently undergoing further investigation to determine an accurate diagnosis. At the end of March 2016, we have a service diagnosis rate of 88%.

Bristol Diagnosis Rate  
Diagnosis of Dementia in  
Bristol against expected  
prevalence

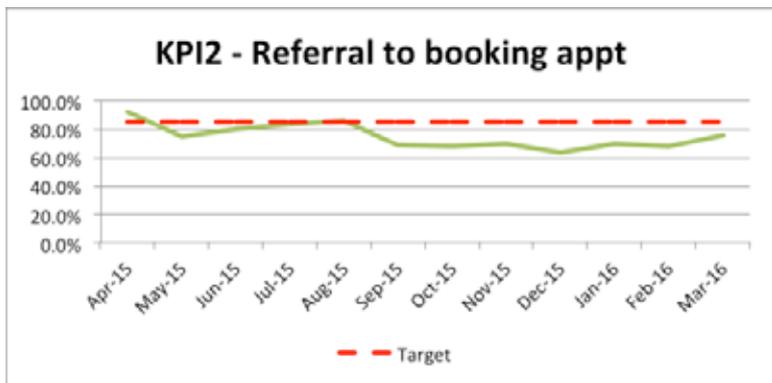
**70%**  
(as of March 2016)

Service Diagnosis Rate  
Diagnosis of dementia  
within the service

**88%**  
(as of March 2016)

### KPI02: Waiting time for assessment

This measures the waiting time from referral to the booking of the first appointment for assessment, whether this is the starting point of a diagnosis or for those with an existing diagnosis, to begin the process of developing a personalised wellbeing plan.



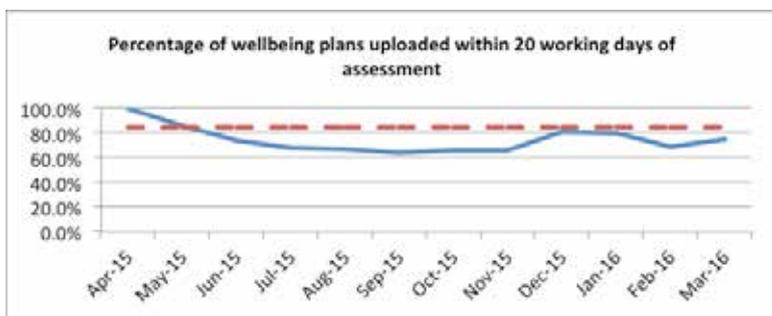
**Waiting time for assessment**  
Target  
(10 working days) = 85%

**Average = 76%**  
**Current = 75%**  
(April 2016)

We recognised that people awaiting memory clinic appointments were affecting the waiting times of referral to assessment and this is now reported separately. The median waiting time in March 2016 was four working days.

### KPI03: Wellbeing plans commenced within 20 days of assessment

This measures the time from our initial assessment to the commencement of the first wellbeing plan. This is a plan that develops between the service, the individual and their family. In our first year, 2,945 people with dementia received a wellbeing plan or review. Whilst there have been some historic recording issues, performance is steadily improving.



**Wellbeing Plan commenced within 20 days of assessment**

**Target = 85%**  
**Current = 75%**

### KPI04: Friends & Family Test

The results from our Friends & Family Test are outlined earlier in [2. Looking Back: How have people experienced our service?](#)

### KPI05: Antipsychotic Medication Review

If we instigate the prescription of anti-psychotic medication for dementia, we will carry out or trigger a review by the GP at six weekly intervals until it is stopped. If longer-term prescription necessitates a three month review, this is agreed with the GP and documented. Adjustments to this KPI have only recently been made, and therefore there is no baseline data available for 2015/16.

**KPI06: Urgent request for advice responded to in four hours / Non-urgent request for advice responded to in 48 hours**

We have collected data via a manual spreadsheet when logging calls received at our Access Point. Due to a wide variety of calls and recording issues, it is not possible to pin-point exactly which calls are advice calls and which are general service calls. However a robust system to pass on call details to those best placed to respond is in place and all requests are dealt with in a timely manner.

**KPI07: Percentage of service users signing-up to the Join Dementia Research (JDR) register**

This was developed during 2015/16 as part of the CQUIN requirements and we have formalised our commitment to promoting research opportunities each year by agreeing a target of 20% increase in people signing-up to the JDR register.

**KPI08/09: Carers with their needs assessed / Carers referred for a break**

This KPI has been agreed for 2016/17 and we are currently developing the process for recording and extracting the data so that we can report on these measures in future.

# CQUINs 2015/2016

In July 2015, our first CQUIN targets were agreed and we are pleased to report that we have achieved these which are outlined here:

## 1. Care Home Engagement

To ensure that people in specialist dementia care homes have a formal diagnosis and access to a wellbeing plan, as they would expect in the wider community.

- ✓ We worked with three dementia specialist care homes in Bristol, supporting the homes to develop their own internal wellbeing plans for their residents.
- ✓ We also delivered weekly review rounds in each of the homes, giving the home and staff an opportunity to discuss individual cases or develop ideas on how to improve the experience for residents in the homes.
- ✓ We liaised with GP practices to compare their QOF register (their list of people with a diagnosis of dementia) with our own caseload. We will continue to compare our caseload data with GPs into 2016/17 to ensure everyone with a diagnosis of dementia is given the opportunity to access our service.

## 2. Research

To promote the national register of people interested in being offered the chance to take part in research (via Join Dementia Research).

- ✓ All people with dementia in the service are given information on accessing research opportunities. Join Dementia Research brings together dementia research on a national level, including research into causes of dementia, diagnosis and treatment. We also supported a south west 'bus tour' by Join Dementia Research in December 2015, which resulted in a huge uptake in Bristol residents joining the programme with an increase of over 150% in the six months to March 2016.

### What are...CQUINs?

Commissioning for Quality and Innovation (CQUINs) are targets set and agreed by the commissioner to achieve additional income of 2.5% of the contract value. The amount of this paid to the service depends on how much of the targets are achieved.

### 3. Medicines Management

To provide best practice advice and support to GPs in the appropriate use of prescribing, including antipsychotic medication

- ✓ We recruited a pharmacist for one day a week. They supported staff training in Medication Management and staff have access to the Medicines Management Helpline for advice.
- ✓ In three dementia specialist care homes we ensured that all residents receiving antipsychotic medication have a thorough review plan, ensuring that the continued use of the medication is appropriate and reviewed, and that other causes or interventions have been considered.

### 4. Primary Care Engagement

To develop links with primary care and the relationship between our service and GP practices.

- ✓ By June 2015 we met with all GP practices and have continued to develop relationships between our GP practitioners and our link practitioners and navigators
- ✓ We circulated a survey in July 2015 and March 2016 to get feedback on our service within primary care. We have seen an improvement in the awareness of the service and overall engagement between GPs and their link practitioner and navigator

“ We have a great dementia team now (including us in primary care) and I am confident our patients will have much easier access to help and advice.... ”

(GP Survey - July 2015)

“ I think the dementia navigators have been good for patients/families ... I feel confident to diagnose and initiate prescriptions for Alzheimer's / Mixed / Vascular Dementia ”

(GP Survey - March 2016)

### Service Evaluation

As part of our contract, we have agreed to monitor the effectiveness of our service through a Service Evaluation, due to report in November 2016.

This included a series of patient and carer interviews including a focus on quality of life and social isolation, and feedback from staff and the commissioner on their experience of the service, its implementation, successes and challenges in its first year.

### Other achievements

In our first year we have attracted national interest in our service and have been approached by other Trusts looking to replicate the Bristol model.

At DPT's Celebrating Achievement Awards, we won the award for Integration. This celebrated the successful integration of our clinical and non-clinical teams, bringing together the Trust and Alzheimer's Society in partnership. And we also picked-up the Mental Health Team of the Year from Bristol Health Partners, organised by the Bristol Post.



# Looking Forward

Although much has been achieved in our first year, we are a service that listens and know there is always room for improvement. We have sought the view of people who use our services, our staff, GPs and our commissioner to identify some of our challenges and what we can do to respond to these.



# Priorities for 2016/17

## 1. A focus on wellbeing

### Local priority:

Whilst we recognise the success of diagnosis in our first year, the key shift for year two will be to:

- Focus on wellbeing for people with dementia and their carers
- Review our wellbeing plans
- Explore further service development opportunities with local providers
- Ensure equality of access for people with dementia and their carers to talking therapies (provided by Bristol Wellbeing Therapies) and additional psychotherapy for couples
- Focus on working towards wellbeing interventions via a stepped care approach for our staff.

## 2. Service Development and Resilience (CQUIN #1)

### Local Priority:

To ensure that our service is resilient and makes best use of the wealth of experience and knowledge we have in-house, one of our two CQUINS for 2016/17 focuses on establishing 'specialism champions' in each hub across the service.

#### What we will do:

- Establish specialism champions in each hub across 9 specialisms
- Ensure these roles are supported with access to training and development opportunities
- Encourage champions to share best practice and act as a key point of contact for colleagues across the service

### Our 9 Specialisms

- Advanced Planning
- Alcohol/Dual Diagnosis
- Equality & Diversity
- Frailty
- Human Rights
- Learning Disability
- Post-diagnostic / Living well with dementia / Psychosocial
- Prescribing
- Young Persons

### 3. Residential Homes (CQUIN #2)

#### Local priority:

We are currently commissioned to work with residential home residents in the same way as those living in their own homes. However, we have received feedback from our staff and residential home providers that a whole-home approach (as we have with care homes with nursing) would benefit people accessing our services in Bristol's residential homes.

#### What we will do:

- Recruit two residential home practitioners to provide whole-home support to 10 Residential Homes across Bristol, including education, advice and promotion of best practice.
- In 2017/18 we are anticipating the completion of two new state-of-the-art dementia care homes in Bristol and hope that these new roles will be developed over the next year in readiness for these developments.

### 4. Challenging Behaviour

#### Local priority:

GPs have told us that they do not feel especially confident in supporting patients who present with behaviour that challenges.

#### What we will do:

- We will continue to support GP's awareness and confidence, including ongoing support to GP Education Days, provided by the GP lead for dementia under Bristol CCG
- Support the availability and access of therapeutic alternatives to medication

### 5. Service Promotion

#### Local priority:

We have listened to feedback that our service needs to do more to share a consistent message about what we do and don't do, manage expectations about the service and reinforce our primary care model.

#### What we will do:

- Make links with other services to develop a cohesive pathway and clarify responsibilities to ensure a joined-up experience for people with dementia and their carers
- Continued GP Education
- Review and develop our website
- Training in kind with other providers
- Develop a communications strategy alongside BMH communications

## 6. Involving others

### Local priority:

Ensuring the voice of people with dementia and their carers is recognised in recruitment, training and developing relationships with other providers of services

What we will do:

- Shared decision making, including involvement of the voice of the person with dementia carer during staff recruitment
- Continue to develop the Service User & Carer Reference Group
- “You said, we did” - demonstrate that we are a listening service

## 7. Equality & Diversity

### Local priority:

Developing equality & diversity awareness within the service to ensure that access and experience of our services is shared across all community groups

What we will do:

- Develop and run internal staff training on equality and diversity as part of our service-wide staff development days
- To share and promote internal employment opportunities to wider community groups
- Explore the potential for Bristol-based Staff Networks for LGBT+, BME and Disability
- Promote the service at a variety of community events

## Where can I find out more?

- 1 : The Dementia Wellbeing Service has a website where you can find out more about what we do at:  
: [www.bristoldementiawellbeing.org](http://www.bristoldementiawellbeing.org)
- 2 : **Bristol Mental Health**  
: Visit: [www.bristolmentalhealth.org](http://www.bristolmentalhealth.org)
- 3 : **Devon Partnership NHS Trust**  
: Visit: [www.devonpartnership.nhs.uk](http://www.devonpartnership.nhs.uk)
- 4 : **Alzheimer's Society**  
: Visit: [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

However, if you need any advice on referral or have any general enquiries about the Dementia Wellbeing Service you can use our Access Point number.

You can contact the Access Point line on: **0117 904 5151**







[www.bristoldementiawellbeing.org](http://www.bristoldementiawellbeing.org)