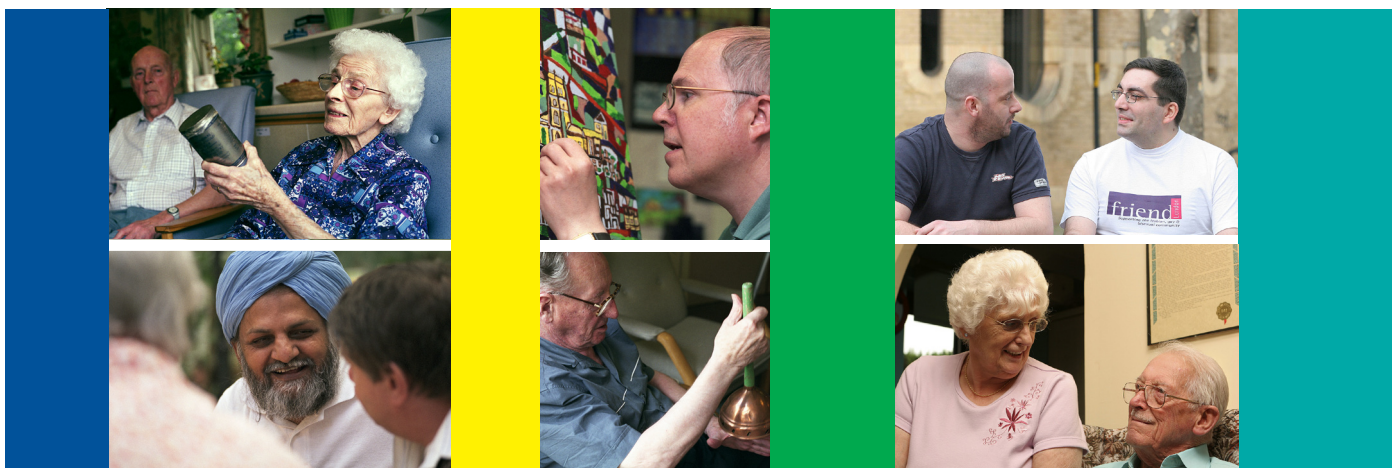


Living well with dementia:

Transforming the quality and experience of dementia care for the people of Norfolk



A draft joint commissioning strategy for consultation

30 November 2009 to 22 February 2010



Reader Information Box

Title	Dementia Joint Commissioning Strategy
Description	This strategy sets out Norfolk County Council, NHS Norfolk and NHS Great Yarmouth and Waveney's plan for implementing the National Dementia Strategy
Other relevant approved documents	National Dementia Strategy Joint Commissioning Strategy for Carers in Norfolk NHS Norfolk long term conditions strategy NHS Norfolk end of life strategy NHS Norfolk Single Equality Scheme The use of antipsychotic medicine for people with dementia: Time for action
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Review date and by whom	November 2010 – Norfolk County Council, NHS Norfolk, NHS Great Yarmouth and Waveney
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Impact Assessment	Impact Assessment carried out in accordance with the guidelines
Consultation	Norfolk Local Involvement Network (LINK) NHS East of England
Approved by	Norfolk County Council Cabinet – 12 October 2009 NHS Norfolk Board – 24 November 2009
Authorised by	Harold Bodmer, Director, Adult Social Services. Julie Garbutt, Chief Executive, NHS Norfolk. Dr Sushil Jathanna, Chief Executive, NHS Great Yarmouth and Waveney
Contact details	Living well with dementia, Freepost, PLZE-CLES-GKSL, Norwich NR1 2SQ. Tel: 01603 228847

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Foreword

Foreword by Director of Norfolk Adult Social Services, NHS Norfolk Chief Executive and NHS Great Yarmouth and Waveney Chief Executive:

In developing Norfolk's response to the challenges of improving services for people with dementia, now and in the future, we have worked with a wide range of people. Most importantly, we have been able to draw on the views and experience of people with dementia and their carers.

The challenges are many – including tackling the stigma that surrounds dementia and improving and joining up the wide range of services needed by people with dementia and their carers. With Norfolk's large and growing population of older people, dementia will affect more and more lives.

There is a need for both members of the public and professionals to have, understand, and appreciate the full facts about dementia and for more tailor made education and training for professionals.

By diagnosing people earlier and providing them with the support they need, we will ensure people will have more choice and control over how they live with dementia, this will also enable them to live life to the full.

Recognising that people with dementia are first and foremost individuals will mean that people are treated with respect and dignity. Services will therefore become 'person-centred'.

We have identified a number of key priorities for Norfolk over the next five years and the purpose of this consultation is to check these priorities and their related actions have wider support.

Feedback on the strategy is via our public mailbox or by letter using our freepost address.

During the consultation period we will be holding five public meetings across Norfolk to ensure as many people as possible are able to let us know if we have got our priorities right. The location and details of the meetings are on page 18.

Chief Executive
NHS Norfolk



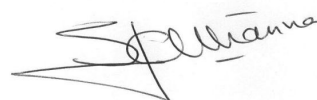
Julie Garbutt

Director of Adult Social Services



Harold Bodmer

Chief Executive
NHS Great Yarmouth & Waveney



Dr Sushil Jathanna

Executive summary

The term “dementia” is used to describe a number of illnesses or symptoms in which there is a progressive impact in a person’s ability to take part in day to day activities, including memory loss, reasoning, communication skills and the ability to carry out daily activities. Alongside this, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering. The causes of these illnesses are not well understood. The greatest risk factor is age, although this can affect adults of working age.

This draft joint commissioning strategy is Norfolk’s plan for implementing the National Dementia Strategy. The five year National Dementia Strategy (NDS) was published in February 2009 following widespread public consultation. The National Dementia Strategy can be found at: www.dh.gov.uk/en/socialcare/deliveringadultsocialcare/olderpeople/nationaldementiastrategy/index.htm

The aim of the NDS is to ensure that significant improvements are made to dementia services across three key areas:

- Improved awareness,
- Earlier diagnosis and intervention, and
- A higher quality of care.

The NDS lists 17 Strategic Objectives, 12 of which relate to services that should be available locally to all people with dementia, and two underpinning local action on workforce development and joint commissioning between public sector organisations. We have used 14 objectives as the framework for Norfolk’s joint strategy in order to ensure that dementia services in the future are more ‘person-centred’.

There are currently estimated to be 700,000 people in the UK with dementia. Dementia is thought to cost the UK economy £17 billion a year. This is more than the combined similar costs associated with stroke, heart disease and cancer together. These costs are spread across health and care services, as well as individuals and their carers. The number of people with dementia is set to double in the next 30 years and the cost predicted to treble.

In 2008 the number of people aged 65 and over in Norfolk predicted to have dementia stood at 12,714. By 2025 this figure is predicted to rise to 20,312 – a 62% increase, compared with a predicted national increase of 51%.

There is national and local evidence that people with dementia experience:

- Under-diagnosis, increased delayed discharges from acute and community hospitals and multiple re-admissions,
- Premature admissions to care homes, and
- A general lack of appropriate services.

The NDS suggests that local strategies should pay particular attention to:

- Early diagnosis and intervention - up to two-thirds of people with dementia never receive a formal diagnosis,
- Workforce development, and
- Improving care in care homes, where a third of people with dementia live.

The priorities for Norfolk were developed with people who use services, their carers, NHS and social care staff and key partners such as voluntary organisations and housing agencies. The priorities are:

- Early diagnosis and support - such as information and treatment,
- Raising awareness and understanding amongst professionals working with older people, and the public, so that people come forward for earlier diagnosis,
- Providing support and breaks for carers,
- Improving the quality of care for people with dementia who live in care homes, and
- Improved quality of care for people in general hospitals.

The NDS looked at the financial benefits (and costs) of its proposals and highlighted that:

- The additional costs of early diagnosis and support would be offset by savings elsewhere, especially in social care, and reduced care home admissions,
- The cost of people inappropriately being cared for in acute hospitals – perhaps from ‘emergency’ or ‘crisis’ treatments especially where dementia is not diagnosed - is on average around £6m for each hospital annually, as well as leading to poorer outcomes for people with dementia, and
- Good quality care homes for people with dementia have the same unit costs as poor quality homes.

We will only improve the quality and range of services for people with dementia and their carers through strong partnerships working together to make changes. The development of the joint commissioning strategy with extensive stakeholder involvement underpins the partnership approach. This also includes working together to identify where savings can be made to invest in our priority for new or expanded services without losing current effective services. Overall, implementing the strategy we believe will enable people with dementia and their carers to live well with dementia.

1. Introduction

Dementia is a term surrounded in stigma, often misunderstood and those with dementia are often not diagnosed quickly enough, leaving individuals with dementia, their families and carers in difficult circumstances.

It is predicted that the number of older people with dementia will rise in Norfolk from 12,714 in 2008 to 20,621 in 2025, an increase of 62% over this period (3.6% per annum). However dementia also affects people under 65 (an estimated 400 people plus 31 under 65s who have Down's syndrome and dementia).

In Norfolk we know that we are spending a significant sum of money across the agencies on people with dementia. It is difficult to produce an exact figure because a lot of people have multiple needs, and therefore many of their needs are met by a wide range of services.

It has been recognised nationally that dementia has not had the same high profile as other illnesses. A National Dementia Strategy (NDS) "Living well with dementia" was produced early in 2009.

Following the publication of the national strategy, Norfolk County Council, NHS Norfolk, and NHS Great Yarmouth and Waveney, worked with colleagues from primary care, Norfolk and Waveney Mental Health Partnership Foundation Trust (NWMHFT), Norfolk Local Involvement Network (LINK), local voluntary sector organisations and carers to develop a local strategy for Norfolk.

To ensure full involvement in the design of the strategy a "stakeholder" event was held to help us decide on the priorities for Norfolk. This included a wider range of partners such as people with dementia, their carers, housing and social care providers.

We have jointly developed and agreed this strategy to transform the quality and experience of dementia health and social care services for the people of Norfolk. It will be important for all those affected in Norfolk, whether it be those who develop dementia themselves, or family carers who do such a valiant job caring for and supporting loved ones.

The strategy is underpinned by the National Dementia Strategy, which focuses on three themes:

- Raised awareness and understanding of dementia,
- Early diagnosis and support, and
- Giving people the ability to live well with dementia.

Our strategy has been divided into the same 14 objectives that are found in the national strategy. For each objective we have put together information about the current situation, recommendations for improvement and plans for the development of future services. The **12 week consultation** will ensure everyone, who would like to have an opportunity to comment on the plans in the draft document, has an opportunity to share their views before the strategy is adopted in spring 2010 by NHS Norfolk, Norfolk County Council, and NHS Great Yarmouth and Waveney.

During the consultation period we will also be working with partners to develop and agree new innovative models of how we will deliver changes, in line with stakeholder recommendations on key priorities.

The project delivery team is also in the process of talking more extensively with people with a dementia diagnosis and their carers to ensure we take their views fully into account. The research is due to be completed by December 2009 and the results will be published in January 2010. NHS Norfolk, Norfolk County Council and NHS Great Yarmouth and Waveney have made a commitment to ensure that the results of the research will be reflected in the final joint commissioning strategy.

But this is only the beginning. What will be most important is how all the agencies and organisations in Norfolk will work together in a strong partnership to deliver the plans contained in the strategy over the next five years in line with the national strategy.

Dementia – key facts

It is a little known fact that much can be done to delay the onset and progression of dementia. Lifestyle changes, such as cutting down on alcohol, having a good diet and not smoking can reduce the risk of an individual developing dementia in the future.

Dementia can be caused by a number of illnesses in which there is progressive decline in memory, reasoning, communication skills and the ability to carry out daily activities. Changes in behaviour are not uncommon, such as depression, psychosis, aggression and wandering.

Dementia is a long term condition that impacts on a person's health, social circumstances and family life and has accordingly been given specialist consideration in long-term commissioning strategies. Dementia accounts for more years of disability than almost any other condition, including stroke, cardiovascular disease and cancer. It accounts for 10 per cent of deaths in men over 65, and 15 per cent of deaths in women over 65.

The risk factors for dementia are complex and vary according to the type of dementia. However, there is a higher risk of dementia:

- With age - about one in 14 people over 65 and one in 6 people over 80 has some form of dementia,
- In women - who are slightly more likely to develop dementia than men,
- In smokers,
- In those who consume alcohol to excess,
- With an unhealthy diet,
- In obesity and in those who do little physical exercise, and
- If the mind is not kept active.

Fundamental principles

We believe that the principles below should underpin all services:

Integrated	<ul style="list-style-type: none"> • The whole care system, health and social services, should be joined up to help people living with dementia and their carers.
Patient/person-centred	<ul style="list-style-type: none"> • The person with dementia and their carers should be the focal point of commissioning. • The care provided should be focused on the individual, not the environment in which it is provided. • Promotes independence through the personalisation programme, assistive technology, housing and community based services.
Family-orientated	<ul style="list-style-type: none"> • An approach that works in partnership with, and takes account of, the needs of family members caring for loved ones.
Recognition for all services	<ul style="list-style-type: none"> • Full recognition given to the importance of third sector services. The people responsible for commissioning (buying) services from voluntary sector providers will balance cost with affordability.
Housed well	<ul style="list-style-type: none"> • Housing options should be flexible and promote choice and independence, including care homes.
Offering help and prevention	<ul style="list-style-type: none"> • If there is a crisis, then services should be able to respond quickly and, where possible, prevent problems cropping up in the first place. This will reduce the likelihood of reoccurrence.
Targeted	<ul style="list-style-type: none"> • Commissioners will ensure that services find and target populations with a higher prevalence of developing dementia, for example, coronary heart disease and alcohol related conditions, as well as specific communities with increased risks such as Black Minority and Ethnic Communities (BME).
Knowledgeable workers	<ul style="list-style-type: none"> • All areas of care and health should be aware of dementia. Specialist practitioners must be available with the skills to manage younger people with dementia and people with learning disabilities and dementia, and • The 'specialist', whether they are registered professionals or trained staff, must be able to provide suitable evidence of the knowledge they have in caring for people with a diagnosis of dementia. They may be employed by a variety of agencies but work together to form a specialist service within given geographical areas.
Enough workers	<ul style="list-style-type: none"> • Commissioners and providers need to make sure there are enough trained and experienced workers to meet demand.
Equal	<ul style="list-style-type: none"> • Services should not discriminate on the grounds of age, race, gender, disability, culture, faith or sexual orientation. Recording of age and ethnicity of service users should be emphasised as an inherent part of all quality monitoring systems. • Adherence to legislation on mental health, the Mental Health Act (2007), Mental Capacity Act (2005) and the Single Equality Act (2008), and • Providers need to demonstrate how all services treat people with equal dignity and respect.
Meets national standards	<ul style="list-style-type: none"> • Services must comply with national drivers.

Norfolk – current resources

As part of the preparation to inform this strategy, a mapping exercise was undertaken to find out what we have already in Norfolk. It is recognised that there are constant changes in the county and that we may have missed some services. We will build on this as we extend the work over the next five years. The mapping has proved to be difficult as many of the services provided to people with dementia do not specifically record dementia as part of the needs of the individual. Outline details of services are listed in a supporting document which is on the website or available on request; this information is also summarised under each objective in the full strategy document.

There is limited national funding for implementation and some of it is being used to pilot and evaluate new approaches. Norfolk for example was successful in obtaining funding to pilot the role of dementia advisor across Norfolk. The dementia advisor role is to provide ongoing information, advice and signposting support to people who are newly diagnosed with dementia.

The NDS impact assessment included information on the financial benefits (and costs) of its proposals. These highlighted that:

- The additional costs of early diagnosis and support would be offset by savings elsewhere, especially in social care. In addition there is evidence that such support, and early carer support, could reduce care home admissions by over a fifth,
- The costs of people inappropriately being cared for in acute hospitals – perhaps from ‘emergency’ or ‘crisis’ treatments especially where dementia is not diagnosed - costs on average around £6m for each hospital annually, as well as leading to poorer outcomes for people with dementia, and
- Good quality care homes for people with dementia have the same costs as poor quality homes.

Whilst encouraging, this means that we will have to work together to significantly redesign services in order to realise savings to be reinvested, for example in improved diagnosis and improved support services prioritised by Norfolk stakeholders.

Further work is being carried out to identify the financial implications of the Norfolk joint commissioning strategy using a Dementia Commissioning Toolkit (DCT). This tool provides the ability to better understand the health and care needs and services required for Norfolk. As well as supporting the development of care pathways for selected patients it outlines the financial and service implications of planned changes across health and social care.

The DCT will enable Adult Social Services and primary care trusts to better identify where additional resources are needed. We will also be able to see where savings can be made with no loss of service, to fund vital investments to implement the Norfolk Joint Commissioning Strategy.

In addition, many of the recommendations link to current plans for service development such as for carers’ services or end of life services. Work on these dementia objectives will be taken forward as a vital part of the carers and end of life strategies and plans.

Other benefits can be achieved by commissioning more training in staff skills and staff awareness – which was very clearly highlighted as a priority through the involvement events.

2. Pathways and Priorities

National and local pathways

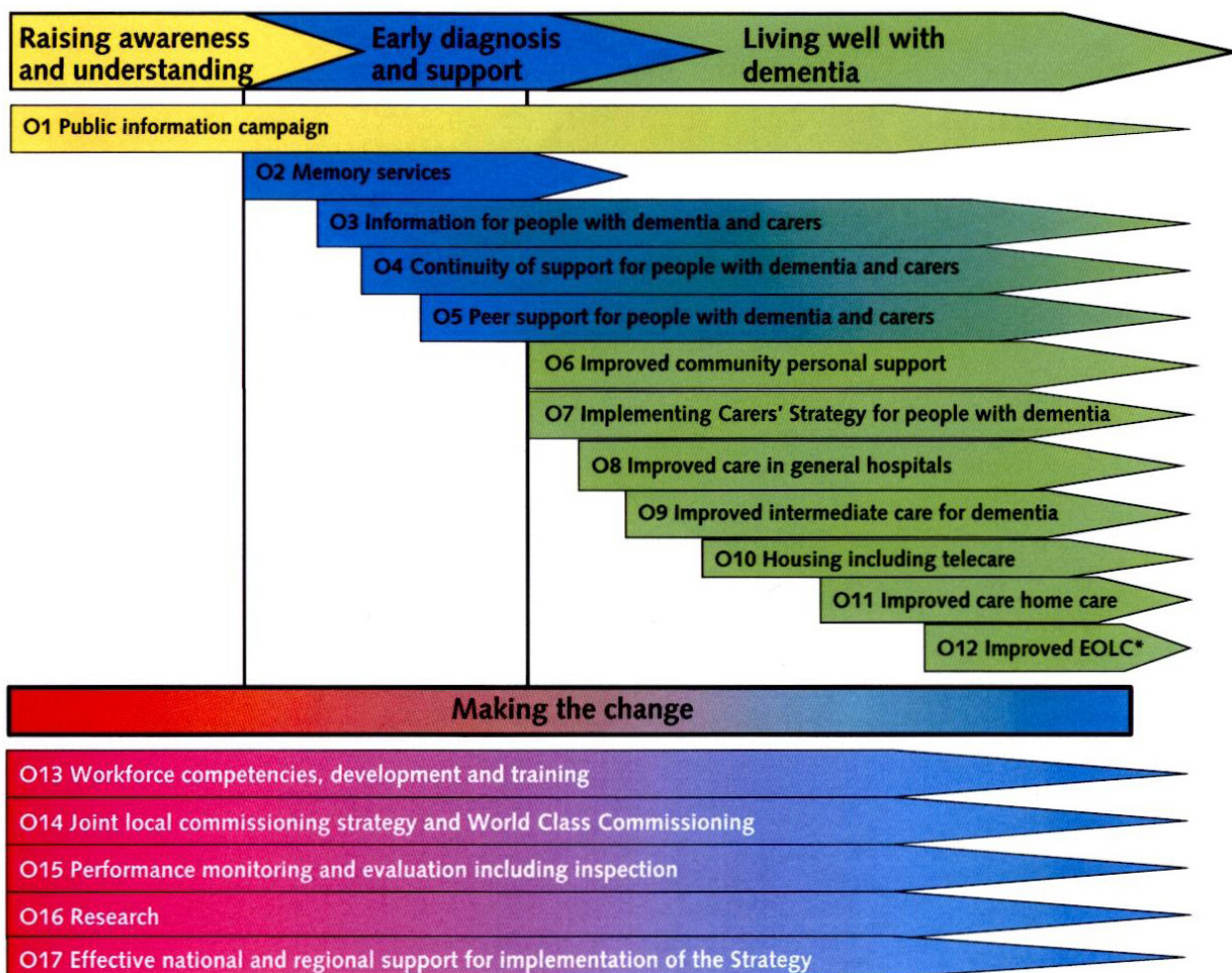
The National Dementia Strategy (NDS) sets out a three part framework to deliver the overall aim that all people diagnosed with dementia and their carers are helped to live well with dementia.

The three parts are:

- Encourage people to seek help and for help to be offered earlier,
- Make early diagnosis and treatment the rule rather than the exception, and
- Enable people with dementia and their carers to live well with dementia by providing good quality care from diagnosis to the end of life.

Figure 1 below shows how the national objectives fit within this framework.

Figure 1: Delivering the National Dementia Strategy – joint commissioning of services along a defined care pathway to enable people to live well with dementia

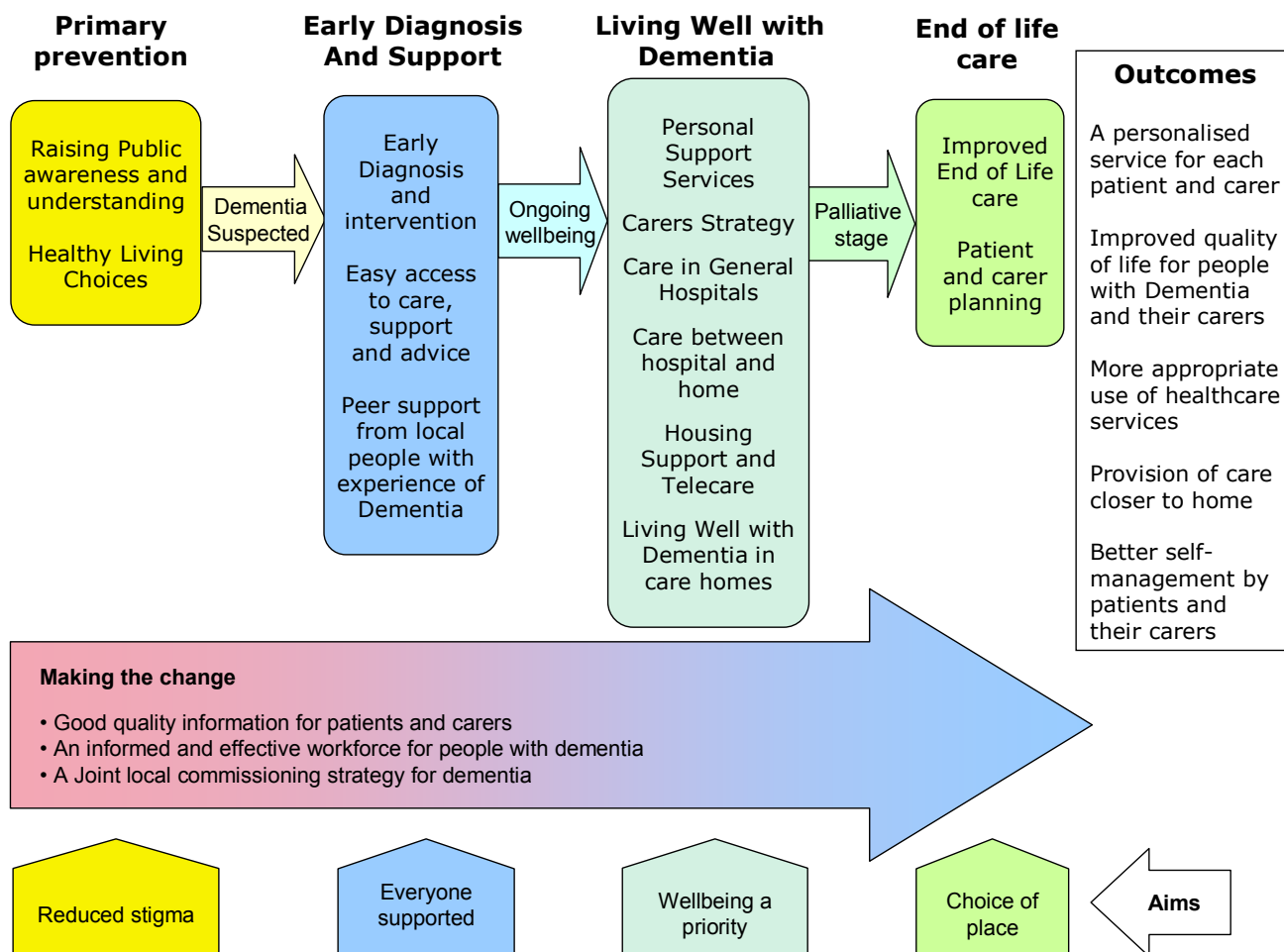


*End of life care

The work which has been undertaken in Norfolk has included developing a draft local care pathway and this is shown in Figure 2.

This is consistent with how we have developed pathways across Norfolk for other long term conditions, especially in NHS Norfolk. This means that we can join care pathways together, for example, where a person has both dementia and diabetes. This should make care and treatment more person-centred.

Figure 2



Priorities for action

The national strategy states that priorities for improvement should be decided locally, but suggests that particular attention should be paid to early diagnosis and intervention, workforce development, and improving care in care homes.

Norfolk's draft priorities have been developed through working with a wide range of people in public and third sector services who work with people with dementia and their carers in health, social care and housing.

The priorities have been shaped through more detailed discussions with people diagnosed with dementia and their carers. We have also drawn on public consultation and development work on carers' services, end of life services, housing options for older people, and day opportunities.

From all this work the Norfolk priorities for action from 2009 to 2012 have been identified as:

- Early diagnosis and support around information and treatment.

Improved services in these areas need to be in place before we move forward on a related priority:

- Raise awareness and understanding amongst professionals working with older people. However the people who were involved in developing priorities are aware that they must not forget people who are already living with dementia.

As a result our other priorities are:

- Providing support and breaks for carers,
- Improve the quality of care for the third of people with dementia who live in care homes, and
- Improve the quality of care for people in acute hospitals; this will also make better use of resources.

Underpinning these priorities are two key areas which will support improvement:

- Workforce development, and
- Taking forward joint commissioning.

Members of the project group have linked into regional and national dementia work on workforce and joint commissioning issues.

In setting the priorities, the members of the project group have also taken into account that there are areas where Norfolk is already providing good services, for example, assistive technology, or where significant service development is planned. Examples of these include intermediate care to pro-actively avoid acute hospital admissions, end of life care and carer strategy developments. We will make sure that the needs of people with dementia are fully integrated into these areas.

This consultation document is a summary of the full strategy, and outlines the priorities of for Norfolk. Details of how to get a copy of the draft strategy are on page 17.

3. Action plans

The following recommendations are aimed at making sure the Norfolk Joint Dementia Commissioning strategy delivers major improvements prioritised over the next two to three years (Please note, the numbering relates to the actions for each of the national objectives in the NDS.)

- Objective 1: Raise awareness and understanding amongst professionals and the public.
- Objective 2: Good quality early diagnosis and intervention for all.
- Objective 7: Providing support and breaks for carers.
- Objective 8: Improved quality of care for people in acute hospitals.
- Objective 11: Living well with dementia in care homes.
- Objective 13: Workforce skills development; training around dementia issues.
- Objective 14: A joint commissioning strategy for dementia.

The national strategy is designed around a five year plan. We will review Norfolk's priorities after two years and the delivery of plans annually. More detail can be found in the appendices on each objective in the full strategy, which can be accessed at:

<http://www.norfolk.nhs.uk/consultations/joint-dementia/index.html>

Action 2009/2010

2.1 A protocol to be agreed and adopted for primary care services within Norfolk on the screening, early diagnosis and referral pathways for people with symptoms which may be mild, moderate or severe dementia. This will involve developing more effective screening tools for GPs, which also take account of people's diverse backgrounds.

2.2 We are currently checking on the numbers of clients currently being seen in Norfolk at memory clinics. This service can vary and there is a need to link with national and international developments to make sure that memory clinics deliver the same services and high standards across Norfolk in order to improve the rate at which people are diagnosed.

2.3 The 'best practice' around delivering services recommended by the NDS is through a multi disciplinary team (MDT) working between primary care services and specialist older people's mental health services. Further work will need to be undertaken to decide if this is the right model for Norfolk, building on existing services, and to agree roles, skill mix and staffing levels. This will link into investment plans.

7.2 Agree a joint health and social care model for day opportunities which will support joint commissioning and the expansion of services to meet needs of people within a person-centred approach and work towards commissioning more social care places.

8.4 Review the potential impact of specialist liaison older people's mental health staff in local acute hospitals and voluntary sector mental health staff. There is a need to look at national work to see if the nature or coverage of the role needs to be extended, for example from medicine for older people into other 'specialist areas' and to provide support to patients and staff. We will also look at the training and education of health staff to make sure they involve family members more, for example when supporting the discharge process alongside social services staff.

8.5 Implement nutrition action plans in acute and community hospitals for people with dementia, where they are not already in place, including visible ways to ensure supported feeding always occurs.

11.1 Complete the review of the local anti-psychotic drug initiative, and share the learning on the management and guidelines for the use of drugs and medication in the treatment of dementia with all care homes in Norfolk.

11.3 Maximise the capacity to deliver in-reach services to care homes by Norfolk and Waveney Mental Health Partnership Foundation Trust (NWMHFT) to prevent crises and preventable hospital admissions.

11.4 Continue to test the potential of telecare and assistive technology within the care home setting and consider the opportunities from award winning tele-health and tele-care services already operating across Norfolk.

14.1 Develop an agreed integrated pathway for dementia with new service models as required to underpin investment decisions in joint commissioning.

14.2 Develop the use of the dementia commissioning tool (DCT) to support dementia services investment decisions in joint commissioning.

14.3 Work with the NHS programme boards and clinical networks covering primary care, planned and unplanned acute care, long term conditions and end of life care so that they meet the needs of people with dementia and their families in their commissioning decisions. Make sure it is embedded in the performance management of providers.

14.4 Work with partners in the Local Area Agreement to ensure that mainstream services take full account of the needs of people with dementia and their carers.

14.5 Strengthen the locality focus on dementia by working innovatively with Practice Based Commissioners (PBC). Increase the participation of people with dementia, their carers and service providers in the Norfolk mental health locality groups. Use these groups to shape the potential future development of the dementia advisor service currently being piloted, and to coordinate with a long term condition (in joint commissioning).

Action 2010/2011

1.1 Undertake high profile media campaigns across Norfolk to back up the raised public awareness following the launch of the National Dementia Strategy. A campaign of this nature must have a phased approach, developing and continuing over time, this needs to be linked to the joint strategy.

1.2 Accurate, accessible, evidence based information will be made available to all people in Norfolk. This will be in a variety of formats through the INTRAN partnership and development of health and social care information networks. The information will meet the health and social care needs of individuals and their carers and be culturally sensitive.

1.3 Organisations will be encouraged to use existing networks to broaden the distribution of information relating to issues around dementia, diagnosis, help and the support available. Joint commissioning from the third sector should be expanded as a source of information. Commissioners will seek partner organisations to develop and to distribute information packs needed to inform the general public, individuals with dementia and their carers.

2.2 Monitoring will take place to ensure GP practices increasingly and routinely screen patients with known risk factors for dementia, such as coronary heart disease and stroke, during their annual review (early diagnosis).

2.6 Work with Practice Based Commissioning to develop primary care services, for example through awareness skills training, GPs with special interest in dementia, older people's mental health services, and specialist nurses carrying out screening (early diagnosis).

7.1 Information packs - these will be increasingly available for family carers.

7.3 Short-breaks. Improving the variety and flexibility of short break services available for families of people with dementia, both current bed-based within residential settings, and home based services and those developed in the future. This will utilise both social care and health funding and increasingly will be supported by the introduction of personal budgets and personal health budgets to offer greater flexibility and choices and innovative opportunities.

8.1 Each acute hospital should identify a senior clinician to lead a task force of staff for quality improvement in supporting those with dementia in hospital. This could be a shared appointment with for example NWMHFT.

8.2 Acute hospitals should develop an explicit care pathway for the management and care of people with dementia in hospital, from a task force of staff, possibly led by that senior clinician.

8.3 Extended assessment in acute hospitals to include specific information from both family carers and paid carers to better assist with the care of the person with dementia.

8.6 Develop awareness training for all hospital staff on the health and social care support needs and requirements of those with dementia and their carers. This could potentially include information displays throughout the hospital.

8.7 Implement training of hospital staff in order to better understand the needs of people with dementia. This will ensure positive outcomes from all around involvement with patients with dementia and their carers.

11.2 Establish a Norfolk Dementia Provider Forum, building on the existing Norfolk County Council Adult Social Services Dementia Provider Forum and other forums including Norfolk Mental Health Provider Forum. This will encourage leadership in each area, including in each care home, and act as a network to promote good practice.

13.1 Develop a Norfolk workforce strategy through local networks, and linking with regional plans to take on board the implications of the dementia strategy. This will ensure a coordinated approach to staff training and development around dementia issues for all staff in health, social care and the housing sectors especially, who are in contact with people with dementia.

13.2 Commissioners, with input from people with dementia and their carers will specify the necessary potentially mandatory dementia training across the whole care pathway, including end of life for service providers. This will also cover training those who care for people with dementia, including family carers and services in the community.

13.3 Require all providers who support or care for people with dementia or their carers to have a baseline awareness of their current staff in relation to dementia, and to develop an action plan to reach the overall required standards through training.

Action 2011/2012

2.3 Routine screening in GP practices will be expanded, using a phased approach, to target the generic older population. Screening will be carried out by professionals such as practice nurses trained in a core set of competencies (early diagnosis).

13.4 Influence training for staff in universal services for example, receptionists, help desk staff, porters, and clerical teams. This will ensure there are more skills and awareness training around dementia across the widest possible range of staff that may be in contact either directly or indirectly with people diagnosed with dementia or their carers.

Plans for other objectives

The key plans for the remaining seven objectives are shown below. As with the NDS they are considered to be very important but have been seen by stakeholders as being as of lower priority than those focused upon already. Many of them are developments of existing work. More information on all the objectives, the current situation and local plans can be found in the full strategy which is available on the website: www.yournorfolkyoursay.org

You can also get a copy by phoning **01603 228847**.

Objective 3. Good quality information for people with dementia and their carers.
We will improve the co-ordination and access to information about dementia and services for people with dementia and their carers, both at diagnosis and during their care.

Objective 4. Easy access to support and advice after diagnosis.
We will pilot the dementia advisor role to provide information, support and advice and decide on its long term future.

Objective 5. Develop structured peer support and learning networks.
We will develop existing services so that people with dementia and their carers will be able to get support from local people with experience of dementia and take an active role in developing local services.

Objective 6. Improve community personal support services for people living at home.
We will develop flexible services to support people with dementia living at home and their carers. This will include crisis response services, day opportunities, advocacy services and domiciliary care.

Objective 9. Improve intermediate care for people with dementia.
We will ensure that services designed to avoid hospital admissions and help people leave hospital quickly are able to meet the needs of people with dementia.

Objective 10. Consider how housing support, housing-related services, technology and telecare can help support people with dementia and their carers.

Services will consider the needs of people with dementia and their carers when planning housing and housing services and try to help people to live in their own homes for longer.

Objective 12. Improve end of life care for people with dementia.

We will consider the needs of people with dementia and their carers when planning local end of life services.

4. Consultation events

During the consultation period we are holding five public meetings from November 2009 to February 2010.

Venues

North Walsham Community Centre, New Road, North Walsham, Norfolk, NR28 9DE,
30 November 2009, 10.00 am – 12.30 pm

West Norfolk Professional Development Centre, School House, Kilhams Way, King's Lynn, PE30 2HU,
3 December 2009, 2.00 pm – 4.30 pm

Attleborough Town Council, Town Hall, Queens Square, Attleborough, NR17 2AF,
14 January 2010, 2.00 pm – 4.30 pm

The Kings Centre, 30 Queen Anne's Road, Great Yarmouth, NR31 0LE
27 January 2010, 4.00 pm – 7.00 pm

The Assembly House, Theatre Street, Norwich, Norfolk, NR2 1RQ,
10 February, 2010, 4.00 pm – 7.00 pm

5. Have your say?

We want to know what you think, so please answer the questions on pages 19-21. You can either visit www.yournorfolkyoursay.org to complete and submit the form online or send pages 19-21 to us in an envelope (no stamp needed) to:

Living well with dementia,
Freepost,
PLZE-CLES-GKSL,
Norwich,
NR1 2SQ

6. About you

These questions are about you. We are asking these because they help us make sure that our consultation is reaching everyone it needs to. We treat this information as confidential and do not keep it or use it for any other purpose. We will be grateful if you would complete these questions as fully as possible.

1. What is your postcode? (we need the first part only)

2. Are you?

Please tick one box only

Female

Male

Transgendered

3. What age were you last birthday?

Please write in the box

4. Are you responding as? (Please tick as appropriate):

Person with dementia

Carer for someone who has used services (family member or friend)

Member of the public

Social worker/paid carer

GP/other primary care/secondary care worker

Consultant/Psychologist

A member of an organisation or group (please give the name)

Other - please state:

.....



5. Which of the following options best describes how you think of yourself?:

Please tick one box only

Heterosexual or Straight

Gay or Lesbian

Bisexual

Other

Prefer not to say

6. Which of the following best describes you? Please tick one box only

White

- White British
- Irish
- Eastern European
- Any other white background

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

Asian

- Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black

- Black British
- Caribbean
- African
- Any other black background

Chinese or other ethnic group

- Chinese
- Any other ethnic group

- Unable to understand
- Prefer not to say

Other, please state

.....

.....



7.

Questionnaire

- 1. Do you think we have chosen the right priorities for Norfolk?
(These are - early diagnosis and support, awareness raising, support for carers,
improved quality of care in care homes and acute hospitals)**

Please tick one box only

Yes

No

Don't know

- 2. Please give your reasons for your answer**

- 3. Do you think the actions we propose will help us raise understanding and
awareness of dementia, improve early diagnosis and support and help people live
well with dementia.**

Yes

No

Don't know

What are your reasons for saying this?



4. Is there anything else you would like to say about the proposals?

A large, empty rectangular box with a black border, intended for writing a response to the question above.



8. Appendix one

What the words mean

Word or phrase	Meaning
Carers	A family member, friend or neighbour who looks after someone and is not paid.
Commissioning	'Buying' the right services to meet health and social care needs. Then checking that what you bought was the right care.
NHS Norfolk, NHS Great Yarmouth and Waveney	NHS organisations commissioning and providing health services to patients.
Stakeholders	Organisations and individuals with an interest in the activities of the NHS. Stakeholders are often involved in partnership working and are engaged for consultation purposes for example Alzheimer's Society, Age Concern and Help the Aged.
Norfolk Local Involvement Network (LINK)	This is a network of people and groups who are involved in ensuring that health and social services organisations are more accountable by listening to people and empowering change. LINK organisations have a number of statutory powers.

If you would like this document in large print, audio, Braille, alternative format or in a different language, please contact Norfolk County Council on 01603 228847 and they will do their best to help.



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