

MINUTES OF THE DEMENTIA STEERING GROUP MEETING

12 March 2020, 15:00-16:30

Meeting Room 1, Sentinel House, 4-6 Nuffield Road, Poole, BH17 0RB

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| <p>Members in attendance:</p> <p>Cliff Kilgore (CK) Stu Bareham (SB) Helen Barnes (HB)</p> <p>Kate Court (KC) Manny Gnanaraj (MG)</p> <p>Damien Kendrick (DK) Irma Konovalova (IK) Gifty Markey (GM) Alison McGinley (AM) Debbie Reiffer (DR)</p> <p>Liz Rose (LR) Kathy Sheret (KS) Sarah Smyth (SS) Julia Yeates (JY)</p> <p>In Attendance:</p> <p>Nicola Plumb (NP)</p> <p>Note Taker:</p> <p>Pat Davis (PD)</p> | <p>Consultant Nurse Intermediate Care/Older People (Chair) Practice Educator, L & D Practice Education Representative (on behalf of SB) [left the meeting once SB arrived] Clinical Psychologist Service Manager/ Modern Matron, OPMH Inpatient Service ICRT Lead, Poole Representing Birgit Gurr, Clinical Psychologist, Brain Injury Nurse Manager, Nursing & Quality Community Dietitian Representing Eryl Balazs, Commissioning Manager, Dorset Council Team Leader Dorchester CMHT-OP Memory Assessment Nurse Advanced Practitioner, Bournemouth Patient Experience Deputy Manager</p> <p>Executive Director for People and Culture</p> <p>PA to Medical Team, Bournemouth & Christchurch</p> | |
| <p>Apologies:</p> <p>Di Bardwell (DB)</p> <p>Fiona Baron (FB) Jood Gibbins (JG) Nicky Grenville-Cleave (NG-C) Ellen Holmes(EH) Dino Matthews (DM) Louisa Mellish (LM) Rachel Murray (RM) Natasha Norman (NN) Jane Rickett (JR) Helen Snelgrove (HS) Pat Wilkins (PW)</p> | <p>Principle Programme Lead for Mental Health/Learning Disabilities, DCCG Occupational Therapist, East Dorset ICRT Team Manager, Intermediate Care Service Service Manager, Podiatry and MSK</p> <p>Hospital Matron, Bridport Associate Specialist, OPMHS Speech and Language Specialist Community Nurse, East Dorset Sister/Charge Nurse, Swanage Hospital Advanced Nurse Practitioner, Palliative/End of Life Care Advanced Nurse Practitioner, Palliative/End of Life Care Carers Development Lead</p> | |
| | | ACTION |
| 16/2020 | <p>Apologies Apologies are as noted above.</p> | |
| 17/2020 | <p>CK welcomed and thanked NP for attending the meeting to discuss issues raised in previous DSG meetings, around Younger Person Dementia in the workforce. He pointed out there needs to be a recognition and Trust Strategy</p> | |

that with over five and a half thousand staff there is likely to be staff suffering from this condition and who may be worried about their job and the implications of the diagnosis. There needs to be a Strategy for Managers that suspect one of their staff may be living with dementia as well as one for staff members.

NP recognised the Trust needed to provide support for Managers and what they need to do to support the staff member. The Trust needs to produce a framework with flexibility around various circumstances. The staff member may want to stay in work but in a different role. NP asked the following:

- Are there any specific things that had been encountered which she could work with?
- How can it be linked into clinical services?
- How we work with our colleagues to get a diagnosis and into our services as quickly as possible?

IK advised that her service had had a couple of younger people and the diagnosis is usually incapability. CK knew someone who was dismissed through incapability but who died within 6 months indicating she had a more severe problem and another who had been referred to Occupational Health (OH) without any discussion.

NP said that it is hard to imagine that a colleague could have Younger Person Dementia.

HB advised there is a Mental Health First Aid Course which may cover this topic.

KC advised the Adult Neurological Services are having a lot of referrals with staff going into panic mode and distress where they feel they have Younger Person Dementia. The processing service has been amazing and staff were very impressed with the referral process. CK felt staff may not recognise but also if they did may need to keep their income.

CK asked NP to give the Group some support in developing this Strategy/ Toolkit to have similar pathways. NP advised there is the Dying to Work Campaign which might be something to build on. She is committed to this and working with the workforce. KS gave an example of a staff member working in a care home where they adapted her role and gave her a further six months working. She was delighted.

MG felt the information channel between OH and GP could be better; it takes too long for it to be recognised. OH could communicate with the GP but NP wasn't sure if they were allowed. KC advised that if consent is given then it can be shared.

GM felt more of an awareness of the condition would help Managers to know what to look for. The possibility of Younger Person Dementia needs to be brought to the forefront of minds of Managers and NP wondered if a campaign might raise awareness. CK felt there was a need for something similar to FAST for Stroke. IK said that if a staff member is identifying difficulties it would be essential for them to have support from the Manager. NP agreed this

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| | <p>should be available. GM felt there could be more support from a Line Manager that is aware of the possibility of the condition. NP said Line Managers will be trained in the Autumn to get more consistent treatment.</p> <p>NP to come back to the next meeting to update on the current situation.</p> | |
| 18/2020 | <p>Minutes of the previous meeting – 9 January 2020 The minutes from the meeting held on the 9 January 2020 were accepted and signed as an accurate record of the meeting.</p> | |
| 19/2020 | <p>Matters arising from previous meeting – 9 January 2020 35/19 Trust Developments – Tier 2 Frailty Training for staff: This is ongoing but Coronavirus has delayed. CLOSED for the time being.</p> <p>38/19 Delirium Training – E-learning – Delirium page: SB advised he had explored this with other Trusts and they have nothing generic at the moment. However an e-learning package on Delirium is being uploaded to eHub for all to look through and feedback to the Group at the next meeting.</p> <p>38/19 Delirium Training – E-learning – Policy/Guideline: SB will ask other Trusts if they have any policies or guidelines for Delirium.</p> <p>39/19 Dementia Champions and Training: The Steering Group feels a lack of Lead for the Trust is detrimental. This Lead would bring both physical and mental health together as well as training. A paper is being written to go to the Board. The Postholder will then arrange Dementia Champions and what they need around training etc. CLOSED</p> <p>40/19 Dementia Friendly Trust: Article was not quite as required but did raise the profile of being a Dementia Friendly Trust. CLOSED</p> <p>41/19 Dementia within the Workforce: See above discussion with Nicola Plumb. CLOSED</p> <p>45/19 Matters to be escalated to the EQ&CR Group: Discussed previously. CLOSED</p> <p>71/19 Direction of Dementia Steering Group – ‘Lifesize’: IT advised that this conferencing facility is not compatible with IT systems at the moment. To take forward at a later date. CLOSED</p> <p>09/2020 Dementia/Younger Person Dementia Lead: Awaiting work around the Younger Person Dementia which links with this Lead. CLOSED</p> <p>12/2020 Terms of Reference and Membership: Two circulation lists created. CLOSED</p> <p>12/2020 Terms of Reference and Membership: JG to write to various people to increase membership. Completed. CLOSED</p> <p>15/2020 Any Other Business – SYMBAD research: Research had finished but could staff send to people if they are interested. CLOSED</p> | <p>ALL</p> <p>SB</p> |

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| 20/2020 | <p>Education</p> <p>SB advised that Level 3 training is no further forward and he is still waiting for a meeting to be offered by Health Education Wessex (HEW). The expertise is in DHC. He feels it best to keep working together and move forward when possible. LR thinks it should be Uni linked. CK asked if SB got much feedback. LR felt there is a need go out of the Trust or there is no motivation. SB pointed out it is a national issue. CK asked if the Group should record as a Steering Group it is suggested this is the way forward? SB wondered what it is that Managers are looking for from their team/staff development. CK felt it is certainly an element of what is the latest research. SB could look at scouting from other Trusts to see if there is anything available. All problems reinforce we need a Lead. MG asked if it would be for Team Leaders. CK felt this could be debated at appraisal. It is L & D's responsibility for Levels 1 and 2. L3 would need to be someone at a higher level. The challenge is for HEW to look at it.</p> <p>Another problem we have is the budget which has been cut to £12M this year. E-Learning is not good enough; it is not a high enough level. CK felt the Steering Group should make some recommendation for Level 3 to need University attendance to respect the Trust's staff. SB said the importance of this role needs to be acknowledged. The Group suggested that maybe Team Leaders get training. LR felt the Trust quite often misses knowing what staff have to offer. However if there is no money the Trust/Group will have to be creative.</p> | <p>SB</p> <p>CK</p> |
| 21/2020 | <p>Trust Developments</p> <p>No attendee was aware of any developments.</p> | |
| 22/2020 | <p>Dementia Partnership Meeting Update</p> <p>KS advised of Sam Nyman's recent research project, with Bournemouth University, around Tai Chi and looking at balance and how this impacted on people with Dementia, although this was not available to everyone. The outcome showed the quality of life had improved and the number of falls was reduced.</p> <p>Sue Warr of Prama Care attended the Dementia Partnership meeting to discuss Carers Mentoring and Befriending Scheme. Prama Care is looking for ex carers to be part of the scheme. Samantha Parry is being funded for three years as a Mentor and Befriender.</p> <p>KS mentioned the Herbert Protocol which she had been sent information on. The Protocol was named after a chap in a care home who went missing and was later found dead. The London Metropolitan Police and the Ambulance service are using this jointly with Dementia Services and an Acute Hospital. A form is completed and sent in to the Group when someone is diagnosed with Dementia. Various real time questions are asked and completed beforehand so that when Police arrive and ask what the person was wearing it is not so distressing. KS and a Christchurch carer are meeting with the Police in the next couple of weeks to move forward. The link could be put on the Dementia Website/Intranet Page. CK felt it could be shared with the Health & Social Care Coordinators and wider coordinators. KS had looked at a Lancashire example and they had added temples, mosques etc. She advised it will be on the Police Website. KS will send the link to CK. <i>Post meeting note – KS</i></p> | <p>KS</p> |

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| | <p><i>advised that this information is kept with the individual like a 'this is Me' document. A leaflet is available with further information at: https://www.met.police.uk/SysSiteAssets/media/downloads/central/advice/met/herbert-protocol/herbert-protocol-leaflet.pdf</i></p> <p>MG advised that Rachel Small is on maternity leave and will be moving the DS Review forward when she returns soon. The Timeline is unknown.</p> | |
| 23/2020 | <p>Job Descriptions for Lead Practitioner for Proposed Dementia Lead - discussion:</p> <p>CK asked if the Job Descriptions sent out for perusal had been looked at and whether it is the sort of level the Trust is looking for. MG asked what would be their actual role. CK said practically it is about ensuring dementia champions remain current. NICE are putting out shared guidelines and audit and we don't have the capability to enforce. LR advised it is what the Steering Group have been discussing the need for over the last 3 to 4 years.</p> <p>JY felt that part of the Dementia Lead role could also be Patient Experience. For them to look at what is happening with Carers? How can the Trust help them be even better?</p> <p>MG felt it needs to be clear and formalised.</p> <p>GM thought they would take over the Strategic Leadership of Dementia/ Research/Nationally/Other organisations and Horizon scanning. At the current time if you are a service user living with Dementia we are not engaging very well with them. JY have now proved that moving to text feedback is so much better. MG says they have received lots of compliment.</p> <p>CK asked if anyone felt one Job Description was better than the other and MG felt 8B would be too high a level. CK felt 8A would mean more experience as influence is difficult to ensure when at a Band 7 role. So possibly propose at an 8A but if money tight go to a Band 7. Would have to go through matching anyway. LR and JG had looked at what was out there but would need adapting for this Trust. CK said to use the 8A Job Description and send out to everyone for final agreement. CK to narrow down and comment on the 8A post then send back out with comments from everybody on 8A post only.</p> | CK |
| 24/2020 | <p>Dementia within the Workforce</p> <p>See discussion with NP at beginning of meeting.</p> | |
| 25/2020 | <p>Update on Community and Inpatient Hospitals</p> <p>KC has only been in the inpatient post six months and the person before for one year. MG is keen to move this post forward as he feels there is a lot of benefit in terms of what can be achieved with the patient. KC is mainly trying to introduce formulations and do a good Psychological familiarisation with placement after that. She is hoping to bring a compassionate understanding of where these behaviours derive from. A lot of what she is trying to achieve is focused on that.</p> <p>CK is working with Jo Walkley at Wimborne around severe OCD, Younger Person Dementia and physical health issues.</p> | |

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| | <p>LR stated the complexity of patients on wards is increasing drastically.</p> <p>ICSD have reported back that it is great to have the tools to work with the guidelines. KC agreed to present some feedback to the DSG but it would be around a year or more in the future.</p> | |
| 26/2020 | <p>Update on Terms of Reference and Membership Terms of Reference: These were looked at and considered accurate apart from the following:</p> <p>JY said the patient voice needs to be referred to instead of patient. JY to e-mail PD with correct wording.</p> <p>NG-C had written to PD and felt there was nothing about representation from the Community Specialist Services but Dietitians and Integrated Community Services as well as Speech and Language Therapy are all participants of the Group.</p> <p>Membership: All those approached were on the two distribution lists now agreed for the next year.</p> | JY |
| 27/2020 | <p>Update on Dementia Services Review KS advised that Expressions of Interest for Coordinators had gone out for a four week period. There will then be an invite to an Education event at DHC. The Coordinators will be working closely with DHC.</p> <p>A big difference will be the pathway for people; from the 1 September 2020 Memory Support will change to a new service. Teams have been looking at pathways behind the scenes.</p> | |
| 28/2020 | <p>Matters to be escalated to the Executive Quality and Clinical Risk Group (EQ&CR)</p> <p>JY asked if the Group see the Quality Interaction Survey and CK advised this goes to the Clinical Quality Group not this one and asked where it would fit in the Group. He advised this Group tries to Steer the Trust on the way to go. CK asked what members thought. JY to be proxy for patients who may not be able to have a voice. Send out to Group for information.</p> | JY |
| 29/2020 | <p>Any Other Business</p> <ul style="list-style-type: none"> • IK wanted to highlight the Determind Project being carried out by the Sussex Partnership NHS Trust. It is a three year study aiming to find out which Group have better or worse outcomes following diagnosis of Dementia. Also being run in Newcastle/London/Sussex/Surrey – study is on going for those diagnosed in the last six months. The participants get followed up once a year. CK advised IK that Ciaran Newell is the Research Lead for the Trust and it is best to e-mail him initially and ask if there are people interested in the Project. He will advise. IK will take forward. • PW had asked what sort of feedback we want to receive from patient | |

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| | <p>groups for Dementia Care. How do we get service user and carer feedback? Are there specific things the group want to know? KS felt this was a difficult one. There is a team working with Carers and service users – what are the hot spots? JY advised to keep questions short and ask them for feedback via text. Questions such as: What did we do well? and What can be done better? It is good to try and tap in to the emotion. How did they feel? Why? What can be done to improve situation? JY felt could get feedback on a regular basis. JY might need to get some teams working with them to get it right. It was agreed to go with a simple approach. JY advised to find out themes and what we are doing really well.</p> <ul style="list-style-type: none"> • DK advised that between the acute and ICRTS there is a trial planned where clinicians will go out in cars attached to 111. This will start at the end of April 220. DK will give feedback at the May meeting. • KS referred to when NP was talking earlier. She felt if we are looking at Younger People the Trust needs to be clear and use that. PD to use Younger Person in minutes not Early Onset. | <p>PD</p> |
| | <p>Date of next meeting: <i>This may be cancelled due to the COVID 19 virus escalations</i></p> <p>Thursday 14 May 2020 from 3.00pm in: Meeting Room 1, Sentinel House, 4-6 Nuffield Road, Poole, BH17 0RB</p> | |


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