MINUTES OF THE DEMENTIA STEERING GROUP MEETING

10 January 2019, 15:00-16:30, Meeting Room 1 Sentinel House

Members in attendance:
Cliff Kilgore Consultant Nurse Intermediate Care/Older People (Chair)
Stu Bareham Practice Educator, L & D
Fiona Baron Occupational Therapist, East Dorset ICRT
Bernie Coppe Clinical Consultant Lead for Older Adults
Jood Gibbins ICSD Team Leader
Francis Johnson Advanced Specialist Mental Health Pharmacist
Alison McGinley Community Dietitian
Natasha Norman Ward Manager, Swanage
Jane Rickett Advanced Nurse Practitioner
Liz Rose Team Leader Dorchester CMHT-OP

In Attendance:
Michele Board Principal Academic Nursing Older People/Deputy Director Ageing and Dementia Research Centre (ADRC)

Note Taker:
Pat Davis PA to Medical Team, Bournemouth & Christchurch

Apologies:
Karen Loftus Public, Patients and Carers Engagement Manager
Dino Matthews Associate Specialist, OPMHS
Rachel Murray Admiral Nurse
Georgina Wilkinson ICRT Lead, Dorchester
Kara Winwood Community Matron, Bournemouth North

01/19 Apologies
Apologies as noted above.

02/19 Guest Speaker – Michele Board

MB introduced herself, advising her role and that of the Ageing and Dementia Research Centre (ADRC) that she is Deputy Director of. She highlighted several areas that the Centre is currently involved with. PD to send the presentation with the minutes for information. **ACTION: PD**

03/19 Minutes of the previous meeting – 8 November 2018
The minutes from the Group meeting held on the 8 November 2018 were accepted and signed as an accurate record of the meeting.

04/19 Matters arising from previous meeting – 8 November 2018

007/18 Training: CK to compile an e-mail to Dawn Dawson (DD) in respect of a Dementia Lead. Further discussion later in the meeting.

008/18 Delirium Policy/Guidelines/Training: SB advised he had altered Dementia Level 2 training to every other month. A review meeting on Monday 7 December 2018 looked at linking in with OTs and other trainers to see what they are teaching and about working together.
04/19

015/18 Feedback from Training: HL not at meeting but LR advised she was still awaiting dates to attend a Hospital Matrons Meeting.

CK asked NN if there were any concerns at Swanage. NN felt that if more training could be carried out at Swanage it would be easier and very helpful. JG advised NN that Lee Sambell has taken over training and is available if NN could inform of this at the next Sisters meeting. Group was also advised that if Level 2 day is required SB is happy to offer if there is enough staff. Lorraine Climo is the contact. NN to feedback at next Sisters meeting. CLOSED.

016/18 Dementia Champions: CK had discussed with Comms. He apologised for not bringing the information and asked if members were happy for him to e-mail details of discussion to them. CK discussed as much of the Comms meeting as he was able. Once received Group to report back to CK. ACTION: CK to e-mail Group. GROUP to respond.

04/18 Education: CK to resend the BGS membership link to SB.
ACTION: CK

07/18 Dementia Doris Page: Discussing later in the meeting.

10/18 DEEP (Dementia Engagement & Empowerment Project): KL unable to attend. To take forward to the March meeting. ACTION: PD/KL

12/18 AOB – Community Hospital Update – HL: Discussed later in meeting

12/18 AOB – Dementia Friendly Trust – CK: CK had written to Dawn Dawson who had asked what benefits would be gained. CK asked the Group for their responses to send to DD. These were as follows:
- DHC is the only Trust in Dorset not Dementia Friendly. HEW has been asking the question why.
- Why not? DHC has the specialist services.
- DHC has many Community Hospitals where unusually other Mental Health Trusts do not.
- FB advised that Wimborne is a Dementia Friendly Town.
- LR has been asked to feedback to the Wessex Dementia Group why the Trust is not part of the Dementia Friendly Trust Alliance on the 25 February 2019.
- There are lots of alliance members around Dorset.

CK will also write to DD on the Dementia Lead who could Lead on important documents such as the NG97 Dementia Guidelines. JG felt it might be better to have someone separately employed and highlighted how much time is being wasted by not having one. It is in NICE guidelines to have one. The DSG could write the Job Description.
ACTION: CK

05/19

Education

Nothing to feedback.
06/19  Trust Developments

JR asked how the booklets and leaflets mentioned by Michele Board earlier could be obtained. Students receive them but staff that can influence practice do not receive them. It was not known.

JG advised there is no training being done at Level 3 other than a workbook which someone needs to go through with the person. CK suggested maybe having a word with the University about doing this instead of other courses that are not so well supported. CK felt the way forward was to approach the University and ask if they can reach out to our Trust and the Community. SB to take back to the team meeting.

**ACTION:** SB

07/19  Dementia Partnership Meeting Update

JG has been invited to look at the models to take forward again. This is difficult due to no money being available. There was a discussion around what is happening to move this forward and the possible reasons for delay. Keep on the Agenda for discussion. **ACTION:** PD

JR wondered if there would be any money available if the Trust became Dementia Friendly. CK felt not.

08/19  Dementia Doris Page

JG confirmed everything had been uploaded to the Doris Page. Richard Ross of IT has agreed to elements being placed on an Intranet page. Discussion around what should be on the page. JG to contact Managers to advise the Dementia Doris page will be going live on the Internet unless they have a reason for this not to happen. JG will tidy up the links with an explanation of each. Terms of Reference will be publicised. A paragraph stating that training is only available to DHC staff to include On Line resources and any In House training available to our staff. JG agreed to pass these to RR for uploading. **ACTION:** JG

09/19  Delirium Training – E-learning – next steps

CK asked if the Group was happy to go ahead with slides being downloaded and it was agreed. SB will take forward and ask a colleague to put together. PD to resend to SB to include the questions at the end. **ACTION:** PD/SB

10/19  Dementia Champion Training

Discussion to wait until a further decision can be made. CK to bring to next meeting. **ACTION:** CK

11/19  YOD (Young Onset Dementia) Recommendations

BC stated this large document had a summary advising recommendations on what Specialist Dementia Training the Trust should be offering in respect of YOD. BC continued that the document states the Trust should have a named clinician for this condition and wondered if...
there was any staff available that would be happy to be recognised as a lead for YOD? He felt a critical mass of clinicians could be pulled together and would be happy to offer his services.

A register would need to be compiled of patients with YOD in the County.

This condition could throw up other problems such as young(er) children being at home etc. JG felt that getting a care package for these patients would be incredibly hard. Social risks can be quite marked. CK asked if anyone knew of someone with a passion for this but BC felt this would be difficult to identify. CK suggested a pilot area but BC said the condition is pretty rare so unlikely to be an identifiable area.

JG had been advised by colleagues there used to be a team for this specialty but she had not heard of any such team. She suggested this issue also be picked up with DD when CK writing stating DSG not sure how to take this forward. **ACTION: CK**

It was agreed that BC and LR would get together to look at possible developments for Young Onset Dementia. **ACTION: BC/LR**

CK suggested having clinical sessions put aside for this and BC's recommendation is this person has three afternoons per week.

**12/19**

**Update on Community Hospitals**

HL not at meeting. To take forward to the March meeting. **ACTION: PD/HL**

**13/19**

**NG97 Dementia**

BC was concerned with a few things around Quality Assurance. However, felt it was really good and the Trust should be using it but there is nowhere to identify if we are not compliant.

CK advised he had sent it to a Director who had written back requesting a report on the cost which he advised was not possible to do. He felt it would be good to state non compliancy where the Trust wasn't, to highlight these issues.

BC felt there was a second issue with the technical appraisal. He stated NICE Guidelines are aspirational so may be able to be compliant.

CK will be at the next Quality Assurance Committee meeting so will be able to advise on the discussions held at that meeting. He felt it was an important document in terms of Dementia care. The Guidelines cover everything the Trust does. Another reason to give to DD to have a Dementia Lead to take this forward.

Group to be advised of outcome from the Trust. CK agreed with the Group that when it has been to the Clinical Quality Group and it is reviewed DSG to review again.

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Any Other Business

There were no issues.

LR and SB tendered apologies for next meeting.

Date of next meeting: NEW VENUE

Thursday 14 March 2019 from 3.00pm in the

Seminar Room, Blandford Hospital, Mildown Road, Blandford, DT11 7DD

14/19 14/03/19

C. KILGORE