SCHEDULE 2 PART 1
THE SERVICES
SERVICE SPECIFICATION

Service	Older People's Mental Health Services – Memory Service
Commissioner Lead	Dominic Blaydon, Programme Manager Long Term Conditions, NHSR
Provider Lead	Jan Smith, Assistant Director Older Peoples Mental Health Services, RDASH
Period	1st April 2010 – 31st March 2011
Date of Review	March 2011

1. Purpose

This document sets out the service specification for Rotherham Memory Service. This multi-professional team provides a comprehensive and person-centred memory assessment and treatment service supporting the Service User and their Carer/family throughout the whole process.

Whilst this specification sets out the aims and objectives of the service, both parties acknowledge that some of the reporting arrangements remain aspirational at the present time but it is acknowledged that both parties are working towards clarity in respect of the reporting arrangements.

1.1 Policy context

Early diagnosis and intervention in dementia is cost-effective according to The **National Audit Office report 'Improving Services and Support for People with Dementia (2007**), yet only between a third and a half of people with dementia ever receive a formal diagnosis.

People with symptoms associated with the possible onset of dementia often do not present to their GP because of fear and the stigma associated with a diagnosis of dementia. The attitudes of GPs to the disease can also hamper diagnosis, with many holding the view that little can be done.

The National Audit Office report suggests that memory assessment services can help to break down barriers and reduce stigma that is associated with dementia by:

- being called 'memory' services rather than 'mental health' or 'old age psychiatry' services
- improving communication
- moving away from intimidating psychiatric or other hospital settings to a primary care environment

The NICE-SCIE clinical guideline CG42 on dementia includes the following recommendations:

- 'Memory assessment services (which may be provided by a memory assessment clinic or by community mental health teams) should be the single point of referral for all people with a possible diagnosis of dementia.'
- 'Primary healthcare staff should consider referring people who show signs of mild cognitive impairment (MCI) for an assessment by memory assessment services to aid early identification of dementia because more than 50% of people with MCI later develop dementia'.

One of the core aims of '**Living Well with Dementia: A National Dementia Strategy', published in**

February 2009, is that all people with dementia should have access to a pathway of care that delivers: a rapid and competent specialist assessment; an accurate diagnosis sensitively communicated to the person with dementia and their Carers; and treatment, care and support provided as needed following diagnosis. The system needs to have the capacity to see all new cases of dementia in the area.

The National Dementia Strategy recommends that specialist services are commissioned to deliver good-quality early diagnosis and intervention. 'Such services would need to provide a simple single focus for referrals from primary care, and would work locally to stimulate understanding of dementia and referrals to the service. They would provide an inclusive service, working for people of all ages and from all ethnic backgrounds.'

The NHS Operating Framework for 2010/11 emphasises that improved outcomes and efficiencies in services for older people have been shown to result from the early and accurate diagnosis of dementia

1.2 Strategic context

Dementia is one of the most pressing challenges facing health and social care in the UK. The direct costs of Alzheimer's disease alone exceed the total costs of stroke, cancer and heart disease combined, and the overall economic burden has been estimated to be over £14 billion per year in the UK

Dementia affects one person in twenty over the age of 65 years, and one in five of those over the age of 80. It is estimated that the number of people with dementia in England will have risen from the current 574,000 to 793,000 by 2021, substantially increasing the already considerable financial and social burdens of this disorder.

Early detection and intervention enables more timely access to treatments and ultimately reduces total care expenditure by delaying the need for long-term care and other costly outcomes

1.3 Aims and objectives of the service

1.3.1 Aims

The aim of the service is:

- To provide a single point of referral for the early identification and treatment of people with a possible diagnosis of dementia
- To provide a timely, high quality service for dementia assessment, diagnosis and management in accordance with NICE guidelines

1.3.2 Objectives

The core objectives of the service will be:

- To provide education and support to primary care services to encourage accurate identification and referral of all patients who present with signs and symptoms of possible early dementia
- To deliver pre-and post-diagnosis counselling for people assessed for dementia and their Carers
- To provide comprehensive assessment and diagnosis of dementia
- To provide appropriate drug and non-pharmacological interventions
- To provide an integrated approach to the care and treatment of people with dementia and the support of their Carers in partnership with local health, social care and voluntary organisations
- To carry out reviews of medication and support needs

1.3.3 Expected outcomes

It is anticipated the service will:

- Increase the early detection and treatment of people with dementia
- Enable people with dementia and their Carers to make more informed choices about their care and treatment alternatives
- Improve the quality of life of people with dementia and their Carers by promoting independence and social inclusion
- Reduce or delay admissions to residential care
- Reduce the stigma of dementia and barriers to recognition and diagnosis
- Promote dignity in care
- Reduce inequalities and improve access to appropriate treatment and support

2. Scope

2.1 Service User groups covered

Adults presenting with memory problems and cognitive impairment where there is a potential diagnosis of dementia.

2.2 Exclusion criteria

It is not envisaged that the service will be able to access and manage the total care of people experiencing the following difficulties:

- Dementia due to brain injury
- Huntingdon's disease
- HIV and CJD related dementia
- Dependency on alcohol and/or illicit drugs with cognitive impairment
- Learning disability, with or without degenerative dementia

2.3 Geographical population served

Patients registered with a Rotherham GP or within the remit of Responsible Commissioner Guidance.

2.4 Service description

2.4.1 Overview

The multi-disciplinary team will provide a comprehensive memory assessment service covering the metropolitan borough of Rotherham. This will include a single point of referral for all people with a possible diagnosis of dementia. The service will have the capacity to assess, diagnose and provide appropriate interventions including pre and post diagnostic counselling. The service will provide increased support to primary care to manage people with memory problems.

2.4.2 Accessibility

The Memory Service will strive to ensure that it is fully accessible and responsive to the diverse needs of all the groups and communities it serves. It will seek to recruit a staff team that reflects the communities it serves.

The service will provide information in a range of languages and other formats to provide equal information and access to the service to those whose first language is not English and / or those with sensory disabilities. Access to interpreter services (including sign language) and induction loops will be made available.

The Memory Service will provide tailored support for Black and Minority Ethnic (BME) elders, their Carers and their families. It will ensure that staff have the appropriate training to ensure a culturally sensitive approach and it will also actively engage with the BME community with a view to raising awareness of dementia and

increasing service take-up.

The Memory Service will provide an equitable service for younger people with dementia and ensure that age appropriate services are offered.

The Memory Service will encourage a positive and sensitive approach to issues of sexual orientation and gender identity, and ensure that questions and activities do not assume that Service Users are heterosexual.

.

2.4.3 Diagnostic assessment

The service will carry out diagnostic assessments which are comprehensive, avoiding duplication with other elements of the care pathway. The main components of assessment will be;

- Full cognitive and medical history
- Blood tests (this is initially done by the GP in line with the Dementia / Depression Protocol)
- ECG
- Neuro-imaging

All diagnostic assessments will be carried out by suitably qualified and experienced staff. The multi-disciplinary assessment will act as a baseline screening tool before patients are seen by a Consultant.

A full written assessment report covering the above areas will be prepared by the Memory Service before the patient is seen by a Consultant.

The service will ensure that all patients and Carers receive pre-diagnosis and post-diagnosis counselling.

All patients will be offered and encouraged to have a CT scan as part of the assessment/diagnosis

The service will significantly reduce the patient journey time from initial contact to diagnosis.

2.4.4 Treatment

The Memory Service will provide a range of drug treatments aimed at delaying cognitive decline based upon assessed need. The service will monitor and evaluate the effectiveness of ACHEIs and ensure that prescribing complies with NICE guidelines and the locally agreed Integrated Care Pathway for ACHEIs. Prescribing will be subject to regular audit by NHS Rotherham and RDaSH.

The service will provide appropriate and evidence based psychological therapies for patients and their Carers.

2.4.5 Needs assessment

The service will work closely with Social Services and other partner agencies to develop a single health and social care needs assessment. The service will carry out a needs assessment for all those with a positive diagnosis of dementia. If the identified case manager is from the Memory Service or The Community Mental Health Team (Older People), it is expected that this assessment will be regarded by all partner organisations as the single health and social care assessment. If the identified case manager is from a partner agency then the Memory Service assessment will constitute part of the overall assessment.

The assessment of need will incorporate the following elements and will be evidence based.

- Physical health
- Identification and monitoring of depression/anxiety with referral to appropriate specialist services
- Possible undetected pain or discomfort
- Side effects of medication
- Individual biography, including beliefs, spiritual and cultural identity

- Psychosocial factors
- Physical or environmental factors
- Specific behavioural and functional analysis conducted by trained professionals in conjunction with family Carers and care workers
- Ability to carry out everyday activities with respect to motor skills, cognitive function and emotional well-being.
- Falls Risk Assessment (FRAT)

The service will provide specialist assessments of the home environment, identifying potential risks to clients. The assessment will recommend actions relating to environmental adaptation, including assistive technology and work with partner organisations to implement these.

2.4.6 Interventions for non-cognitive symptoms and behaviour that challenges

For people who are experiencing non-cognitive symptoms or exhibiting behaviour that challenges, the service will offer early assessment, in accordance with NICE Clinical Guidance NO. 42, to establish the likely causes and influences that may generate, aggravate and improve the behaviours. Non-cognitive symptoms of dementia include hallucinations, delusions, anxiety, marked agitation and associated aggressive behaviour. Behaviour that challenges may include aggression, agitation, wandering, hoarding, sexual disinhibition, apathy and disruptive vocal activity.

An individual care plan will be developed to help Carers and staff address the behaviour that challenges, and reviewed regularly at a frequency agreed with patient and Carer(s).

2.4.7 Specialist services

The service will provide education and support for patients and Carers so that they are able to adjust to a diagnosis and self manage their condition.

The service will develop group and individual activities/strategies which maximise skills, function and emotional well-being. It will help clients and Carers to develop compensatory strategies to address problems with memory, attention or problem solving.

For people with cognitive symptoms there will be specialist services aimed at maintaining physical and cognitive function. The service will, in accordance with NICE Clinical Guideline No. 42, offer people with mild-to-moderate dementia the opportunity to participate in a structured group cognitive stimulation programme irrespective of drug treatment for cognitive symptoms

2.4.8 Care planning

The service will enable people with dementia to remain at home for as long as possible by supporting them, their Carers and families. It will work closely with social care services to ensure that appropriate packages of support are in place.

The service will work closely with Social Services and other partner agencies to develop a combined health and social care plan. Everyone registered with the Memory Service who is eligible for social care services will have a combined health and social care plan with an identified care co-ordinator. People who do not qualify for social care services under the Fair Access to Care Service Criteria will still have a single health care plan, reviewed on a regular basis. The care plan will have been endorsed by the person with dementia or their Carer or other. The care co-ordinator will hold overall responsibility for co-ordinating health and social care packages. Responsibility for co-ordination of care packages will generally be located with the Memory Service, Community Mental Health Team (Older People), adult social workers or the community matron service. The service will not co-ordinate all care plans but will monitor whether they are in place and liaise with the appropriate agency to ensure that care plans are in place and reviewed regularly.

Combined care plans will address the NICE Guidelines strategies for promoting independence and cover the following areas:

- Maintaining communication
- Activities of Daily Living skill training
- Activity planning/cognitive stimulation
- Environmental modifications to aid independent living
- Physical exercise and promoting mobility
- Pharmacological interventions
- Assessment and monitoring for depression and/or anxiety

The service will develop individual care plans, for people who are displaying non-cognitive symptoms or behaviour that challenges. The care plan will include interventions tailored to the person's preferences, skills and abilities. The following options should be considered and made available where appropriate and deliverable within existing resources.

- Aromatherapy
- Multi-sensory stimulation
- Therapeutic use of music and/or dance
- Animal assisted therapy
- Massage

2.4.9 Reviews

The service will review all patients after 3 months and then a minimum of every 12 months thereafter. For people receiving ACHEIs there will be an initial review after 3 months then a minimum of 6 months thereafter. The review will include; a medication review, an assessment of the stability of a placement, identification of support needs and signposting to relevant services

2.4.10 Support for Carers

The service will facilitate for the Carers an assessment of need as set out in the Carers and Disabled Children Act 2000 and The Carers (Equal Opportunities Act) 2004. The assessment will include monitoring for depression and anxiety. For those Carers whose assessment of need has established experience of psychological distress and negative psychological impact, the service will facilitate appropriate psychological therapy, including cognitive behavioural therapy, by a specialist practitioner.

3. Service Delivery

3.1 Location of Service

- The service is sited at Howarth House, Brinsworth Lane, Rotherham, S60 5BX.
- The service will have the capacity to carry out home-based assessments where required.

3.2 Days/Hours of Operation

The service will usually operate Monday to Friday – 9.00am to 5.00pm, although there may be some flexibility to meet individual need.

3.3 Referral Processes

- The Memory Service will support the detection of dementia in primary care across the whole spectrum of the disease and provide prompt assessment and diagnosis. It will promote the service to GPs with a view to increasing levels of diagnosis and the number of older people on GP Dementia Registers.

- Referral to the Memory Service will be by GP and hospital consultant through the Single Point of Access currently located in the Community Mental Health Team – Older People. Once a Service User is diagnosed and registered with the Memory Service, that registration becomes permanent. Service Users are then able to reactivate involvement with the service through self-referral. Service Users who have already received a diagnosis and been previously registered with the Memory Service will be able to self refer.

3.4 Response Times

Referrals to the service come via the single Point of access**.**

- Referrals will be sent a letter offering an appointment within 10 working days of receipt.
- Our aim is to offer referrals an appointment within 6 weeks from receipt of the referral.

3.5 Care Pathways

3.5.1 Whole System Relationships

- The service is an integral part of Older People's Mental Health Services, provided by Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust [RDaSH], and will work closely with other teams that make up this service.
- The service will work closely with Neighbourhood and Adults Services and relevant voluntary sector providers to obtain optimum outcomes for service users.
- This service will work within the RDaSH Trust's Policy and Procedures

3.5.2 Partnerships

The Memory Service will work in partnership with other agencies involved in the care and treatment of the service user, and their family and carers.

Other partners include:

- Older People's Mental Health Services:
  - Community Mental Health Service
    - Mental Health Liaison Team
    - Rotherham Young Onset Dementia Service
    - Community Mental Health Team
    - Mental Health Day Services
  - Mental Health Inpatient Services
  - Consultant Psychiatrists and Specialist Doctors
- General Hospital Trust (Rotherham Foundation Trust Hospital)
- GP
- Community Nursing Services
- Neighbourhood and Adult Services e.g.: Social Workers,
- Voluntary Sector and Community Groups
- Court of Protection
- Others

3.5.3 Relevant Networks and Screening Programmes

- Older People's Mental Health Priority Group

3.5.4 Subcontractors

- The service provider will not sub-contract any part of this service without first obtaining permission from the commissioners.

3.6 Discharge Process

Discharge from the Memory Service could arise from any of the following:-

- Service Users with mild cognitive impairment or confirmed diagnosis of dementia, who remain stable and are not receiving medication. Service Users would be discharged with an open referral to contact the service direct in the future if needed.
- Service Users who have a confirmed diagnosis of dementia who live in care homes. Ongoing monitoring and support would be managed by the Mental Health Liaison Team, where appropriate, or GP.
- Service Users whose cognitive difficulties are related to depression, anxiety, brain injury or physical illness. Referral would be made back to GP or to the most appropriate service.

Discharge from Memory Services will not affect contact with other services within OPMH.

3.7 Training, education and research activities

Staff must be able to demonstrate that they have taken part in relevant organisational mandatory and update training e.g. infection control, moving and handling, risk assessment

All staff working for the Memory Service will have been through a specialist mental health training programme, including dementia care training, appropriate to their role within the service.

Staff in the mental health inpatients service will receive supervision, both management and clinical, in accordance with RDASH Trust Policy

Staff will receive an annual appraisal at an appropriate level

4. Quality Indicators

Quality Indicators	*Method of Measurement*	*Incentive/Sanction*
PCT will lead on development and delivery of stakeholder satisfaction survey(s)	Annual report of results (PCT)	Remedial action plan
The provider will develop clear plans to improve service user experience in response to issues identified in stakeholder satisfaction survey(s)	Annual action plan to be developed within 1 month of receipt of survey results and copy provided to the commissioner	Sanction to be applied if satisfactory action plan is not received by the commissioner with 2 months of survey
Compliance with service specification, NICE guidance and other quality standards applicable to the service	Annual validation audit by PCT	Remedial action plan

Consultant Led Service (i.e. does 18 week RTT apply?) No

5. Activity Plan

Activity Performance Indicator	*Threshold*	*Method of Measurement*
Number of new referrals per year	550	Monthly report
Number of referrals per year aged under 65	20	Monthly report
Number of BME referrals per year	5	Monthly report
Number of baseline assessments per year	500	Monthly report (manual)
Number of baseline assessments per year for under 65s	20	Monthly report (manual)
Number of baseline assessments per year for BME	5	Monthly report (manual)
Number of dementia diagnoses per year	250	Monthly report (manual)
Number of dementia diagnoses per year for under 65s	10	Monthly report (manual)
Number of BME dementia diagnoses per year	2	Monthly report (manual)
Number of 'other' diagnoses per year	<20%	Monthly report (manual)

Number to be ‘re-assessed’ per year	N/A	Monthly report (manual)
Number of DNA’s per year	<5%	Monthly report (workplan)
Average waiting time from referral to baseline assessment	≤ 6 weeks	Monthly report (manual)
Average waiting time from referral to diagnosis	≤ 12 weeks	Monthly report (manual)
Maximum waiting time from referral to diagnosis	≤ 18 weeks	Monthly report (manual)
% increase in GP dementia registers	10%	Quarterly report by PCT for information only
Breakdown of referrals and diagnoses by GP practice	N/A	Annual report (manual)

6. Prices

Basis of Contract	Unit of Measurement	Price	Thresholds	Expected annual contract value
Block Arrangement		£		£
Total		£		£

NHS Rotherham

EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name: **OPMH Service – Memory Service Specification** Date/Period of Document: 2010- 2011

Lead Officer: Linda Jarrold Directorate: SPD Reviewing Officers:

✓ **Service Specification**	❑ Policy	❑ Procedure	❑ Strategy	✓ Joint Document, with who? **RDASH**

Describe the main aim, objectives and intended outcomes of the policy: (Also consider Qa)

The aim of the service specification is to commission a single point of referral for the early identification and treatment of people with a possible diagnosis of dementia. The service will also provide timely, high quality service for dementia assessment, diagnosis and management.

The following will help you to check if this policy is sensitive to people of different age, ethnicity, gender, disability, religious belief, sexual orientation and carers. It will help you to identify any strengths and /or highlight improvements required to ensure that the policy is compliant with equality legislation.

1. Assessment of possible adverse impact against any minority group

Does your policy contain any statements, conditions or requirements which may exclude people from using the services who would otherwise meet the criteria under the grounds of: (*Also consider Q's b, c and d on the guidance page)		Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Age?	✓		Age 65 and over
2	Gender (Male, Female and Transsexual)?		✓	
3	Disability (Learning Difficulties/Physical or Sensory Disability)?	✓		The service will not be able to managed a person with learning disability with or without degenerative dementia
4	Race or Ethnicity?		✓	
5	Religious, Spiritual Belief?		✓	
6	Sexual Orientation?		✓	
7	Carers?		✓	

If you answered yes to any of the above items the policy may be considered discriminatory and require review / further work to ensure compliance with legislation.

2. Assessment of possible positive impact against any minority group:

Does the policy, or could it with minor amendments, have a positive impact or promote equal opportunities on the grounds of: (*Also consider Qe on the guidance page)		Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Age?	✓		The commissioned service is for 65 and over. It will also provide an equitable service for younger people with dementia and age appropriate services
2	Gender (Male, Female and Transsexual)?	✓		The commissioned service will be available for male, female and trans sexual.
3	Disability (Learning Difficulties/Physical or Sensory Disability)?	✓		The commissioned service will provide information in different formats to improve access to services
4	Race or Ethnicity?	✓		The commissioned service will provide tailored support for black and minority ethnic elders, their carers and families. The service will ensure that staff has the appropriate training to ensure a culturally sensitive approach and it will also actively engage with the BME community with a view to raising awareness of dementia and increasing service take-up.
5	Religious, Spiritual Belief?	✓		The commissioned service will support service users regardless of their religious and spiritual belief
6	Sexual Orientation?	✓		The commissioned service will encourage a positive and sensitive approach to issues of sexuality, sexual

				orientation and gender identify and ensure that questions and activities do not assume that service users are heterosexual.
7	Carers?	✓		The commissioned service will involve carers in planning services and giving them information and support to enable their family member to access appropriate services is a key theme. Identifying carers, and addressing their needs is also a requirement.

3. Summary

On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?

Positive	*Please rate, by circling, the level of impact*					**Negative**
HIGH	**MEDIUM**	**LOW**	**NIL**	**LOW**	**MEDIUM**	**HIGH**

Date assessment completed: 4th June 2010	Is a full equality impact assessment required? (documentation on the intranet)	❑ Yes ☑ No

WE ARE REQUIRED TO PUBLICISE THE RESULTS OF ALL IMPACT ASSESSMENTS, COULD YOU PLEASE FORWARD A COPY OF YOUR COMPLETED SCREENING TOOL AND WEBSITE SUMMARY FORM TO Elaine Barnes (elaine.barnes@rotherham.nhs.uk) FOR UPLOADING TO THE INTERNET/INTRANET

WEBSITE SUMMARY FORM

Please ensure that you complete this form for publishing on our website

DETAILS OF COMPLETED EQUALITY IMPACT ASSESSMENT	KEY FINDINGS	FUTURE ACTIONS	TIMESCALES
Directorate Strategic Planning **Name of Function or Policy** Older People's Mental Health Services – Memory Service Specification **Brief description of aims of the Policy/Function** The aim of the service specification is to commission a single point of referral for the early identification and treatment of people with a possible diagnosis of dementia. The service will also provide timely, high quality service for dementia assessment, diagnosis and management. **Status of Function or Policy (i.e. new, changing, existing)** Existing **Name of Lead Officer Completing the Assessment** **Date of Assessment** 4th June 2010	Overall the commissioned service will have a positive impact upon all groups.	The service specification must state that the provider must carry out an Equality Impact Assessment on the commissioned service to ensure that it is accessible to all groups. The equality impact assessment and action plan of the commissioned service must be shared with the commissioner The service specification needs to state that workers are to access RDASH annual equality and diversity training programme. The commissioned service need to actively engage with the black and minority ethnic community with a view to raising awareness of dementia and increasing service uptake. Further work need to be undertaken with the Learning disability service to clarify the pathways in to services for an individual with Learning Disability.	April 2011