

MINUTES OF MEETING
DEMENTIA FOCUS GROUP
HELD ON TUESDAY 27 JUNE 2006
AT THE UEA, NORWICH

Present:

Dyllis Faife – Norfolk Adult Social Services
Ann McDonald – UEA School of Social Work & Psychosocial Studies
Dr Charles Morris – Julian Hospital (Consultant Psychiatrist)
Sarah Laughton, Peterborough Social Services
Sarah Lindsell – Cambridgeshire Social Services
Emily Millington-Smith – Alzheimer's Society
Gordon Slack – Age Concern, Suffolk
Dr Andrew Tarbuck as Director of DENDRON
Sarah Howes (Minutes) Norfolk ASSD

Apologies:

Dr Tom Dening – Cambridgeshire & P'boro MHT (Medical Director)
Esther Bolton – Strategic Health Authority
John Hawkins – OPMH Cambridge Locality (Service Manager)
Moira Clare, Suffolk Social Services

Action

1 Minutes of last meeting (15 May)
Amendments & matters arising

Page 4 – **Local Updates** – Suffolk should read *Suffolk Adult Care & Community Services*.

Minutes agreed and no matters arising.

2 Update on DENDRON – Future Plans – Discussion

Dr Andrew Tarbuck attending the meeting as Director of DENDRON. Copies of the presentation were given to the group and discussion followed.

One issue is to engage a much wider staff group – who are able to encourage and engage others in research.

There must be a clear message and plan to take this forward, so that many potential people are not excluded.

AT said that there were no plans yet for specific studies. Each LRN will be looking at what is going on in the area. The emphasis may well be on industry funded drug trials.

After looking at the budget figures, EM-S said that there is no money showing to fund the involvement of non-academic people.

AT said that DENDRON is a coordination group and a framework for the development of study & research through other sources of funding.

The Department of Health want to see research focus very much on outcomes.

The budget figures are split into Years 1, 2 and 3 and although it is well into the first year, funds may be rolled over. The LRNs are being set up for 5 years.

DENDRON can bid in partnership for other funding.

DF asked what the four Research Nurses would be doing. AT said there might be some studies lined up probably including industry drug research.

DF had asked if there might be a link roll for the Dementia Focus Group with DENDRON.

CM (member of LRN Executive Committee) said there would be multiple projects but is not yet clear about any individual studies.

AT would like to see a wider remit than industry drug trials.

The role of the LRN Clinical Lead and Network Manager will be to introduce others and to develop coordination and enthusiasm for research.

Once developed the DENDRON website should link to the Dementia Focus website and vice-versa.

3 CSCI Discussion

Dyllis introduced Frances Chatten, Regulatory Manager at CSCI who attended the meeting to discuss links with dementia focus and key issues in the Eastern region.

CSCI was introduced in 2004 and is a national body that covers all of England and Wales. At a later date the health service commission and CSCI will merge.

CSCI reports are very accessible and readable and user-friendly summaries are currently being worked on.

There has recently been a Special Interest Group set up to look at dementia and how care should be managed.

This year CSCI are trialing quality ratings – there are 30 homes in the Eastern region that rate as poor (others ratings are adequate, good, excellent).

Frequency of inspections has changed - if homes are rated poor then they will have inspections twice in a year; adequate – minimum 1 visit per year; good – 1 visit per year, excellent – homes will not be visited again that year. Focus is on the homes where standards are lower. All inspections are now unannounced.

It was raised that homes with a change of ownership should be re-inspected.

The Special Interest Group will be organising a conference on Wed 29 Nov, inviting all residential care providers who have dementia registration in Norfolk and Suffolk. There are a total of 180 and CSCI hope that 120 will attend. The theme is 'An Enabling Environment and 'Enabling Normal Life'.

There will be a speaker with dementia and a carer speaker also. The conference is aimed at the poorer performers and is hoped that they will attend this free event.

The SI Group is to agree some Registration criteria. The current national minimum standards only refer to Older People and not specifically to dementia care.

There needs to be a more uniform and consistent approach to ensure good quality care is being offered.

Thematic inspections this year are Falls and Meals.

Recently there has been a CSCI publication "In Safe Hands" which focuses on recruitment practice. Too often training is not an interactive experience. Mentoring within training is starting to be introduced.

Training of staff and recruitment must always be part of ongoing inspections.

A dementia care mapping tool has been developed for inspectors to use in observing interaction and monitoring effects. This will probably be introduced to a Toolkit for inspectors' future use.

EM-S mentioned the issue of dementia clients remaining 'upstairs' at homes. FC had tried to research this area but had found no evidence and CSCI cannot at present oppose this.

With regard to 'poor' homes a protocol has just been agreed about the sharing of information with Social Services and PCTs. FC to have a meeting with NASS about one such 'poor' home to discuss a Management Review and will be looking at a range of options including monetary incentives and a stop on placements.

FC said that NASS are looking at linking payments to the CSCI quality ratings.

There is not always a need for registration for dementia – depending on how the home is dealing with clients.

CSCI are working towards registration being more flexible.

FC said the responsibility for care is with the person who commissions the place – CSCI can vary the conditions of registration when appropriate with a decision made within 24 hours.

CM said there is a danger of stigmatising people with dementia. Dementia is now diagnosed very early.

CSCI ask for a range of information from managers at care homes, which tells them that they have investigated the client's level of need sufficiently.

Many homes are applying for registration for dementia but homes must have the capacity and the space for the separation of people, else they will probably not be successful in their application.

DF asked is there more of a link the Dementia Focus group could make with CSCI or any research that could be carried out.

AMcD would like to take the agenda forward and link to DENDRON with research into the decision-making process for people moving into residential care.

4 Future Planning

This item and 'Terms of Reference' to be an agenda item at the next meeting. S Laughton asked that Peterborough be shown as a unitary authority and not part of Cambridgeshire.

7 AOB

AT to become an honorary member of the group. SH to add details to circulation list.

SH

8 Next meeting

The next meeting is to be held on Monday 11 September in Room 1.02 Elizabeth Fry building, UEA.

Items for agenda to SH by 6 September please.