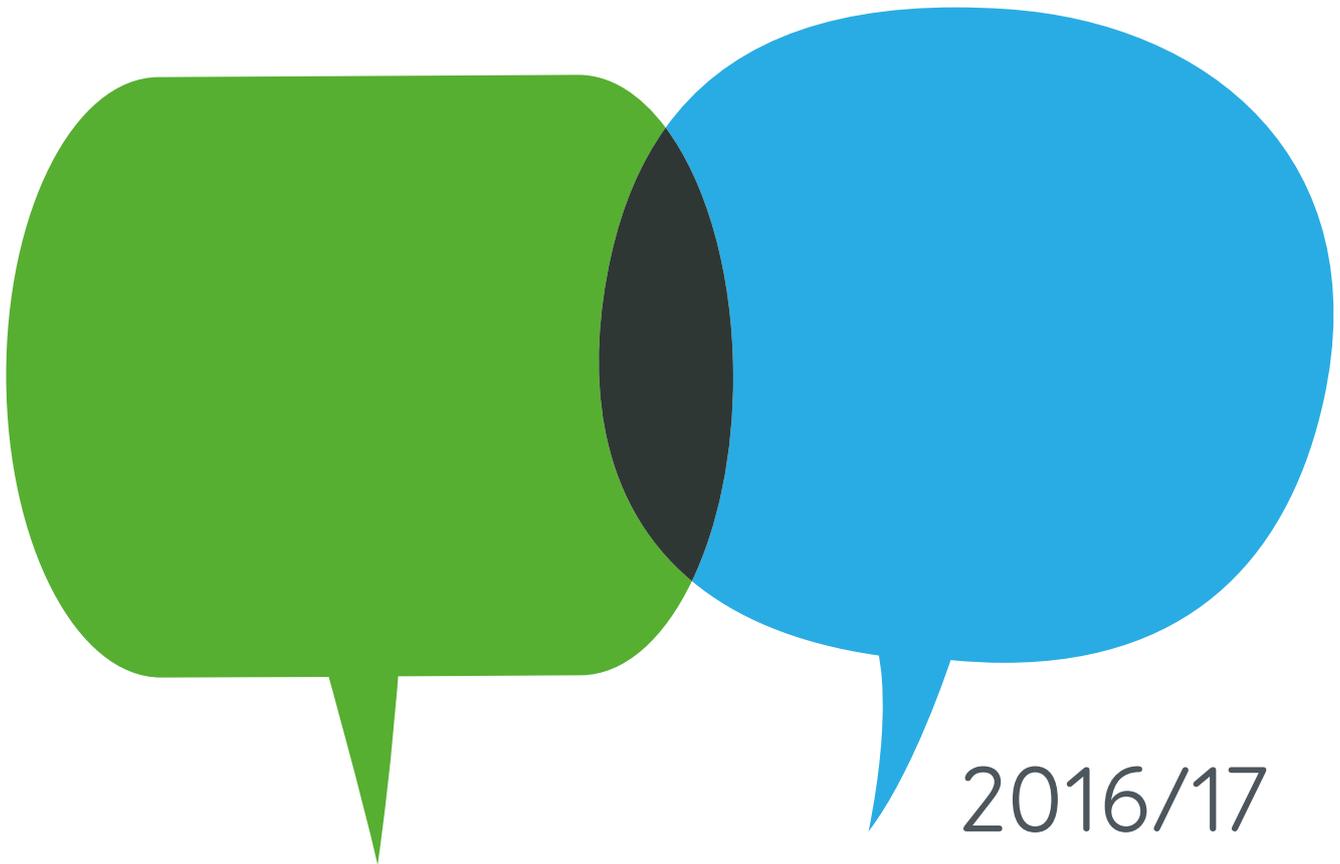




Bristol Dementia Wellbeing Service

Quality Account



Our vision

In the Bristol Dementia Wellbeing Service we want:

- To work with GPs to ensure all people with dementia in Bristol receive a timely diagnosis with a range of ongoing support available to them;
- To put people at the heart of everything we do to ensure people with dementia and their family/carers are supported in their wellbeing, whether they are at home, in a care home or in hospital;
- To make connections and develop partnerships with other organisations to help Bristol to become a dementia-friendly city.

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About us

The Bristol Dementia Wellbeing Service supports people affected by dementia who are registered with a Bristol GP. It is a partnership between Alzheimer's Society and Devon Partnership NHS Trust (DPT). The service is commissioned by Bristol Clinical Commissioning Group as part of the Bristol Mental Health (BMH) services.

The service brings together a range of professionals who work with GPs, health professionals and other partners across Bristol to support people with dementia and their carers. We create personalised wellbeing plans with the person with dementia at its heart, providing support, guidance and help when and where people want it, and in a way that suits them.

Foreword: Chief Executives' Joint Statement

Improving the quality of life for people affected by dementia motivates all of our clinical and support staff alike, across Devon Partnership NHS Trust (DPT) and Alzheimer's Society. This report gives us the opportunity to reflect on how well we have achieved this, alongside a review of the improvements we set out to make last year, and what priorities we have set for the coming year.

We are pleased to report on the progress of the Bristol Dementia Wellbeing Service in its second year. The service has reached out to more people, more communities and its success lies in its commitment to listening to people's needs, involving staff and other partners. The service seeks not just to follow, but also lead best practice dementia care across Bristol and beyond.

However, we recognise that we cannot be complacent. In a challenging environment, we recognise that challenges remain for the service and we are confident in its plans to address these, including a greater focus on the benefits of active research engagement and acute hospital interface over the coming year.

On behalf of our Devon Partnership NHS Trust and Alzheimer's Society, we would like to extend sincere thanks to all of our staff in their ongoing passion and commitment to improving the lives of people affected by dementia in Bristol, and being part of a service that continues to inspire."



Melanie Walker
Chief Executive
Devon Partnership NHS Trust



Jeremy Hughes
Chief Executive
Alzheimer's Society



Looking back

Last year, we set out a number of priorities for the service which we will review here.

1 A focus on wellbeing

What we said we would do:

Recognising the success of diagnosis rates in our first year, we planned to focus on the quality of wellbeing for people with dementia and their carers, including a review of our wellbeing plans, further investment in service development opportunities and ensuring access to talking therapies.

What we did:

Wellbeing Plans

People with dementia and carers were invited to review the wellbeing plan template and we received feedback on the structure and content to ensure it is a useful tool for people and their families. The service user review panels helped ensure the template is clear, concise and focusses on aspects that they feel are a priority for people with dementia.

We continue to work with other key stakeholders such as GPs and acute trusts to ensure the wellbeing plan is a valuable tool that can go with the person throughout their journey and give professionals a holistic overview. Wellbeing plans continue to evolve and are meaningful documents that people can develop alongside their practitioner or navigator.

Service Development

We listened to service users, our staff and other partners to explore service development opportunities with local providers to increase the range of interventions on offer for people affected by dementia. This included:



Woodland Wellbeing (Forest of Avon Trust)

We funded a pilot with **Forest of Avon Trust** for Woodland Wellbeing activity sessions for people with dementia and their carers, including those who had recently taken on a caring role, with the aim of improving wellbeing in a natural, restorative environment.

Conham River Park was appraised for its accessibility and facilities, and sessions included sensory activities, environmental arts and crafts, wildlife discovery and practical conservation work. Building fire pits to make cups of tea and toast marshmallows was certainly a popular activity!

We will continue to support these sessions into the next year, extending the project to a second site with three separate terms of sessions that will reflect the different seasons.





Horticultural Therapies (Growing Support)

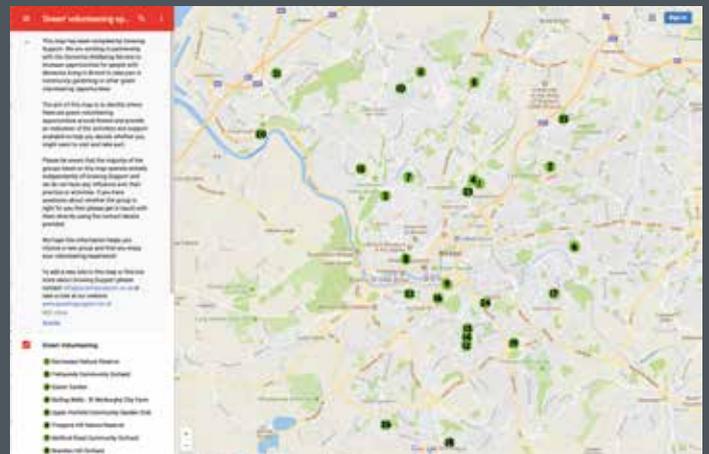
“ The activities provide a meaningful experience and bring out sides to our residents we don't otherwise often see. ”

Care Assistant

We commissioned **Growing Support** to engage people with dementia and their carers in social and therapeutic horticulture activities across Bristol. The Kings Fund highlighted this type of intervention as a vehicle to encourage “meaningful activity, independence and social interaction for people with dementia”.

This pilot project included:

- Producing an interactive map of dementia friendly and accessible community gardens across Bristol including volunteering opportunities
- Running taster sessions in three sites across Bristol and in three care homes.
- Facilitating two open access training events to promote the engagement of residents in gardening activities to care home providers and staff



We are continuing our partnership with Growing Support, supporting community gardens as well as developing tools for care homes to engage residents in brief, but meaningful activity.

“ It was really nice to see lots of activity going on in the garden with lots of communication and the potential for that to happen here. We now have plans for a greenhouse, a vegetable patch and have been getting residents involved in looking at colours and sensory things for the garden. ”

Care Home Manager



Guided Reminiscence (Alive! Activities)

Alive! Activities delivered guided reminiscence sessions using iPads for our staff as well as facilitating a number of sessions in our activity groups across the city. The service now has some iPads full of sensory apps that we can take out to care homes, groups and individual's own homes to show how painting a picture on a tablet, looking up someone's house when they grew up on a virtual map, or even watching clips of favourite musicians of yesteryear online can stimulate memories and connections.

We have also continued to support **Music and Memories** sessions twice per month in two sites across Bristol, which is led by **Reminiscence Learning**.

Finally, we established a partnership alongside **Age UK Bristol** to support their Information and Advice service, starting from April 2017 for 2 years. This is a timely and responsive service that we regularly refer people onto, providing guidance to navigate the difficulties of Lasting Power of Attorney directives, claiming benefits and other legal or financial form-filling.



Complementary Therapies (Sensory Heaven)

We funded a number of vouchers for people with dementia and their carers to try out the benefits of complementary therapies through **Sensory Heaven**.

The range of treatments on offer included beauty sessions, massages, art and music therapy and animal assisted therapy. Whether the carer received a treatment themselves or had a much-needed break while the person they care for received one, these vouchers were very popular.

While Sensory Heaven no longer operates in the same way from a base, they still offer services out in the community and we will continue to support complementary therapy opportunities.



Access to talking therapies

We recognise the importance of talking therapies for people with dementia, and for carers of people with dementia. Counselling provides a supportive approach that helps people to process the various thoughts, feelings or anxieties they may have having about their situation, which can lead to greater insight and positive change.

Last year we developed a pathway alongside Bristol Wellbeing Therapies to make appropriate referrals, where they can then triage to a variety of talking therapies services on our behalf. This direct link ensures the therapy should meet the needs of the person affected by dementia.

For other talking therapies that are not covered by Bristol Wellbeing Therapies, we are working with **The Harbour**, a charity with over 20 years' experience of supporting people with life-limiting conditions. Over the last year, The Harbour have provided couples counselling, which can help make sense of changes in a relationship, find ways to adapt to the practical and emotional changes that dementia can bring, and explore other ways of being with one another.

The Harbour have also supported our service with more complex psychotherapy for people whose experience of dementia may be further complicated by other life experiences which requires something more in depth, drawing on multiple psychological models, as appropriate.



2 Service Development and Resilience (CQUIN #1)

What are...CQUINs?

Commissioning for Quality and Innovation (CQUINs) are targets set and agreed by the commissioner to achieve additional income. The amount of this paid to the service depends on how much of the targets are achieved.

What we said we would do:

To ensure that our service is resilient and makes best use of the wealth of experience and knowledge we have, one of our CQUINs for 2016/17 focused on establishing 'specialism champions' in each hub across the service.

What we did:

Our staff responded enthusiastically in taking on champion roles, based on either prior experience or as part of personal and professional development. For most specialisms this has meant two champions in each of our three hubs.

We supported these roles with access to training, peer-support and other development opportunities, and in turn champions have been able to share best practice with their colleagues and represent their specialism during regular clinical discussions.

Some of the highlights of these roles in the last year include:

- Human Rights champions worked alongside British Institute of Human Rights (BIHR) to develop a professional toolkit on dementia 'Connecting Human Rights to the frontline resources'
- Equality, diversity and inclusion (EDI) champions supported a staff development day on EDI awareness, which led to the development of an action plan for the service.
- Advanced planning champions attended St Peter's Hospice End of Life Care Series, and in turn provided a presentation on dementia for St Peter's Hospice staff, which was extremely well received, highlighting the benefits of partnership working.
- Learning disability (LD) champions have made effective links with the Community Learning Disability Team (CLDT), presenting at each other's team meetings and developing an LD referral pathway for staff.
- Frailty champions attended a Bristol, North Somerset and South Gloucs (BNSSG) workshop to develop a single frailty assessment framework to ensure equitable services across BNSSG service users.

Our 9 Specialisms

- Advanced Planning
- Frailty
- Alcohol/Dual Diagnosis
- Human Rights
- Equality & Diversity
- Learning Disability
- Prescribing
- Young Persons
- Living well with dementia

3 Residential Homes (CQUIN #2)

What we said we would do:

We proposed that we would develop a whole-home approach to residential care home liaison, in the same way that we support care homes with nursing.

What we did:

- We identified two dementia practitioners, working alongside an assistant psychologist to provide dedicated support and education to 10 residential homes across Bristol
- They assessed all homes, including initial interviews with managers and staff, a review of the home's environment, a qualitative observation of social interaction and an assessment of the quality of care using the CLEAR model tools (Duffy 2016) to promote case discussion using aspects of the Newcastle Model (2011) in order to promote a whole person approach
- They worked closely with each home, their managers and staff at all levels to provide ongoing education and support, based on Dementia Care Matters' 'butterfly model' which promotes positive and meaningful interactions, however brief. This culminated in a successful conference alongside Dementia Care Matters for providers across Bristol.
- Staff also visited other residential homes in the UK, viewing best practice in action, including Poppy Lodge in Warwickshire as featured in Channel 4's Dementiaville.
- The service has now agreed to adopt this model into its regular practice, supporting a whole home approach to residential care, as well as informing the approach to care homes with nursing

Care Home Liaison

The care home liaison team has continued to build relationships with care homes with nursing across the city. Our link practitioners have established working experience and understanding of needs for each of Bristol's homes and we now have a nursing home caseload in excess of 500.

We support these individuals in two ways; either by individual assessment and interventions or by supporting the homes

in how they approach the care of their residents.

The latter 'whole home' approach promotes understanding and awareness of the care need of residents with dementia. We have been working alongside providers such as Alive! and Growing Support in many of the homes and have helped to facilitate Active Care Forums for dementia champions, which we will develop over the coming year.



4

Distress and dementia

What we said we would do:

GPs told us that they did not feel especially confident in supporting patients who present with distress. We said we would continue to support GP awareness and confidence, providing ongoing support to GP education days, as well as supporting the availability and access to therapeutic alternatives to medication.

What we did:

- We continue to play a large part in the delivery of training at GP Education Days. These take place twice a year, with a significant uptake from local GPs. Subjects covered over the last year include 'Making a good diagnosis in general practice', 'Prescribing in Dementia' (including behavioural problems), plus sessions from our Dementia Navigators explaining what is out there for people with dementia alongside open sessions for questions and answers.
- We have developed a pan-Bristol approach to working with distress in the care of people with dementia alongside partners including the GP lead for Bristol Clinical Commissioning Group, colleagues from academic research and acute services and our own in-house clinicians. This approach sets out a stepped care model with three stages to support a person with dementia who is distressed, or a situation which is distressing for care givers.
- We have supported all staff with in-house awareness on non-pharmacological approaches to behavioural and psychological symptoms in dementia (BPSD), alongside awareness of pharmacological approaches.
- As described in our focus on wellbeing, we have also continued to commission services that provide therapeutic alternatives to medication.

Memory Clinic

Memory Clinic continues to run one day a week at the Brain Centre. Overseen by the Practice Lead for Memory Services, the clinic offers an intensive assessment by a multidisciplinary team for the most complex referrals received by the service.

Complexities such as memory concerns accompanied by complex mental issues, history of addiction, complex cultural issues and/or young onset of symptoms are commonplace. Often assessing such individuals can take more than one clinic appointment and can often call for further specialist assessments such as an

AMPS (Assessment of Motor Processing Skills). We have the ability to meet this demands due to the increase in Occupational Therapists within our service who are trained to carry these out.

Triage for this clinic has become more robust this year, taking place weekly also with a multidisciplinary approach. Demand is often high for clinic assessments needing a highly skilled approach in not only how we select those for clinic but also how offer supportive advice to those who do not appear appropriate for this service.

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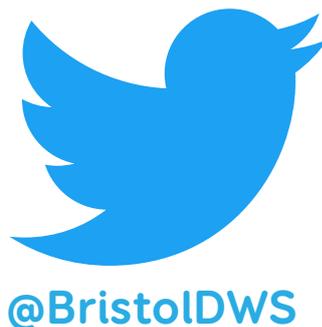
Service Promotion

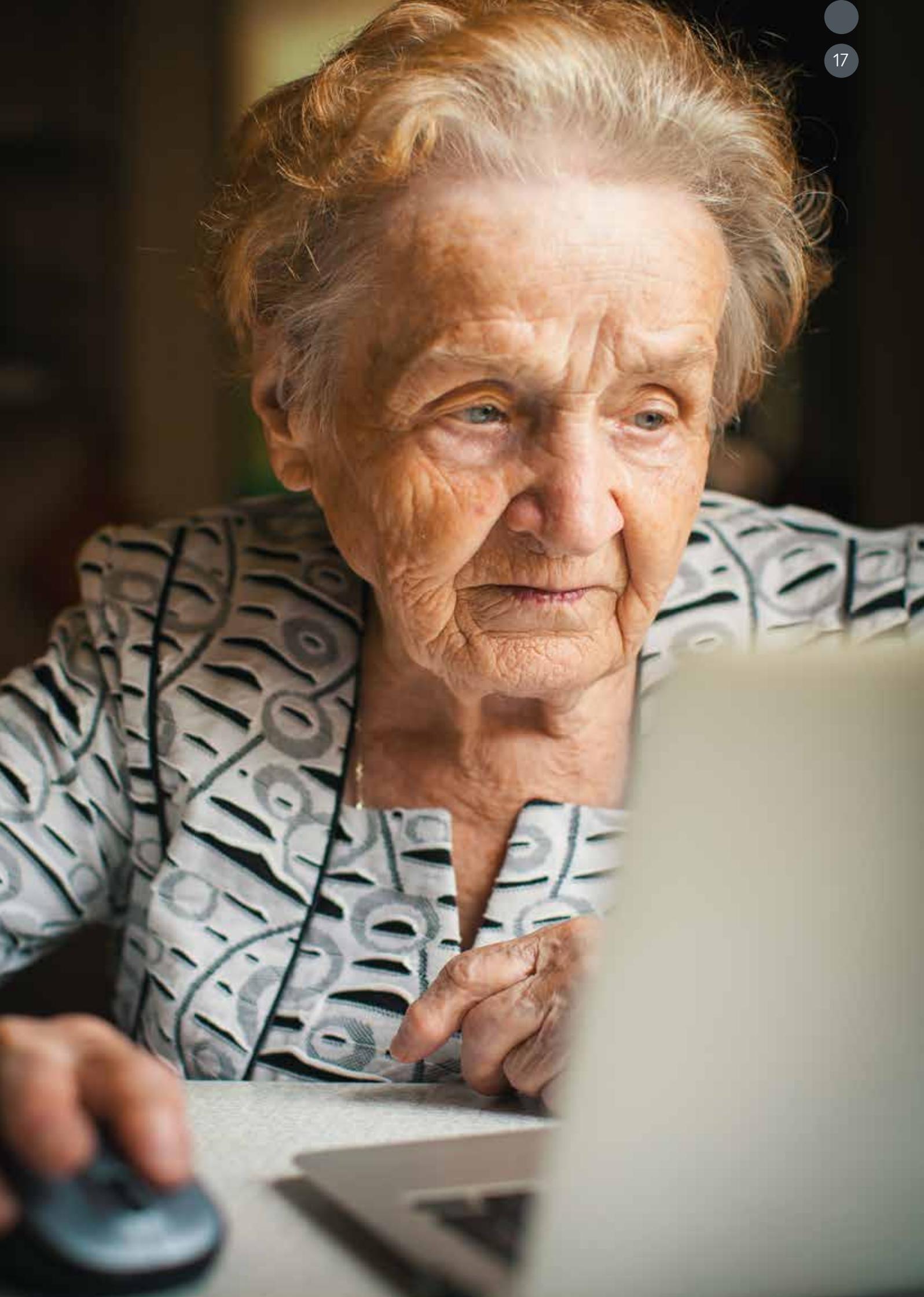
What we said we would do:

After our first year, we reflected that we needed to share a more consistent message about what we do and don't do and to manage expectations about the service. We looked to achieve this from making effective links with other services to develop clear pathways and clarify responsibilities, to review our website and to develop a communications strategy for the service.

What we did:

- We worked closely with Bristol Mental Health (BMH) communications group, identifying ways in which we could work together with other BMH services.
- Following consultation with our service user and carer involvement groups, we have reviewed our website **bristoldementiawellbeing.org**, ensuring information is up-to-date and including costs of external services where possible.
- We have established our own Twitter account **@BristolDWS** and have been actively using this to promote services and share information, engaging with individuals and community groups.
- We have improved accessibility of the site by introducing a search function, translation into other languages and a 'read aloud' function for those with visual impairment.
- We have engaged external communications support to develop a communications and social media strategy for the service. This will help identify key messages and stakeholders, and ensure that communications are made to the right people, at the right time.
- We commissioned the production of six short films to discuss dementia, its causes, diagnosis and treatment in the most-spoken community languages in Bristol - English, Polish, Somali, Punjabi, Urdu and Cantonese. Their aim is to address the stigma, misunderstanding and lack of accurate information for culturally diverse communities across the city and will be available on our website.





6 Involving others - Service User & Carer Empowerment

What we said we would do:

We will ensure that the voice of people with dementia and their carers is recognised in recruitment, training and developing relationships with other providers of services.

What we did:

- We have continued to develop and promote our monthly service user and carer reference groups which alternate monthly between three sites across the city.
- Service users and carers have been involved and feature in the six videos to discuss dementia and promote the service.
- The service now has two new carer representatives on the Service User and Carer Council (SUCC) who attend our monthly meeting with our commissioner (Bristol CCG) and also represent the service at a number of other forums including the Bristol Mental Health communications network.
- Carers have been involved in staff recruitment, and we remain committed to the involvement the voice from people affected by dementia when employing staff into the service.

Younger People

Our services for younger people often go hand in hand with those who attend clinic. Recently we have relaunched our social group for those with **Young Onset Dementia** with a new location in **Bambalan**, a bar in the centre of Bristol. This is proving to be popular, with increasing numbers each month.

Our young onset dementia champions meet regularly and are looking at how we can expand our services for this specialist group of people as their needs are so often different to that of our 'average service user'. We now have over 100 people on our caseload under 66, although this does not take into account those with young onset dementia who are now over this age.





7 Equality & Diversity

What we said we would do:

Develop equality & diversity awareness within the service to ensure that access and experience of our services is shared across all community groups

What we did:

- The service took part in a research project at University of West of England (UWE), "The Dementia Experiences of people from Caribbean, Chinese and South Asian communities in Bristol" which reported in February 2017. In addition to this, one of our Community Development Coordinators led a consultation with the Somali community about the experiences of people affected by dementia. The service will review and respond to both of these report's recommendations over the coming year.
- Our equality and diversity champions developed equality, diversity and inclusion (EDI) training for our staff, facilitated by **Stand Against Racism and Inequality (SARI)**. This included a number of practical case studies relevant to the service and helped identify areas where our staff felt they needed further support, which formed part of the service's EDI Action Plan.
- Vacancies within the service, whether via NHS or Alzheimer's Society are now promoted on our website and Twitter page, and shared with Bristol Mental Health communications, as well as other partners in order to encourage a diverse range of applicants into roles.
- We have developed an events calendar to ensure we are engaged with local community events, such as attending Bristol Pride and the Islamic Cultural Fayre.

Other Services provided by Alzheimer's Society as part of the Dementia Wellbeing Service:

We continue to fund memory cafes across the city, where people can get information about dementia in an informal café style environment. Dementia Navigators are also on hand to provide any further information that people require.

Activity groups are also available where people can participate in activities such as tea dances and reminiscence groups.





How have people experienced our service?

It is important to us that we continue to listen to the people who use our service, gather information about their experiences and identify ways we can develop the service to meet their needs.

Patient Advice & Liaison Service (PALS)

As part of our Dementia Pack, we provide a PALS leaflet for feedback, compliments and complaints.



We had **77 compliments** via PALS between April 2016 and March 2017. This is an **increase of 56** from last year.



... and we received no complaints!

Friends & Family

The Friends & Family Test gives quick feedback about the services we provide and helps us to make changes quickly where needed. The test measures both the rate of return and the satisfaction score achieved. Since April 2016, we have received 101 (up from 59) comments through Friends & Family feedback. 98% of these response said they would be 'extremely likely' or 'likely' to recommend our service to friends or family members. We continue to be very proud of these results but are looking to increase the number of responses over the coming year.

Help &
Advice



Befriending

With an in-house befriending manager, we are able to match volunteers with those looking for friendship and company, whether this is a one-off, via telephone or an ongoing face-to-face relationship. Our befriending manager oversees the recruitment process, including interview, references and Disclosure & Barring Service (DBS) check. We are looking to increase the number of volunteers as befrienders over the next year.

Befriending in numbers



Case Study

The following case study was from a befriender after her last session, as she was moving away from Bristol. Names have been anonymised:

"Irene greeted me in her usual friendly manner, and commented her dog had started barking before I got there, she said he knew I was coming! As usual she sent me upstairs to her craft room. She had had a tidy up, and this time I wasn't greeted by so many creations - because she has been selling so much stuff! However she talked me back through the presents she had remaining and the pyjamas she has bought for her great grandchildren.

I was worried she wouldn't bring up the fact that I was leaving, but she did and then gave me a hug!

We talked about when she used to teach people and she encouraged me to do something like that. She also talked about how grateful she was to have me, and how we never had any problems getting along and there were no barriers.

We were making a cushion and she was extremely excited at my ability of cutting out tiny hands and feet. We did one cushion and she liked it SO much that I had to quickly cut out another pattern so she could keep one for herself! The time went slowly for the first time ever - it usually flies by. I was really grateful for that and we achieved a lot in the session.

We parted ways with a hug and lots of well wishes!

“ Our dementia navigator is very supportive, has suggested ways we can improve mum’s quality of life, and is willing to be contacted if needed. I feel that I am not alone ”

(carer)

“ Continuity of help and advice received. Knowing that help is on hand should our situation worsen ”

(carer)

“ Help at the end of the phone. Confidence in getting a response. Never felt fobbed off or ignored. Thanks ”

(service user)

“ The Dementia Wellbeing Service has been involved in my life over the last year; one with my late husband and now with my elderly mother. I cannot express how helpful and supportive they have been ”

(carer)

“ My navigator meets my wife and I, and knows our situation. We can talk to her. She can advise and help us. She is a friend ”

(carer)

“ The service is so helpful in everything they do. They have enabled us to get access to benefits and other entitlements that we did not know about. I wouldn’t know what we would do without her and it makes life better knowing she [dementia navigator] is there for us ”

(carer)

“ The care and support has been a great help since my mother was diagnosed. Her dementia navigator has suggested things I hadn’t been aware of and was instrumental in getting her moved into more secure accommodation. She has arranged help within the home. Thank you ”

(carer)

“ They are always there to speak to on the phone for support and advice or even to visit when there is a crisis, and of course when there is a review. We are very grateful for this service as we feel that we are known as individuals whether patient or carer. Thank you. We are reassured knowing that you are there. ”

(carer)

“ I cannot say highly enough how much I appreciate the careful understanding and helpfulness of the service as it operates. It helps to cope with the everyday living with dementia, knowing the staff are so dedicated and understand the situation ”

(service user)

How have we supported the development of the service?

Statutory Training

Both Alzheimer's Society and NHS staff have continued to receive statutory training with their respective organisations, including Safeguarding Adults & Children (Level 1, 2 & 3), Mental Capacity Act, Clinical Risk, Health & Safety, Conflict Resolution, Equality & Diversity and Information Governance.

Training

Over 97% of core training requirements for DPT-employed staff within the service have been completed.

(as at March 2017)

Professional and Personal Development

We encourage all staff to identify and access development opportunities including formal training, attending conferences looking at best practice and shadowing the roles of colleagues and other partners. Some of the courses and conferences we have attended this year include:

- St Peter's Hospice – End of Life Care Series (Bristol)
- Young Dementia UK – Different Impact, Positive Solutions (Birmingham)
- 2020 Dementia Conference (London)
- Dementia and Down's Syndrome (London)
- Falls Prevention & Management (Bristol)
- South West Dementia Social Care Conference (Trowbridge)
- Palliative and End of Life Care: Tackling Variations, Eradicating Inequalities (Manchester)
- BPS Clinical Psychology Annual Conference (Liverpool)

And we have facilitated locally-delivered training for our staff on:

- The CLEAR model (Frances Duffy)
- Living Together with Dementia (The Harbour)

Service-wide Development Days

We run three service-wide development days for our staff each year, which is an opportunity for the service to come together for training led by our staff, alongside reflection on positive work undertaken within the service and sharing best practice, which over the last year has included:

- Equality, Diversity and Inclusion
- Diagnosing Well
- Prescribing Well, including non-pharmacological approaches to distress

Alongside updates from colleagues on:

- Alzheimer's Society-run groups
- Human Rights
- Befriending
- Service performance
- Learning Disability pathways
- Positive risk taking

Staff Wellbeing

The service has a group of staff wellbeing champions that meets regularly and discusses support services available to staff. The champions represent a variety of roles in our service and they support the development of wellbeing initiatives in each team base including shared lunches, walking groups and Mindfulness practice. They have also raised awareness of national initiatives such as Time to Talk. The service also holds monthly reflective practice sessions for staff to share and reflect on the emotional impact of their day-to-day work.

Lunchtime Seminars

Supporting ongoing awareness and partnership with other providers and organisations, we host monthly lunchtime seminars for staff within the service. These can be on almost any topic affecting our service, and is often responsive to requests from staff. Some of the sessions in the last year have included:

- Family/Systemic Practice
- Diagnosing dementia with learning disabilities
- Parkinson's Training
- Carers Support Centre
- Loss and Bereavement in Dementia
- HIV Awareness

Staff groups (as at end of March 2017)

Staff Group	Male	Female	TOTAL
Dementia practitioner	5	25	30
Dementia navigator	0	26	26
Senior managers & clinical managers	3	8	11
Clinical psychiatrist	0	2	2
Clinicians/doctors (inc. locum)	2	3	5
Community development coordinators*	0	1	1
Clinical psychologist	1	0	1
Assistant psychologist	0	2	2
Befriending manager	0	1	1
Activity support	1	2	3
Administration	3	5	8
Assistant research practitioner	1	0	3
Junior doctors	0	2	2

*3 x community development coordinator vacancies out for recruitment

Looking forward

Last year, we set out a number of priorities for the service which we will review here.

Priorities for 2017/18

1. Research / Evaluation focus

We are committed to the benefits of research, including the potential to improve one's own condition, wellbeing or quality of life, the possibility of helping other people with dementia in the future or the ability to access treatments which may not be widely available.

Research helps us to improve our service and we have recruited an Assistant Research Practitioner to help make our service 'research active', making and maintaining links with the local Clinical Research Network (CRN), academic colleagues and involving support of our Research & Development colleagues in Devon. Over the next year, this role will:

- Ensure people with dementia in the service are given information on accessing research opportunities and recording their consent to be approached to be involved in research
- Increase the number and range of studies involving DWS, working in partnership with local hospital trusts, universities and the Clinical Research Network (CRN)
- Develop the capacity to open and recruit to research projects
- Improve the profile of our service through research, promoting the benefits to staff, people who use our services and other partners

2. Acute Interface (CQUIN)

We have agreed with our commissioner a CQUIN project over two years with a particular focus on empowering hospital staff across North Bristol Trust (NBT) and United Hospitals Bristol (UHB) by sharing our skills and knowledge of dementia in a way that enhances what they already do and know. We want to support 'proactive and safe discharge' with the goal of enabling patients to get back to their usual place of residence in a timely and safe way. Over the next year we will identify staff with the right skills to support this CQUIN and develop the model of multidisciplinary advice, support and education.

3. Community Engagement

In the next year, we will recruit to two vacant Community Development Coordinators to fill vacancies across our hubs. In addition, we will recruit a new post which will focus on providing education and dementia awareness in schools, colleges and other youth groups, as we recognise the importance of young people as influencers within their families and communities.

We will form a subgroup to review the recommendations of both the BME Research Report and internal Somali research and ensuring that the service, alongside the wider health network in Bristol, is able to respond to these, setting out an action plan for improvements.

Part of the service's response is the completion of six videos in community languages to discuss dementia, which includes messages about prevention, diagnosis, treatment and support. We will develop a strategy for promoting these videos, including liaison with GPs, community groups and social media promotion.

4. Sharing best practice (putting on conferences, opening up development days, training)

One of our ambitions is to be recognised as a centre of excellence for dementia care, and we are proud of the experience, professionalism and enthusiasm for ongoing development of our knowledge and skills. With this in mind, we are keen to build on our existing professional relationships with partners, and open up training and development opportunities to others, including:

- Inviting partners to our servicewide development days, where appropriate
- Inviting interested parties to lunchtime seminars
- Sharing best practice with conferences, starting with a conference to promote our work over the past year in residential homes across Bristol

5. Care Homes

We will establish a revised Care Home Liaison pathway, encompassing our ongoing support to residential homes following this year's CQUIN. We will establish a set of resources for staff to support homes and providers, offering a range of interventions that are responsive to the unique needs of each home.

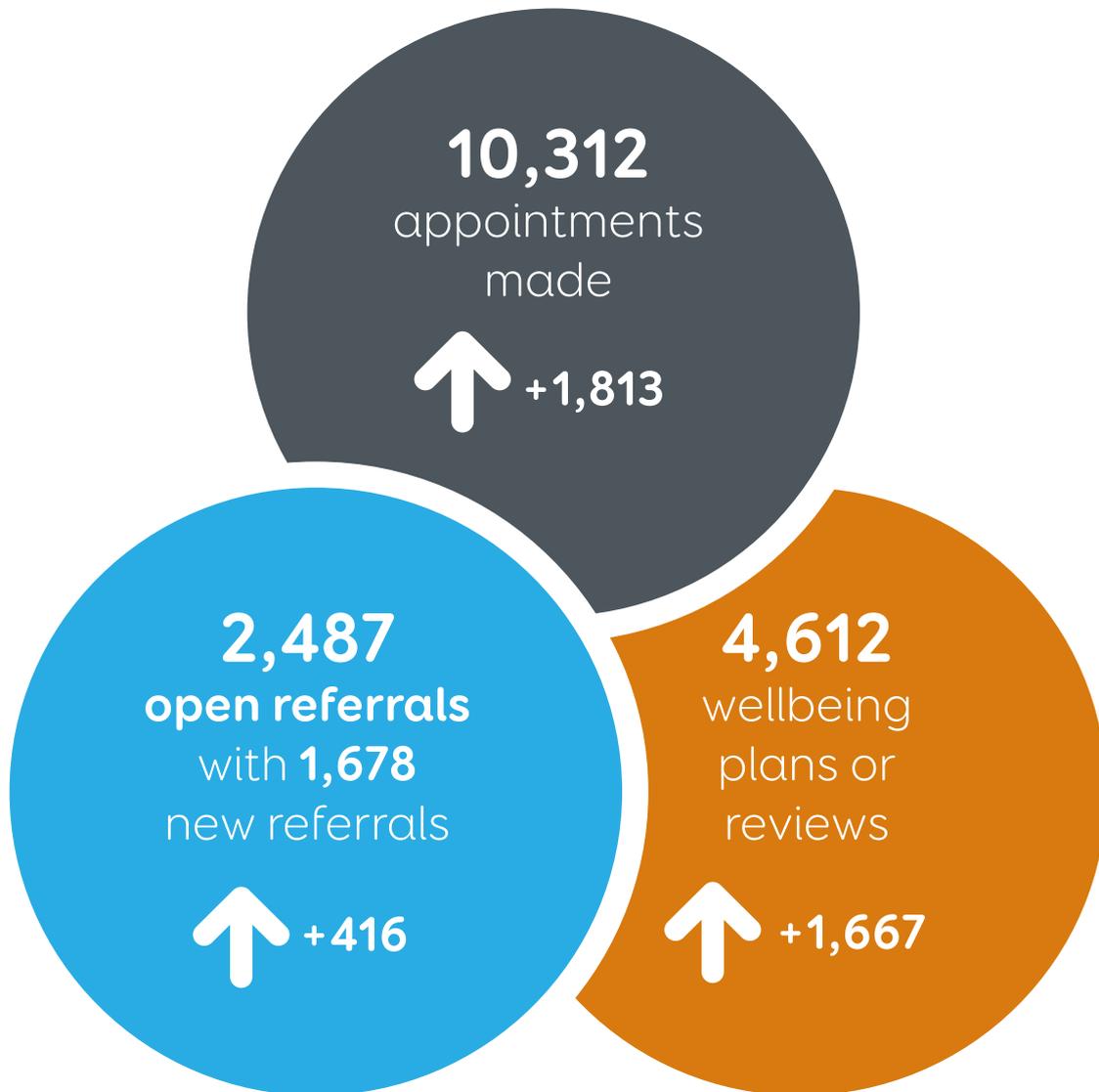
6. Post diagnostic support

We will be reviewing the service's approach to post diagnostic support, including the delivery of groups and information for service users and carers after a diagnosis. This will include trialling a post diagnostic event on a Saturday alongside the Carers Support Centre and considering the needs of people from BME communities in accessing this important support and advice.

7. Diagnosis rates

We will continue to work alongside our commissioner to further improve the local diagnosis rate, including a review of diagnoses in formal care settings.

Service performance



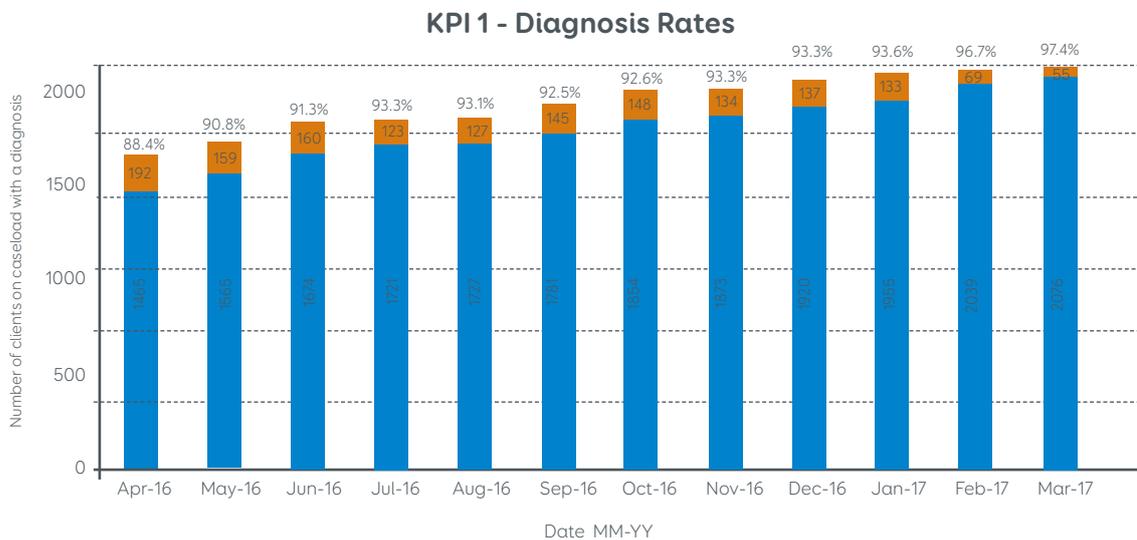
As at March 2017, we have **2,487 open referrals** of people with dementia in Bristol, which compares with **3,015 on Bristol GP registers**. Both of these figures have risen over the past year, moving closer to the expected local prevalence of **4,121**.

Key Performance Indicators for 2016/17

At the start of the year, we agreed a revised set of performance indicators alongside our commissioner and our performance is shown here.

KPI1: Diagnosis rates

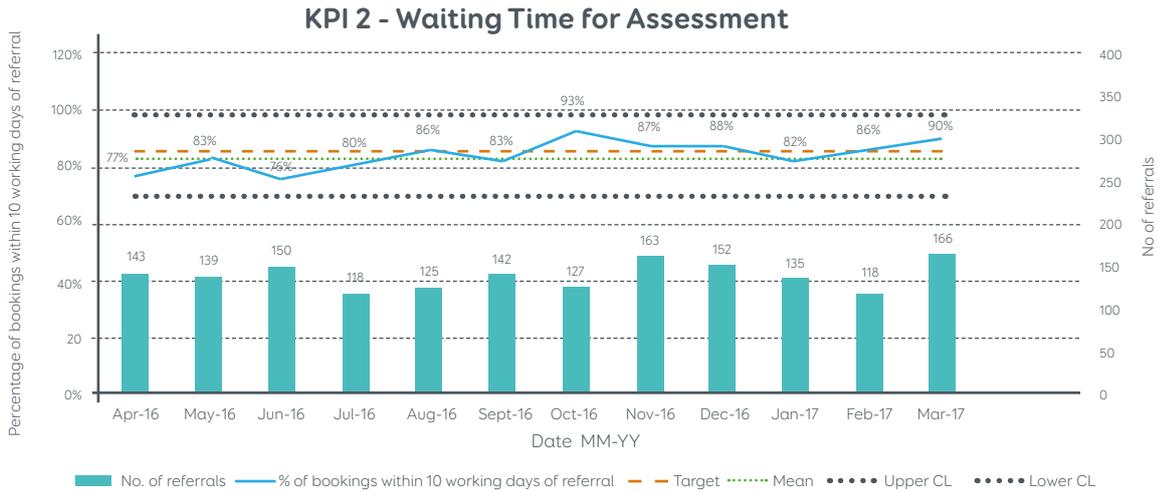
Bristol now has the best diagnosis rates in the south west and is amongst the best nationally. We have worked alongside the CCG with GP practices to improve diagnosis rates.



Within the service our expectation is that 90% of people on our caseload will have a diagnosis of dementia. This takes into account those who are currently undergoing further investigation to determine an accurate diagnosis. At the end of March 2017, we have a service diagnosis rate of 97.4% (up from 88% last year).

KPI2: Waiting time for assessment

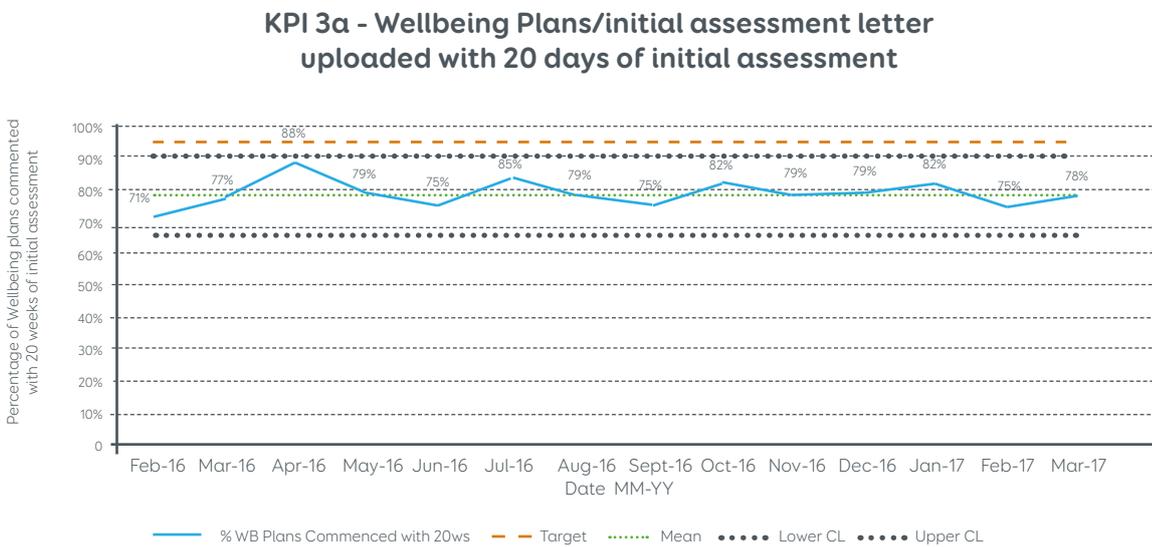
This measures the waiting time from when we receive a referral to when we book a first appointment, whether this is the starting point of a diagnosis or to begin the process of developing a personalised wellbeing plan for those with an existing diagnosis.



We have a target of 85% of referrals booked for an appointment within 10 working days. The above graph shows our performance over the year against the numbers of referrals we have received each month. By the end of the year, we exceeded our target at 90%.

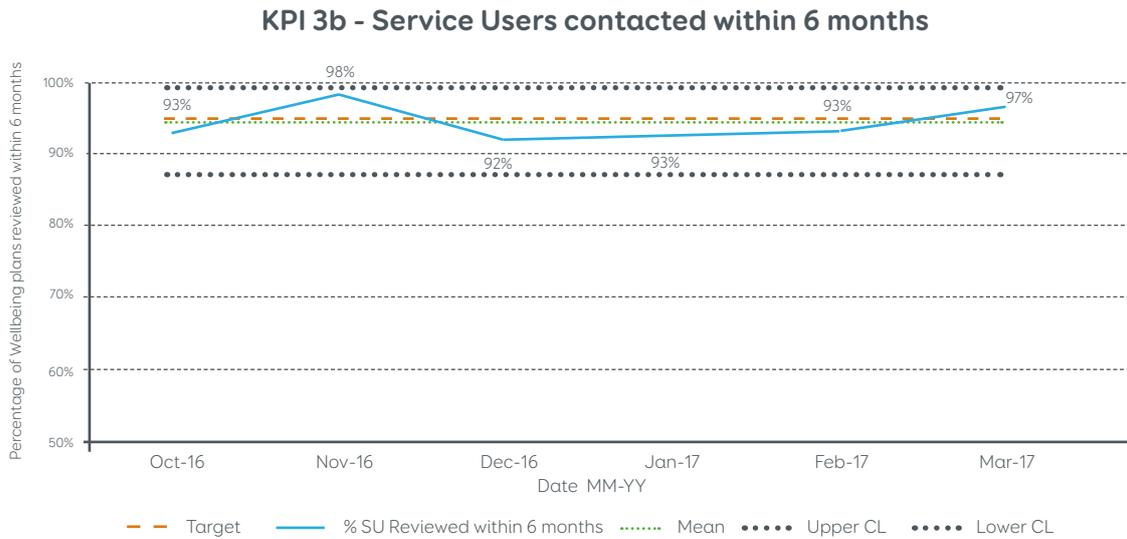
KPI3a: Wellbeing plans commenced within 20 days of assessment

This measures the time from our initial assessment to the start of an individual’s first wellbeing plan, developed in partnership between ourselves, the person with dementia, their carers and family.



Whilst the majority of wellbeing plans have been uploaded within 20 days, there have been some plans that are more complex and it takes longer to produce a meaningful plan. This will be reflected in next year’s performance targets.

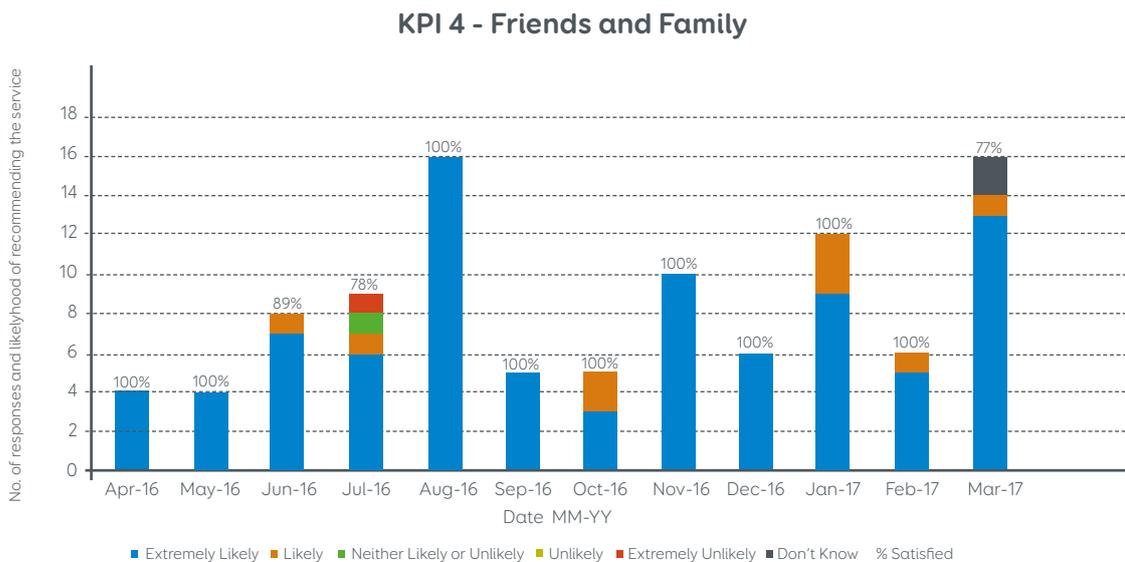
KPI3b: Wellbeing Plans reviewed within 6 months



We are now able to view the data on whether we have contacted service users every 6 months, and if appropriate, to review their wellbeing plan. By the end of the year we have exceeded our target of 95% of service users receiving a contact within the last 6 months.

KPI4: Friends & Family Test

The results from our Friends & Family Test are outlined earlier in 2. Looking Back: How have people experienced our service? but our feedback month-by-month is shown here.



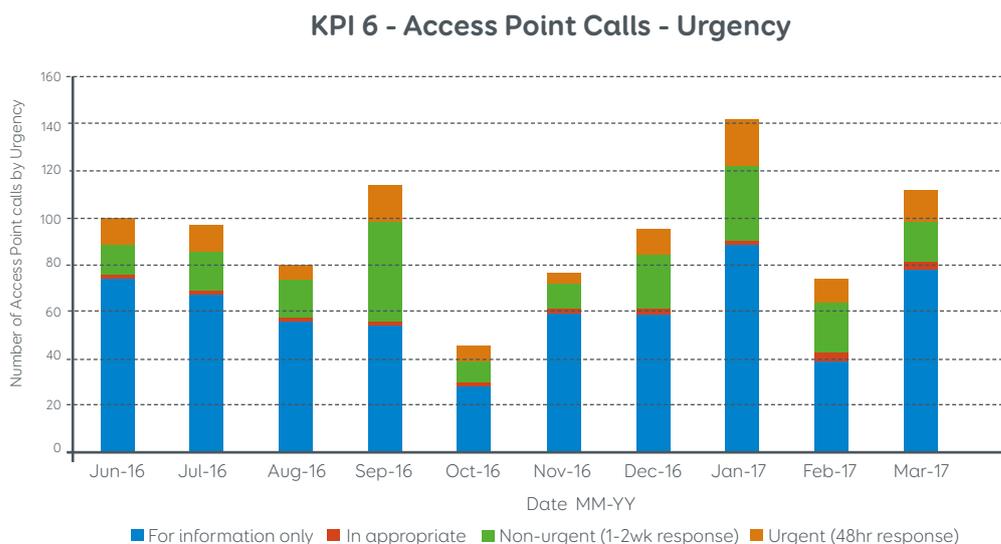
KPI5: Antipsychotic Medication Review

If we instigate the prescription of anti-psychotic medication for dementia, we will carry out or trigger a review by the GP at six weekly intervals until it is stopped. If longer-term prescription necessitates a three month review, this is agreed with the GP and documented.

The numbers of antipsychotic medication prescriptions by the service remained relatively low, and therefore it was agreed to discontinue this performance measure. However the service continues to support GPs in appropriate prescribing and review.

KPI6: Urgent request for advice responded to in four hours / Non-urgent request for advice responded to in 48 hours

We collect data on the calls we receive to our Access Point, measuring the type and urgency of calls we receive and our response to these. We ensure that all urgent calls receive a response within 48 hours (in reality this is usually a same-day response) and non-urgent calls are responded to within 1-2 weeks, but this is also usually a same-day response.



KPI7: Percentage of service users signing-up to the Join Dementia Research (JDR) register

We have continued to promote research opportunities within the service, and Join Dementia Research (JDR) register reported month-on-month increases in the number of people in the Bristol area signed-up to be engaged in research.

We have continued to promote research opportunities within the service, and Join Dementia Research (JDR) register reported month-on-month increases in the number of people in the Bristol area signed-up to be engaged in research with over 170 new signatories.

KPI8/9: Carers with their needs assessed / Carers referred for a break

We have now agreed a KPI for Carers for 2017/18 to record the number of carers offered a formal carers assessment, alongside collecting activity data on the number of contacts our service makes with carers on a month-by-month basis.

KPI10: Number of contacts by DWS for people on the caseload whilst an inpatient in AWP

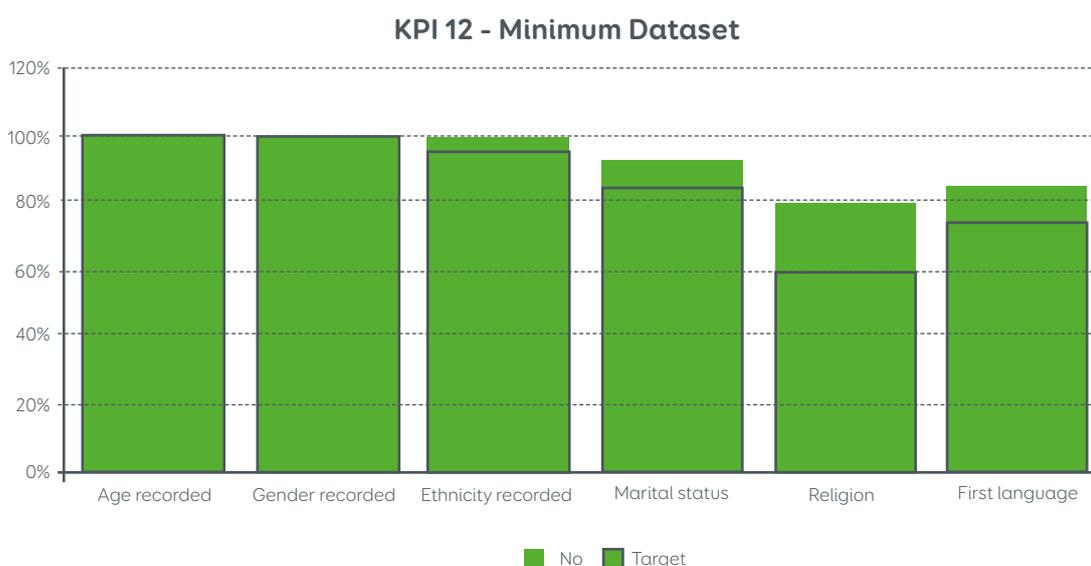
We have continued to support the ward rounds in the local psychiatric wards on a weekly basis, during which patients on our caseload will be routinely reviewed.

KPI11: Total number of staff requiring Safeguarding Adults and Children at Level 1 and Level 2

We have maintained 100% training levels for Safeguarding Adults and Children Level 1 across the service, which is part of induction for both NHS and Alzheimer's Society staff. Level 2 training for NHS staff is arranged locally, and this is also approaching 100%. We ran further Safeguarding Level 2 training in March 2017 for all staff who had yet to receive this training.

KPI12: National Minimum Dataset - Complete and consistent recording

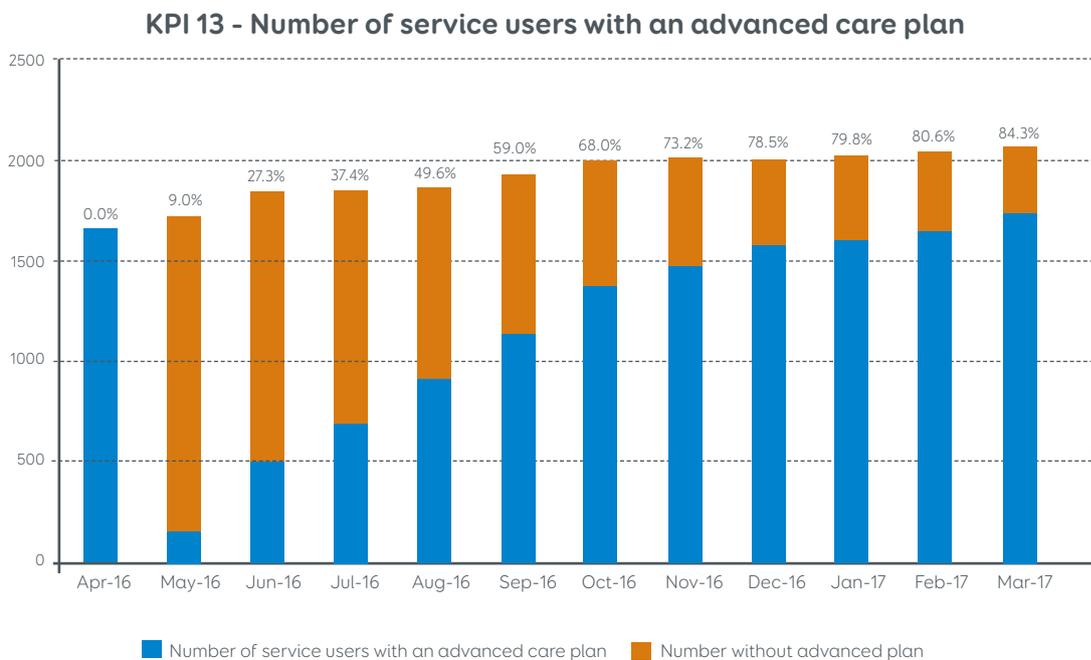
The purpose of this KPI was to ensure that we are recording important data for each of our service users relating to their protected characteristics. For the NHS National Minimum Dataset, this includes age, gender, ethnicity, marital status, religion and first language.



At the start of April 2016, our commissioner set us targets to improve the consistency of our recording, and our staff responded positively to this challenge, reaching all of our targets by December 2016, and exceeding these by the end of the year.

KPI13: Increased number of people with an advance care plan in place to inform end of life care

In May 2016, we introduced a new Wellbeing Plan template that included a requirement to record advance care directives. As people with dementia were naturally reviewed throughout the year, their wellbeing plans were updated and we continued to see a rise in the number of people on our caseload with advance care plans in place.



Where can I find out more?

- 1 : The Dementia Wellbeing Service has a website where you can find out more about what we do at:
: www.bristoldementiawellbeing.org
- 2 : **Bristol Mental Health**
: Visit: www.bristolmentalhealth.org
- 3 : **Devon Partnership NHS Trust**
: Visit: www.devonpartnership.nhs.uk
- 4 : **Alzheimer's Society**
: Visit: www.alzheimers.org.uk

However, if you need any advice on referral or have any general enquiries about the Dementia Wellbeing Service you can use our Access Point number.

You can contact the **Access Point** line on: **0117 904 5151**



You can find out more about the Dementia Wellbeing Service on our website:

www.bristoldementiawellbeing.org