

APPENDIX 1

Service Specification

Appendix 1: Service Specification: 'The services' (funded through the grant).

Dementia Support Service

Dementia Support Workers provide a one to one service for people living with dementia and /or family carer. From the point of diagnosis and for as long as is necessary to support and advise those persons in the identified matters and outcomes related to their journey with dementia. Once these identified outcomes are met, the case may be closed. Although people may re-engage with the Society, usually following a deterioration in condition or changes within family carer circumstances.

A Dementia Support Worker will usually visit the client in their own home although occasionally a family member/carer may request a meeting away from the home, so that they may talk more freely about their situation. Although a direct cause effect cannot be proved, it is believed that the service supports the good performance of the Council compared to comparable areas with fewer dementia support services, in ensuring timely discharge from acute care.

The service recently moved to co-location for key staff with the Memory Service provided by SLAM. This will aim to improve the linkage with diagnosis and the provision of post diagnostic support, ensuring the individuals and their families can access improved advice and information closer to the point of diagnosis and that we better understand reasons why people may choose not to access such support and reflect this in our service planning.

As of September 2021, the active case load was 67. There is a constant churn of cases, with 133 new clients taken on by the service between April and September 2021. The largest number of referrals to the Dementia Support Service come from NHS bodies, but referral is not restricted to professionals. Anyone who is affected by Dementia can refer to this service.

Alzheimer's Society KPI report for BCF January 2022

Key Performance indicators:

Number	Performance indicator	Frequency	Baseline / threshold
1	Number of referrals received	Quarterly	% of Person with Dementia, % of carers
2	Referrals triaged to other organisations	Quarterly	Breakdown of organisations referred to / signposted to

3	% of clients to receive acknowledgement of their referral within 5 working days	Quarterly	90%
4	Time taken from 'diagnosis event' at Memory clinic to post-diagnostic support being in place	Quarterly	Baselined for improvement* Principally (DA) data
5	People with dementia receive timely face to face post diagnostic support within 4 weeks of the referral being received	Quarterly	90%
6	All eligible clients offered a 1-1 visit and assessment and support	Quarterly	Reasons for non-eligibility provided each quarter
7	Participation levels in groups activity by people with dementia and or carers	Quarterly	Baselined with variations
8	Breakdown of number of clients receiving follow-up calls	Quarterly	RST to determine timeframe for call back. 80% of call backs completed within 5 days
9	% re-referred to Dementia Support worker for further support	Quarterly	% reported
10	Alzheimer's Society will report quarterly on number of complaints received & Internal and External feedback	Quarterly	Total figure each quarter
11	Alzheimer's Society will report quarterly on the Number of safeguarding concerns raised	Quarterly	Total figure each quarter

A Dementia Support Worker provides a 1to1 service for persons affected by dementia from the point of diagnosis for as long as is necessary to support and advise those persons in all matters related to their dementia and their journey with the dementia.

A Dementia Support Worker will usually visit the clients in their own home although occasionally a family member/carer may request a meeting away from the home, so that they may talk more freely about their situation.

A Dementia Support worker will remain engaged with the clients for as long as is necessary to support them to meet the outcomes agreed. Once these outcomes are met the case may be closed (although perhaps made inactive would-be better term) as the person affected by dementia can re-engage with the Society at any time. Referrals to the Dementia Support Service are not restricted to professionals. Anyone who is affected by Dementia can refer to this service.

This report refers to data from Quarters 1 and 2, 2021-2022, reported to Southwark, totalling 133; 72 in Q1 and 61 in Q2. Please note that due to Covid-19 the number of referrals received into the service has been reduced. Most of the referrals are from the Southwark and Lambeth Memory Service. This service was closed for some weeks as the staff were re-deployed to hospital wards. The Memory Service has resumed and have been doing most of the memory assessments over the telephone. Some urgent cases have been carried out face to face.

The Alzheimer's Society are now able to carry out face to face assessments if these cannot be carried out over the telephone and have been provided enhanced health and safety and PPE training.

All support staff undergo training and e-learning which is regularly updated. Recent modules have included Safeguarding, Mental Capacity Act, ED&I, Health and Safety including PPE. Further learning will take place throughout the year.

1. Number of referrals received. KPI is for number to be shown each Quarter.

Total for all Quarters 133.

Commissioned outcome met.

2. Referrals triaged to other organisations. KPI to provide breakdown of referred to:

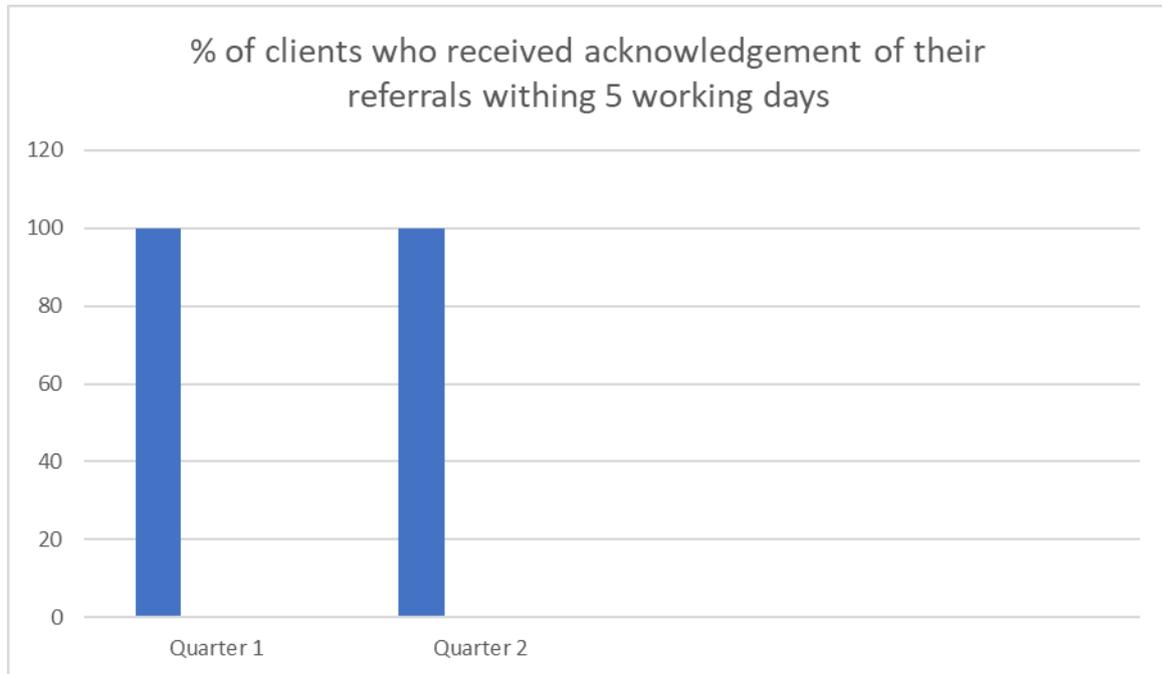
Total figures are for all Quarters.

Social Services	17
O/T	2
CMHT	1
Telecare	13
Repairs	2
GP	5
Southwark carers	11
Local Support (benefits)	26
Voluntary sector	23
Other	10

Talking Therapy 8

Commissioned outcome met.

3. % of clients to receive acknowledgement of their referrals within 5 working days, baseline 90%



Commissioned outcome met.

4. Time taken from 'diagnosis event' at Memory clinic to post-diagnostic support being in place.

This KPI was discussed with the Commissioner. Going forward from Quarter 1 2022/2023 it will need to be replaced or reworded. Not all clients join the service when the diagnosis is given. Some join considerably later therefore the figures do not truly represent the timeframe this KPI was looking for.

To be discussed for 2022/2023

5. People with dementia receive timely face to face post diagnostic support within 4 weeks of the referral being received.

Due to Covid-19 face to face visits have not taken place, however the Alzheimer's Society support service are now able to carry out face to face assessments and these are increasing. People with Dementia sometimes struggle with telephone conversations therefore a face-to-face visit will be offered after it has been risk assessed. All staff are Health and Safety trained and PPE trained.

On average assessments are taking 4-5 weeks to be completed. Speaking with some clients over the telephone has taken longer as some clients require more than one telephone call to complete or contact has been difficult.

Commissioned outcome almost met. No face to face due to Covid-19

Case study

Ms S is the primary carer for her uncle, who has a diagnosis of vascular dementia and is bowel incontinent, due to medication. She moved in with him two years ago, with her two young children. She described his home as being in a state that she had to spend most of her redundancy money to get it up to a reasonable standard. There were no doors in the property, all needing to be replaced at personal cost.

Ms S's uncle was in considerable debt, which she has managed to reduce from £30k to £6k with help from Swish. She is extremely concerned about what will happen to her and her children, when her uncle passes on or is eventually placed in permanent residential care. Ms S has been advised by Citizens Advice Bureau, to keep evidence of her expenditure and support provided.

As Ms S's uncle's dementia progresses, risks are increasing in relation to his personal safety and fire prevention, due to him being a smoker.

Ms S has already put a support plan in place, in relation to her uncle's personal care, as she was struggling with back pain when assisting him with bathing. Additionally, an epilepsy monitor, pendant alarm and door sensor and GPS tracker, which she described as being a life saver, having had to use the GPS twice so far.

The DSW supported her to address other aspects of her uncle's care plan, such as providing further information on caring for a person with dementia, including coping strategies. Future care planning, including Lasting Power of Attorney and funeral planning. Dial a ride and social groups that he could attend, which are nearby. Due to his incontinence, much of her uncle's nightclothes were too soiled to wash and she couldn't afford to replace them. The DSW found providers of kylie pads and net pants which hold pull up pads in place, minimising the risk of soiling/damaging his outer clothing.

A fire safety check was also arranged, as her uncle was initially smoking three packs a day, now it's more like one a week. Ms S feels compelled to lock doors because he has been known to leave the gas on, also has set fire to the bin. At no point is he ever left alone in the house and is taken for walks by his carer, who he was said to have bonded with.

Ms S shared that at one point she cried to her mother, as simply couldn't cope, and wanted to walk away from it. But now, with support in place and an action plan, she feels better able to cope, knowing that she can call us again if she needs additional support or advice.

6. All eligible clients offered a 1-1 visit and assessment and support. Reasons for non-eligibility provided each quarter.

Total for all Quarters.

Person declined service	2
No longer eligible	2
Unable to contact	2

Several attempts are made to make contact which includes sending a letter and discussing with the referrer before the case is deactivated, though they can always contact us if they want to be supported.

Commissioned outcome met.

7. Participation levels in groups activity by people with dementia and or carers.

The Daffodil Activity Group in Peckham has returned to providing a face-to-face service every Monday. It was wonderful to be able to contact several group attendees, to invite them back to the reopening in August, after being closed for 17 months due to the pandemic. The group previously took place on a Tuesday but was changed to a Monday due to availability of the room. We were expecting 14 people, of which 12 turned up. Some clients are unable to come along and this is mainly due to mobility or health issues however the facilitator continues to introduce new members.

Case study from the Daffodil Activity Group

Due to Covid safety measures, we did not deliver any activities for the first month, to minimise any cross contamination. We sat and chatted with people about how they were feeling, about life in general, also addressing any support needs that were identified.

We had two new participants; the carer/friend advised that this person was extremely anxious about joining us, but was made to feel so welcome, that he was very happy to return. This chap used to play the piano in the cocktail lounges in Piccadilly. He was encouraged to play for the group, as the community centre has a piano in the reception area. This was very well received by all, people were dancing. Another of the service users, who doesn't like new people; went and sat with him and struck up a conversation. He said he really enjoyed the music. Since then, he has taken home our song book and has been practising new music, for when we can have singing sessions again.

Since the opening of the group, we have demonstrated that we are able to cope with the Covid safety measures, and that we are now ready to invite more people to the join us. We are also in the process of creating activity packs, so that our service users can do puzzles, quizzes, or drawing.

Case study from Ring and Sing

22/06/2021 Wedding songs.

Mrs x texted three wedding songs she wanted us to sing the day before the session She explained the theme of them being wedding songs as it is the month for weddings! She and Mr X practice the songs as I do now once I know what they are.

Love me Tender by Elvis The Wedding by Julie Rogers I went to your Wedding by Patti Page. We sang with You tube soundtrack backing us.

Reminiscing about their wedding – Mr and Mrs x had a May wedding at a Registry Office in 2000. She wore Ivory with a rose tiara- he wore a white suit with bow tie – and sang Once twice three times a lady. He then sang a version of this.

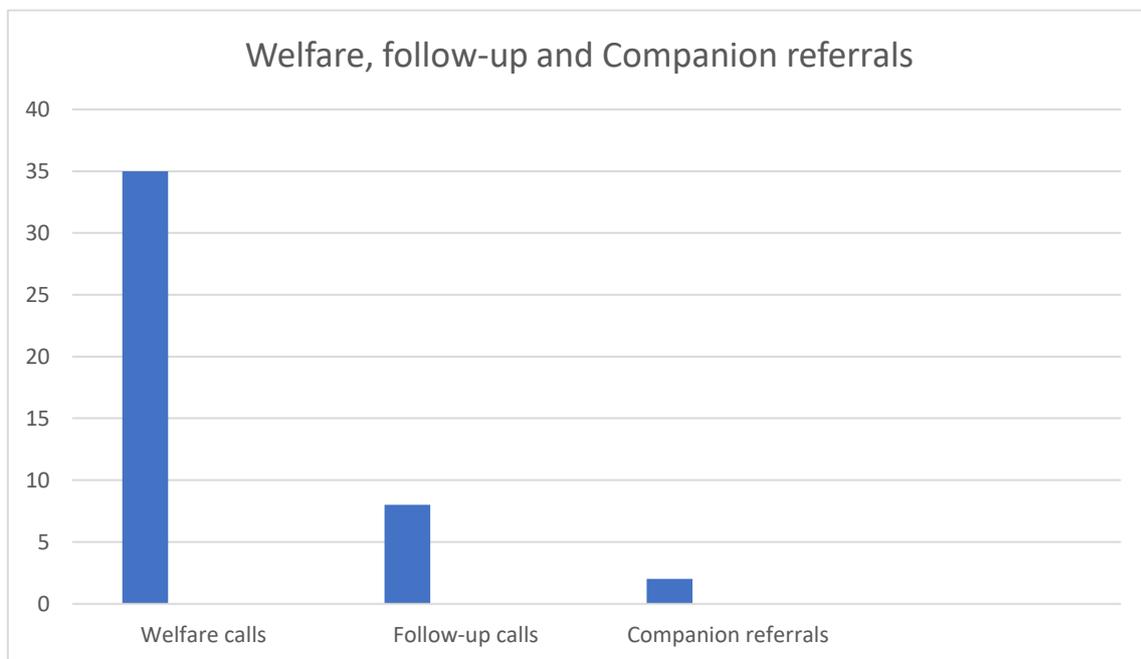
Reminiscing developed into sharing nicknames people call each other and what Mrs x used to call him.

Mr x finished with "The Yonder Sunset" and "Oh Love that will not let me go" on his harmonica. Both are hymns that I did not know before I started singing with Mr x and wife but have found these have a special meaning.

Commissioned outcome met.

8. Breakdown of number of clients receiving follow-up calls.

As the pandemic eases the need for welfare calls to clients is on the decline however where this is identified as continued need it continues to be offered. Another interim service offered to clients by the society is Companion Calls. This service provides the client with a skilled volunteer who will make a telephone call each week to them for a chat. Any concerns are passed onto the support team to manage. Take up continues to be low in Southwark as other voluntary sector are also delivering a similar service however those who receive this service enjoy it very much!



Commissioned outcome met.

9. % re-referred to Dementia Support worker for further support.

Data around this is KPI is difficult to extract from our system, however, on average there are 8 re-referrals in each Quarter. Several referrals have been kept open during this pandemic as welfare calls continue to be made.

Commissioned outcome met.

10. Alzheimer's Society will report quarterly on number of complaints received & Internal and External feedback.

There have been no complaints or feedback regarding any of our services in Southwark.

Commissioned outcome met.

11. Alzheimer's Society will report quarterly on the Number of safeguarding concerns raised.

Three safeguarding alerts have been raised with the local authority in these quarters. The team receive regular training in this area. The Alzheimer's Society has changed its safeguarding procedures internally. All staff will now contact our skilled safeguarding team who will discuss and advise. This team now reports alerts to the LA and monitors their progress.

Commissioned outcome met.

Summary

Due to Covid-19 some of the KPI's have been adjusted to reflect how the service was delivered by telephone with interim services offered to clients. The service is slowly returning to face-to-face and is Health and Safety risk assessed. The Peer Support Group which was meeting face to face once a month is now delivered via zoom twice a month. Although this will remain on zoom it will return to once per month in the New Year. The need for welfare calls is reducing however they will be provided by the support staff if needed. Several clients fear going out into public spaces and travelling on public transport. Some sadly now have mobility issues. The team continue to tap into and refer for much needed support however some clients require more support than others and gaps in some support areas are noted especially for those who live on their own. We continue to monitor this and identify to those who can influence change.