

CEL 20 (2011)

June 2011

Dear Colleague

STANDARDS OF CARE FOR DEMENTIA IN SCOTLAND

This letter is to inform NHS Boards about the publication of the first Standards of Care for Dementia in Scotland
<http://www.scotland.gov.uk/Publications/2011/05/31085414/0>

The Deputy First Minister and Cabinet Secretary for Health, Wellbeing and Cities Strategy has made the care of older people, and the care of people with dementia at all ages, a personal priority. This will be reflected in the attention given to these subjects at annual and other reviews of Boards.

Background

Following a commitment in Scotland's National Dementia Strategy, published last June, The Scottish Government has published care standards for dementia to help people with dementia and their carers understand their rights and to empower them in understanding the level and quality of care to which they are entitled at all times. The standards will be tested over the next 12 months ahead of their formal adoption.

The standards will inform the scrutiny of services, and services and service commissioners should be using the standards to audit and identify where standards are and are not being met currently – and to take action to address the latter.

Service response in general hospitals is a key improvement area in the dementia strategy, and The Cabinet Secretary has asked the Chief Nursing Officer to oversee implementation of the standards in general hospital settings and to give assurance that care for older people in these settings, whether or not they have dementia, is meeting the highest standards of care and compassion.

The Cabinet Secretary has also asked Healthcare Improvement Scotland to carry out a programme of inspections to ensure that our hospitals are meeting the standards of care for older people in acute settings published in 2002.

We have also published *Promoting Excellence*, the first dementia skills framework for health and social services staff,

<http://www.scotland.gov.uk/Publications/2011/05/31085332/0>

Addresses

For action
Chief Executives, NHS
Boards

For information
Chief Executives., Local
Authorities
Medical and Nursing
Directors, AHP Leads, NHS
Boards Directors of
Regional Planning,
Appropriate professional
and voluntary bodies

Enquiries and for hard copies of the standards and skills documents to:

Scottish Government

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the implementation of which will involve providing appropriate training, enhancing capability and leadership in current services as well as updating undergraduate and pre-qualification study programmes.

More details about the standards and the skills framework are annexed.

Action

NHS Boards are asked to note the dementia care standards; and to bring them to the attention of all of those with an interest.

Yours sincerely

GRAEME DICKSON

Director of Health and

Social Care Integration

ROS MOORE

Chief Nursing Officer

ANNEX

STANDARDS OF CARE FOR DEMENTIA IN SCOTLAND

Background

1. A commitment to produce common standards of care for dementia in 2011 was a major supporting action in implementing Scotland's National Dementia Strategy, published in June 2010. The standards adopt the principles outlined in the Scottish Parliament's Cross-Party on Alzheimer's *Charter of Rights for People with Dementia and their Carers in Scotland*. We commissioned The Mental Welfare Commission (MWC) to lead on developing the standards.

The Standards

2. The final document has 3 main purposes. It is designed to help people with dementia and their carers understand and assert their rights in obtaining and participating in care and treatment which they need. It is a key resource for those statutory and voluntary agencies providing services in giving detailed information on what is expected from them in terms of the content and quality of services; and for NHS Boards and local authorities in assessing the services commissioned or managed. Finally, for scrutiny and improvement organisations, it will inform the assessment of dementia care in individual cases and in programmes of inspections.

3. The standards explicitly assert that people have a right to a diagnosis; the right to be treated as a unique individual and to be treated with dignity and respect; the right to access the range of care and treatment; the right to live as independently as possible and be included in the community; the right to have carers who are well supported and educated about dementia; and the right to end of life care that respects their wishes.

4. For each of these, the standards describe what should happen in individual's care and treatment in order for this right to be promoted, recognised and protected – and the role to be played by agencies in order to ensure that the standards are implemented every time. The standards also describe how services can measure the extent to which service response meets the standard expected in individual cases and in the quality of dementia services overall. Measurements include adherence to integrated care pathways standards; indicative and comparative data; self-audit and self-reporting; and seeking the views of people with dementia and their families and carers using tools such as *Talking Points*.

Testing and Implementing the Standards.

5. The standards represent a consensus on the level and quality of dementia services and outcomes and they will be tested over the next 12 months ahead of their formal adoption. As part of this process we expect services to begin use the standards straight away in an early assessment of local provision – to identify areas of strength but also areas where changes and improvements are required.

6. Improving service response in general hospitals is a key improvement area in the dementia strategy. In view of this priority The Cabinet Secretary has asked the Chief Nursing Officer to oversee testing and implementation of the dementia standards in general hospital settings and to give assurance that care for older people in these settings, whether or not they have dementia, is meeting the highest standards of care and compassion.

7. The Cabinet Secretary has also asked Healthcare Improvement Scotland to carry out a programme of inspections to ensure that our hospitals are meeting the standards of care for older people in acute settings published in 2002.

8. More generally, testing the standards will also involve consideration by all of the relevant scrutiny bodies on how they will begin to use the standards to inform their inspection regimes; the harvesting and publication of national dementia indicators; and a series of regional engagement events with stakeholders, including people with dementia and their families and carers, to get early feedback on the standards.

PROMOTING EXCELLENCE: A FRAMEWORK FOR ALL HEALTH AND SOCIAL SERVICES STAFF WORKING WITH PEOPLE WITH DEMENTIA, THEIR FAMILIES AND CARERS

Background

9. A commitment to produce a skills and competencies framework for dementia in 2011 was a major supporting action in implementing Scotland's National Dementia Strategy. *Promoting Excellence* is the result of work commissioned by us from NHS Education Scotland (NES) and the Scottish Social Services Council (SSSC). The work was overseen for NES/SSSC by a Programme Board chaired by The Chief Executive of Alzheimer Scotland, Henry Simmons.

The Framework

10. The final framework is for all health and social care staff who have contact with and provide support for people with dementia and will be used in conjunction with pre-existing knowledge and skills frameworks relevant to particular care sectors and groups.

11. It defines 4 levels of knowledge and skills, from baseline knowledge and skills required by all staff working in health and social care settings through to an expert level for staff who play a specialised role in dementia services. It defines stages in the journey of people's experience of dementia and describes ways in which staff can utilise quality of life indicators – mapped across to the standards - to measure the impact of a changing approach in the workforce in providing dementia services.

Implementation

12. The framework's proposed implementation over the next 2 years includes updating professional qualifications; revising and developing vocational

qualifications; disseminating knowledge and learning; developing leadership capacity and integrated workforce capability within existing services. This would include targeting educational and ongoing training resources in key areas and settings, such as focussed training on post-diagnostic support and approaches to responding to challenging behaviour; and training targeted at staff who have substantial contact with people with dementia but who do not require specialist levels of knowledge.