



## **A 'Better Care Closer to Home' Consultation Fact-sheet: Dementia Rapid Response Team**

### **About the consultation**

The proposals in the 'Better Care Closer to Home' consultation are about changes to services for two groups of older people who use community hospital services. Those who are recovering from an accident or illness after a spell of inpatient care at a district general hospital and those who have dementia. The proposals would mean the majority of these care needs would in the future be met in, or near to, older people's own homes as long as it safe to do so rather than provided in a community hospital as currently happens.

### **Why have we produced this fact-sheet?**

To provide further information about topics that may be of interest to organisations and individuals wishing to respond to the consultation.

### **What is this fact-sheet about?**

Our proposal to offer a new community-based service, the Dementia Rapid Response Team (DRRT).

### **Dementia Rapid Response Team**

**Staffing:** The model is based on: manager, clinical leads, psychologist, consultant psychiatrist, nurses, occupational therapists, healthcare assistants, admin support, physiotherapist, and a pharmacist. Staffing across two teams equates to 38.4 WTE.

**Objective:** To provide a robust alternative to hospital admission through a flexible, highly responsive team responding within 6 hours operating from 8am to 8pm, 7 days per week. Out-of-hours support will be provided by the older adult on-call psychiatrist who may admit if required.

**Impact:** Our analysis shows that around half of those who are currently admitted to a community hospital because of a crisis relating to severe dementia, could be safely cared for at home if DRRTs were in place. There are currently around 900 people with severe dementia in North Derbyshire. Of this group, there are presently around 243 admissions each year because of a related crisis.

DRRTs will aim to see at least 95% of people whose needs meet the threshold for admission and aim to put plans of care in place to support the person and those close to them to avert the admission and meet the need. A small minority of this cohort will not be suited to the interventions of the Team. DRRTs will work with admitted patients/inpatient services to achieve timely discharge and reduce rate of readmission.

**Admission criteria:** People with complex and high risk needs relating to their dementia will be seen by the DRRT. For example: those who might otherwise be admitted to a dementia specialist bed and, or, an acute bed; those needing support with behaviour management whose needs are otherwise being adequately met by medical or nursing staff. Admission will be an exception for those whose care needs cannot be met in the community because of severe and persistent physical aggression posing unacceptable risk to carers or those with severe physical neglect who reject services.

### **Type of support to be offered:**

- A focus on the immediate crisis, identifying it and treating it. For example, behaviour mapping, psychotherapeutic intervention and medication review.
- Identifying and intervening to meet an individual's needs in challenging situations – for example, ensuring daily activities continue.
- Enabling carers to meet a person's needs through modelling (ie: learning through observation and imitation), support and education.

- Collaborating to develop care plans based on advance statements (written statements setting down individual preferences, wishes, beliefs and values regarding their future care).
- Building resilience in caring relationships using techniques such as cognitive reframing (looking at thoughts from a different viewpoint).
- Offering education, advice and support to enable resilience and re-ablement.
- Identify factors which cause stress in the patient and determine ways to prevent and manage relapse.
- Encourage individuals to develop coping strategies and ways to keep safe.
- Enabling individuals and carers to access other support services which may help.

**Care pathway:** DRRT would work closely in an integrated way with existing community and acute inpatient services including mental health teams, GPs, adult social care and the voluntary sector. Referrals to DRRT will come from community mental health teams and inpatient services.

### **Relevant evidence**

We considered specific studies and evidence which relate to the creation of DRRT, including:

- Derbyshire Healthcare NHS Foundation Trust (DHCFT) Dementia Board's DRRT modelling
- 'Paying the Price', (King's Fund, 2008)
- Alzheimer Society reported 83% of people with dementia want to stay in their own homes
- The All-Party Parliamentary Group on Dementia challenge in 2011 to the NHS to reduce hospital beds and free up £1bn for community-based dementia services
- Local evidence shows people are being admitted at present because there is no community provision for ongoing, urgent treatment or support from a seven-day per week service
- DHCFT's experience, please see fact-sheet 'South Derbyshire's Dementia Rapid Response Team'

### **Other evidence**

We considered key national and clinical evidence. The improvements to date and the future direction of travel are consistent with national guidance and best practice, including:

- 'NHS Five Year Forward View' (NHS England, October 2014)
- 'Safe, compassionate care for frail older people using an integrated care pathway: practical guidance for commissioners, providers and nursing, medical and allied health professional leaders' (NHS England, February 2014)
- 'Making our health & care systems fit for an aging population' (The Kings Fund, March 2014)
- 'Specialists in out-of-hospital settings' (The Kings Fund, October 2014)
- 'Support. Stay. Save. Care & Support of People with Dementia in their own homes' (Alzheimer's Society, January 2011)
- Studies by Trappes-Lomax et al. (2002) & Lymbery (2002)

### **Further information**

Please refer to page 24 to 36, which is the 'Specialist Older Persons Mental Health (OPMH) beds' chapter, of the 'Pre Consultation Business Case Stage 4' at [www.joinedupcare.org.uk](http://www.joinedupcare.org.uk)

Details of our proposals are contained in the consultation document. We encourage individuals and organisations to read the consultation document thoroughly before responding.

If you have any further questions about the topic of this fact-sheet please refer to our consultation website for further resources and information about how to contact us: [www.joinedupcare.org.uk](http://www.joinedupcare.org.uk)