

**The power of partnerships –**  
Practical partnerships  
Commissioning End of Life care  
and Dementia services

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# Overview of presentation

- West Midlands Pathways as underpinning to partnerships and commissioning
- 2 situations to address in tandem as a transitional process to getting quality of care consistent
- Examples of commissioning at 3 key stages of the pathway, partnerships and implications for your practice
- Summary

# Dementia pathway – West Midlands

## Person with Dementia and Carer needs based

Public Health, Health Promotion, Awareness raising, community development, prevention

Early Intervention1: Pre Diagnosis, Diagnosis,  
*Early Intervention 2: Looking to the future*

Ongoing coordination

Ongoing care until death and bereavement care

Linked to other long term conditions

# Features of a good care pathway

Long Term Conditions

Dementia Pathway Coordinator

Person with Dementia

### Early Intervention

#### 1. Diagnosis

GP screening & subsequent referral for specialist assessment.  
Primary Care Liaison workers.

#### Memory Assessment Service (single access point)

Dementia Register.  
Preassessment Counselling.  
Multidisciplinary Specialists.  
Diagnosis made by: Old Age Psychiatrist; Geriatrician; Neurologist; GPwSI

### Early Intervention

#### 2. “Looking to future” clinic

While Capable: includes, end of life care, benefits, lasting power of attorney, living wills, advanced care planning, advocacy requirements, driving, genetic counselling, etc

### 3. Ongoing Person & Carer Centred Care

- Integrated CMHT
- Advocacy
- Respite Care
- Intermediate Care
- Crisis Intervention
- Young Onset Dementia team
- Outpatient/Community Clinics
- Hospital Liaison team
- Planned Inpatient Admission (assessment & Continuing Care)
- Social Services
- Palliative Care
- Bereavement
- End-of-Life care
- Carer Support
- Residential/Nursing care
- Psychological Services
- Long-term Conditions
- End-of-Life care

Specialist Dementia Service

Person with dementia

Expert carer programmes

### Prevention (primary & secondary)

- Tackling ageism & stigma
- Awareness raising – start in schools
- dementias and disease progression until death; likelihood of dementia and other long term conditions – the issues
- Info to be available at different sources using a variety of methods

Royal Colleges,  
Department for Education,  
Public Health

# End of Life Care pathway: West Midlands

- Health promoting end of life: awareness raising, information, public health, empowerment
- Identification processes
- Assessment and advanced care planning
- Co-ordination of care
- Delivering high quality integrated care
- Last days of life
- Care after death

## 2 End of Life care Agendas - situations to address at the moment

1. Those people with Dementia in the dying phase at present who have not engaged in any upstream thinking or planning and have now lost capacity  
*(note: not to reinforce or continue this cycle)*
2. Providing opportunities for advanced preparations and planning for those entering the dementia pathway

# Joint Commissioning for Dementia and End of life Care – 3 areas

1. Preparation for the life journey
2. After diagnosis
3. During dying and after death

# Preparation for life journey and partners

- How much have you done? – *self*
- Range of methods, campaigns and services required *all levels*
- Addressing individual and community fear and stigma – compassionate communities model *community networks*
- Risk stratification processes *targeted*

# After diagnosis and partners

**Looking to the future services** – access and opportunities in and over time

In the West Midlands various models being developed:

- Social Care: Al Cafes, mentors, buddies, CAB, housing, finance, Solicitors, Undertakers, Psychologists
- Joint Commissioners: via Admiral service
- Health: Family Liaison services

# During dying and after death and partners

**Current:** those in Dementia care and Specialist Palliative Care to learn from each other - varied if commissioned.

Use of Supportive Care pathway

**Ongoing:** establishing cue recognition of need from people with Dementia and carers, who/what best to lead this.

**Future:**

- Preparation opportunities upstream, record and review of this
- Specialist input at/in place of care for guidance and support of complex symptoms related to dying situation
- Bereavement support

# Summary

- Upstream interventions, the opportunities for this *are key* for a quality end of life care experience
- Partners: people with Dementia and their carers, self, community, society, public health, 3<sup>rd</sup> sector, care homes, generalist carers, any specialist input
- Where do those in specialist end of life care want to position themselves? –

# Contact details and resources

[Pauline.smith@westmidlands.nhs.uk](mailto:Pauline.smith@westmidlands.nhs.uk)

[www.wellbeingindying.org.uk](http://www.wellbeingindying.org.uk)

Kellehear, A. 2009 Dementia and dying: The need for a systematic policy approach  
*Critical Social Policy* vol 29 (1) 146 – 157

# saying the unsayable

## Opening a Dialogue about Living, Dying and Death

A three day exhibition of  
photography and streaming visuals  
produced by 11 West Midlands  
community groups, ranging from  
young people with special needs  
and A-level art students to carers  
and older people.

Centenary Square,  
Birmingham

Thurs July 2nd -  
Sat July 4th  
10am - 7pm

Free entry

Organised by NHS West Midlands  
in partnership with Ade Marsh  
Photography, Jovian Productions  
and ONCE.



Ade Marsh Photography



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# *Saying the unsayable*



# *Saying the unsayable*



# *Saying the unsayable*

