



Integrating health and social care

Nottingham City Council, JackDawe Service

Taking an open approach to partnership working delivers high quality home care for people with dementia.





Background

The JackDawe Service is a specialist, multi-agency, award winning home care service for people with dementia, supporting about 180 people. The service was set up in 1999 to support and promote independent living. Dementia was not used in the title of the service, as not all people living with dementia and informal carers identify with the label and it can be stigmatising. Instead, the service was named after one of its original users.

Staff are mental health nurses and occupational therapists, on secondment from the NHS and home care workers and managers, employed by the city council. There are about 200 home care workers working part time, following a two week rota pattern. The emphasis is on recruiting the right type of worker. There are also three specialist teams: a men's team, a team of south Asian female workers and a team of Polish speakers. This enables the service to support cultural differences and takes account of the progress of the illness, where people can revert to their first languages as the disease intensifies. More recently the service has co-located. There is access to both the city council's IT system and that of the NHS.

Aims

The aims of the service are to:

- help people who have dementia remain at home, safely, and for as long as possible
- support informal carers by providing practical help and information
- link with voluntary agencies, such as the Alzheimer's Society, to provide independent specialist support
- work as a multidisciplinary team
- create a high degree of integration between health and social care staff.

What was done?

Integration between health and social care has increased since the service was involved in Skills for Care's New Types of Worker project. Co-location has made this much easier and communication is more effective as a result. One example is that the medicine's policy was recently updated, in line with the Mental Capacity Act, with input from the PCT's Medicines Management Team.

The JackDawe service has been involved from the start in the development of Dementia Care Mapping in Supported Living (DCM-SL). The service contributed to the development of the tool. Home care managers, mental health nurses and some home care workers have been trained in DCM-SL. The DCM-SL provides a much clearer framework for staff observation, so that they can receive feedback and training to improve their practice. There are already signs of significant impact both on staff and people living with dementia.

The service is engaging with people with more complex and challenging needs than it has in the past. This is creating difficulties, for example, between assessment and provision. The development of personal budgets means that the service is not the budget holder. There is an increased focus on transitions and training in end of life care.



“Staff need good written skills for recording care plans, medication records, life history books and reviews. They need the confidence to contact GPs and other health professionals directly if a problem develops.” **Kate Fisher, Team manager.**

People with dementia fluctuate in their abilities as a result of the disease. This means that there is a constant need to review and reassess and this is built into the service approach. People are discussed on a regular basis. It is important to create opportunities to improve practice through discussion of particular cases. This can happen at a number of different forums, including:

- joint meetings with clinicians, who also have drop-in sessions for managers to come and discuss cases
- fortnightly meetings of home care managers and their staff, a form of group supervision
- regular communication with hospital discharge facilitators
- handovers, which are particularly important.

Outcomes

Assessments are multi-dimensional, including input from health and social care. Life history is always taken into account. There are plans to change the assessment process, using the Pool Activity Level instrument (PALs), developed by Bradford University. This will eventually replace the current approach.

The service has improved its partnership working. Information is shared with the Nottingham On Call centre, which monitors and answers telecare calls. There are also links with the Fire Service. There is work with the Alzheimer’s Society at an operational level and through individual case work. The Society runs carers’ information sessions. There are other links with the meals at home service.

“In some instances, frozen meals have been found to be a better option as they give people living with dementia a greater choice of food and time at which they eat their meals.”

Kate Fisher, Team manager.

Impact

The high quality of the service leads to high levels of satisfaction among families and carers. They consistently rate their satisfaction between 60% and 70% in the six monthly surveys. Dealing with more complex cases means that the service plays a significant preventive role in supporting people in the community, rather than them having to go into hospital. It should be noted that the service is relatively costly, but is supporting people with very complex and changing needs, preventing their admission to residential or hospital care. This is part of the eligibility criteria. There are about 180 people with dementia and 75 of these receive more than 10 hours support a week. This is cost effective, since residential or hospital support costs far more than the service. The service also helps to reduce repeat hospital admissions.



The unique nature of the service is nationally recognised. It has had positive feedback from elected members of the city council. Rob Jones, Associate Professor of Old Age Psychiatry, Faculty of Medicine and Health Sciences of the University of Nottingham has spoken very highly of the service. His comments were based on evaluation research (Rothera et al., 2008, 65-72). The research found:

“The specialist service demonstrated greater flexibility and responsiveness to the particular needs and circumstances of service users and family carers, who were encouraged to participate in routine decision-making and activities. By sharing responsibilities, the specialist service helped reduce carer stress and prevent crises. These outcomes depended on the configuration of the service; including multidisciplinary health and social services input, care worker autonomy and independence, continuous reassessment of clients’ circumstances and preferences and the capacity to develop long-term relationships, through care worker continuity. The standard service, which used a task-orientated approach, lacked these characteristics.”

Learning

Key learning points are:

- find staff that really get what the service is about and who understand the nature of the disease process—who can be empathetic and offer mutual support
- recruit people who are champions in person centred dementia care, along with other workers with specialist interests such as end of life care
- managers need to be case centred and effective in how to marry up services
- the physical environment has an influence—being in the same building has had a positive effect
- health and social care look at things from different perspectives and use different language; however, better communication has helped to improve this.

Next steps

Next steps for the JackDawe service include:

- a need to revise the care planning and assessment process, making use of the Pool Activity Level instrument (PALs), which contains a tool for assessing level of ability
- continue to embed the training and follow-up implementation of dementia care mapping
- use in house expertise to provide more training that is tailored to the needs of the service, recognising that the best learning comes through case discussions
- all services work together to see how they can integrate further and more effectively.

References

Rothera et al, 2008 Rothera Ian, et al; An evaluation of a specialist multiagency home support service for older people with dementia using qualitative methods, International Journal of Geriatric Psychiatry, 2008.

Contacts

www.nottinghamcity.gov.uk

Links

http://www.skillsforcare.org.uk/workforce_strategy/workforce_innovation_programme/prevention/NToW8.aspx (includes video)



Further information

For further information about the health and social care integration work between Skills for Health and Skills for Care please contact:

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