

Southern Health & Social Services Council



Response to:

**A Clear Path: A Strategic Vision for
Health and Social Care Services for
People with Memory Difficulties and
Dementia 2006 – 2011**

October 2005

SOUTHERN HEALTH & SOCIAL SERVICES COUNCIL

'A Clear Path: A strategic vision for Health and Social Care Services for people with memory difficulties and dementia 2006-2011

1. The Southern Health & Social Services Council (SHSSC) was established in 1991 by the Government to represent the views and opinions of the public in relation to health and personal social services in the Southern Area. The SHSSC is independent of those who plan, manage and provide health and social care. Therefore, this response seeks to reflect a lay, public view of the document.
2. The SHSSC wishes to commend the SHSSB for the collaborative process for the development of the strategy, which facilitated input from the main stakeholders.
3. **Values and principles.** The SHSSC agrees that this section does identify the values and principles that should underpin the future service.
4. **Key strategic themes.** The SHSSC agrees that the nine strategic themes appear to cover the main areas for action.
5. **Prevention.** The SHSSC concurs that there should be a partnership approach to raising public awareness about the benefits of a healthy lifestyle. This may be specifically focused on people deemed to be at risk but also as a broader message to the general public. This obviously has to be undertaken in a co-ordinated way linking into health promotion. We would also support all people with dementia receiving appropriate secondary measures.

6. **Early Identification and referral.** We support the proposal for delivering multi-disciplinary training to GPs and the establishment of a clear referral pathway that is standardised throughout the Southern Area.
7. **Training & Information.** The SHSSC agrees with the recommendations made. It is important that there should be adequate information and consultation for people with dementia and their carers at key stages through the progress of the illness. The SHSSC has supported complainants who, as carers for a person with dementia, have felt that important decisions such as periods of respite care have been decided without proper consultation with them. There may be difficulties associated with meaningful consultation with people with dementia as their illness progresses and where possible strategies to deal with this need to be developed. Complex issues such as these should form part of the training process.
8. **Access to mainstream services.** The SHSSC is supportive of the recommendations set out in the document.
9. **Community support for people with dementia.** In addition to the range of specialist services and domiciliary care services, other more informal supports of a community nature may have a role to play in supporting the person with dementia and their carer as part of the community. There needs to be clarity about who will support the person with dementia/carers in ensuring that these are put in place and are sustained. The issue of advocacy is particularly important given the nature of the illness both in relation to the person with dementia and their carer. The SHSSC would be most supportive of the development of a suitable model of independent advocacy.

10. **Alternative living options.** The SHSSC agrees with the recommendations. Respite accommodation is another area that would warrant further development.
11. **Support for carers.** We endorse the recommendations to support carers particularly the notion of a carers' forum. Carers should indeed be included in a meaningful way in the planning of the care for the person they are caring for. This should include independent support to put together packages of care in relation to direct payments as well as advice/support in liaison with professional care staff.
12. **Young people with dementia.** We support these proposals.
13. **Hospital services.** The SHSSC agrees that care should be within the community. We support the suggestion that assessments should take place within the home and agree that the strategy will have significant workforce implications. If the strategy is to become a reality quick response times at all stages of the pathway will be essential.
14. **Managed Clinical Network.** The SHSSC would support this development on the basis that it will provide an effective use of resources and provide an equitable access to the care pathway across the area. It might also provide a vehicle to support the co-ordinated development of an appropriate advocacy service. From the information provided in the document, it appears likely that the development of standard referral and service delivery across the area will have a substantial impact upon a wide range of services (not just specialist dementia services) within the Trusts and beyond.

Stella Cunningham

October 2005