



## Case study - Dementia Rapid Response Team

### Place – South and North Derbyshire

The recently expanded Dementia Rapid Response Team (DRRT) works across the Joined Up Care Derbyshire 'place' areas, providing a service in south Derbyshire and north Derbyshire. There has been a DRRT in operation in the south of the county and Derby city since 2015. In 2018 a new service was set up covering the north of the county.

### Background

The DRRT aims to improve the wellbeing of people with dementia at times of crisis by delivering rapid assessment and intensive support. The teams are multi-disciplinary and include mental health nurses, psychiatrists, occupational therapists and health care assistants. The service is primarily delivered in an individual's home, wherever that home may be.

### The challenge

There is much evidence that many people are better cared for at home rather than in hospital. Improved care of people living with dementia will lessen the need for admission into specialist dementia hospital beds, reducing the disruption and confusion caused to the individual. By transforming services and delivering more care at home or in the community, the local NHS can make better use of resources and improve patient care.

### What's been done to date?

The service has been running for several years in south Derbyshire and is now being expanded into northern Derbyshire. It includes an assessment, the development of a person-centred care plan, and intensive support as required. Specific interventions or actions offered by the team include:

- Focusing on the immediate crisis, identifying the source and treating it
- Identifying and intervening to meet an individual's needs in challenging situations
- Collaborating to develop a care plan including the use of advance statements (written statements setting down an individual's preferences, wishes, beliefs and values regarding their future care)
- Offering education, advice and support to enable resilience and reablement
- Exploring factors which might cause stress and ways to prevent and manage relapse
- Encouraging individuals to develop a range of coping strategies and ways to keep safe
- Enabling individuals and carers to access other support services

Referrals are made into the service via the local community/neighbourhood mental health team and GPs.

### What is the new service/approach?

As part of the Better Care Closer to Home programme in northern Derbyshire the service is being rolled out to more communities in 2018. The team for High Peak and North Dales launched in February 2018 and was followed by a team for Chesterfield, Bolsover and North East Derbyshire in April 2018. Subject to successful recruitment, the teams should become fully operational by the end of the year, increasing the hours that the service is being run. This is in line with the aims of Better Care Closer to Home to wrap care around the needs of individuals in or as close to home as possible.

### Viewpoint

Two case studies:

#### *Support for 'Brian' and his family*

A 79-year-old man, who we shall call 'Brian', is living with a moderate degree of vascular dementia. He has had secondary symptoms of depression, visual hallucinations and thought disorder, distress caused by these symptoms, and a loss of independent skills in his home. His carers reported they felt unsupported, stressed and unsure how to help him.

The Dementia Rapid Response Team established a care plan and the DRRT lead nurse worked with the carers to explain how best to support the patient. The family was offered a DRRT support worker for up to six weeks. The DRRT lead nurse has also offered advice and support on helping to improve delirium and nutrition.

An occupational therapy assessment identified improvements for the home including a bath seat and stair rails. Referrals were made for more support including physiotherapy. The family has been given information on dementia and links to other sources of advice and help. Brian was discharged after four weeks of input from the DRRT.

#### *Support for 'Elsie' and her transfer of care*

A woman, who we shall call 'Elsie', is living with dementia and when her behaviour became more complex, care home staff asked for the support of the Dementia Rapid Response Team. The team provided specialist support to Elsie and the staff, meaning she did not need to be admitted to hospital.

After a short wait, a place was found in a nursing home where more support could be provided. The DRRT worked with the care home on strategies to help keep Elsie calm while the transfer of accommodation and care was made.

A staff member said: "I feel that now we know the Dementia Rapid Response Team, I wouldn't hesitate for them to come into the home again. I think it would be very positive for any client to use them, because sometimes it's very difficult to see what's going on when you're in the thick of it. The team are so friendly, you don't feel you're under a microscope, you don't feel you're doing anything wrong."

## Contact

You can find out more about the service at:

[www.derbyshirehealthcareft.nhs.uk/services/mental-health/drrt/](http://www.derbyshirehealthcareft.nhs.uk/services/mental-health/drrt/)