



HEALTH & WELLBEING BOARD

Subject Heading:

Havering Joint Dementia Strategy

Board Lead:

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The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

This report provides an overview of the Joint Dementia Strategy for Havering, 2014-2017. Dementia remains a key national and local priority. It is therefore important that a locally agreed Joint Strategy is in place, with accompanying Implementation Plan.

RECOMMENDATIONS

Members of the Health and Wellbeing Board are asked to:

- Note the contents of the report, the accompanying Strategy and Implementation Plan.
- Adopt and approve the local Joint Dementia Strategy for Havering.
- Agree a timescale for receipt of a further update report on progress.

REPORT DETAIL

Background

As stated, dementia and dementia services remain a key national priority, and key related areas, such as the dementia diagnosis rate, are coming under significant scrutiny. Within the National Dementia Strategy: 'Living Well with Dementia: a National Strategy' (DH, 2009), Objective 14 sets out the requirement for every local area to have a joint commissioning strategy in place for dementia. To date, this has not been the case in Havering. The strategy has therefore been developed to rectify this, to meet the national requirement, and most importantly, to set out a locally agreed vision, strategy and plan which is publicly accessible for the residents of Havering.

Process of Strategy Development

The strategy has been developed in partnership with key commissioning stakeholders, and has been formally presented to and discussed by the Dementia Partnership Board, at meetings held on 23rd January and 20th March, 2014. Members of the Board agreed to approve the Strategy, pending any additional comments to be provided by 3rd April. Engagement sessions have been undertaken with groups of people with dementia and their carers, and key issues and themes which they have identified so far have been included within the Strategy, and addressed within the Implementation Plan. These issues include:

- Need for a range of accessible, advertised information about services and support available
- Mixed experiences of accessing help and support from primary care, and the need for an increased awareness of the needs of people with dementia and their carers in primary care

Summary of key areas contained within Strategy

The Strategy sets out the local vision and principles to be achieved within Havering, and this is aligned to the Havering Health and Wellbeing Strategy, 2012-14. This includes the intention to seek every opportunity for commissioners to test out the following outcome statements:

- I was diagnosed early
- I understand, so I make good decisions and provide for future decision making
- I get the treatment and support which are best for my dementia and my life
- Those around me and looking after me are well supported
- I am treated with dignity and respect
- I know what I can do to help myself and who else can help me
- I can enjoy life
- I feel part of a community and I'm inspired to give something back
- I am confident my end of life wishes will be respected¹

The Strategy then includes detail about:

- the current provision and range of services within the locally agreed pathway
- the intentions to raise public awareness and understanding of dementia, via the work of the Havering Dementia Action Alliance, and in support of the forthcoming national Public Health England Dementia Friends Campaign
- how we are striving to improve the local dementia diagnosis rate, via training for GP's and primary care staff, ongoing work with Public Health, undertaking individual practice visits to provide support, piloting an iPad based dementia assessment tool in primary care and developing information sharing processes across the whole system
- how we are working with NELFT, as the provider of the Memory Service, to develop a revised model of service delivery, including an integrated community based service model
- services which are currently commissioned to enable people to live well with dementia, which includes the Dementia Advisory Service, peer support, respite care, extra care housing, and care in residential and nursing homes
- the work being undertaken with BHRUT to improve services within the hospital for people with dementia
- intentions in relation to End of Life care, including the provision of Gold Standard Framework training
- how dementia training and education is being locally co-ordinated and progressed via the work of the Dementia Training and Education sub-group
- the current levels of resource for dementia, which, across the system, total £14,673,914

¹ Quality Outcomes for people with dementia; building on the work of the National Dementia Strategy (2010)

Achievements to date:

During the course of the development of the Strategy, there have already been a number of achievements, which include:

- strengthened and clear governance arrangements for the Dementia Partnership Board
- development of the local Dementia Action Alliance in Havering, with a number of local businesses already signed up², and local multi-agency Steering Group in place
- improvement in the local dementia diagnosis rate from 39% to 46%
- reviews and re-specification of the Dementia Advisory Service and Memory Service completed.

Challenges

The Strategy acknowledges the challenges of commissioning and providing high quality dementia services, in the context of the financial climate, and the predicted increases in local levels of need. This will require careful monitoring and consideration, both now and in the future, particularly with regard to those services for which funding is time-limited. In addition, the ongoing drive to increase the diagnosis rate must be balanced with the ongoing monitoring and management of capacity and demand for services in place for people who have dementia and their carers.

Priorities

Emerging gaps/ priorities identified via the process of developing this strategy, and engaging with people with dementia and their carers are:

- Development of publicly available information and resources, in a range of formats
- Development of a range of information/information packs for people with dementia and their carers at the point of diagnosis
- Improving the local dementia diagnosis rate
- Training, education and development for primary care staff, including GP's
- Consultation and negotiation re: proposed model for integrated community based model for local Memory Services, leading to the development of clear plans and agreed proposals, and ultimately, implementation
- Ongoing reviews of dementia services to ensure that they are fit for purpose, are in line with the requirements of the Strategy, and are in keeping with the latest research as to effectiveness, value for money and outcomes achieved. This will include respite services as a priority, as well as the range, scope and quality of activities available in the community

² Local organisations signed up to the Dementia Action Alliance can be found at: www.dementiaaction.org.uk

Toolkit/Implementation Plan

The Strategy contains a Self Assessment Toolkit within Appendix 2 of the document. This will enable the Dementia Partnership Board to undertake a self-assessment exercise, within a RAG rated criteria, for each of the key objectives within the National Dementia Strategy, and to then agree actions to be taken forward within the Implementation Plan. It is anticipated that this exercise will be undertaken by members of the Dementia Partnership Board at the planned meeting in July, 2014.

An implementation plan has been drawn up to accompany the Joint Dementia Strategy (Appendix 3 of the Strategy). This links key actions to the relevant NHS, Adult Social Care, and Public Health outcomes frameworks, and sets clear objectives and measures for each action. It is the intention that the Dementia Partnership Board will oversee and monitor progress on the Implementation Plan. In addition to the Implementation Plan, the Strategy also contains a draft Dementia Dashboard (Appendix 4 of the Strategy). This requires further development, including the setting of locally agreed targets, which will be undertaken by the Dementia Partnership Board, and completed by September, 2014 . The purpose of the Dementia Dashboard is to capture key performance indicators relating to dementia, which will be reported to the Dementia Partnership Board on a regular basis.

IMPLICATIONS AND RISKS

Financial implications and risks:

A number of services are funded on a time-limited basis, and it will be vital to monitor and review these services to ensure outcomes are achieved, as well as making timely decisions as to future funding, and if necessary to agree exit strategies with providers.

Legal implications and risks:

None identified

Human Resources implications and risks:

None identified

Equalities implications and risks:

People with dementia and their carers are amongst the most vulnerable in society. It is therefore vital that they are informed and supported to access the full range of high quality services available to them, in order that they live well with their dementia.

BACKGROUND PAPERS

1. Havering Joint Dementia Strategy