



INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE

REPORT

Subject Heading:

Review of Dementia Strategy Topic Group
Report

CMT Lead:

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Policy context:

National Dementia Strategy

SUMMARY

The report outlines developments in Havering following the Individual and Health Overview Committee's review of the national Dementia Strategy, which took place in 2010 and report presented to your committee on 12 April 2011.

RECOMMENDATIONS

Members are asked to note the progress in Havering of the implementation of the National Dementia Strategy.

REPORT DETAIL

1.0 Background

1.1 At their meetings on 29 June 2010 and 8 July 2010, the Individuals Overview and Scrutiny Committee and Health Overview and Scrutiny Committee respectively agreed to establish a joint topic group to scrutinise the Dementia Strategy in Havering.

1.2 The following Members formed the topic group at its outset: Councillors Linda Trew (Chairman), June Alexander, Wendy Brice-Thompson, Linda Hawthorn, Lynden Thorpe and Fred Osborne.

1.3 The joint topic group met on four occasions and carried out two visits. One was to the Alzheimer's Society Dementia Café, and one to visit sessions run by Age Concern Havering.

1.4 The group took evidence from a number of expert witnesses.

1.5 Scope of the review: To consider the following areas as part of the National Dementia Strategy as it is applied in Havering, but to focus on five main issues and their impact on the local Havering population. The three main themes reflect those of the National Dementia Strategy.

1.5.1 Raising awareness and understanding

- I. To gather accurate information on the numbers of people affected by dementia in Havering.
- II. To consider the role of informal carers in Havering and their views of local dementia services

1.5.2 Early Diagnosis

- III. To consider the role of the dementia care advisors and how this meets the needs of Havering residents

1.5.2 Living well with Dementia

- IV. To investigate the range of dementia therapies available locally.
- V. To investigate the role of Admiral Nurses and the work they undertake in Havering.

2 High level findings from the review.

See Appendix One: Dementia Strategy Topic Group Report.

2.1 The Alzheimer Society, describe Dementia as:

” An umbrella term. It describes the symptoms that occur when the brain is affected by certain diseases or conditions. There are many different types of dementia although some are far more common than others. They are often named according to the condition that has caused the dementia”. Some of the more common types include, Alzheimer’s Disease, Vascular Dementia, and Fronto-temporal dementia”

- 2.2 In Havering, the numbers of people over 65 years of age with dementia is expected to increase by 33% by 2025. Over the next 15 years the biggest impact overall for Havering will be in the change in the over 65s (23% growth compared to London 19.2%) and the over 85’s (49% growth compared to London 38.1%).
- 2.3 The most recent records held indicate that, there are approximately 1015 patients registered in Havering PCT as having some form of Dementia. This represents only a third of the number that would be expected to have dementia in Havering, based on the prevalence data. This under diagnosis reflects the national picture. The patients registers represents 0.4% of all registered GP population, which is a total of 250,662, which is below the England national average of 1.1%. There was also a higher prevalence of dementia in women, partly due to a generally longer life expectancy for women than men.
- 2.4 NICE guidelines confirmed that the prevalence of dementia increased sharply with age. Throughout the UK there were approximately 700,000 cases of dementia and the prevalence of the condition was set to more than double in the next 30-50 years.
- 2.5 A significant burden of care can fall on carers of Dementia patients, particularly adults in the 50 plus age group. This may lead to an increase in mixed anxiety and depression and the generalised anxiety for the 50 plus age group. The proportion of people who identified themselves as carers in the 2001 Census was 10.4% of the total population (highest in London), compared to 8.5% for London as a whole.
- 2.6 The group were informed of the range of services and expenditure provided by statutory and voluntary organisations in Havering for 2010/11.
- 2.7 The joint topic group scrutinised in detail the impact of the National Dementia Strategy on the population of Havering.
- 2.8 The Topic Group made a number of recommendations arising from the review:
 - That the relevant Cabinet Member liaises with NELFT with a view to future provision for borough dementia services.
 - That NELFT recruit Social Workers to fill the current vacancies and ensure that collaborative working with the Adult Social Care Reablement Team, on dementia services, is put in place.
 - That Havering join the Memory Network.

- That the Commissioners continue to develop the local market to increase opportunities for day support for people with dementia and their carers.
- That the Council work with Age Concern to find further premises which meet requirements to provide additional sessions.
- That work is undertaken to develop more robust financial and performance information, linked to JSNA, to aid future planning of services.
- To encourage early diagnosis of dementia by GP's, and provide training and public awareness of the sign of early dementia.
- To encourage partnership working group to assist in the provision of public information on signs of dementia in the form of leaflets, DVD's or checklist of symptoms.
- To encourage the GP Consortia (now Clinical Commissioning Group) / Health and Wellbeing Board to continue the commissioning of the Dementia Advisory Service current run by Age Concern.
- That the Borough Director of NELFT develop an action plan from these recommendations and report back to the relevant Overview and Scrutiny Committees in 6 months regarding progress.

3 Headline progress since the topic Group Review.

- 3.1 However, since the review there has been significant progress under the leadership of the Lead Member of Adult Social Care, in raising the profile and taking forward improvements in services for people with dementia and their carers. The Joint Strategic Needs Assessment is being reviewed, and a revised Health and Wellbeing Strategy is being prepared. Dementia will form a key priority in the strategy.
- 3.2 A Dementia Implementation Group (DIG) has been set up to coordinate the implementation of the National Dementia Strategy across Havering and includes representatives from Social Care, Health and Third Sector organisations. Work is also underway to develop a new care pathway. Appendix Two: Implementation of National Dementia Strategy.
- 3.3 The Topic group received evidence, anecdotally, that the skills, practice and knowledge around dementia in care homes in Havering and nationally could be less well developed than is desirable. It therefore was requested that an audit of skills and knowledge be undertaken within the care homes in the borough. The audit was subsequently completed between July and September 2011, and a report was tabled for your committee at a meeting on the 1st November 2011. Appendix 3: Results of Audit of Skills and competencies in Mental Health.
- 3.4 **Support for Carers**
In November 2011, the Havering Health and Wellbeing Board agreed to receive a regular report from clinical commissioners and local authority commissioners

covering the main areas of commissioning activity which support our Health and Wellbeing priorities. A key area was dementia.

3.4.1 Peer Support

The Peer Support service will provide support for people with dementia and their carers by recruiting and matching volunteers, and matching people with dementia and their carers to others on the basis of shared needs and preferences. The service is being delivered by the Alzheimer's Society and a Peer Support Facilitator has been appointed to take the service forward. The first peer support sessions are taking place in March 2012 in Romford and Upminster and offer:

- Singing for the Brain - a stimulating activity designed to enhance wellbeing and bring fun and confidence to lives affected by memory problems. This is a 12-week programme with two programmes being run three times a year over two years. Each programme will accommodate a maximum of 30 people so up to 360 people with dementia could benefit over the lifetime of the service; and
- Peer Support Groups for people with dementia/and or their carers. There will be eight sessions a month with a maximum of 12 people per session.

Both of these activities will cost £3-£5 per person, per session and those on pension credit will be exempt.

The Peer Support service will enable people with dementia to remain independent in their own homes and allow carers to continue caring for longer, reducing the financial demand on health and social care departments, particularly through residential care admissions and delayed discharges through acute care settings.

3.4.2 Information & Advice Outreach Service

This service will also be delivered by the Alzheimer's Society and will improve knowledge and awareness of dementia and available dementia services among residents increase the number of patients referred onto the dementia pathway and support our preventative approach by giving people early access to relevant information. Social inclusion will be promoted via travelling 'surgeries' throughout the borough at venues such as supermarkets, post offices, sheltered accommodation units and faith groups.

The service will run for 18 months. The outreach service will be targeted and flexible to local needs and will average four hours of direct community information provision per week with the opportunity for follow up support from an Information Worker for specific information requests. We anticipate delivering over 100 information sessions over the project period, meeting more than 500 direct requests in that time. The service will also tie in to the Care Point resource and may hold some of its information sessions there.

3.4.3 Additional Support for Carers

This service will be provided by Crossroads Care and will offer a specialist, carer-needs led and client-centred service, in the main to people who have a diagnosis of moderate to advanced stages of dementia by way of home-based respite support. It starts on 2nd April 2012, will run for 18 months and will support up to 80 carers for up to six hours every four weeks including an out-of-hours service. The service aims to reduce residential care admissions and improve health and wellbeing.

These services meet our Health and Wellbeing priority of 'Supporting Older People'

- 4 Finally, the Committee requested that the Borough Director of NELFT develop an action plan from those recommendations outlined in the topic group report and update the relevant O&S community within six months.

A progress report is attached for Members attention. [Appendix Four: Action Plan for the Joint Overview and Scrutiny Committee Topic Group on the Dementia Strategy for Havering.](#)

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications arising from this report, which is for information only. The financial implications and risks related to any proposed initiatives referred to in this report will be addressed by the Lead Member through the Health and Wellbeing Board, as the need arises. New initiatives will be subject to the appropriate authorisation processes and the availability of funding.

Legal implications and risks:

As this report is for information only there are no apparent legal implications or risks.

Human Resources implications and risks:

As this report is for information only there are no human resource implications or risks.

Equalities implications and risks:

As this report is for information only there are no equality implications or risks.

BACKGROUND PAPERS

Appendix One	Dementia Strategy Topic Group Report
Appendix Two	Implementation of National Dementia Strategy
Appendix Three	Results of Audit of Skills and Competencies in Mental Health
Appendix Four	Progress on Action Plan for the Joint Overview and Scrutiny Committee Topic Group from Operational Director NELFT