Implementation of National Dementia Strategy, Havering

Current position in Havering

- POPPI data estimates that there are currently 3,044 people aged 65+ in Havering who have some form of dementia. This is projected to rise to 4,116 by 2025, an increase of just over 35% (higher than the London average)

- Recent records indicate that there are approximately 1,015 patients registered with NHS Havering as having dementia; suggesting a significant under diagnosis of 2,029 undiagnosed cases. At 0.4%, the recorded prevalence of dementia in Havering is statistically significantly lower than the expected prevalence of 1.3%. Wide variation exists between practices and the prevalence ranges from 0.0% to 1.5%[1]

- It is estimated that 61 people in Havering are affected by early onset dementia in 2011 (aged 30-64), and approximately 8 people will have both dementia and Down's Syndrome, all of whom are expected to be aged between 45 and 65 (PANSI data)

- The proportion of Havering residents 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

- Dementia represents a huge cost: in 2010/ 11, the LA spent £2,934,000 on residential care placements, £1,190,000 for homecare packages, and £154,000 for day opportunities for people with dementia.

Headline Progress

- The Dementia Advisory Service (Age Concern Havering) and the Collaborative Care Team, Psychiatric Liaison for Older People (NELFT MHS) have both bedded in well across the Borough and are producing good results

- Significant work has been undertaken as part of Havering's response to the National Dementia Strategy in auditing knowledge/ training of both care home staff and BHRUT staff – this is forming the basis of a new training strategy

- Increased outreach and information & advice work is underway and being further developed to help Havering achieve earlier identification and diagnosis rates – GP input desired here

- New Peer Support groups, including new 'Singing for the Brain' groups, have been commissioned, achieving Objective 5 of the National Dementia Strategy.

[1] ONEL Dementia Analysis, 2010

- The current care pathway has been mapped and is currently being reviewed/ actions taken to improve the patient experience, and increase identification and diagnosis rates.

NHS Support for Social Care Programme funding

The table below lists the projects being delivered under the title of "Additional Support for Carers" funded by the joint NHS Support for Social Care programme funding 2011-13 (as at 9th February 2012). All projects have been jointly developed and agreed by the Havering multi-agency Dementia Implementation Group.

Project/Service	Outcomes Sought	Deliverables	Organisations involved

Peer Support (service is operational)	• Improved quality of life
	• Reduction in access of statutory services due to :
	  ○ Independent living retained for as long as possible
	  ○ Reduced risk of carer breakdown
		• 8 new Peer Support groups established across Havering providing a total of 96 group meetings per year for 2 years
		• 2 Singing for the Brain groups established running in 12 week terms, totalling 72 meetings a year.
		At capacity, after two years the service will aim to support an estimated 250 residents with dementia and their carers. It will also recruit (and train if necessary) up to 20 volunteers to support these groups.
			• LBH
			• Alzheimer's Society

Information and Advice (procurement in progress – service expected to be live from April 2012)	• Improved quality of life • Increased numbers known to Dementia Advisory Service • Increased numbers of referrals to GPs for diagnosis	• Rotating/ travelling weekly dementia information surgery The development and provision of dementia 'out-reach surgery' service across the Borough for 18 months from April 2012 to September 2013.	• LBH • Alzheimer's Society, Age Concern Havering *(competitive process in progress)*
Additional Support for Carers (procurement in progress – service expected to be live	• Improved quality of life (specific focus on carers) • Reduction in access of statutory services due to : ○ Independent living retained for as long	Service definition to be confirmed by 28th February 2012, but broadly as outlined below: • Increased 6 hours respite per 4 week period for up to 80 carers for people with dementia who have high-end needs to give them a break from their	• LBH • Crossroads Care Havering

Project/Service	Outcomes Sought	Deliverables	Organisations involved
from April 2012)	as possible ○ Reduced risk of carer breakdown	caring responsibilities, to be allocated and used flexibly by the Carer • Tailor-made support service which will encourage reablement and social interaction • Carers will have access to the out of hours On Call service seven days per week from 8pm – 12am	
Review of Care Pathways (in progress)	• Increased awareness of the care pathway • Self-recorded improved knowledge amongst staff • Increased referrals for diagnosis • Favourable reduction in variation of referral levels from GP practices • Increased number of people with dementia in care homes receiving diagnoses • Increased number of patients recorded on the dementia register	• Clearly defined and understood Dementia care pathway for Havering	• LBH • NHS ONEL / CCG • NELFT • Alzheimer's Society, Age Concern Havering, Crossroads Care Havering
Training and Development (in progress)	• Self-recorded improved knowledge amongst staff • Increased referrals for diagnosis • Favourable reduction in variation of referral levels from GP practices • Increased number of people with dementia in care homes receiving diagnoses • Increased number of patients recorded on the dementia register • Reduced delays in acute discharge • Reduction in inappropriate anti-psychotic prescriptions in care homes	• Development and implementation of Dementia Care Home training strategy • BHRUT training strategy • Further work with GPs to identify a range of practical and developmental support and educational action to address identified issues	• LBH • BHRUT • NHS ONEL

Appendix 2

Dementia Implementation Group: Terms of Reference (as at December 2011)

Introduction

The 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.

Objectives

The main roles of the Group will be to:

- Work towards the delivery of Havering's National Dementia Strategy (NDS) implementation plan
- Provide a forum for communication for all stakeholders who are involved in the implementation of the NDS across Havering
- Provide direction for the allocation of NHS Support for Social Care funding with regards to the Additional Support for People with Dementia and their Carers projects
- To approve developments to dementia projects and allocation of funding, with decisions made by the DIG to be submitted for final approval by the Adults' Transformation Programme Board
- Provide a forum for feedback surrounding the developed projects.

The main responsibilities of members will be to:

- Attend all DIG meetings, and nominate a representative to take their place if they are unable to attend for any reason
- Keep the Group updated on any dementia-related work taking place within their organisations separately from the DIG, to ensure communication across the Borough remains strong
- Communicate and maintain awareness of the NDS implementation within their organisations, and act as DIG 'champions'

Membership

The following will be core members of the Dementia Implementation Group. However, other partners and stakeholders may be invited to specific meetings as appropriate:

- Alice Williams, Dementia Project Manager, LBH

- Andy Haines, Chief Executive, Age Concern Havering
- Bernard Hannah, Mental Health Contracts Manager, ONEL
- Caroline O'Haire, Manager of the Collaborative Care Team, NELFT
- Coral Kathro, Support Services Manager, Alzheimer's Society
- David Hamilton, GP
- Ethne Watts, Dementia/ Stroke Services Manager, Age Concern Havering
- Jackie Philips, Commissioning Lead (Prevention), LBH
- Janet Carter, NELFT
- Julie Brown, Transformation Programme Manager (Adults, Children's and Families), LBH
- Kathy Verges, Manager, Crossroads Care Havering
- Louise Dibsdall, Acting Associate Director of Public Health Improvement
- Ron Adur, GP
- Rinaldo Meza, Service Manager Preventative Care, LBH
- Sarah Haspel, Assistant Operational Director, NELFT
- Stephen O'Connor, Consultant in Old Age Psychiatry, NELFT

There must be an appropriate number of attendees at each meeting in order to agree decisions taken forward – this will be determined by the Chair. In the event that there are not enough core members present to make a decision, this will be communicated to all members following the meeting and feedback upon which to make the decision will be sought.

Reporting and Governance Arrangements

The DIG will report to the Adults' Transformation Programme Board for final approval for decisions relating to funding and major decisions relating to the progress/ direction of the projects.

The progress of the DIG will be reported to the Adults' Transformation Programme Board monthly, in the form of highlight/ exception reports.

The Health and Wellbeing Board will be the ultimate decision-making body for all NHS Support for Social Care programme projects.

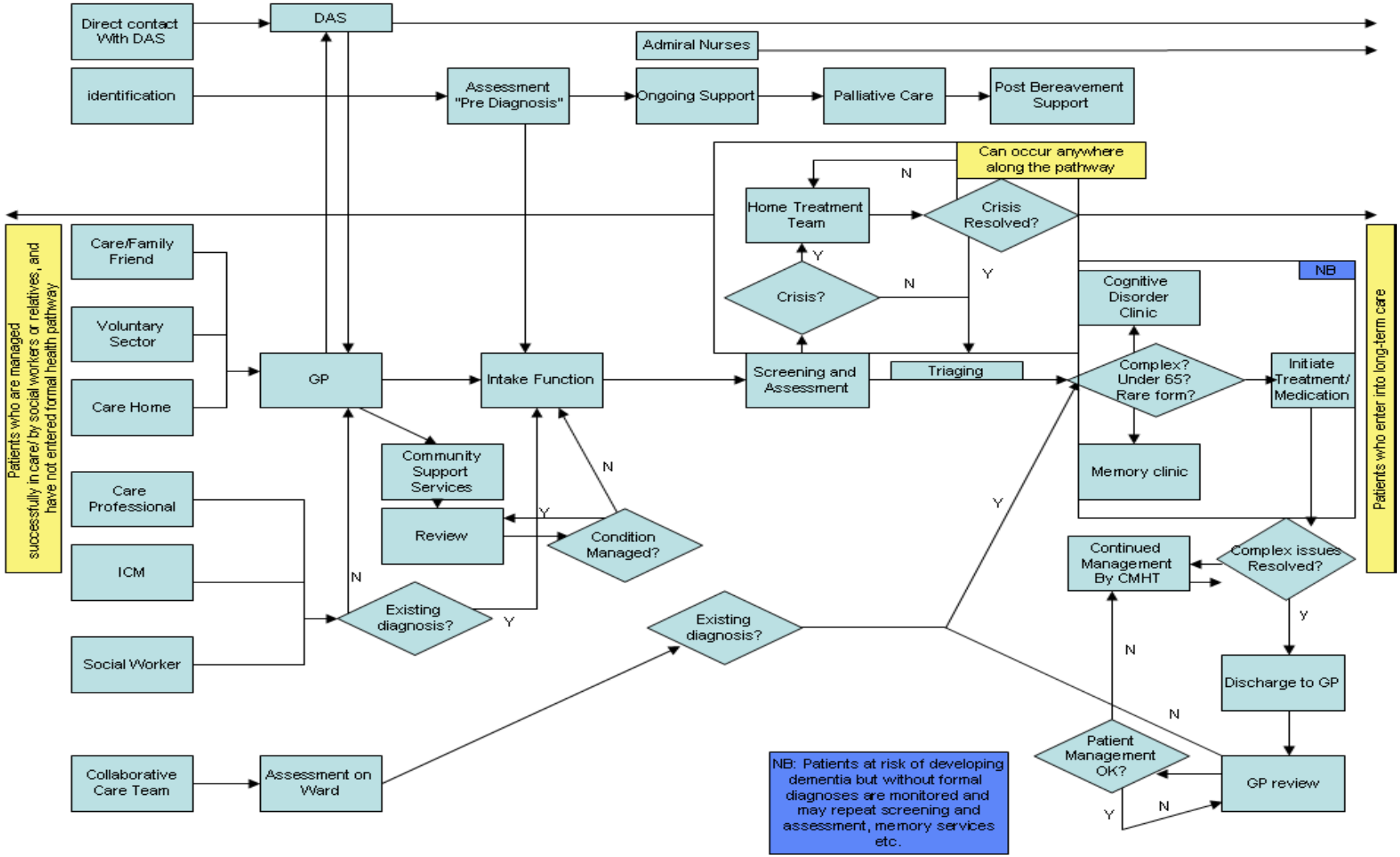
Working Arrangements

Julie Brown (Transformation Programme Manager - Adults, Children's and Families) will chair the Group on behalf of Joe Coogan (Assistant Director for Commissioning). The Group will meet monthly, to be reviewed annually and frequency altered if necessary.

Terms of reference may be altered by the Group at any time.

Appendix A:

The diagram below outlines the current 'as-is' pathway in Havering



Appendix B:

The document below outlines current issues which have been identified during the mapping process, alongside actions, and individuals responsible where assigned

Dementia Pathway – Identified Issues

Issue	Action	Priority	Who	When
1. Lack of data to be able to assess: a. Activity b. Cost c. Outcomes d. Capacity	Alice Williams flagged up at ATPB on 06/10/11 to raise issue Collect as much information as possible from stakeholders as way to further develop pathway – this has been collated for LBH services and voluntary orgs, and a lead identified to collate NELFT/ ONEL data where it is still outstanding Ensure that all sections of pathway are accurately capturing their data – combined work between Social Care and Health to ensure this. Agreement needed at DIG/ ATPB level.	1	AW Bernard Hannah	Ongoing
2. Need to define services to ensure consistent understanding and enable informed decision making. Definition to include: a. Purpose b. Interventions	Collect all information from stakeholders as part of building pathway and produce central document outlining this, ensure everyone is aware and can access copies Ensure that all sections of pathway are accurately recording and capturing their data – combined work and	1	AW	Ongoing

c. Referral criteria d. Outcomes e. Capacity f. Contact information	agreement again needed.			
3. Need for improved public awareness of dementia to support earlier identification of possible problems, enabling earlier intervention (under diagnosis is around 65%). A coordinated awareness programme is required using multi media channels.	Public awareness campaign already taking place as part of the DIG work – dementia 'surgeries' project which has been absorbed into Info and Advice project Existing Outreach work taking place by Alzheimer's Society, ACH'S DAS etc.	3	All	Ongoing
4. GP performance in identifying patients and adhering to the pathway is highly variable.	GP consortia agreement with aims of DIG and establish plan to ensure joint working. S256 DoH money to be invested in improving GP diagnosis rates, with action plan/ targets to be developed jointly with input from CCG.	1		March '12
5. Quality/ awareness of dementia care and training within care homes is also highly variable – this is a major training issue	Care home audit results have been collated, and are due to be taken to an Overview & Scrutiny committee meeting. Recommendations to be discussed at November DIG meeting, and training strategy developed. This is ongoing, and a multi-agency Training & Development sub-group has been arranged for February to finalise the way forward.	2	Reps from LBH, ONEL, NELFT, BHRUT	Feb '12
6. Other pathways need to be reviewed (e.g. vascular) to ensure they incorporate opportunities to aid prevention through early identification of risk factors	Louise Dibsdall (Public Health) to develop action plan for this item, update will be given when this is received.	3	LD	

7. Medicines management needs to be addressed – shared care guidelines are currently being updated to ensure they reflect change in NICE guidance	Link in with existing ONEL development work – BK's meds management audit – identify best practice, and agreed formula for medicines. Disseminate to care homes, GPs, hospitals and community-based services to unify med prescriptions.	2		
8. Training of frontline staff across whole pathway) needs to be reviewed to reflect new pathway	Care home audit and NELFT audit to be reviewed and results to form basis of new training strategy/ pathway. Multi-agency Training & Development sub-group meeting in February to identify other training needs.	1	Reps from LBH, ONEL, NELFT, BHRUT	Feb '12
9. Common data recording required and pragmatic solutions identified to enable data sharing for those who do not have access to either SWIFT or RIO. Health Analytics will be a long term solution, but a common sense solution is required in the interim.	Derek Hoddinott to flag up to Health Analytics that a consistent template is required	2	DH	Dec '11
10. Need to consider interface with integrated case management	DH to brief Community Matrons to understand pathway and their role in it.	2	DH	Dec '12