

Report to Health and Wellbeing Board – 10th April

Progress Update on Priority 2 – Improved identification and support for people with dementia

Introduction

The Dementia Partnership Board was formed in November 2012. It is accountable to the Health and Wellbeing Board. The Board is chaired by the Dr. Maurice Sanomi, the HCCG Clinical Director (Mental Health). Other members include:

- Group Director – Social Care & Learning
- Director of Public Health
- Assistant Director: Commissioning
- GP Clinical Lead (Adult Mental Health)
- HCCG Chief Operating Officer
- CSU Commissioning Lead for Dementia
- Transformation Programme Manager – Adults, Children's & Families

The Board is a strategic commissioning group but acknowledges the value of the provider perspective so will invite the Consultant Geriatrician/ BHRUT Dementia Lead to join the Board for some discussions.

The Board is the multi-agency mechanism which will develop and deliver Havering's Strategic plan aligned to the National Dementia Strategy, which will improve the quality of life and services available for people with dementia and their carers. Its key responsibilities are:

- Work collaboratively and in consultation with relevant partners to develop Havering's dementia strategy
- Provide executive advice and support to the Health and Wellbeing Board and ensure that the Board's strategic priorities are translated into action within the partner organisations
- Develop strategic oversight and priorities, ensuring that work is co-ordinated across all partner agencies.
- Work closely with other relevant partners around cross-cutting issues (such as medicines management)
- Ensure the delivery of these priorities via delegated actions to relevant sub-groups
- Monitor performance of sub-groups to ensure stated outcomes are achieved.

The Board has access to the funding remaining from that allocated to the Dementia projects funded by the NHS Support for Social Care 2011-13, which is approximately £200k.

Progress Against Action Plan

The Board met on 7th March to review progress and prepare this update for the HWB.

Objectives	Actions	Lead Partners	Progress Update – March 2013
<p>1. De-stigmatise dementia and ensure sufferers and their carers receive the best possible support in managing their condition</p>	<p>Establish a multi-agency Dementia Partnership Board to implement a Havering Dementia Strategy, in line with the national strategic</p>	<p>LBH (Adults and Health) & HCCG</p>	<p>The Board is established and has reviewed the HWB Strategy actions in detail. It has agreed to fund a 1-year fixed term programme manager (funded from 2011-13 NHS Support for Social Care) to oversee the initiation of a programme of work to deliver the actions.</p>
	<p>Mainstream the application of assistive technologies to support people with dementia as part of a programme of purposeful walking</p>	<p>LBH (Adults and Health)</p>	<p>This pilot project has been running for approx 18 months. It has provided Vega “watch-style” assistive technologies to 51 people. An interim evaluation report indicated positive outcomes such as delay in entering residential care and increased peace of mind and quality of life for not only users of the devices but to their carers and families too. The final evaluation report on the Vega pilot is due in April and it is expected to provide more detail and analysis on outcomes and benefits that are being delivered.</p> <p>Evaluation of alternative assistive technologies was part of the project. The skyguard “keyfob” device which is intended for clients with lower level dementia or early onset dementia has just commenced it’s pilot in March 2013 and will be evaluated in summer 2013.</p> <p>It is anticipated that evaluation of all these technologies will be positive and they will be absorbed into the mainstream adult social care assistive technology offer in Havering during 2013.</p>
<p>2. Ensure high quality and accessible dementia information by improving data collection on the</p>	<p>System established to monitor GP recorded prevalence and practice (any reporting unusually low prevalence will be encouraged to participate in training to aid diagnosis)</p>	<p>HCCG</p>	<p>A resource within the CSU has been secured by the CCG to help review current patterns of referrals and activity against prevalence, scoring (dementia severity) etc</p>

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prevalence of dementia and data sharing between organisations	Practice data to be shared to allow CCG to monitor and take accountability for quality assurance, enabling prioritisation of dementia strategy work targeted to practices	HCCG	The CCG's Clinical Director leading on dementia and the CCGs Practice Improvement Leads are working with the practices to share information around dementia and to target improvement activity.
	Link care for people with dementia to deliver seamless care across all agencies	LBH (Adults and Health) & HCCG	This is a significant action that will require commitment from the commissioning and provider, health and social care leadership in Havering. It is the cornerstone. Some mapping of the dementia pathways has already been completed by Dr J Rhodda of NELFT.
3. Clinically train professionals to recognise the symptoms of dementia leading to earlier diagnosis and improved outcomes for sufferers and their carers	Develop a new training strategy/pathway for professionals working with and supporting people with dementia	LBH (Adults and Health) & HCCG	Progress has been made in linking with the Joint Improvement Programme across London Councils, The aim is to have consistency of training strategies and implementation. Priority work is to develop an understanding of current training pathways/processes in all organisations, and complete a training needs analysis across organisations.
	Support the National Dementia and Antipsychotic Prescribing Audit and Reduction Exercise	HCCG	As a part of the medicine management part of Quality Outcomes Framework for 2012/13 all practices were asked to complete an antipsychotic audit devised by NHS London. This audit was focused on reducing antipsychotic prescribing in dementia patients. The audit deadline was Sept 12, and subsequently sent to NHSL for analysis. Medicines Mgt at the CSU are still awaiting the results from the submission.
	Review of assessed and diagnosed cases to assess success of early diagnosis and	HCCG	The resource secured by the CSU will be helping in this review.

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	performance against QOF/DES targets.		
	Training package to be developed for staff working with people with dementia, to include monitoring to record training sessions/people attending/feedback	HCCG	This has still to be developed but there is an opportunity to link with the Joint Improvement Programme across London Councils.
	Workforce development plans/appraisals programme embedded into Practice	HCCG	GP practices have been re-aligned into new GP practice clusters to aid the delivery of Integrated Case Management. This will facilitate the implementation of workforce development plans and the monitoring of how they are embedded into Practice.
	Mentoring support system to be available to key professionals including clinical supervision	HCCG	This still needs to be developed but there is an opportunity to link with the Joint Improvement Programme across London Councils
4. Deliver more universal services and better quality of care for people with dementia	Investigate the potential for a dementia centre of excellence community facility and progress plans for this accordingly	LBH (Adults and Health)	This action is part of the proposal for the redevelopment of the St Georges site, so is likely to take 3 to 5 years to fully deliver.
	Commission a rapid response service for people with dementia and their carers to provide support and medical assistance during times of crisis or escalation of symptoms/deterioration	HCCG	A rapid response service is provided by NEFLT and the CCG is using contract negotiations with NEFLT around the inclusion of dementia services to improve urgent care for people with dementia and to increase in the numbers of people with dementia remaining in their own homes with appropriate support
	Incorporate end of life planning into services for people with dementia, to enable them to have a dignified and painless death, and adequate	HCCG	22 GP practices have completed the Gold Standard Framework training

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	provision of support for their families		<p>The opportunity for using the Gold Standard Framework for Care Homes is being discussed by the LBH and CCG as a vehicle for improving the quality of life for people with dementia and their carers through earlier end of life planning. A report will be brought to a future HWB.</p>
	Develop education sessions for families about how to best support someone with dementia	LBH (Adults and Health) & HCCG	<p>Peer Support services started in March 2012. In only eight months the service has facilitated a total of 991 opportunities for Havering residents to receive peer support (124 people per month). Eight groups were established but five have been discontinued as attendance at these locations was poor, however the remaining three are popular and well attended.</p> <p>Singing for the Brain services started in March 2012 and was immediately successful and has been operating weekly at full capacity of 30 service users ever since. Two further weekly sessions have been agreed replacing the peer support groups that were poorly attended. Feedback from service users and carers has been amazingly positive. Janet’s story has been produced as a case study, picked up by the local media.</p> <p>The Improved Information and Advice Outreach Service provides information as widely as possible to the local community in Havering, complementing other local services. It seeks to improve knowledge and awareness of dementia and local services amongst residents through providing travelling information ‘surgeries’ across the borough. Between April 2012 and January 2013, 750 individual people have received information and in February 2013 the distribution of the Alzheimer’s</p>

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			Society local newsletter, which contained a complete list of all their factsheets, was increased to over 1300 per month.

Issues for Discussion

During discussions, the following issues were identified and it was agreed that these ought to be brought to the attention of the HWB in order to seek their views:

1. The need to ensure that Havering is aligned with government thinking and national best practice for example:
 - There is no specific Dementia Strategy for Havering
2. To flag the potential budget pressures arising from increased diagnosis of dementia, for example on the memory clinic
3. The Dementia Partnership Board recommends to the HWB :
 - that an additional action in objective 1 be added as follows : “Apply recommendations from the Innovations in Dementia report to embed a Dementia-Friendly Community”
 - alteration to the main objective 3 so that it becomes : “Development of health and social care workforce to recognise the symptoms of dementia leading to earlier diagnosis and improved outcomes for sufferers and their carers”
4. A position statement is needed on the Havering Dementia Care Pathway, as this action is the cornerstone which should drive other activity