

OVERVIEW AND SCRUTINY COMMITTEE

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| Subject Heading: | Dementia Strategy Update |
| CMT Lead: | Joy Hollister, Group Director, Social Care and Learning |
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| Policy context: | Supporting people with dementia is a high national and local priority. The National Dementia Strategy (DH,2009) sets out the strategic framework for delivery within 17 objectives, and has been followed by numerous national initiatives and reports including the Prime Minister's Challenge on Dementia. Havering has one of the oldest populations in London and therefore dementia and dementia care and services are a priority locally. |

SUMMARY

This report provides the Committee members with an overview and update on progress on delivery of the National Dementia Strategy at a local level.

RECOMMENDATIONS

Members of the Overview and Scrutiny Committee are asked to note the contents of this report.

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| REPORT DETAIL |
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Background

A previous report on the implementation of the National Dementia Strategy was presented to the Overview and Scrutiny Committee in May, 2013. In addition, a report on the same topic was presented to the Health and Wellbeing Board in September 2013. The purpose of this report is to provide a further update on progress, since the production of those two reports.

Current overview position

Following the establishment of the Dementia Partnership Board in 2012, the Board has now established two additional sub-groups: Dementia User Engagement sub-group and the Dementia Training and Education Sub-group. The main purpose of the Dementia User Engagement sub-group is to enable members of the Board to engage with and hear directly from users and carers about their experiences of services. The group has determined to access existing fora, such as the Dementia Cafe organised by Alzheimers Society, and key members of the Board will be meeting with groups of users and carers in February, 2014. The Dementia Training and Education Sub-group plays a key role in co-ordinating all dementia training provided within the borough, and is currently undertaking a mapping exercise of existing training in place. The work of this group supports the ongoing development of an informed and effective workforce, as required in Objective 13 of the National Strategy. It is important to note that funding for the Dementia Liaison Officer post has been extended to October, 2014. This role supports the delivery of Objectives 1, 11, 12 and 13 of the National Dementia Strategy, and the postholder continues to provide dementia awareness training to care home and domiciliary care providers, in addition to facilitating an established network of Dementia Champions, and a Dementia Forum.

The Dementia Partnership Board is increasingly adopting a strategic and integrated approach to overseeing implementation of the National Dementia Strategy. A Dementia Programme Manager post has been established, which is jointly funded by LBH and Havering CCG, and the postholder, appointed in August, 2012, co-ordinates and supports the work of the Board. It has been agreed by the Board that the local pathway is streamlined and has four stages:

- Prevention and Identification: Linked to Objective 1 of the National Strategy
- Assessment and diagnosis: Linked to Objective 2 of the National Strategy
- Living well with dementia: Linked to Objectives 3-11 of the National Strategy
- End of Life Care: Linked to Objective 12 of the National Strategy

Work is well underway to develop a Joint Dementia Strategy for Havering. This is a requirement of the National Strategy, as set out in Objective 14. The draft strategy and accompanying Implementation Plan, linked to key Quality Standards and relevant Outcomes Frameworks, set out:

- Vision and principles
- Local Pathway
- Current service provision
- Priorities for action and future development

The draft Strategy was reviewed and considered by the Dementia Partnership Board at its meeting on 23rd January 2013. The draft is currently being considered by Board, and once signed off by the Board, will be presented to the Health and Wellbeing Board.

Prevention and Identification

Linked to Objective 1 of the National Dementia Strategy, which focuses on improving public and professional awareness and understanding of dementia, it has recently been agreed to establish a Dementia Action Alliance for Havering. This is based on a national scheme, and involves engaging local businesses, (including banks), emergency and transport services in working together to become 'dementia friendly' organisations. This important initiative is supported by joint funding (£256) in partnership with Alzheimers Society, and the ultimate aim will be for Havering to be established as a 'dementia friendly' borough.

In addition, a local Havering family, who are accessing local dementia services, featured in the national annual report of the Alzheimers Society, and also within a video which was shown at the recent G8 Summit on Dementia. The video highlights the comparison between the limited amount of research into dementia as opposed to that undertaken for cancer.

Assessment and Diagnosis

Assessment and timely diagnosis are referred to within Objective 2 of the National Dementia Strategy. The NHS Mandate (2013-2015) between the Government and the NHS Commissioning Board set out the ambitions for the health service over the next two years. This includes the ambition for all areas to achieve a dementia diagnosis rate of 66% for their population by 2015. The dementia diagnosis rate for Havering, based on data from 2011/12, is 39%. At that time, there were 1,332 people on the GP Dementia Register, and the forecast number of people was 3,419.¹ Given the ageing population in Havering, and the predicted increase in the incidence of dementia, this is clearly a priority. An action plan is in place, and various steps are being taken, including:

- The CCG are working in partnership with Public Health colleagues, using the Dementia Prevalence Calculator and other forms of data, to establish the 'gap' between the anticipated prevalence and those people recorded on GP Dementia Registers

¹ Dementia Prevalence Calculator, 2013

- Visits to individual practices to support and encourage practice staff to examine practice lists and coding to identify people who need to be included in the GP Dementia Register
- Pilot and evaluate iPad based assessment tool for dementia in the six GP Cluster areas
- Dementia training provided to GP's, Practice Nurses, and GP Reception staff

The vast majority of GP practices in Havering have also signed up to a specific and enhanced service specification for facilitating timely diagnosis and support for people with dementia and their carers. This should serve as a further incentive for GP practices in achieving an improved diagnosis rate, and the results and outcome of the scheme will be known in April/May of this year.

Finally, the Havering Memory Service, provided by NELFT, provides a critical part of the local Dementia pathway, with provision of assessment, diagnosis and follow up care. The service is currently undergoing review, and a revised and fit for purpose Service Specification will be negotiated and agreed with the Provider by the end of March, 2014.

Living Well with Dementia

- In respect of Objectives 3 and 4 of the National Strategy, Age Concern is commissioned by Havering CCG to provide the Dementia Advisory Service. It also supports the delivery of Objective 1, via outreach sessions in the community and the development of peer and carer support. The Advisory Service provides a pre and post diagnosis support and advice service, which is person-centred. In 2012/13, the service was provided to 1,435 people, and the total number of people registered on the service database is 2,680. Positive outcomes are reported from the users of the service, which has recently undergone review by Havering CCG. A revised and updated service specification has been developed in partnership with the provider, and it is the intention that this Contract is extended for a period of a further three years.
- The Alzheimers Society also delivers information provision in the local community, including schools, providing people with early access to relevant information, and supports the delivery of Objectives 1 and 3 of the National Strategy. Following review, this service has been recommissioned for a further period until 31st March 2015.
- Objective 5 of the National Strategy requires peer support networks to be in place. Locally, Alzheimers Society is commissioned by LBH to provide this service and function, and this has recently been reviewed. The outcome of the review was to agree a further year's funding, until the end of October 2014, and to cease all 'peer support only' sessions, whilst sustaining three Singing for the Brain sessions across the borough, taking place on a weekly basis.
- Access to improved community personal support services and support for carers is crucial to living well with dementia. (Objectives 6 and 7 of the

National Strategy). Locally, respite services are available to individuals following an assessment of need, and the service can be provided in a range of settings. A total of 59 people over 65 with a diagnosis of dementia have accessed a personal budget to purchase care and support (Data Source: RAP Return Havering Adult Social Care 12/13). Data systems do not currently have the ability to provide information on the numbers of carers of people with dementia accessing community support, including respite services. This will change following the introduction of the Short and Long Term Support (SALT) data collection system during 2014/15, where there will be the facility to record and specify if someone has dementia. A specific respite care service for people with more complex levels of dementia is also in place. This service is provided by Crossroads Care, and is funded until September, 2014. Within the accompanying Implementation Plan to support the local Joint Dementia Strategy, it is proposed to undertake a full review of the levels of local need for respite care provision for people with dementia and their carers.

- Objective 8 of the National Strategy sets out the requirements for improving the quality of care for people with dementia in general hospitals. Barking, Havering and Redbridge University Hospitals (BHRUT) have a named Clinical lead for dementia and an agreed dementia pathway within the hospital setting. The Trust has recently appointed two dementia specialist nurses, and there is an extensive training and education programme in place for all staff. It has recently been agreed by Havering CCG to work in partnership with Age Concern and BHRUT to develop an information sharing protocol and system in order to improve the level and quality of information available to practitioners within A&E and hospital wards, and ultimately to improve the patient experience via access to available information.
- Objective 9 of the National Strategy refers to improved intermediate care for people with dementia. This has been identified as a gap locally, and features within the draft Implementation Plan as an area which requires consideration and further work.
- Objective 10 of the National Strategy refers to the potential for housing support, housing related services and telecare. As previously reported, the pilot project providing GPS watches to individuals with dementia has now been evaluated and further consideration about the future of this project will be considered by the Joint Commissioning Board (established in January 2014).
- Objective 11 (Living well with dementia in care homes) has previously been referred to in relation to the role of the Dementia Liaison Officer. In addition, it is worthy of note that four local care homes were successful with a bid to the Department of Health to enhance their environments, and this has resulted in four individual gardens being created, in partnership with residents and care home staff.
- Objective 12 of the National Strategy refers to End of Life Care. In Havering, a local End of Life Steering Group has been established, and as part of its work, will seek to identify and address the needs of people with dementia and their carers within the work of the group. A new programme of Gold

Standard Framework training commenced in January of this year, and is available to care home staff, domiciliary care providers and GP's via the local Steering Group.

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 any future funding, and if necessary to agree exit strategies with the 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. Report to Overview and Scrutiny Committee: Dementia Strategy Update 7/5/13
2. Report to Health and Wellbeing Board: Update on Dementia 11/09/13