

Health and Wellbeing Board

16 March 2017



Dementia Work Across County Durham

Joint Report of Dr David Smart, Chair, North Durham Clinical Commissioning Group, and Denise Elliott, Interim Head of Commissioning, Adult and Health Services, Durham County Council

Purpose of the Report

- 1 The purpose of this report is to provide the Health and Wellbeing Board with a progress report on the implementation of the County Durham and Darlington Dementia Strategy 2014-2017, focusing on the following areas:
 - Identifying achievements and progress to date;
 - Highlighting areas of the strategy that are yet to be implemented for 2017-2020;
 - Outlining the key improvement areas to focus upon in order to refresh the strategy and continue to improve services for people with dementia, their families, and carers.

Background

- 2 The County Durham and Darlington Dementia Strategy 2014-2017 was launched in August 2014. Since its inception and with wide representation across partners, the group has been able to maximise the opportunities to help meet National Dementia Strategy objectives. Engagement of key stakeholders has enabled the County Durham and Darlington Dementia Strategy Implementation Group (DSIG) to ensure that relevant organisations work in partnership for the mutual benefit of people with dementia and the people who support and care for them. Furthermore exchanges of information have enabled group members to contribute to other areas of improvement.
- 3 A range of specific work streams were identified in order to help take the Strategy forward from 2014-2017, these comprised of:
 - GP Practices
 - Single point of Information
 - Community Initiatives
 - Training
 - Acute
 - Health Needs Assessment (HNA)
 - Research

Identification of priority areas in the Strategy

- 4 The strategy is an extensive document and contains over 160 references to actions, many of which are repeated and used in differing action areas throughout the text.
- 5 In order to assess implementation progress it is necessary to summarise the key actions identified in the strategy.

Priorities that were identified:

Prevention

- Look at ways to make more people aware of what they can do to prevent dementia.

Training

- Deliver dementia training more widely to all key staff including GPs and frontline staff;
- Plan to standardise care home dementia awareness training.

Single Point of Information

- Develop a single point of knowledge/ information, such as a directory, that holds up to date information on all services, so people with dementia and their carers can have better control over their care throughout all stages of their dementia. This information will be used by clinicians and commissioners to help signpost a wide range of service to people with dementia.

End of Life/Palliative Care for People with Dementia.

- Better links between the End of Life and Dementia Strategies;
- Implement plans for dementia support to be a part of end of life pathways and planning ahead by the person with dementia, so every person is treated with dignity and respect;
- Standardised pathway for decisions on End of Life within all teams.

Dementia Friendly Communities

- Support communities in Durham and Darlington to enter the accreditation process and become recognised as dementia friendly, with the aim of communities retaining accreditation across Durham and Darlington.

Health Needs Assessment

- Carry out a Dementia HNA so that we have a better understanding of the needs of people with dementia in the region, and engage with various groups to obtain their views.

Capacity to meet diagnosis needs

- Strategically plan and communicate as to how we will meet the increasing demand in the number of people with dementia who need screening and access to diagnostic services.

Waiting Time and Antipsychotics auditing

- Work with providers to monitor and review waiting times for tests and results, and agree on improving targets and bringing uniformity in waiting times across the areas covered;
- Explore how we can audit the prescribing of antipsychotics with appropriate resources.

Research

- Review literature and examples of good practice to identify suitable initiatives for development which we will jointly invest in with the aim of reducing the need for people with dementia to stay in hospitals for longer than necessary and to reduce the likelihood of them dying in hospital.

Monitor and Improve Diagnosis Rates

- Review activity data connected to the Dementia Direct Enhanced Service;
- Support practices that have not yet signed up to the Dementia Enhanced service or have a low uptake and share the best practice;
- Nominate a Dementia Clinical Lead in each GP practice;
- Take steps to continue the emphasis on screening for and diagnosis of dementia by GPs.

Black, Asian and Minority Ethnic Groups (BAME)

- Explore options for establishing a user led group or consultancy that will engage directly with the range of BAME groups to scope their needs, gaps and priorities for improving support for people with dementia, which the strategy group will consider implementing.

Develop Dementia Admission and Readmission Avoidance Services

- Share examples of good practice across the county where people with dementia are being discharged from hospital faster, and learn from those case studies;
- 'Deep dive' into readmission data to obtain a wider understanding of possible reasons, differences in conditions that require readmission for a patient with dementia, between the Clinical Commissioning Group (CCG) areas, and take any necessary action to address those differences.

Learning Disabilities and Dementia

- Promote greater awareness to primary care services, of issues around the diagnosis of dementia of people with learning disabilities;
- Explore appropriateness of existing pathways to memory clinics and strengthen the interface between primary and secondary care services for people with learning disabilities.

Young Onset Dementia

- Review the services for Young Onset Dementia (YOD) and consider actions to address gaps in provision and resources. The CCG's decided not to commission YOD services and therefore Tees, Esk, Wear Valley NHS Foundation Trust (TEWV) were asked to deliver these services from within their existing resource.

Prisoners with Dementia

- There is a pressing need to consider how to manage the health/social care interface and meet the needs of prisoners and others with social care needs (linking in with Public Health and NHS England).

Carer and Post Diagnosis Support

- The DSIG will appoint a carer representative on to the group. The group will identify what improvements to supporting people with dementia and carers can be made. DSIG will consider improvements to the wider sharing of appropriate information, with a view to using tools such as patient passports to enable improvements to the implementation of care packages and referrals.

Achievements and Service Improvements (August 2014 – January 2017)

6 Achievements and service improvements for the period August 2014 – January 2017 were identified as follows:

- **Dementia Advisor Service** – commissioned by Durham County Council in February 2016 and funded by the Local Authority until February 2018. Future funding is yet to be identified. The Alzheimers Society was successful in securing the contract.

The Dementia Adviser Service offers pre and post diagnosis support, advice and information to people living with memory problems/dementia, their families, and carers.

There are five Dementia Advisors covering the geographical area of County Durham. Since February 2016, over 800 referrals have been made to the service, which include referrals from GPs, Social Care, community psychiatric nurses, self-referrals etc. Referral pathways have also been established with Durham County Carers Support and County Durham and Darlington Fire and Rescue Service (CDDFRS).

Durham County Council, have also funded a further £45k for the remaining of the contract so the Alzheimers Society can employ two Dementia Support Workers to work across the County, working with those identified by dementia advisors as needing additional and / or more long-term support.

- **Dementia Diagnosis Rates** – have continued to improve with all CCGs in County Durham successfully exceeding the national target of 67.5%. Information and guidance on how to improve dementia diagnosis rates is sent out to GPs on a monthly basis by CCG commissioning colleagues. Data available on Dementia Diagnosis Rates collected for the period August 2015 – January 2017 is attached at Appendix 2.
- **Waiting times / Access to Secondary Care Diagnosis Services** - regular meetings are now taking place between senior management in TEWV and Dr Khin Nini, Dementia Clinical Lead from the County Durham and Darlington NHS Foundation Trust (CDDFT) in order to track actions around access to diagnostic scans.
- **Single Point of Information** – Dementia Connect has been established as the main web based dementia information site. The site has been populated with comprehensive and up to date information on dementia services and resources. Advice and guidance has been sent out to relevant organisations to publicise the website (including GP systems) and to enable them to delete /add services as appropriate.
- **Carer views and involvement** – have continued to be promoted and recognised in a number of ways in shaping the implementation of the strategy. There is carer representation on DSIG and carer views and input have been central, for example, to the development of the integrated dementia pathway, the work of the Community Initiatives Work Stream and the Dementia HNA in County Durham. More specifically, a policy document on carer support developed by local carers has been supported by the DSIG in setting an overall framework and context on carer issues and is being used to inform the development of the Integrated Dementia Pathway and to identify service and support gaps.
- **Integrated Dementia Pathway/Service Mapping** – commissioning colleagues from County Durham and Darlington have worked with partners on the development of an Integrated Dementia Pathway with particular emphasis on improving information and support for people with dementia, their families and carers. This will be included as an integral part of the strategy.
- **Dementia Action Alliances** – have been set up in County Durham and Darlington. A key role of the Dementia Action Alliances is to create dementia friendly communities and develop associated activities.
- **Dementia Friendly Communities** - have been established at Spennymoor, Bishop Auckland and Stanley. Progress in establishing Dementia Friendly Communities is being made at Barnard Castle, Chester le Street, Trimdon and Evenwood. A gentleman who has dementia, was the driving force behind the campaign to make Evenwood dementia friendly, and also secured funding to run a dementia café for a year. He received an 'Inspiring Individual' award at the Alzheimer's

Society's 2016 Dementia Friendly Awards in London. Dalton Park Retail Centre in Murton is becoming 'dementia friendly'. The Centre has agreed to use appropriate signage in new retail units and the cinema will work more 'dementia friendly'. All staff will also complete 'Dementia Friends' training.

- **Orchard Cottage Beamish** – weekly activity sessions are run for people with dementia and their carers from a 1940's themed cottage at Beamish Museum. Adult and Health Services commissioning worked with Beamish on development of the cottage and have also helped Beamish Museum secure funding from Public Health for a men's CREE.
- **Dementia Friendly Transport** – British Transport Police have promoted dementia friendly rail travel at Darlington and Durham train stations. Arriva buses in Darlington are all displaying coin recognition charts to assist customers who may struggle to understand their coins.
- **Safe and Wellbeing Visits** - as part of these new visits, County Durham and Darlington Fire and Rescue Service fire crews have been trained to identify those living with dementia and are able to provide practical help and referral to the dementia advisor service where appropriate.
- **Dementia Friends/Dementia Champions Training** – over the past two years some 7,000 Dementia Friends and 200 Dementia Champions have been trained in Darlington and Durham.
- **Dementia Awareness Training** – is currently being delivered to primary care staff in Darlington, North Durham (ND) and Durham Dales, Easington, Sedgefield (DDES) CCG areas. Dementia awareness sessions have also been provided to CDDFT staff and to a range of organisations in County Durham and Darlington. ND CCG Protected Learning Time (PLT) sessions will be held in May 2017. DDES CCG PLT sessions were held in early 2016. Dates in Darlington are to be agreed.

The Dementia Advisors have developed close links with the Prisons in County Durham, including the recruitment of 'Dementia Friends' among staff and inmates – e.g. 129 inmates and seven staff members at Frankland Prison are now Dementia Friends. Frankland Prison is a member of the Dementia Action Alliance and have committed to ensuring they will work closer with the Dementia Advisor Service.

There has been successful recruitment of students and staff from County Durham schools as Dementia Friends, e.g. Framwellgate Moor School sixth formers and a group of 19 Head Teachers in the Durham Dales area. The Dementia Advisors are at present supporting approximately 29 veterans and work is progressing on the possibility of a dementia café being set up for veterans in County Durham. Work is progressing with colleagues in the Alzheimers Society and the Local Authority on making Durham County Council a dementia friendly council. An action plan has

been developed with our marketing colleagues, including dementia friends training for over 2,000 taxi drivers.

- **Dementia Hub Darlington** – has been established in Crown Street Library and provides a one stop shop for information, advice and referral to services for people with dementia, their families and carers.
- **Community Pastimes Service** – is now being delivered in County Durham by the Hospital of God and aims to support people to live well with dementia through providing 1:1 support to reduce social isolation and improve access to community facilities and activities.
- **Outcomes Based Commissioning** - Durham County Council are working with Hospital of God on a pilot with service users and staff based in the Easington Locality around outcomes based commissioning for service users with dementia. This will enable the Hospital of God to develop service arrangements that are defined on the basis of an agreed set of outcomes either for an individual or a group of people.
- **Side by Side Service** – has been established in County Durham by the Alzheimer's Society to help people with dementia to continue to live independently and remain active members of their local community.
- **Dementia Friendly Swimming** – this initiative is run in conjunction with Durham County Council leisure colleagues and the Amateur Swimming Association. Sessions are now being delivered in Chester-Le-Street, Barnard Castle and Durham City where trained staff and volunteers support people to continue to enjoy swimming as part of an active lifestyle. The Dementia Friendly Swimming Pilot is a phased programme over three years.
- **Singing for the Brain** – sessions provided by the Alzheimer's Society are now taking place in Darlington, Chester-le- Street, Spennymoor, and Barnard Castle.
- **Games for the Brain** – sessions provided by the Alzheimer's Society are being delivered in County Durham at Brandon, Spennymoor, and Teesdale.
- **Dementia Housing Options** – work has commenced and is ongoing to assess options and develop an agreed dementia housing model including telecare options for County Durham. Extra care housing is not an issue in Darlington.
- **Dementia Commissioning for Quality and Innovation (CQUIN)** - has been agreed with CDDFT to improve dementia friendly environments in their hospitals including initiatives such as dementia friendly signage, adapted crockery, appropriate menus, and installing large face clocks.

- **BAME groups** – Healthwatch are scheduled to do some general engagement work around BAME and dementia. Community Connectors have developed links with the Alzheimer’s Society and are able to offer support to individuals.
- **Dementia Health Needs Assessment (HNA)** - The HNA has taken a new direction and Durham County Council are transforming the HNA into a more succinct Integrated Needs Assessment which will be available on the County Durham Partnership website as an Integrated Needs Assessment Factsheet.
- **Improving Value in Dementia Care (a co-design approach)** – a five year study involving commissioners, North of England Commissioning Support (NECS), local stakeholders and staff from Oxford University, London School of Economics and Bradford University, commissioned by CCGs in County Durham, has commenced. The aim of the study is to develop practical strategies that will improve care for those living with dementia and those who support them without increasing costs. This is also known as the STAR approach (Staff Training in Assisted living Residences). Richard Glover from NECS Service Planning and Reform team has lead on this piece of work.
- **Inpatient services** - The inpatient services for people with dementia related needs went through a comprehensive consultation process which culminated in the provision of two 30 bed, purpose designed wards, at Auckland Park Hospital.
- **General Dementia Awareness Raising** – events such as Dementia Awareness Week and primary care protected learning time sessions have been used to promote dementia awareness in the general public and professionals and to help reduce stigma and discrimination. Darlington Dementia Action Alliance produces a newsletter and a Carers Rights Day Event for employers was held in Darlington. Healthwatch Darlington and Healthwatch County Durham have also played a key role in dementia awareness raising and providing information to local communities whilst also obtaining views from local communities on dementia.
- **Engagement with appropriate groups** – in order to ensure that the needs and requirements of people with dementia, their families, and carers are taken into account, representation has been secured on groups such as the End of Life Group, County Durham Mental Health Stigma and Discrimination Group, Improving Physical Health of People with Mental Health Group, and the Mental Health Prevention Project Board. In particular links have been improved in respect of dementia issues and the Mental Health Crisis Care Concordat Group.
- **Reporting arrangements** – update reports on the implementation of the Dementia Strategy are provided on a monthly basis to all three CCGs in County Durham and Darlington. Walk the Wall updates have been

delivered to CCG commissioning colleagues and presentations on dementia strategy implementation have also been given by members of the DSIG to various groups such as the Darlington Borough Council Dementia Review Group (Adult and Housing Scrutiny Committee) and management groups within Durham County Council.

- **Governance** – the DSIG group is part of the Mental Health Governance Structure for County Durham. Dementia issues from the DSIG will be governed by the Mental Health work streams groups and reported to the Mental Health Partnership Board in County Durham

Overall Assessment of the Strategy Implementation Group Work

- 7 As outlined above, there has been significant progress in implementing the County Durham and Darlington Dementia Strategy such as the development of dementia friendly communities/dementia friends training and a wide range of associated community initiatives and services.
- 8 Systems are now in place to update and engage GPs in respect of improving dementia diagnosis rates and providing them information on key actions they can take to increase dementia diagnosis rates.
- 9 A single point of information on local dementia services, support and general information is now available through Dementia Connect and the Darlington Dementia Hub.
- 10 Post diagnosis support has been strengthened (in addition to dementia friendly community developments) through the introduction of the Dementia Advisor Service.
- 11 Dementia awareness training has taken place both in County Durham and Darlington NHS Foundation Trust, primary care and the wider community.
- 12 The development of the Integrated Pathway and the related service mapping provides an invaluable template for further work to identify areas for service and support improvement, key points for provision of appropriate information to people with dementia, their carers and families.
- 13 The Community Initiatives Work Stream has been the main focus of activity that has been feeding into the DSIG and has ensured carer involvement in more detailed service improvement initiatives.
- 14 DSIG has continued to meet on a regular basis and has maintained the active involvement of key stakeholders, including carer representation in the implementation process.
- 15 DSIG has also provided a forum for the exchange of information between key stakeholders and improved coordination and communication between organisations who deliver dementia care. The group has also fielded representatives to raise issues of dementia in other groups and meetings.

- 16 There is however a number of areas of the strategy that have not been addressed as fully as other areas, or which require further implementation:
- Clinical Lead – there is no identified Clinical Lead for dementia in two of the CCGs in County Durham. Dr Chandra Anand has been appointed as the Clinical Lead in North Durham for Mental Health and has stated that she will provide overall GP Clinical Guidance for DSIG. There is still a clinical lead gap at DDES CCG and Darlington CCG;
 - BAME and Lesbian, Gay, Bisexual, and Transgender (LGBT) communities and dementia, identification of work;
 - Research;
 - Monitoring of anti-psychotics;
 - People with learning difficulties and dementia;
 - Prisoners with dementia;
 - Admission and readmission avoidance services;
 - Improve links with End of Life Strategy and Pathway;
 - HNA – needs to be finalised and have Public Health sign off.
- 17 Furthermore a number of commissioning intentions for 2016/17 that were developed through the DSIG were not supported by the CCGs’.

Recommendations for Future Work

- 18 In addition to addressing the previously identified areas of the strategy that require more attention, the recommended action across the ‘Dementia Journey’ are highlighted as follows:
- Strategic Context / Integrated Pathway:
 - Development of the County Durham and Darlington Dementia Strategy 2018- 2020 Plan on a Page to support the overall Mental Health Strategy;
 - Development of strategic documents to support the Dementia Strategy Plan on a Page;
 - Identify and develop work streams to support the action plans and strategic Plan on a Page;
 - Identify the service and support gaps arising from the work associated with the production of the Integrated Dementia Pathway for County Durham and Darlington and agree how best to address the gaps in services and support and the provision of information to people with dementia as well as their carers and families;
 - Continue to work in close association with the Co-Design five year County Durham Dementia Research Project;
 - Identify clinical leads for dementia in CCGs and practices.

- Preventing Well:
 - Public Health in both County Durham and Darlington to organise more local campaigns to raise public and professional awareness of dementia and risk factors;
 - Increase awareness and focus on preventative services in partnership for people from BAME and LGBT communities. Healthwatch were leading on this but since the group have been informed that Dementia is now not a priority for Healthwatch;
 - Increase dementia awareness among young people.

- Diagnosing Well:
 - Continue to support measures aimed at improving dementia diagnosis rates;
 - Ensure performance monitoring mechanisms are in place to improve the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face to face review in the preceding 12 months.

- Living/Caring Well:
 - Monitor and evaluate on an ongoing basis the Dementia Advisor Service in terms of impact and capacity and funding and provision of the role post 2018;
 - Provision of appropriate, timely, and good quality information on dementia including support/service availability. Giving dementia patients, carers and their families this information pre-diagnosis and at the point of diagnosis. This needs to be the main priority and the first step to supporting people to maintain their independence and to make informed choices;
 - Identify post-diagnosis services and support service developments;
 - Continue roll-out of Dementia Friendly Communities and develop associated community activities such as Dementia Friendly Swimming, Singing for the Brain, Games for the Brain, transport initiatives, Community Pastimes Service.

- Supporting Well:
 - All opportunities are taken to promote and expand the use of assistive technology to enable people living with dementia to remain independently in the community for as long as possible;
 - Identify housing options/housing support/extra care housing requirements;
 - Ensuring dementia connect continues to be publicised and remains up to date and comprehensive;
 - Continue Dementia Friends and Dementia Champions training;
 - Provision of ongoing Dementia awareness training programmes in primary care and CDDFT;
 - Address issues of admission and readmission avoidance services.

- Dying Well:
 - Develop End of Life Care Pathway across all agencies;
 - Ensure any End of Life Care Strategies/Pathways takes the needs of people with dementia into consideration;
 - Improve support in care homes regarding End of Life Care;
 - Increase the number of people with dementia who have died in their preferred place of care;
 - Achieve Gold Standard Framework accreditation for dementia.

Recommendations

22 The Health and Wellbeing Board is recommended to:

- Note the findings of the County Durham and Darlington Dementia Strategy Implementation 2014-2017 update and comment upon the report;
- Agree the direction of work for the future Dementia Strategy in the form of a plan on a page and supporting strategic documents;
- Provide feedback on the future work, recommendations and priorities to ensure it meets with local and national guidance.

**Contact: Michelle Hagger, Senior Commissioning Support Officer,
North of England Commissioning Support Unit**

Tel: 0191 374 4243

Appendix 1: Implications

Finance

While it is acknowledged that some additional resources may be required via partner organisations to fully implement the strategy, many commitments are already planned for, with existing resources allocated to achieve them.

Staffing

None

Equality and Diversity

Equality impact assessments will be conducted in respect of any relevant service development / service redesign processes instigated by implementation of the strategy.

Accommodation

None

Crime and Disorder

None

Human Rights

None

Consultation

A consultation process has been carried out as part of strategy development.

Procurement

Any new services, or changes to services, instigated as a result of strategy implementation will be subject to the procurement rules of the nominated lead organisation for the relevant work.

Disability Discrimination Act

None

Legal Implications

Legal services will be consulted on any relevant issues which arise during implementation of the strategy, such as, for example, procurement exercises.

Appendix 2: Dementia Diagnosis Rates – data collection August 2015 – January 2017 (data available)

National estimated Dementia Diagnosis Rate		67.4%		
Durham Dales, Easington & Sedgefield as at Jan-17		80.1%		
North Durham as at Jan-17		68.2%		
CCG	Date	Sum of Dementia Registers (65+ only)	Estimated Dementia Prevalence (65+ only)	Gap – number of additional diagnoses required to reach 65+ prevalence
Durham Dales, Easington & Sedgefield	August 2015	2741	3421	680
North Durham	August 2015	1957	2833	876
Durham Dales, Easington & Sedgefield	January 2016	2821	3421	600
North Durham	January 2016	1946	2833	997
Durham Dales, Easington & Sedgefield	January 2017	2813	3513	700
North Durham	January 2017	1983	2910	927