



## Health and Adult Social Care Select Committee

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<b>Title:</b>	<b>Dementia Services in Buckinghamshire</b>
<b>Date:</b>	January 2018
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<b>Electoral divisions affected:</b>	All
<b>Portfolio areas affected:</b>	Health and Wellbeing

### 1. Summary

This paper provides a review of the Dementia service in Buckinghamshire. A Joint Commissioning Strategy for Dementia was developed by Buckinghamshire County Council [BCC], Chiltern Clinical Commissioning Group [CCCG] and Aylesbury Vale Clinical Commissioning Group [AVCCG] covering the period from 2015 to 2018.

Summary of progress:

- Re-commissioning and implementation of the county wide Memory Support Service [MSS]
- MSS provides pre and post diagnostic support, peer support and training opportunities for people living with a memory concern, carers and professionals.
- Improved information for professionals, patients and carers
- A county wide training strategy implemented across partner organisations
- Increased capacity within Memory Clinics through implementation of the “Memory Assessment Closer to Home” project
- Implementation of Dementia Friendly Communities across 9 sites in Buckinghamshire.
- All 34 GP practices in Chiltern are dementia friendly and a number within Aylesbury Vale.

The challenges in implementing the strategy include:

- Increasing and maintaining dementia diagnostic rates
- Changing prioritisation of the importance of an early diagnosis.
- Continuing the momentum with Dementia Friendly Communities
- Improving the support available to young onset dementia patients through main stream community interest groups e.g. walking clubs etc.

## 2. Background

The Joint Commissioning Strategy for Dementia 2015 to 2018 has the following vision statement:

*“people will be supported to live active lives in caring communities enabling people to live fulfilling lives independently at home for as long as possible. When care is required people will only have to tell their story once. Information will be provided to enable people to make the right choices regarding services for them”*

Five strategic themes were developed from the vision statement which can be seen as:

- Improved Diagnostic Pathway and Diagnostic Rate
- Dementia Awareness
- Personalised Support and Independent Living
- Pre –Crisis Support
- Young Onset Dementia

## 3. Achievements and Challenges

Strategic Themes	Successes
<p>1. Improved Diagnostic Pathway and Diagnostic Rate.</p>	<p><b>1.1 Memory Assessment Closer to Home:</b>            The Memory Assessment Closer to Home (MACH) project was funded through the Prime Ministers Challenge fund 2012 to improve the diagnostic pathway and increase capacity within the system. Four new clinics were created in GP practice as a result. The project came to an end in December 15 and an evaluation report was produced. As a result significant investment was made by the Clinical Commissioning Group’s (CCG) to continue this increased capacity through the Oxford Health NHS Foundation Trust contract[OHFT]</p> <p>OHFT achieve a target of seeing 90% of people referred to memory clinic with 40 working days. A new performance target set by NHS England will be measured from April 18 whereby 90% of people referred to memory clinic should be seen and diagnosed and in treatment within 40 calendar days from referral.</p> <p><b>1.2 Increase the number of GP practices that are dementia friendly</b>            GP practices agree to develop an action plan, identify a champion, deliver training and increase / maintain their diagnostic position. The action plan varies according to practice and building e.g some</p>

may have quiet rooms or some may have a champion to stay with the person throughout

In 2017 all 34 practices in Chiltern CCG are dementia friendly and a number of practices in Aylesbury Vale CCG.

### **1.3 Improved access to information on available support, services and tools for patients in primary care:**

The Dementia Interactive Care Pathway and tool kit was developed and made available within CCG and as a down loadable tool kit within AVCCG in 2015. The toolkit maps out the care pathway a dementia patient will follow and provides an aide-memoire for the services and support needed from diagnosis to end-of-life care.

Work has continued to develop further the available tools and information within primary care.

### **1.4 Increasing and maintaining dementia diagnostic rates in line with the national ambition of 67%:**

In April 2015 CCCG was approximately 52% and AVCCG was approximately 59% - as of April 2017 CCCG achieved 65.3% [+13.3%] and AVCCG achieved 71.2% [+12.2%].

A wide variety of initiatives have been implemented in support of increasing and maintaining diagnostic rates including

- Monthly news updates on dementia and the diagnostic position.
- Dementia dash board at CCG level and practice level provided monthly to practices and at locality meetings
- Six monthly data sets provided directly to practices from secondary care for cross referencing
- Individual practice visits and personalised tool kits provided
- Data harmonisation tool kit, including technical support.
- House bound screening tool kit available for patients 90+ housebound without a diagnosis of dementia.

Further support available through MSS.

The DiADeM [a direct mandate to support GP's to diagnose dementia in care homes] tool has been adapted locally to include Bucks preferred screening tool. Working in Partnership Yorkshire and Humberside to develop an electronic DiADeM app for use by professionals aiming to go live by April 2018.

	<ul style="list-style-type: none"> <li>• Care home screening tool kit available and support from MSS to complete the screening on behalf of practices. Over 300 patients screening with approximately 41% converting to a diagnosis of dementia.</li> <li>• Campaign 414 launched in July 2016. Coupled with the above available support /actions took CCG from 56.71% to 65.3% in April 2017.</li> <li>• Black and Minority Ethnic (BME) project focusing on raising awareness in the BME communities in the High Wycombe area.</li> </ul>
2. Dementia Awareness	<p><b>2.1 Communication Strategy</b> A communication strategy has been developed and is monitored through the Dementia Delivery Group on a bi-monthly basis. The strategy includes: agreeing key messages for partner organisations, links for partner organisations websites; improve info and advice for carers, patients and professional via Dementia Roadmap. The Dementia Delivery Group oversee the delivery of the strategy</p> <p><b>2.2 A Multi Agency Training Plan</b></p> <ul style="list-style-type: none"> <li>• A three year multi-agency training plan was developed in 2016 to ensure the need of dementia awareness is on every partner agenda including commissioned services. Within CCG and BHT, 100% of staff receive Dementia Awareness training and 90% of staff receive Tier 2 training. Within BCC 230 current staff have received training</li> </ul> <p><b>2.3 All services to work towards becoming Dementia Friendly:</b> During 2015, a number of Dementia Friends sessions were held in the CCG's and Buckinghamshire County Council for staff to attend to raise awareness of dementia. DF sessions were delivered at County Show. Organisations working with Prevention Matters are asked to advise whether their activities/groups are suitable and accessible for people living with dementia . Communities are planning Dementia Friends sessions for members. During 2016 many practices accessed Dementia Friends sessions independently. 3 x Tier 1 sessions</p>

and 4 x Tier 2 sessions were made available  
During 2017/18 8 x Tier 2 sessions are being made available.

Both BCC and the CCG's have a current "working towards becoming Dementia Friendly" action plan in place on the national web page

#### **2.4 Implementation of Dementia Friendly Communities:**

Through Prime Minister's Challenge Fund 2012 [ a joint bid] to establish Dementia Friendly Communities [DFC] a total of 9 sites have been established.

DFC's work together and respond more positively towards those individuals living with dementia or memory impairments. This will include LAF's, parish councils, community and voluntary orgs as well as local businesses. This may mean providing more information for general public or encouraging people with dementia to seek diagnosis. They will also make communities more friendly e.g educating retailers that loud music or narrow aisles in community shops can upset dementia sufferers and stop them using local communities with an impact on their independence.

- Stokenchurch
- Great Missenden
- Buckingham
- Denham – Do it yourself (DIY) site
- Ivor – DIY site
- Burnham – DIY site
- Wendover – DIY site
- Aylesbury – DIY site
- High Wycombe – BME project

Dementia Friendly Communities were set up with the assistance of a dedicated BCC Project Officer. Once the initial project ended and dedicated BCC resource withdrawn some sites have struggled to continue. Sustainability depends on the motivation of the individual community.

Community focus is now through the Community Links Officers who are managing competing demands. CLO's link with LAFs and Parish Councils but commitment to DFC's is not consistent.

Buckinghamshire Healthcare Trust and Wexham Park Hospital have signed up to Johns Campaign, a programme setting out the right of carers to stay with

people with **dementia** in hospital, and are working towards making Buckinghamshire's hospitals dementia friendly.

Buckinghamshire has a National Dementia Action Alliance web page with 33 organisations action plans including the Clinical Commissioning Groups, Buckinghamshire County Council and Oxford Healthcare Foundation Trust.<sup>1</sup>

### **2.5 Improved awareness with children and young people:**

In 2014/15 a school and care homes initiative was established for an intergenerational project with the theme of "Easter through the ages". A care home and school in Aylesbury were successful with their project submission and a film was produced of their event and was widely publicised. Wendover as the most active DFC has successful projects with schools. There have been initiatives to get schools represented at the Dementia Partnership Board and to get dementia onto the Citizenship agenda in school but to date there has been limited engagement from schools. This is an area for further focus

Alzheimer's Society learning plans and support material has been made available to schools with greater success being achieved through the BME project in 2017 with faith schools in the High Wycombe area.

### **2.6 Improving awareness of dementia in BME communities.**

The achievements of the project are summarised as:

- A one page information sheet has been made available in practices highlighting issues in BME community who have a higher incidence of dementia and often do not seek help early enough
- Information on the Memory Support Service is being made available to flu clinics in other languages
- Benchmarking and adoption of best practice models
- The development and successful launch of two BME films
- 30 Dementia Friends sessions delivered to faith groups.
- Agreement for Bucks proffered screening tool for BME groups
- 25 people trained as dementia champions from BME

<sup>1</sup> Buckinghamshire Dementia Action Alliances:

[http://www.dementiaaction.org.uk/local\\_alliances/10384\\_buckinghamshire\\_dementia\\_action\\_alliance](http://www.dementiaaction.org.uk/local_alliances/10384_buckinghamshire_dementia_action_alliance)

	<p>communities</p> <p>The Dementia Simulation bus has been available since November 2017. The bus allows individuals without to dementia experience the fear and frustration through simulation, and teaches individuals better ways to support sufferers.</p>
<p>3. Personalised Support and Independent Living</p>	<p><b>3.1 A universal communication tool:</b> Agreement and implementation of Oxford Health Foundation Trust communication tool across all partners achieved during 2015.</p> <p><b>3.2 Access to improved information in an appropriate format and in a timely fashion:</b> The NHS Ageing Well booklet has been made available within primary care in support of care planning during 2015/16.<sup>2</sup> National publication by Public Health England on dementia has been included in the annual health checks pack.<sup>3</sup></p> <p>Alzheimer's Society hand book for dementia<sup>4</sup> and Health Education England production of resources for carers and professional carers which is available in a variety of different formats free of charge.<sup>5</sup></p> <p>A Buckinghamshire Dementia Road Map page has been commissioned.<sup>6</sup> The Road Map is due to be launched during Sep / Oct 2017. The resource is aimed at professionals, carers and people living with a memory concern.</p> <p>Care planning and annual reviews have been implemented across both CCG's and work continues to embed the process.</p> <p>Work is underway with Thames Valley area team to</p>

<sup>2</sup> Ageing Well Booklet <https://www.england.nhs.uk/wp-content/uploads/2015/09/hlthy-ageing-brochr.pdf>

<sup>3</sup> Health Checks Dementia Information PHE [www.healthcheck.nhs.uk/document.php?o=327](http://www.healthcheck.nhs.uk/document.php?o=327)

<sup>4</sup> Alzheimer's Society dementia handbook: [https://www.alzheimers.org.uk/download/downloads/id/2204/the\\_memory\\_handbook.pdf](https://www.alzheimers.org.uk/download/downloads/id/2204/the_memory_handbook.pdf)

<sup>5</sup> Carers Information <https://hee.nhs.uk/our-work/person-centred-care/dementia/dementia-guide-carers-care-providers>

<sup>6</sup> Buckinghamshire Dementia Road Map: <https://dementiaroadmap.info/buckinghamshire/#.WbZA3suovrc>

	<p>ensure performance on care planning and annual reviews across the CCG's is correctly captured within the operating frame work.</p>
<p>4. Crisis prevention Support</p>	<p>4.1 Crisis prevention support has been included within the service specification for the Memory Support Service.</p> <p>Pathway mapping continues with OHFT</p> <p>BHT has been commissioned during 2017/18 to develop the delirium pathway across health and social care community service including Primary Care. Aims can broadly be seen as:</p> <ul style="list-style-type: none"> <li>• Improve the detection and management of delirium</li> <li>• Support people to receive a diagnosis of dementia earlier</li> <li>• Avoid inappropriate admissions and support early discharge</li> <li>• Reduce the number of people making a decision about long term care at a point of crisis.</li> </ul> <p>The Quality in Care Team provides training / tools and support to care providers to:</p> <ul style="list-style-type: none"> <li>• Identify and manage delirium appropriately to avoid inappropriate admissions</li> <li>• Screen people on admission for dementia using the DiADeM tool.</li> </ul> <p>Improve care and support for people with a diagnosis of dementia</p>
<p>5. Young On Set Dementia</p>	<p>Work has been undertaken with Prevention Matters team who have now identified a dementia champion. Prevention Matters are working with community support services and local community interest groups to raise awareness of dementia and young on set dementia. This has enabled people with memory concerns and carers to continue to access main stream services. I.e. walking, photography groups etc.</p> <p>Scoping work has been undertaken to better understand the demand and needs of Young OnSet Dementia (YOD) cohort in Bucks and best practice examples of diagnostic, support services available nationally.</p> <p>Partnership working has been undertaken with a third sector provider to develop a business case and bid proposal for the development of a community café to provide:</p>



	<ul style="list-style-type: none"> <li>• Employment opportunities for YoD, Learning Disabilities and Mental Health clients and carers.</li> <li>• Drop in and peer support sessions etc.</li> <li>• Crisis support</li> </ul> <p>£20k has already committed to the project by a housing provider.</p>
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#### 4. Current Needs Analysis

The most significant risk factor for developing dementia is age. In Buckinghamshire, the largest population increase is predicted to be amongst those aged over 85+ and this is reflected in projections for developing dementia:

<b>Dementia</b>	<b>2017</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>
People aged 65-69 predicted to have dementia	346	337	379	435	444
People aged 70-74 predicted to have dementia	705	753	705	793	913
People aged 75-79 predicted to have dementia	1,067	1,206	1,487	1,398	1,579
People aged 80-84 predicted to have dementia	1,693	1,837	2,133	2,656	2,546
People aged 85-89 predicted to have dementia	1,783	1,978	2,350	2,778	3,534
People aged 90 + predicted to have dementia	1,582	1,789	2,319	2,997	3,854
<b>Total population aged 65 + predicted to have dementia</b>	<b>7,176</b>	<b>7,900</b>	<b>9,373</b>	<b>11,057</b>	<b>12,868</b>

Source: POPPI Database

#### 5. Governance

The Dementia Strategy 2015-18 is underpinned by an action plan. The implementation of the action plan is overseen by the multi-agency Dementia Project Board which meets monthly. Membership includes, commissioners, clinical experts from primary care, Quality in Care team dementia lead, communications experts, public health, primary care locality leads.

A highlight report is produced monthly which and exceptions are reported to the Joint Commissioning Delivery Board and to Integrated Commissioning Executive Team (ICET) if appropriate. ICET receives an annual overview report.

## **6. Strategy 2018 Onwards**

An all age mental health joint commissioning strategy is being developed in partnership with:

- Oxford Health Foundation Trust
- Clinical Commissioning Groups
- Public Health
- District Councils
- Third Sector Organisations
- Partnership Boards
- User and Carer Networks
- Patients Participation Groups
- Buckinghamshire Healthcare Trust – acute and community services
- Primary care
- Patients
- Emergency services

We will complete and consult on the new strategy during 2018.