

NORTH LINCOLNSHIRE COUNCIL

**ADULT SERVICES
CABINET MEMBER**

**'LIVING WELL WITH DEMENTIA', NATIONAL DEMENTIA STRATEGY,
NORTH LINCOLNSHIRE'S IMPLEMENTATION STRATEGY AND ACTION PLAN**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Cabinet Member of the progress on implementation of the National Dementia Strategy in North Lincolnshire.
- 1.2 To obtain Cabinet Member support for the further development of improved, high quality, specialistdedicated and mainstream services for people with dementia and their carers in North Lincolnshire.

2. BACKGROUND INFORMATION

- 2.1 The National Dementia Strategy 'Living well with dementia' was published on 3 February 2009. It outlined the Department of Health's five year plan for improving health and social care services in England for people with dementia and their carers.
- 2.2 In response to the publication of the national strategy a project group has been establishment that includes managers and professionals from health and social services, as well as a focus group that includes representatives from different groups including a carer, third sector, residential, home care, social care, health and workforce development.
- 2.3 In September the Executive Strategic Commissioning Board approved the local implementation strategy and actions plan. It outlines the National Dementia Strategy, analysis of local data, what people have said, priorities for action, implementation action plan and key policy documents.
- 2.4 The Board requested that all planned commissioning activity is reviewed to establish how this strategy can influence the commissioning of services within budget and to consider how the supporting people programme could be utilised.

- 2.5 The data tells us that there is estimated to be 1,993 people with dementia living in North Lincolnshire. By 2025 this estimate increases to 3,362. This is greater than the national trend.
- 2.6 In August 2009 there were 701 people diagnosed with dementia on the GP register (QOF).
- 2.7 In North Lincolnshire people with dementia aged 65 and over is the largest group (estimated at 1,947). For those with dementia aged under 65 the estimation is 46 people. In April 2009 there were eight people with Downs Syndrome and dementia known to the Learning Disability Services.
- 2.8 In April 2009 there were 829 care home beds registered for people with dementia in North Lincolnshire. The demand is predicted to rise to 1,246 by 2025. However with personalisation the demand for these services could be less than this prediction. The number of cases funded through Adult Social Services Thfor people over 65 with severe dementia living in care homes is 109 people.
- 2.9 Two thirds of all people with dementia live in their own homes in the community. The following chart shows the estimated number of people with dementia receiving community-based services, now and by 2025. However with personalisation the demand for these services could be greater than this prediction. See chart below.

	Now	2025		Now	2025
Home care	835	1,310	Direct payments	49	76
Day care	307	482	Professional support	134	210
Meals	353	554	Equipment and adaptations	859	1,349
Respite	437	686	Other community Based Support	372	584

- 2.10 For drug treatment (specifically the four anti-dementia drugs) for people with dementia, is the second lowest in the region.
- 2.11 Yorkshire and Humber Improvement Partnership is supporting the implementation of the national strategy. They are coordinating regional peer reviews of dementia from September 09 until December 09. A report will be produced. The review of North Lincolnshire's dementia services was on 2 December 2009.
- 2.12 Financial planning is being undertaken to identify resource implications.
- 2.13 The outcomes from three local consultation events held over the last 18 months have informed and contributed to the development of this

implementation strategy and action plan, see section 7 for further detail.

- 2.14 Priorities for action have been identified through the consultations and are reflected in the action plan.

3. OPTIONS FOR CONSIDERATION

- 3.1 Option 1 – For the Cabinet Member to acknowledge and support the joint implementation strategy and action plan, with specific emphasis on identified priorities, so further targeted developments can be made to services, ensuring that all the National Dementia Strategy objectives are met.
- 3.2 Option 2 – Not to support the joint implementation strategy and actions plan and allow services to develop ad hoc arrangements for people with dementia and their carers.

4. ANALYSIS OF OPTIONS

- 4.1 Option 1 – Clearly there are costs to the services in the implementation of the National Strategy, but the cost of not making the changes, considering the predicted increase in demand will be immeasurably higher, both in financial and human terms. Implementation of the national strategy would be closely monitored to ensure needs led, quality services are maintained and developed in line with local demographics, the Department of Health's five year plan and would meet the outcomes for people with dementia and their carers.
- 4.2 Option 2 – To fail to implement the developments will not comply with the objectives and time scales of the National Dementia Strategy. People with dementia and their carers may not have access to the new services. We would not be meeting our regulators expectations. Services could develop in isolation and people with dementia become increasingly stigmatised.

5. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 5.1 Financial implications - There will be a financial cost in implementing this strategy. The budget for any new services needs to be identified prior to commissioning them. Some of the costs of implementing the actions can be met by existing health and social care budgets. However reviews of these existing services would need to take place to ensure quality and value for money. In doing this there may be scope to jointly develop a new service. Further identification of funding and potential costs is difficult to predict at this time due to the broad themes it covers (raising awareness and understanding, early diagnosis and support and living well with dementia).

- 5.2 Staffing implications - A big impact will be on workforce development in relation to ensuring staff are skilled in providing the best quality of care for people with dementia, as well as the recruitment and retention of volunteers.
- 5.3 Property implications - Identification of property implications are difficult to predict, but none are immediately apparent.
- 5.4 IT implications - Identification of IT implications are difficult to predict, but CareFirst records show a lack of quality data on numbers of people with dementia being supported by ASS. Improvements in the quality of data will need to be made to make better predictions of demand.

6. **OTHER IMPLICATIONS (STATUTORY, ENVIRONMENTAL, DIVERSITY, SECTION 17 - CRIME AND DISORDER, RISK AND OTHER)**

- 6.1 Statutory implications – This report will support the implantation of the National Dementia Strategy and meet regional obligations.
- 6.2 Environmental implications – there are no environmental implications apparent.
- 6.3 Diversity implications – Where appropriate please complete a Diversity Impact Assessment for this section.

An equality impact assessment accompanied the National Dementia Strategy. However, in line with good practice a local diversity impact assessment will be carried out and this may identify local implications.

- 6.4 Section 17 – Crime and Disorder implications – There are no crime and disorder implications.
- 6.5 Risk and other implications – The actions in this report will ensure vulnerable citizens of North Lincolnshire and their carers live well with dementia. Raising awareness should improve the stigma associated with dementia.

7. **OUTCOMES OF CONSULTATION**

- 7.1 Event 1 – Listening & Engagement, February 2008, Key elements raised at this event that were passed to the National Strategy Development Team were: • more effective communication, • easier accessible information, • key is early diagnosis, • reduce stigma, • lack of support from GP in diagnosis, raised awareness and following protocols, • carers need to be listened to.

- 7.2 Event 2 – Consultation on draft national strategy, July 2008. The cross cutting themes were identified as: • training, • carers, • GP's, • information, • education.
- 7.3 Event 3 – Launch of the National Dementia Strategy in North Lincolnshire, June 2009. Priority outcomes for those who attended were: • single point of contact for advice/ information/ signposting etc. following diagnosis, • dementia care advisor / navigator, • awareness raising, • early diagnosis and training for GP's/ health and social care staff, • various levels of training for other sectors inc. schools/ other professionals/ general public etc. • respite to best meet individual need.

8. **RECOMMENDATIONS**

- 8.1 That the Cabinet Member notes the progress on implementation of the National Dementia Strategy in North Lincolnshire.
- 8.2 That the Cabinet Member supports the development in specialist and mainstream services for people with dementia and their carers in North Lincolnshire.

SERVICE DIRECTOR ADULT SOCIAL CARE

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Background Papers used in the preparation of this report

North Lincolnshire's Implementation Strategy and Action Plan, September 2009.
(refer to section 7 of this report for other key policy documents and reports)

‘Living well with dementia’ The National Dementia Strategy



North Lincolnshire’s Implementation Strategy and Action Plan

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September 2009

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1. Introduction

- 1.1 This Implementation Strategy is intended to support and give direction to the further development of improved, high quality, dedicated and mainstream services for people with dementia and their carers living in North Lincolnshire.
- 1.2 This Strategy will inform service developments, clinical developments, self-directed support, strategic commissioning, procurement, and workforce development, as well as influence the future developments in the private and third sector market in North Lincolnshire.
- 1.3 There have been three local events that have influenced this Strategy. The first, being the 'Listening & Engagement' event on 28th February 2008. This information was sent to the National Strategy Development Team. The second was a consultation event on the draft strategy on 8th July 2008. The third was held on 8th June 2009 to launch the National Dementia Strategy locally and confirm the priorities and actions.

2. National Dementia Strategy

- 2.1 In February 2009 the Government launched the National Dementia Strategy (NDS), 'Living well with dementia'. It outlined the Department of Health's (DH) 5-year plan for improving health and social care services in England for everyone with dementia and their carers.

2.2 The NDS sets out a system where people affected by dementia:

- Know where to go for help,
- Know what services they can expect,
- Seek help early for problems with memory,
- Are encouraged to seek help early,
- Get high-quality care and an equal quality of care, wherever they live,
- Are involved in decisions about their care.

2.3 The three broad themes in the NDS were outcome focused:

- Raising awareness and understanding
- Early diagnosis and support
- Living well with dementia

2.4 The NDS lists 17 key objectives that are to be achieved. They are:

1. Improving public and professional awareness and understanding of Dementia.
2. Good quality early diagnosis and intervention for all.
3. Good quality information for those diagnosed with dementia and their carers.
4. Enabling easy access to care, support and advice following diagnosis.
5. Development of structured peer support and learning networks.
6. Improved community personal support services.
7. Implementing the Carers' Strategy.
8. Improved quality of care for people with dementia in general hospitals.

9. Improved intermediate care for people with dementia.
 10. Considering the potential for housing support, housing related services and Telecare to support people with dementia and their carers.
 11. Living well with dementia in care homes.
 12. Improved end of life care for people with dementia.
 13. An informed and effective workforce for people with dementia.
 14. A joint commissioning strategy for dementia.
 15. Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.
 16. A clear picture of research evidence and needs.
 17. Effective national and regional support for the implementation of strategy.
- 2.5 The NDS states that this is the start of a process, not an end in itself. Even if all the recommendations are fully implemented, there will still be very much more to do. Clearly there are costs to the system in making these changes, but the cost of not making the changes will be immeasurably higher, both in financial and human terms.

3. Demographics

- 3.1 It is estimated that there are 1,993 people with dementia are living in North Lincolnshire. Chart 1 show's the projected increase in this population group by age from 2010 and every 5 years till 2025:

Chart 1

	Age	2010	2015	2020	2025
	30-64	47	49	52	54
	65-69	112	143	133	146
	70-74	208	233	296	279
	75-79	347	391	455	571
	80-84	493	563	664	772
	85 +	892	1,020	1,226	1,540
Total		2,099	2,399	2,826	3,362

Source:POPPI & PANSI

3.2 It is estimated that in North Lincolnshire there are 1,947 people with dementia who are over 65. The over 65 population, with late on-set dementia in North Lincolnshire is predicted to increase by 70% by

2025. This is greater than the national trend of 51% and compared to the Yorkshire & Humber region we have the second highest predicted increases with only East Riding having a greater prediction at 78%, with Hull having the lowest at 31%. Chart 2 show's the estimated % for this age group across the localities:

Chart 2

Localities	Estimated % with dementia
Barton & district	6.09%
Scunthorpe North	6.08%
Scunthorpe South	6.03%
The Isle of Axholme	5.99%
Brigg & District	4.51%

Source: Older People's Mental Health Services Position Statement Aug 2008 (Public Health)

3.3 The numbers predicted to have late on-set dementia by sub type in North Lincolnshire are illustrated in chart 3 below.

Chart 3

Sub type of dementia	Predicted numbers
Alzheimer's Disease	1,223
Vascular Dementia	327
Vascular Dementia & Alzheimer's Disease	202
Lewy Bodies	79
Frontotemporal Dementia	26
Parkinson's Dementia	33
Other	58

Source: YHIP report ‘Dementia in Yorkshire & Humber – A Demographic Profile July 2009’

3.4 The current predicted numbers of cases in North Lincolnshire of late onset dementia by the degree of severity (as described by Dementia UK, 2007) are illustrated in chart 4 below.

Chart 4

Severity of late onset dementia	Current predicted numbers
Mild	1,079
Moderate	625
Sever	243

Source: YHIP report ‘Dementia in Yorkshire & Humber – A Demographic Profile July 2009’

3.5 In the UK approximately 2.2% of all people with dementia are currently aged less than 65 years at on-set of the condition. The estimated number of cases in North Lincolnshire having early on-set dementia in 2008 was 46. This is predicted to increase by a further 8 cases by 2025, making an estimated total of 54 cases.

3.6 There are currently 701 people diagnosed with dementia on the GP register. Chart 5 show's this number of people on the GP's register across the localities:

Chart 5

Localities (Situation of GP surgery)	No. on GP register
Barton & district	91
Scunthorpe North	57
Scunthorpe South	228
The Isle of Axholme	122
Brigg & District	203

Source: PCT, QOF indicator

3.7 The prevalence of dementia in people with Down's syndrome is estimated as 8.9% in people aged 45-49 with Down's syndrome, 17.7% in people aged 50-54 with Down's syndrome, 32.1% in people aged 55-59 with Down's syndrome, and 25.6% in people aged 60 and over with Down's syndrome. There are currently 8 people with downs syndrome and dementia being supported by the Community Team Learning Disability. However this is greater than the predicted number for North Lincolnshire (See chart 6 below).

Chart 6

Proportion of people aged 45-54 and 55-64 predicted to have Down's syndrome and dementia in North Lincolnshire

	2008	2010	2015	2020	2025
People aged 45-54 predicted to have Down's syndrome and dementia	2	2	2	2	2
People aged 55-64 predicted to have Down's syndrome and dementia	4	4	4	5	5

The population predictions are based on ONS population projections of the total 45 to 64 population. Data taken from Projecting Adult Needs and Services Information System

3.8 There are 35 care homes in North Lincolnshire that are registered through the Care Quality Commission as providing care for people with dementia, 9 of which have nursing. The number of beds available in these care homes is 829. From the report for YHIP ‘Dementia in Yorkshire & Humber – A Demographic Profile’, the numbers with late onset dementia predicted to be currently living in some form of care home in North Lincolnshire is 715. This is a difference of supply and demand of 114 more beds than is needed. However, the demand is predicted to rise by 74% by 2025, bringing the estimated number of people with dementia living in care homes to 1,246.

The number of cases funded through North Lincolnshire Adult Social Services in Elderly Mentally Ill (EMI) care beds is 109 (information from EPT in May 2009). These cases are the very severe end of the condition.

3.9 The provision of Community Services covers a variety of activities. Chart 7 illustrates the number of people in North Lincolnshire aged 65 & over receiving community based services between 1 April 2008 to 31 March 2009. These are for all people ages 65 and over, however two-thirds of all people with dementia live in their own homes in the community (NDS, page 47, paragraph 1). Based on this, Chart 7 shows: Estimated number of people who access these community based services who have dementia, Estimated number of people who are 65 and over and those who have dementia who may access the services by 2025.

Chart 7

Community Based Services	Numbers of people 65 and over receiving service in 08/09	Estimated no. of people with dementia now	Estimated no. of people 65 and over receiving service by 2025	Estimated no. of people with dementia by 2025
Home care	1,252	835	1,966	1,310
Day care	461	307	724	482
Meals	529	353	830	554
Respite	655	437	1,028	686
Direct payments	73	49	115	76
Professional support	201	134	316	210
Equipment and adaptations	1,289	859	2,024	1,349
Other Community Based Support	558	372	872	584

Source: Adult Social Services, Information Team & overall population figure from POPPI

3.10 Drug treatment for people with dementia was investigated in 2007 by Alzheimer's society. In their report 'Dementia UK' they looked at prescription patterns for the four anti-dementia drugs, (Aricept, Exelon, Reminyl & Ebixa). The number of prescriptions, per person with dementia in North Lincolnshire is 1.6, this is the second lowest in the region. The average for England & Wales is higher than this being 2.2 prescriptions per person. The variation between local authorities is across the Yorkshire & Humber region is large, with the highest being 8.7 prescriptions per person (Rotherham) and the lowest 1.0 prescription per person (Bradford).

4. 'What people have said'

4.1 At the Listening and Engagement event held at Glanford house, Flixborough on 28 February 2008 the key elements and statements that came from all the delegates who participated were:

Make communication more effective. Look, Listen & Learn.

Easier accessible information through GP's specifically.

Key is early diagnosis.

Concern lack of GP support in diagnosis.

GP's on the whole do not follow protocols.

Awareness of memory issues needs to be raised to reduce stigma.

GP's need comprehensive awareness of dementia.

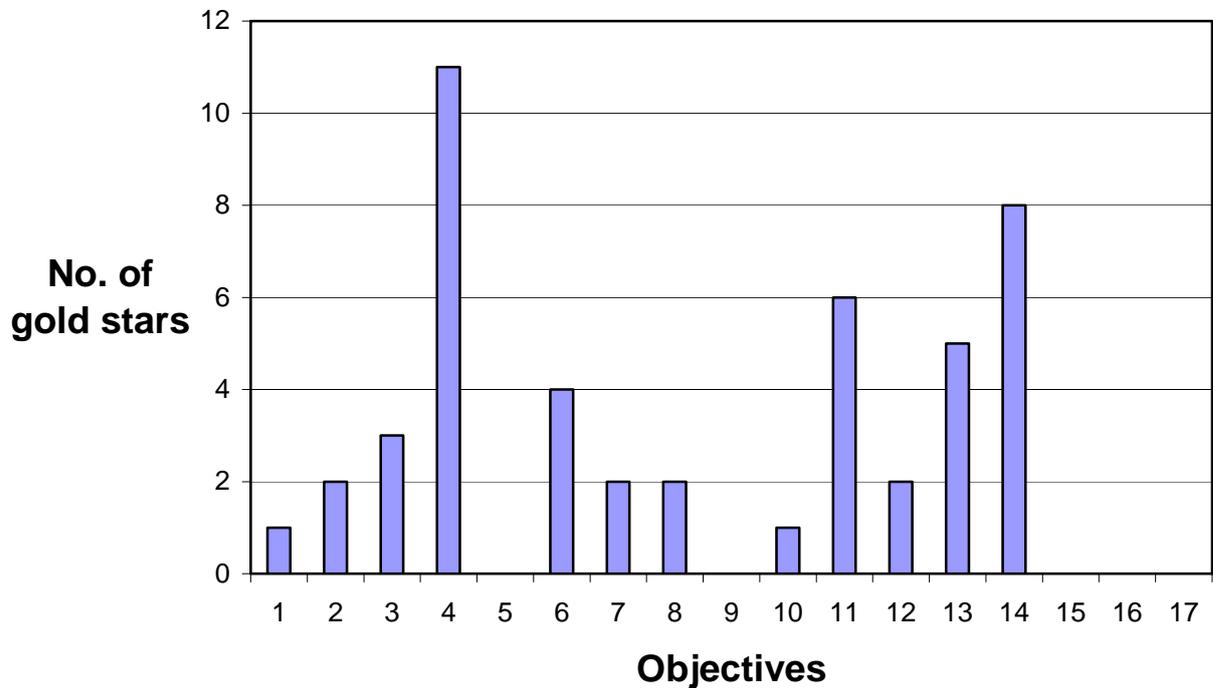
Services should be needs lead.

Carers need to be listened to – they have the experience.

4.2 At the consultation event on 8 July 2008 held again at Glanford House, Flixborough, the cross cutting themes identified in the Yorkshire & Humber Improvement Partnership analysis of the regions responses were (in order of most frequent first): training, carers, GP, Information and Education.

4.3 At the local event held on 8th June 2009 at the Baptist Church, Scunthorpe, to launch the NDS in North Lincolnshire the participants were asked to identify the objective from the strategy that was most important to them and the person/people they support. Chart 8 below shows the result, (refer to point 2.4 for a full list of the objectives).

Chart 8



The top three objectives chosen were:

- 4. Enabling easy access to care, support and advice following diagnosis (Dementia Advisory Service).
- 14. Joint commissioning strategy for dementia.
- 11. Living well with dementia in care homes.

The 5 objectives that were not chosen by anyone were:

- 5. Development of structured peer support and learning networks.
- 9. Improved intermediate care for people with dementia.
- 15, 16 & 17 are all linked to the monitoring, research and nation / regional support for the implementation of the strategy.

Other priority outcomes from those who attended were:

- ❖ *Single point of contact (one stop shop) for advice, signposting, information, guidance & list of support groups, community contacts, services & benefits. Known to everyone, to ensure consistency.*

- ❖ *Dementia care advisor/navigator*
- ❖ *Awareness rising – use real people’s stories & experiences.*
- ❖ *Pick the right time to raise the profile.*
- ❖ *Use publications like the Direct.*
- ❖ *Early diagnosis and training for GP’s and health staff*
- ❖ *Jargon free leaflets*
- ❖ *Information on dementia from one source, at a time and amount that is best for the person (drip feed at the right pace).*
- ❖ *Screening tool that can eliminate other causes of behaviour changes eg UTI rather than always putting it down to the dementia.*
- ❖ *Mapping services and resources.*
- ❖ *Development of various levels of training to include: General public, schools, life histories, communication skills, interaction, professional and care workers.*
- ❖ *Open access and opportunities for all services and facilities to enable everyone to do ‘normal’ everyday activities.*
- ❖ *Respite – Choice, ease of access, good quality, adequately funded, in persons home.*

For further comments refer to the analysis report of this event.

5. Priorities for action

1. Re-establish the focus group that are committed to delivering and implementing the National Dementia Strategy, ‘Living well with dementia’.

2. Dementia Adviser Service providing one point of contact, holding a local map of services and resources.
3. A robust training programme that would build on the past successes.
4. Public and professional awareness rising programme, jargon free/easy read leaflets, a local message to complement the national campaigns and use real people's stories.
5. Review of respite provision and develop a service that is ease to access, when you want it & where you want it.
6. Joined up working and clear joint commissioning arrangements to be built upon to ensure both a community and individual focus are taken into account.
7. Identify the person who is to have the leadership role in every care home with in North Lincolnshire and development of clear guidance on best practice in dementia care.
8. Presentation to GP's on outcomes of consultations and outline actions required of them, as well as identify what their need are.
9. Build on demographics ensuring the best possible quality of data is available and updated.
10. Ensure changes are based on research from national, regional and local projects.

6. Implementation action plan

STRATEGIC COMMISSIONING TEAM

Project Initiation Document

Objective: 1 Improving public and professional awareness and understanding of dementia

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Public and professional awareness and understanding of dementia to be improved and the stigma associated with it addressed. Benefits of timely diagnosis, promote prevention, reduce social exclusion & discrimination.	Coming on stream by 2010 Full implementation by 2014	Project group	Budget to be allocated to plan consultation events and manage the project			
Sub Actions (Milestones)						
Meet Lynne Hall (PCT) about objective & prioritise actions	8 July 2009	Maria Oades	NDS Joint commissioning framework	Review after meeting	Meeting completed	Participants in the project group identified
Link with Julie Forrest (Health promotion) to explore / determine public information / awareness	21 September 2009	Maria Oades	Public information and health promotion	Review after meeting	Health promotion success	
Map out what leaflets are available Target prevention - Freshstart	Sept 2009 Dec 2009	Focus group	Alzheimer's society FreshStart PCT Health promotion	Regular updates from groups involved	Detailed list of leaflets Identified in business plan	Use research officer Role of Dementia Advisory Service

Ensure the national publicity awareness programme gets raised locally	March 2010	Project team	Public information, regional links, publicity sections		Raised awareness of dementia locally	
Identify & action specific community engagement (intergenerational)	Dec 2009	FreshStart	Other intergenerational work		Number of engagements carried out	
GP awareness (QIPP)	Dec 2009	Maria Oades / Project group	PowerPoint – display board	After event	Feedback from GP's	Support from GP lead & Focus group members
'One year on' event Wednesday 3 February 2010 Outline proposed dementia awards for good services. Linked to Fresh start awards	February 2010	Maria Oades / Project team	Regional links Alzheimer's society PCT Carers support Fresh start Health promotion budget allocation	After event	Feedback from those who attend the event	Support from GP lead & Focus group members
Develop a local communication plan for people with dementia	April 2010	Project team	All key stakeholders		Plan available and being implemented	

Objective: 2 Good quality early diagnosis and intervention for all

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
All people with dementia to have access to a pathway of care that delivers a rapid and competent specialist assessment, accurate diagnosis sensitively communicated, treatment, care & support as needed following diagnosis	Coming on stream by 2011 Full implementation by 2014	Project group		Dementia matrix Performance expectations		
Sub Actions (Milestones)						
Clear pathway of care	March 2010	NHS NL commissioning manager RDASH manager	ILDS Localities CST / ICS		Written pathway	
Clear pathway of care for people with learning disability and dementia	March 2010	Specialist LD services CTLTD	RDASH Localities		Written pathway	
Clear identification of the needs of younger adults with early onset dementia and the multi agency responses	August 2010	NHS NL commissioning manager RDASH manager			Responses and needs are clear	

Review of memory clinics	August 2010	RDaSH manager			Review undertaken	
Clinical leads in primary & secondary health (specialist service)	August 2009	NHS NL Commissioning manager	Dr Grattage Mental health and general hospital		Leads identified	
Develop early provision for support in the home See objective 6, pg 22	August 2010	Development manager, community support NHS equivalent	Project group Home support services	Agree development needed	Support ongoing	Early provision of support at home can decrease institutionalisation by 22%
Carers support & counselling for families at diagnosis See objective 7, pg 23	August 2010	NHS NL Commissioning manager Prevention Manager	Link with Freshstart, Carers Support Centre & Alzheimer's Society	Agree development needed	Service being used	This can reduce care home placements by 28%

Review existing relevant information sets and expand on different types of media used	March 2011	Health promotion	Health promotion Alzheimer's society Public Health	Action plan set	Link with Kay Myers / Julia Matthews re information & support / engagement
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Objective: 3 Good quality information for those with dementia and their carers

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Providing people with dementia and their carers with good quality information on the illness, services available both at diagnosis and through out the course of their care.	Coming on stream by 2011 Full implementation by 2014	Project group				
Sub Actions (Milestones)						
If required develop local information on services available for the different stages from diagnosis, through the course of care required	March 2011	Focus group members	Health promotion Alzheimer's society Public Health		Information available	Link with Kay Myers / Julia Matthews re information & support / engagement
Clear local information on service provision	March 2011	Focus group members	Health promotion Alzheimer's society Public Health		Information available	Link with Kay Myers / Julia Matthews re information & support / engagement
Identify the general information leaflets that a person with dementia, carer or family member may find useful	March 2011	Expert reference groups	Health promotion Alzheimer's society Public Health		Information available	Link to the communication plan

Objective: 4 Enabling easy access to care, support and advice following diagnosis

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
A dementia adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers.	Coming on stream by 2011 Full implementation by 2014	Project group / Joint Commissioning	Funding to be allocated for this service prior to further commissioning			
Sub Actions (Milestones)						
Demonstrator site bid	21 May 2009	Project group	Support with bid applications	Informed by July 2009	Successful in gaining bid	Bid unsuccessful See feedback (appendix 1)
Develop a dementia adviser service	March 2010	Joint Commissioning Project group	Information from demonstrator sites Professionals & Focus groups Funding to be identified	Updates to the ESCB Seek cabinet approval	Service ready to be commissioning	Someone with them on the journey Local Area Agreement
Commission dementia advisor service	March 2011	Joint Commissioning Project group	Information from demonstrator sites Professionals & Focus groups		Service ready to be procured	12 months once funding has been identified
Procure service	November 2011	ASS / NHS procurement officers	Procurement team		Service in operation	6 months once funding has been identified

Monitor & review through quality & performance	Ongoing	Quality & Performance	Project team		Evidence of success	
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Objective: 5 Development of structures peer support and learning networks.

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. To allow the to take an active role in the development and prioritisation of local services	Coming on stream by 2011 Full implementation by 2014	Project group				
Sub Actions (Milestones)						
Review current peer support services and dementia café, inc reasons for reduction (Barton), sustainability & propose plans to develop service	March 2010	Prevention / Freshstart manager Alzheimer's Society worker	Link with Alzheimer's society Freshstart Quality & performance		Ongoing success	Awaiting appointment of new worker to Alzheimer's society

Objective: 6 Improving community personal support services

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority-arranged services	Coming on stream by 2011 Full implementation by 2014	Project group				
Sub Actions (Milestones)						
Analyse responses from PSS home care survey by people with dementia	Dec 2009	Maria Oades	Data from information team		Information available	Additional consultation information
Review homecare – identify any specialist provision	December 2010	Development Manager Community Support	Specific review team	Consultation	Provision outcome based	Commission specialist 'outcome based' home care



North Lincolnshire



Personalisation change for people with dementia	March 2017	Project team & Self directed support team	National & regional links for both dementia and personalisation	Increased uptake of self directed support plans	Links with self directed support projects
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Objective: 7 Implementing the Carers' Strategy for people with dementia

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Active work is needed to ensure that the provisions of the carers' strategy are available for carers of people with dementia. Carers right to an assessment of their needs, agreed plan of support and access to good quality personalised breaks	Coming on stream by 2010 Full implementation by 2014	Project group				
Sub Actions (Milestones)						
Ensure dementia is embedded within the carers strategy	Sept 2009	Maria Oades / Carers strategy	Carers strategy Commissioning Carers support Centre Alzheimer's Society Prevention services		Carers outcomes met	

Objective: 8 Improved quality of care for people with dementia in general hospitals

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Identify leadership for dementia in general hospitals, define the care pathways for dementia there and provide specialise older persons mental health hospital liaison team	Coming on stream by 2012 Full implementation by 2014	Project group				
Sub Actions (Milestones)						
Identification of lead senior clinician with in SGH and develop action plan to implement the NDS	April 2011	NHS NL commissioning manager			Lead identified	
Clear & explicit care pathway for the management and care pf people with dementia in hospitals	April 2012	NHS NL commissioning manager / SGH lead on dementia			Care pathways being used	
Review of current specialist mental health hospital liaison service	April 2012	RDaSH managers			Review undertaken	

Objective: 9 Improve intermediate care for people with dementia

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Intermediate care which is accessible to people with dementia and which meets their needs	Coming on stream by 2012 Full implementation by 2014	Project group				
Sub Actions (Milestones)						
Review cases supported by Intermediate care service – no. of people with dementia	January 2010	Project group	ICS staff, Development manager community support		Identified number	Check any recent reviews of service
Develop ICS to reduce the need to admit people with dementia into long-term care.	March 2012	Development manager, Community support	ICS staff, Development manager community support		Number of people supported at home	
All staff in ICS to have dementia training	March 2011	Workforce Development & Service manager	ICS staff, Development manager community support		No. staff with training	Project – new type of worker

Objective: 10 Considering the potential for housing support, housing related services and telecare to support people with dementia and their carers

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Any development of housing options, assistive technology and telecare should include the needs of people with dementia and their carers. Consider provision to prolong independent living and delay reliance on more intensive services.	Coming on stream by 2011 Full implementation by 2014	Strategic Housing. Rehab & Reablement Service	Project team			
Sub Actions (Milestones)						
Influence the development of Telecare/Telehealth Strategy to include dementia.	March 2010	Project team	Rehab & Reablement Service NHS NL		Included in the strategy	
Scope the use of telecare for people with dementia to ensure evidence for future commissioning	March 2011	Rehab & Reablement Service NHS NL	Project team		Research data available	
Develop guidance and training material for staff in housing & housing related support	August 2010	Workforce Development officers	Project team		Training being facilitated	

Objective: 11 Living well with dementia in care homes						
Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Improved quality of care for people with dementia in care homes through the development of explicit leadership, defining the care pathway there, commission specialist in-reach service from community mental health teams and through inspection regimes.	Coming on stream by 2012 Full implementation by 2014	Project group				
Sub Actions (Milestones)						
Identify senior staff member in all care homes to lead quality improvement in dementia care.	March 2010	Development manager Quality & review	Project team & focus group	Quality & performance section reviews	Person identified for all homes	
Care homes develop strategies for the management & care of people with dementia, incorporating any good practice resources and information	March 2012	Development manager Quality & review	Project team National & regional implementation team	Quality & performance section reviews	Good quality care in all care homes	Support through staff qualified in Dementia Care Mapping

Ensure only appropriate use of anti psychotic medication for people with dementia	Ongoing	GP's, Care home managers, case holders	Psychiatry NHS NL commissioning manager Pharmacy services		Medication being used appropriately	
Research and develop models in Community Mental Health teams to work in care homes (in-reach service)	April 2010	RDaSH Care home reps			Models available	
Research and develop In-reach service for primary care, pharmacy, dentistry	April 2012	NHS NL planned & unplanned commissioning			Services developed	
Guidance for care home staff on best practice	Ongoing	Project group	Let's respect programme Workforce development		Guidance available	

Objective: 12 Improved end of life care for people with dementia						
Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
People with dementia and their carers to be involved in planning end of life care which recognises the principles outlined in the DH End of Life Care strategy. Local work on End of Life Care Strategy to consider dementia	Coming on stream by 2012 Full implementation by 2014	Project manager 'End of life'				
Sub Actions (Milestones)						
Work linked to the end of life strategy led by PCT & LA to ensure dementia is embedded.	March 2012	Project manager PCT & LA			Included in strategy	

Objective: 13 An informed and effective workforce for people with dementia

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
All health & social care staff to have the necessary skills to provide the best quality of care in the roles and settings where they work. To be achieved by effective basic training and continuous professional and vocational development in dementia.	Coming on stream by 2013 Full implementation by 2014	Workforce development				
Sub Actions (Milestones)						
Links with Skills for Care. Humber Practice Development forum	Ongoing	Maria Oades & Workforce officer	Other LA & PCT's NHS NL	Minutes of meetings	Number of meeting attended	Information on what others are doing
Review current training being delivered to staff in North Lincolnshire – inc. Dementia Care Mapping	March 2010	Workforce Development	Project leads Humber practice development forum		Review undertaken	
Develop training & education that incorporates quality-learning outcomes for all staff and also involve health & social care working together to develop the workforce across North Lincolnshire.	March 2012	Workforce Development	Project leads		Quality outcomes based training being delivered	Develop specific development group Fully on stream by March 2013

Ensure any changes incorporate any core competencies developed by the DH & other professional bodies	March 2013	Workforce Development	Project leads Humber practice development forum		Training includes core competencies	
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Objective: 14 A Joint commissioning strategy for dementia

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Local commissioning and planning mechanisms to be established to determine the services needed for people with dementia and their carers, and how best to meet these needs. These commissioning plans should be informed by World Class Commissioning guidance for dementia development to support this strategy.	Coming on stream by 2011 Full implementation by 2014	Project group				
Sub Actions (Milestones)						
Write and seek agreement from ESCB on the joint implementation strategy and action plan.	Sept 2009	Maria Oades	Project team		Actions agreed	Help inform operational plans and budget cycle
Ensure best practice in commissioning is followed	Ongoing	Project team	Humber practice development forum, DH care networks		World class commissioning	

Objective: 15 Improved assessment and regulation of health and care services and of how systems are working for [people with dementia and their carers.

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Inspection regimes for care homes and other services that better assure the quality of dementia care provided.	Coming on stream by 2010 Full implementation by 2014	Individual Service Managers				
Sub Actions (Milestones)						
Ensure local services are geared up to meet the inspection and assessment standards of CQC	Ongoing	Individual Service Managers	Project team Business support		Quality services being delivered	
Ensure any key performance indicators are incorporated into systems when gathering information for inspections and assessments	Ongoing	Customer Support, Business Support & NHS NL equivalent	CMISS team NHS information team		Data available for CQC inspections and assessments	

Objective: 16 A clear picture of research evidence and needs

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Evidence to be available on the existing research base on dementia in the UK and gaps that need to be filled.	Ongoing through out the implementation and beyond	Workforce development				
Sub Actions (Milestones)						
Use research to influence service developments	Ongoing	Workforce development	Project team Service / Development managers		Evidence of research based developments	

Objective: 17 Effective national and regional support for implementation of the strategy

Actions to achieve objective	Timescale	Lead/ Responsibility	Resource	Monitoring	Measures of success	Comments
Action (Top Level)						
Appropriate national and regional support to be available to advise and assist local implementation of the strategy. Good quality information available on the development of dementia services, including information from evaluations and demonstrator sites	Ongoing through out the implementation of the strategy	Project group				
Sub Actions (Milestones)						
Attend regional meetings to network and access the latest information	Ongoing	Project group members	Travel costs		Receive up to date information	Regional Dementia Lead – Veronica Brown
Regional peer review process and North Lincolnshire's review day	September 09 January 2010	Project group	Venue and services to be geared up		Review finding and finer details for individual objective action plans	Date for review 2 nd Dec 2009 Allow for benchmarking in line with strategy. Opportunity to learn and share good practice
Regular updates from Department of Health, Care Network - Dementia	Ongoing	Project group	ICT availability		Receive up to date information	

7. Key policy documents and Reports

National:

- [‘Living well with dementia’, National Dementia Strategy.](#)
3 February 2009
- [All Parliamentary group on Dementia.](#) June 2009
- [Department of Health, Implementation plan.](#) 22 July 2009
- [Department of Health, Joint commissioning framework for Dementia.](#) June 2009
- [Department of Health, Transforming the Quality of Dementia Care: Consultation on the National Dementia Strategy.](#) 19 June 2008
- [NICE / SCIE guidance Dementia, Supporting people with dementia and their carers in health and social care.](#) November 2006
- [Dementia UK report.](#) 2007
- Refer to National Dementia Strategy appendix 2: The policy context for the NDS for further references and details

Regional:

- Yorkshire and Humber Improvement Partnership, Dementia in Yorkshire & Humber, A Demographic Profile
- Care Services Improvement Partnership/ Alzheimer’s Society, Listening to you, National Dementia Strategy, Listening & engagement events feedback

Local:

- Analysis of North Lincolnshire’s event to launch the National Dementia Strategy, 8th June 2009.

- ASM report 29 April 2008
- Sample dementia care mapping report
- North Lincolnshire Older People's Mental Health Services, Needs assessment and benchmarking audit, Position in August 2008

8. Appendix

1. Feedback from Department of Health on the unsuccessful demonstrator site bid:

Overview

Over 100 applications.

2 stage process.

1st – bid assessed by deputy regional director from another region.

2nd – central panel looking at a good range / spread of demographics.

Specific to bid

Good, middle of the range bid.

Strong areas

Understanding of outcomes.

Part of wider pathway.

Future engagement.

Mixed messages

Spoke about consultation with Alzheimer's society but this was not clear.

Weaker areas

How the scheme will impact across Health & Social care.

How we would reinvest with identified deficiencies.

No reference to how we would deal with unplanned items.

No clear evidence of how we would meet the needs of all population, what data do we already know.

How do we know we have been successful

For the future

Spell things out; be more clear with the detail.

More evidence of what we know.

Get someone not involved in project to read through.