

AGENDA ITEM NO: 7

Report To: Health & Social Care Committee Date: 26 April 2018

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Health, Addictions and

Homelessness

Subject: INVERCLYDE DEMENTIA STRATEGY UPDATE

1.0 PURPOSE

1.1 The purpose of this report is to advise the Health and Social Care Committee of progress with implementation of the Inverclyde Dementia Strategy.

2.0 SUMMARY

- 2.1 The Getting it Right for People with Dementia, their Families and Carers: Working Towards a Dementia Friendly Inverclyde 2013-2016 set out Inverclyde's dementia strategy and action plan in response to Scotland's National Dementia Strategy. The Inverclyde action plan now requires a new iteration taking into account the progress made against the previous plan and the new National Dementia Strategy 2017-2020, which sets out 21 commitments that build on the foundation of earlier work.
- 2.2 The current action plan, which is under review, reflects the work required to meet the needs of people with dementia, their families and carers with reference to the outcomes identified within the strategy:
 - 1. Improved coordination, collaboration and continuity of care across services;
 - 2. Improved access to services;
 - 3. Improved flexibility of services:
 - 4. Improve the capacity of services to be responsive;
 - 5. Increase awareness of dementia in the general public and community:
 - 6. Increase the opportunities for people with dementia, their families and carers to contribute to service planning.
- 2.3 The action plan in respect of the strategy is wide ranging and ambitious. The subsequent work to take forward the strands of work to achieve the outcomes has been enabled by the development of a number of subgroups with a focus on the following key areas of work:
 - Learning and Development workforce and community;
 - Health and Social Care including wider care settings;
 - Engagement with people with dementia, their families and carers;
 - Community development initiative.

- 2.4 The action plan included proposals in Outcome 5, Increase Awareness of Dementia in the General Public and Community to develop a proposal for the promotion of a Dementia Friendly Inverclyde. This links to Commitment 13 of the new strategy, which highlights the need for developing and embedding Dementia-Friendly community initiatives.
- 2.5 The strategy commits to offering everyone newly diagnosed with Dementia a guaranteed minimum of one year of appropriate post diagnostic support with a focus on personalisation and personal outcomes, which may include care co-ordination for the duration of the person's time living with their diagnosis.
- 2.6 Identified areas for future development are based on the 21 commitments within the new strategy and in particular the success of the Dementia Friendly Inverclyde pilot project and subsequent robust evaluation report that was produced.
- 2.7 Consideration is currently being given to the resources required beyond March 2018 that will enable both evaluation and the community initiatives to continue.

3.0 RECOMMEDATION

3.1 The Health and Social Care Committee is asked to note this progress report.

Louise Long Corporate Director, (Chief Officer) Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

- 4.1 Not everyone with Dementia has a diagnosis. This can be due to a number of factors including difficulty diagnosing in early stages, the slow progression of the illness and lack of recognition of symptoms, which prevent people attending their GP. There is still limited public awareness of the diseases that can cause Dementia.
 - In 2017, an estimated 90,000 people living in Scotland had a diagnosis of Dementia. Around 3,200 of these people are under the age of 65. The figures for Inverclyde in 2017 are: 1,525 people of whom 480 are male and 1046 are female. These figures are projected to rise significantly over the next 20 years.
- 4.2 Scotland's National Dementia Strategy 2017-2020 continues to focus on early diagnosis and post diagnostic support enabling people with dementia, their families and carers to understand the illness, plan for their future and have an equal role in their care throughout the progression of the illness.
- 4.3 One of the most important outcomes for the new strategy is that more people with dementia are able to live safely and with as good a quality of life as possible at home or in a homely setting for as long as they and their family wish. The promotion of Dementia Friendly communities within the strategy is a key area of work in enabling others to respond positively to people with dementia and in challenging stigma. The aim is to ensure that people with dementia can remain engaged with their communities, and improve their confidence in maintaining their everyday life, sustaining their quality of life, and those of their families and carers.

5.0 INVERCLYDE DEMENTIA STRATEGY IMPLEMENTATION WORK

- 5.1 Implementation of the Inverclyde Dementia Strategy is led by the HSCP, with a range of partners working together within the Implementation Group. The action plan will be taken forward within a number of subgroups:
 - Learning and Development workforce and community
 - Health and Social Care including wider care settings
 - Engagement with people with dementia, their families and carers
 - Community development initiative.

The lead officer also represents the implementation group within the Greater Glasgow and Clyde Dementia Strategy Group.

5.2 **Learning and Development:**

Workforce development is central to enabling organisations to understand and respond to the needs of people with dementia. This has been taken forward by development of a Learning and Development plan. There is specific training focussed around health and social care services and staff, based on the Promoting Excellence Framework. In line with the new strategy there will be an emphasis on the implementation of a training needs analysis and ensuring a consistent approach to the needs of people with Dementia, their families and carers.

5.3 Health and Social Care Development Work:

This is led by Mental Health services, and includes representation from Health and Community Care, and Acute services. The work within services is underpinned by the Dementia Service Framework, which has been the outcome of work undertaken within the

Clinical Services Review within Greater Glasgow and Clyde, alongside the national strategy and developments in best practice for people with dementia, their carers and families.

5.4 **Post Diagnostic Support:**

This has continued to be a key area for development reflecting the key commitments within National Dementia Strategy, with a national HEAT target (now standard) which states that "by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a link worker, including the building of a person-centred support plan."

The new strategy indicates that people who are newly diagnosed with Dementia may receive support for the duration of their diagnosis. This will ensure a more flexible approach to enabling support rather than specified timeframes in which to deliver. The outcome of pilot projects may determine the relocation of post diagnostic services to primary care hubs.

Current waiting times to receive post diagnostic support in Inverclyde have reduced significantly to less than 3 months. In some areas the waiting times are reported to be up to one year. With the introduction of EMIS web, the current work plan identifies that there requires to be more robust reporting on activity, which will include referral data and length of stay with the service. The model of service, with employment of the Link worker via Alzheimer Scotland, based within our Older Persons Mental Health Team has proved effective in enabling this element of service to develop.

5.5 **Inpatients**:

Commitment 6 of the new strategy states that there will be continued work with stakeholders to identify ways to make improvements in palliative and end of life care for people with Dementia. There is consideration being given to the collaboration of the Dementia local implementation group with Compassionate Invercyde, to improve end of life care for people with Dementia e.g. the No One Dies Alone (NODA) Project.

Commitment 7 states that services will continue to implement national action plans to improve services for people with dementia in acute care and specialist NHS care, strengthening links with activity on delayed discharge, avoidable admissions and inappropriately long stays in hospital.

Key actions for Inverclyde will continue to focus on developing staff skills and activities with patients. Stress and distress training is commenced in April 2016 and has been implemented within both acute and complex care wards as well as community settings.

5.6 Engagement with People with Dementia, their Families and Carers:

This work is led by Your Voice and Inverclyde Carers centre. Also an Advanced Dementia model has been developed and piloted by health professionals working within inpatients and community. Due to the success of this, there will be an ongoing rolling programme. There is a recognised need to develop specific approaches to enable the involvement of people with Dementia in the continuing development of services and within the wider community initiative.

The approach with carers has been to embed this within the overall Carers strategy, mapping specific needs of carers of people with Dementia within wider actions, and linked to key outcomes. There are specific forums for carers of people with Dementia to come together and to contribute to service development, as a reference group.

5.7 Community Development Initiative:

The action plan included proposals in Outcome 5, Increase Awareness of Dementia in the

General Public and Community to develop a proposal for the promotion of a Dementia Friendly Inverclyde. This was supported by the employment of a senior community development worker from the resource provided. This worker came in to post in May 2015.

This enabled the project group for the community initiative to come together, led by the community development worker and work to commence on piloting an approach within the Gourock area. The key outcomes being tested within the project are as follows:

- Improved awareness and understanding of Dementia to reduce the stigma within the community
- Improved knowledge and skills within the community to become responsive individuals
- Provide better access to facilities by creating a Dementia Friendly environment
- Improved opportunities to enhance the social life of people with Dementia in the community
- Improving thereby the health and wellbeing of people with Dementia.

An evaluation report on the Gourock pilot was presented to the local implementation group in March 2017. Feedback from businesses, shops, faith based communities and people living with Dementia and their carers who participated in the Gourock pilot project was extremely positive and the model substantially fit for purpose to roll out across Inverclyde. We would continue to customise for different settings dependent on need.

The project has gained interest from the Inverclyde Chamber of Commerce and is discussed at monthly network meetings. Recent "living well with Dementia" promotion work has also gained support and interest from Inverclyde Oak Mall shopping centre management and also Port Glasgow traders' group. This will potentially give access to over 200 shops and businesses over the next 3 years.

- 5.8 Awareness raising, communications and information provision are a key element of the work. Support from Corporate Communications has been obtained to enable the development of a communications plan for the existing dementia strategy. This continues to develop based on the following objectives:
 - increasing public understanding of Dementia, its symptoms and its impact on people's lives;
 - encouraging people with symptoms of Dementia to get a diagnosis as early as possible so that they can access the support they need to best manage living with dementia;
 - ensuring that carers of people with Dementia know how to access local information and support that will help them care as long as they wish to;
 - challenging the stigma of Dementia with a view to gaining greater acceptance and recognition of the needs of people with Dementia within the community.

5.9 Other Work Streams:

Commitment 10 of the strategy states that there will be support of the new national AHP framework Connecting People Connecting Support, which identifies how the expertise of the AHP workforce can have an even greater impact on the lives, experiences and outcomes of people living with Dementia.

5.10 **Housing:**

The local Housing Strategy ensures the needs of people with Dementia, their families and carers are reflected. A new structure is in place for this purpose with extensive development.

6.0 EVALUATION

6.1 The Dementia Strategy Implementation Group held an engagement session in February 2018 to review the current action plan and to collate evidence of achievements to date and identify future work streams. This work remains in progress with a focus to develop an action plan in line with the new strategy.

7.0 IMPLICATIONS

Finance

7.1 This report outlines work being progressed through the Inverclyde Dementia Strategy. The Strategy relies on mainstream service budgets. The Council, through the 2018/19 budget process, identified an additional £100,000 one off funding to support the Dementia Strategy. A plan will be developed and brought forward to a future meeting of this committee.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
Mental Health	Various	2018/19	100		

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 There are no legal issues within this report.

Human Resources

7.3 Continued employment of Senior Community Development worker on a fixed terms basis for 12 months.

Equalities

7.4 Developing a Dementia Friendly Inverclyde will contribute to the Council's advancement of the Public Sector Equality Duty (PSED) general duties which are to (i) eliminate unlawful discrimination, harassment and victimisation, (ii) advance equality of opportunity and (iii) foster good relations.

Equality and Rights considerations are central to the development of this work and engagement with people living with dementia and their families and carers, along with other protected characteristic groups will help to ensure that the positive impact of the work is maximised and any potential negative impacts are mitigated. The Dementia Strategy supports the Standards of Care for Dementia in Scotland and the Charter of Rights for People with Dementia.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

7.5 The ageing population within Inverclyde will increase the prevalence of Dementia.

8.0 CONSULTATION

8.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with:

Dementia Strategy Implementation review Feb 2018;

Dementia Friendly Inverclyde evaluation report March 2017;

Getting it right for people with dementia, their Families and Carers: Working Towards a Dementia Friendly Inverclyde May 2014;

Ongoing engagement with people with Dementia through Your Voice;

Ongoing engagement with carers through Inverclyde Carers centre;

There is further engagement within focus groups and events specific to the work streams within the wider Dementia Strategy.

9.0 LIST OF BACKGROUND PAPERS

9.1 National Dementia Strategy 2017-2020; Scottish Government;

Getting it right for people with Dementia, their Families and Carers: Working Towards a Dementia Friendly Inverclyde August 2014;

Dementia Strategy Implementation review Feb 2018;

Dementia Friendly Inverclyde evaluation report March 2017.