



ADULT SERVICES SCRUTINY COMMITTEE - 27 APRIL 2010

PROGRESS UPDATE ON THE DELIVERY OF THE NATIONAL DEMENTIA STRATEGY

1. Purpose of the paper

- 1.1 Members of the Adult Services Scrutiny Committee were updated on the national dementia strategy in October 2009. This briefing included an outline of Oxfordshire's approach. Members of the Adult Services Scrutiny Committee requested to be provided with a progress update in April 2010.
- 1.2 This paper provides an update on areas of the development of the dementia strategy in Oxfordshire.

2. Oxfordshire Approach

- 2.1 A small officer working group considered the detail of the national strategy and recommended a framework, priorities and governance structure to oversee the delivery of the strategy. The work was classified within five work streams. Development of the framework was also informed by the current gaps in services (Refer Appendix 1). Outlined below is the agreed framework:

Oxfordshire objective	Agreed Priorities & actions for next two years	Lead Officer
Improved quality of life	Research models of café style day care and peer support for carers and people with dementia	Liz Maughn
	Outcome focused home support	
	Intensive training support for carers	
	Pilot technology in day care and care homes	
	Workshops with care home providers to develop standards	
	Research reduction in the use of anti psychotic medication in care homes	Jane Fossey

Early Diagnosis & complex care	<p>Agree model and design for existing memory services</p> <p>Commissioning pathways for dementia</p> <p>Review intermediate care services</p> <p>Provide Mental Capacity Act (MCA) and Deprivation of Liberty (DoL) training for informal carers</p> <p>Review OBMHT contracts</p>	<p>Duncan Saunders</p>
Early onset dementia	<p>Undertake demand analysis for dementia for people of working age</p> <p>Demand analysis for dementia for people with Learning disabilities</p> <p>Better understand and undertake demand analysis of alcohol related dementia</p>	<p>Duncan Saunders</p>
Improved information for people with dementia and their carers	<p>Implement DH demonstrator site dementia advisor pilot</p> <p>Establish volunteer information line</p> <p>Develop improved links with the Voluntary sector Dementia Advisors based within memory clinics</p> <p>Develop Information prescriptions</p> <p>Dementia Opera event organised for 23rd May 2010</p>	<p>Mary Barrett</p>
Cross Cutting	<p>Workforce competencies</p> <p>Commissioning strategy in place</p> <p>Commissioning pathway</p>	<p>Varsha Raja & Suzanne Jones</p>

3. **Progress to date**

3.1 ***Improved quality of life***

3.1.1 Research and evaluation of café style day models has been completed and we are moving to developing a service model. There are two planned provider developments and commissioners will work closely with the provider services to ensure that these developments will fit in the overall plan.

3.1.2 An outcomes based home support tender for a pilot has been completed and two providers have been selected. The service will commence delivery as of the middle of April.

3.1.3 All the various elements of intensive support for carers of people with dementia is now in place and the service will start to take referrals from 1st May 2010.

3.1.4 A small working group has considered three aspects of work: improved standards (including a reduction in the use of antipsychotic medication), workforce training and support and the use of technology to support people in the community. All areas are at early stages of development.

3.2 *Early diagnosis and complex care*

3.2.1 A project is in place to review the existing memory services. At present two models of service are being delivered in the County and the project is considering a streamlined referral route and a consistent model of services across the County.

3.2.2 Care of people with dementia in acute hospital settings has been identified as a priority area by the Dementia Development and Implementation Board and as such has been added to the work programme for 2010/2011. This work is due to begin in May 2010 and will tie in with work being undertaken by the South Central Strategic Health Authority (SHA).

3.2.3 With the planned closure of the Radcliffe Infirmary and its services transferred to the John Radcliffe Hospital, a review of Older People's bed based mental health services was carried out. This review proposed the transfer of 1.2 million from bed based care to a new older people's community Intermediate Care. The new service was implemented in 2008/09 to be an integral part of the county wide intermediate care services delivering specific areas of care by mental health nurses and occupational therapists.

Intermediate care in Oxfordshire is an integrated service from health and social care practitioners and support workers with a single management structure.

3.3 *Early onset dementia*

3.3.1 A project to map the life pathway of Younger People with Dementia is in progress. The links between this project and the Early Diagnosis project are established. This project will lead to the identification of the specific needs of Younger People with Dementia with subsequent development of specific services to meet these needs.

3.3.2 Initial meetings have taken place regarding the needs of People with Learning Disabilities. A full needs assessment of the needs of People with Learning Disabilities and dementia, including likely incidence, will begin later in 2010.

3.4 *Improved information provision for Carers and people with dementia*

3.4.1 The Department of Health pilot is developing well. Three Dementia Advisors (DAs) have been appointed and deliver advice and support from four GP surgeries. Identified surgeries and GPs have been very enthusiastic, though

referrals have been slow. However this is partly to be expected as any new service takes time to pick up. As at Monday 12th April, 12 referrals have been processed. To ensure that the DA capacity is better utilised, we have just completed negotiations with three further surgeries. We have established a relatively simple system for the provision of information prescriptions and we are also exploring possibilities of linking up with NHS Choices for a more sophisticated and IT based solution for the future.

3.4.2 Procurement and tendering for the volunteer information line has just been completed. It is anticipated that this will be up and running delivering support as of 1st May 2010. The potential delay is likely to be due to the recruitment of volunteers to be available to deliver information.

3.4.3 Oxfordshire County Council and Oxfordshire NHS, in partnership with the Ashmolean Museum and the Randolph Hotel are at advanced stages of planning a dementia awareness day scheduled for 23rd May 2010. The planned event is an all day programme. Morning and noon sessions will be open to members of the public on a drop in basis. An extensive programme of stalls and workshops will be in place. Significant effort has been made to target carers and people with dementia to attend the day. The finale for the day will be a dementia opera 'The Lions' Face' developed and delivered by the Oxford Playhouse. We estimate a couple of hundred people to drop in, with approximately 50 people attending the evening event. This is a unique event organised by Oxfordshire and is attracting a lot of national attention.

3.5 Cross cutting areas of work

3.5.1 An early draft of the commissioning strategy is in place. However this is an area of work that we consider to be work in progress and will go through a number of iterations. The strategy will then be consulted on and finally agreed. However key areas of development continue to be managed within tight time scales and within our project management structures.

3.5.2 The redesign of the diagnosis pathway is in progress. The key aim is to create a clear and consistent pathway, allowing more people to receive a diagnosis and to receive it earlier in the course of dementia. A draft pathway has been created which will be the subject of a public consultation once the General Election has taken place. The final pathway is due to be seen by the PCT Clinical Executive in June, with implementation to follow. Work around the pathway for Younger People with Dementia and involvement of GPs in the pathway is taking place as part of the project.

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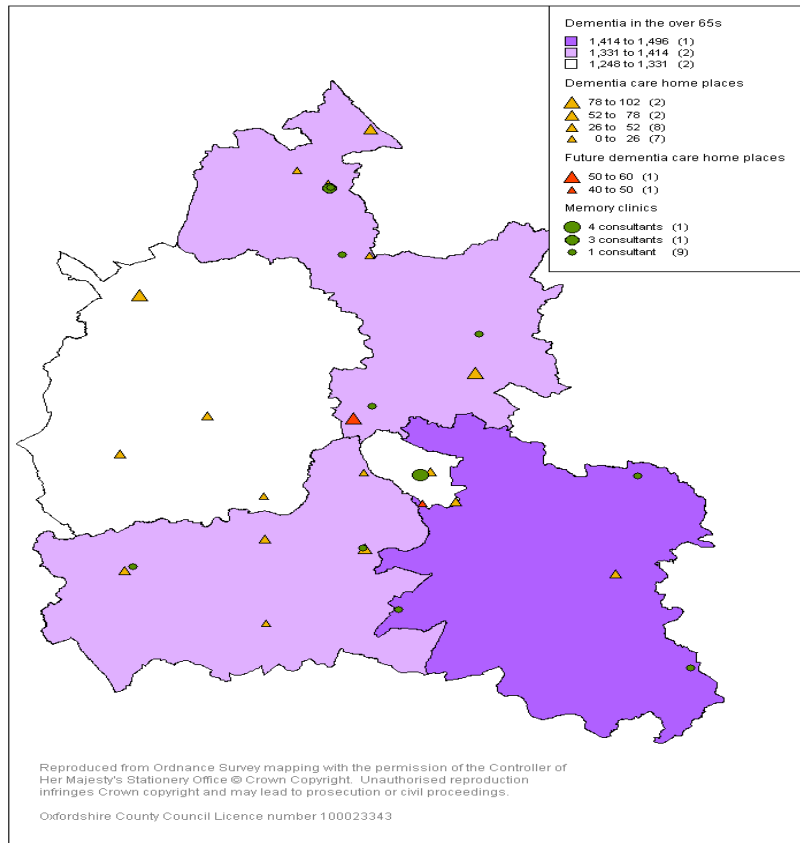
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April 2010

Issues and Gaps

- 3.1 The following service provision exists in Oxfordshire. However it is clear that there is a lack of universal access across the County to these services. More detailed analysis is required to assess the quality of provision. Some gaps in services are clearly evident.

Services	Comments
Memory clinics	The provision of memory clinics is not evenly distributed against need
Just Checking and Wandering technology	This is identified as an area for development
OBMHT Specialist care	This is an area of further development
Care Home beds	South of the County under supplied (Map attached)
Home support	No specialist dementia service. Service provision is task-focused and not outcome-focused
Day services	Range of quality available. Majority is traditional in approach. Need to explore café style provision
Alzheimer's society	Information and carers support. Area of further development
Carers support	Range of services in place, however still an area of development
Intermediate care	CPN's, Mental health OTs & specialist support workers are part of the service. Require an evaluation to ensure that the provision is effective and meeting rehabilitation needs of people with dementia



3.2 Gaps in provision and development needed have been identified:

- GP training to aid early diagnosis within primary care
- Specialist in reach teams from Mental Health Teams
- Local dementia advisory service with a single point of contact
- Range of housing options that support people with dementia, e.g. specialist Extra Care Housing, technology to support extended assessment and support safe wandering
- Specialist care homes to support people with complex dementia. Nationally it is said that only 57% of care home placements were provided in settings dedicated to the condition. There is an assumption that Oxfordshire is no different.
- Develop skills, and awareness of dementia for staff that deliver generalist care, in hospital, care homes and in people's own homes.
- Skilled and trained staff to deliver person centered care to improve quality of life and reduce the use of dangerous antipsychotic drugs.
- Research into the provision of day time opportunities for people with dementia
- Specialist Home support teams to provide care and support to people with dementia.