

ADULT SERVICES SCRUTINY COMMITTEE – 7 DECEMBER 2010

Implementing the National Dementia Strategy in Oxfordshire

Briefing on progress to date – as at 28 Oct 2010

Previous reports

This report describes progress with implementing the dementia strategy over the last three months. This is an update of the position in the July report (Refer Appendix 1). Full background material is found in the July report.

Outcomes of change for Oxfordshire

The overall aims for Oxfordshire are as follows:

- The number of people with dementia who have a formal diagnosis will increase to 70% by 2013
- Everyone diagnosed with dementia, and their carers as appropriate, will have access to a personalised package of information and a named point of contact
- People with dementia will receive the best possible care wherever they live and whatever services they receive
- People with dementia will retain as much control over their lives as possible and will be enabled to participate as active and equal citizens.

Oxfordshire work to date and next steps

The Dementia Development and Implementation Board (Members = Oxfordshire PCT and Social & Health Care commissioners, providers, clinical leads, voluntary organisations and patient / carer representatives) was established in 2009 to oversee and direct the work.

The priorities have been divided into five work areas:

1. Living well with dementia
2. Early diagnosis and complex care
3. Early onset dementia
4. Information provision
5. Cross cutting work

The work so far under each of the workstreams is presented below, along with the next steps:

1. Living well with dementia

Peer Support

A peer support approach has been agreed and pilots for this approach are being implemented. 4 pilot projects have been agreed, with 2 of the 4 service specifications produced.

Next steps:

- Produce remaining service specifications, commence pilots and agree evaluation methods.

Improved community personal support

Additional work has taken place to market the service. The service now supports 19 service users, with capacity to continue to maintain those packages until the end of the pilot in March 2011.

Next Steps:

- The service has undergone an evaluation process with the recommendation (due to the length of the pilot) that it continues, in order for there to be a more detailed evaluation, to ascertain the outcomes associated with the scheme and, in particular, to what extent there may be cost savings to Oxfordshire County Council.

Implementing the National Carers Strategy

A specific service for carers of people with dementia has been set up. This includes training for carers. The first training session took place in July. 3 of the 4 courses for family carers have delivered dementia specific training to 20 carers. 4 further courses aimed at care workers and managers have been delivered to 40 staff.

The provision of the additional Cognitive Behavioural Therapy (CBT) element has been agreed with Oxfordshire and Buckinghamshire Mental Health NHS Trust (OBMHT) and a Clinical Psychologist for the CBT element has been recruited.

The general Caring with Confidence Training Programme for family carers is fully booked (50 carers attending).

Next steps:

- Evaluation of the CBT element will complete in October 2011
- A further business case to continue Caring with Confidence is being submitted by the carer's forum.

Housing support and assistive technology

An assistive technology forum was held on 30 June. This brought together suppliers and housing/care providers to investigate new technologies and how these can be best used.

Next steps:

- There will be a pilot of 3 or 4 specific pieces of technology within Oxfordshire, with an evaluation of their impact on keeping people independent.
- This work has still to be developed. The Telecare service will be taking this forward.

Living well with dementia in care homes

Projects are looking to ensure we reduced the prescribing of antipsychotic medication .in care homes and improve care generally. The projects have completed the following:

1 Publish and distribute. "Best practice Guidelines" for care home staff working with people with dementia. Final draft will be completed by Friday 26 November.

Next steps:

- Distribution and implementation with a training plan for staff within care home settings December 2010.
- Office of Disability Issues (ODI) project enabling people with dementia to engage in meaningful activity within and outside the home. Through the use of personal budgets small amounts of funding will ensure that the cared for take up meaningful activities. It is only a pilot at this point in time in a small number of homes.

2. Early Diagnosis and Complex Care

Early diagnosis of dementia

An agreed pathway for dementia diagnosis has been agreed within health providers, Oxfordshire PCT and Social and Community services. A contract variation with OBMHT was signed off in November 2010.

Next steps:

- Baseline activity recording will take place December 2010 – April 2011
- Full implementation will follow in the financial year 2011/12.

Improved care in general hospitals

A clinical lead for Oxford Radcliffe Hospitals NHS Trust (ORH) has been appointed: Dr Sarah Pendlebury. A project team to look into the care of people in general hospitals in Oxfordshire has been established, to be chaired by Dr Pendlebury.

Next Steps:

- Baseline recording of dementia in ORH taking place September and October 2010
- A Pilot process for cognitive assessment on admission is taking place September and October 2010
- The business case will be prepared by November 2010
- Implementation will begin January 2011, with full implementation to follow through 2011/12

Improved intermediate care

Intermediate care for people with dementia is already in place across the county, and is being reviewed currently, along side all community rehabilitation services.

Next steps:

- The production of a clear service specification for community rehabilitation services.

End of life care

An action plan for End Of Life Care (EOLC) in dementia has been created.

Next steps:

- The identification of models of good practice for EOLC in dementia.
- A training event for EOLC at Sobell House on Dementia is planned for April
- There will be a 30% increase in people with dementia on the EOLC register by the end of the year.

3. Early Onset Dementia

The needs of Younger People with Dementia (YPWD) have been scoped by a project team. The team, chaired by The Clive Project, has investigated the current pathway for YPWD and has looked at services for this group in different areas of the country.

Next steps:

- The needs assessment for YPWD will be expanded to include the needs of people with learning disabilities and dementia, and those with an alcohol related dementia.
- A service proposal/business case for an Oxfordshire service for YPWD will be developed, based on the work which has taken place.
- The comprehensive needs assessment will be produced during the financial year 2010/11 with the recommendations following this for the financial year 2011/12.

4. Information Provision

Good quality information for people with dementia

The Information Line is now up and running and a Coordinator has been appointed to manage the line. Marketing of the line has started to take place and the Dementia Advisors are actively promoting the service to people with dementia and their Carers.

Next Steps:

- Further marketing to take place.
- Coordinator has started to recruit volunteers and it is anticipated that volunteers will be recruited and trained and operating by February of next year.
- This will enable the second phase of the contract to take place and the extension of the service until 10pm at night and at weekends.

Objective 4: Enabling easy access to services

Oxfordshire is part of the national demonstrator site work for Dementia Advisors (DAs).

Dementia Advisors now provide a service in 21 GP surgeries. Evaluation of the services has taken place, with a recommendation that the service continues. Administration time has been allocated to support the DA function, enabling them to provide the service to more GP surgeries, but also to provide them with more time for face to face contact. Development of the Information Prescription tool is underway, with an anticipated end date of 30 November.

Next Steps:

- Recruit an additional DA to offer services to more GP practices. Roll out the Information Prescription Tool to partner organisations.

5. Cross cutting work

All objectives: Workforce, strategy and pathway plus national deliverables

The group has investigated the resources available for the implementation of the National Dementia Strategy (NDS) in Oxfordshire, and currently used to provide services for dementia.

Next steps:

- The group will oversee the finalisation of a commissioning strategy for dementia in Oxfordshire.

Background Papers:

The main documents underpinning this work are listed below. All are available from the contact officer for this report:

- Draft Oxfordshire Dementia Commissioning Strategy 2010 – 2012
- Living well with dementia: A National Dementia Strategy' February 2009
- Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy September 2010
- Improving Dementia Services in England - an Interim Report by the Controller and Auditor General, National Audit Office, January 2010

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Implementing the National Dementia Strategy in Oxfordshire Briefing on progress to date 1 July 2010

In the revised NHS National Operational Framework for 2010/11, the new coalition government made it clear that the development of support and care for Dementia is one of its top priorities.

Therefore, this briefing is to outline the development work that all organisations across Oxfordshire are undertaking in Partnership to implement the National Dementia Strategy.

Background

In February 2009, the first National Dementia Strategy (NDS) for England was published. This strategy is a 5 year plan to improve services for people with dementia and contains 17 objectives, covering the life of a person with dementia from before diagnosis until end of life, with significant focus on national objectives such as increased research into dementia and greater public awareness of the condition. The objectives of the dementia strategy are set out below. The full version of the NDS can be found online at

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

There are currently approximately 700,000 people with dementia in England, which will double to 1.4 million over the next 30 years. In Oxfordshire, the number of people over 65 with dementia will increase by 19.3% from the current estimate of 6829 to 8150 by 2016. This increase will fall unevenly across the county, with the south of Oxfordshire seeing the biggest increases:

District	Over 65	Under 65
	Below current numbers and predicted % increase by 2016	
Oxford City	1249 to increase by 4.1%	26
Cherwell	1376 to increase by 24.1%	36
South Oxfordshire	1496 to increase by 20.8%	35
Vale of White Horse	1391 to increase by 23.1%	32
West Oxfordshire	1316 to increase by 23%	28

(source: POPPI & PANSI)

Oxfordshire work to date and next steps

Strategically, dementia is contained within “Ageing Successfully”, the overarching policy document for older people in Oxfordshire. It has always been identified in the county that dementia is an issue that affects all areas of an individual’s life and that of their carers, family and community. Therefore a county wide Dementia Development and Implementation Board was established in 2009 to oversee and direct the work. This has meant that all partners, commissioners, providers, clinical leads, voluntary organisations and patient / carers representatives are working together with a shared direction of travel.

To deliver the changes required NHS Oxfordshire with Oxfordshire Social and Community Services agreed to joint commissioning leadership in the delivery of the dementia strategy locally, identifying two commissioning managers to share the programme management as part of their portfolio and two project leads to take the work forward. The NDS has been divided into five work streams in the county, these are:

6. Living well with dementia.

Covers NDS objectives 5,6,7,10 and 11

7. Early diagnosis and complex care.

Covers NDS objectives 2, 8, 9 and 12

8. Early onset dementia.

This is not a specific area of focus for the NDS; however developing and implementing a service model for this group is seen as a priority within Oxfordshire.

9. Information provision.

Covers NDS objectives 1, 3 and 4

10. Cross cutting work

Covers NDS objectives 13 and 14, as well as overseeing the local involvement in Objectives 15, 16 and 17, which are national deliverables.

The implementation of the NDS in Oxfordshire is overseen by the Dementia Development and Implementation Board (DDIB); comprising members of the NHS trusts within Oxfordshire and Oxfordshire County Council, as well as key local voluntary sector organisations and carer representatives. The DDIB also sets the local vision and priorities for dementia services.

The work so far under each of the workstreams is presented below, along with the next steps:

6. Living well with dementia.

Objective 5: Structured Peer Support

A Draft Oxon Peer Support Models paper has been produced and consultation meeting held on the subject of Peer Support.

Next steps: Models of Peer Support are to be agreed. An implementation Group has been set up; it will meet on 1st July. This group will finalise the model; following this, pilots will be agreed.

Objective 6: Improved community personal support

A new model of community support has been commissioned, based on people’s individual needs rather than being task focussed and time limited.

The service has been procured and teams have completed Dementia Training. The new service now available to take referrals. As of 17th June 2 people are awaiting assessment. Meetings with local teams have been arranged to promote the service.

Next steps: Increase in the number of referrals to service.

Objective 7: Implementing the National Carers Strategy

A specific service for carers of people with dementia has been set up. This includes training for carers and Cognitive Behavioural Therapy (CBT).

Next steps: The first training session will take place in mid July, with the CBT element to begin later in the year.

Objective 10: Housing support and assistive technology

An assistive technology forum will be held on June 30th. This will bring together suppliers and housing / care providers to investigate new technologies and how these can be best used.

Next steps: There will be a pilot of 3 or 4 specific pieces of technology within Oxfordshire, with an evaluation of their impact on keeping people independent.

Objective 11: Living well with dementia in care homes

Allied to project work funded through the Office of Disability Issues (ODI), several projects for improving life within care homes have been established. These include the production of a "Best Practice" booklet for care home staff working with people with dementia and a training plan for staff within care home settings. Additionally, the ODI project has seen innovative work in enabling people with dementia to engage in meaningful activity within and outside the home. There is also an ongoing project to look into the prescribing of Antipsychotic medication to people with dementia in care homes and how this can be reduced.

Next Steps: The "Best Practice" booklet will be ready for publication by the end of July. The training implementation plan will be in place by the end of August.

7. Early Diagnosis and Complex Care

Objective 2: Early diagnosis in dementia

A pathway for dementia diagnosis has been created, bringing together the two providers of memory assessment into a single service in Oxfordshire. This will include agreed standards for memory clinics, an agreed point of access for memory assessment services and routine follow up performed in community settings by specialist nurses. A consultation on this pathway took place in May, with an online / paper questionnaire, a consultation event and the pathway presented at the dementia awareness day on May 23rd.

Next steps: An implementation group for the new pathway will be established in July. This group will produce a detailed implementation plan for the new service, including timescales.

Objective 8: Improved care in general hospitals

The Oxford Radcliffe Hospitals Trust (ORH) took part in the audit of dementia services which took place in March 2010. A clinical lead for ORH has been appointed: Dr Sarah Pendlebury. A project team to look into the care of people in general hospitals in Oxfordshire has been established, to be chaired by Dr Pendlebury.

Next Steps: The results of the audit will be published in July. Following this, the project group will meet, using the audit results as a baseline. This will feed into the production of guidelines, a workforce development plan, a care pathway and possible service redesign through the life of the project.

Objective 9: Improved intermediate care

Intermediate care for people with dementia is already in place across the county, and is being reviewed currently along side all community rehabilitation services.

Next steps: The production of a clear service specification for community rehabilitation services.

Objective 12: End of life care

An action plan for End of life care (EOLC) in dementia has been created. Scoping the level of carer support and numbers of people with dementia on EOLC registers has been completed.

Next steps: The identification of models of good practice for EOLC in dementia and the development of carer befriending. There will be a 30% increase of people with dementia on the EOLC register by the end of the year. There will also be a suitable clinical leader for the Clinical Leaders Network.

8. Early Onset Dementia

The needs of Younger People with Dementia (YPWD) have been scoped by a project team. The team, chaired by The Clive Project, has investigated the current pathway for YPWD and has looked at services for this group in different areas of the country.

Next steps: The needs assessment for YPWD will be expanded to include the needs of people with learning disabilities and dementia, and those with an alcohol related dementia. A service proposal / business case for an Oxfordshire service for YPWD will be developed, based on the work which has taken place.

9. Information Provision

Objective 3: Good quality information for people with dementia

A volunteer led information line for dementia has been commissioned and work has been done to improve the Dementia web website, a county site created to be a straightforward clear resource to show services and information, accessible to people with dementia and carers. These services will tie into the wider information services available across health and social care services and will also be linked to the work of the Dementia Advisor demonstrator site.

Next steps: The information line will begin operation from July, with the service increasing the level of service in the following months.

Objective 4: Enabling easy access to services

Oxfordshire is part of the national demonstrator site work for Dementia Advisors (DAs). This work has involved the employment of DAs in GP surgeries, to provide a tailored Information Prescription to people with dementia and their carers, and also to provide a point of contact for those people when they require more information. The work also encompasses the work of DAs employed by the voluntary sector, working in Memory Clinics.

Next steps: Further development of the Information Prescription system will be undertaken. Additionally, further work will take place around how the two types of DAs can best work together.

10. Cross cutting work

All objectives: Workforce, strategy and pathway plus national deliverables

The group has investigated resources available for the implementation of the NDS in Oxfordshire, and currently used to provide services for dementia.

Next steps: The group will oversee the finalisation of a commissioning strategy for dementia in Oxfordshire.

Outcomes of change for Oxfordshire

The overall aims for Oxfordshire are as follows:

- The number of people with dementia who have a formal diagnosis will increase to 70% by 2013
- Everyone diagnosed with dementia, and their carers as appropriate, will have access to a personalised package of information and a named point of contact

- People with dementia will receive the best possible care wherever they live and whatever services they receive
- People with dementia will retain as much control over their lives as possible and will be enabled to participate as active and equal citizens