

20 July 2018		ITEM:8
Health and Wellbeing Board		
Essex Southend and Thurrock Dementia Strategy 2017-2021 – Thurrock Implementation Plan		
Wards and communities affected: All	Key Decision: Non Key	
Report of: Catherine Wilson Strategic Lead Commissioning and Procurement and Irene Lewsey Head of Transformation Thurrock CCG		
Accountable Assistant Director: Les Billingham Assistant Director Adult Social Care and Community Development		
Accountable Director: Roger Harris Corporate Director Adults Health and Housing		
This report is Public		

Executive Summary

The purpose of this report is to present to the Health and Wellbeing Board the Thurrock Dementia Implementation Plan for the Southend, Essex and Thurrock Dementia Strategy 2017 – 2021

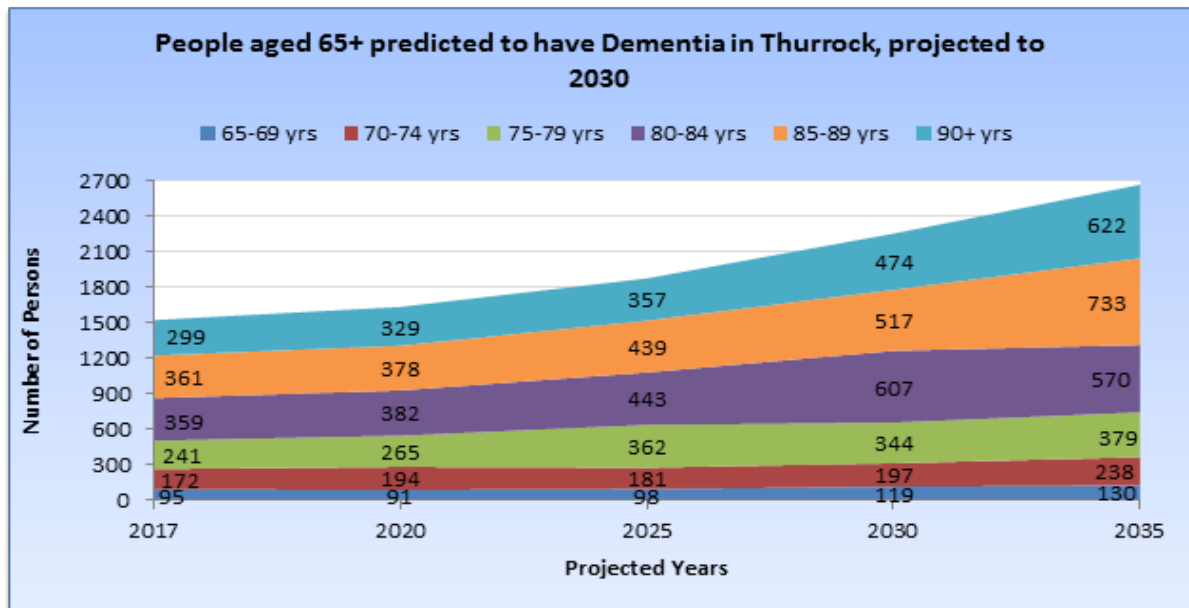
1. Recommendation(s)

1.1 For the Health and Wellbeing Board to note and agree the Thurrock Implementation Plan for the Southend, Essex and Thurrock Dementia Strategy 2017 to 2021.

2. Introduction and Background

2.1 This strategy is for everyone in Southend, Essex and Thurrock who is living with dementia or supporting someone who is. It describes what we want support for people with dementia to look like in the future and it describes nine priorities for action to make this happen.

2.2 It is estimated that the number of people within Thurrock aged 65+ with dementia could increase by 75% between 2017 and 2030. The 85+ age group have the greatest prevalence of dementia. People in this age group with dementia more than doubles during this period from 660 to 1355



Timely diagnosis enables people living with dementia, their careers and support networks to plan accordingly and improve health and care outcomes. It is therefore important to ensure the correct diagnosis is made in an appropriate timescale. It is estimated that the diagnosis rates in Thurrock are similar to national average.

Indicator	Period	England	East of England region	Thurrock	Suffolk	Southend-on-Sea	Peterborough	Norfolk	Luton	Hertfordshire	Essex	Central Bedfordshire	Cambridgeshire	Bedford	
Estimated dementia diagnosis rate (aged 65+)	2017	67.9	63.2	63.1	63.3	72.1	78.4	62.8	66.2	64.7	60.5	58.8	62.7	62.1	
				≥ 66.7% (significantly similar to 66.7%)											
				< 66.7% (significantly)											
Dementia: Recorded prevalence (aged 65+)	Sep 2017	4.33	4.09	3.96	4.07	4.98	5.12	4.04	4.22	4.41	3.92	3.41	3.94	3.93	
People receiving an NHS Health Check per year	2016/17	8.5	9.7*	11.3	12.7	9.5	10.4	8.9	9.0	7.5	10.7	9.2	9.6	6.6	
Smoking Prevalence in adults - current smokers (APS)	2016	15.5	14.4	20.8	14.7	17.2	17.6	13.5	16.3	13.5	14.0	10.3	15.2	15.1	
Hypertension: Recorded prevalence (all ages)	2016/17	13.8	14.1	13.9	15.3	15.1	11.7	15.5	12.1	12.9	15.0	13.8	12.7	13.5	
Percentage of physically active and inactive adults - inactive adults	2015	28.7	27.6	29.6	28.3	29.5	34.3	29.0	30.9	25.9	28.0	22.7	25.3	27.2	
Dementia: Ratio of inpatient service use to recorded diagnoses	2016/17	55.1	56.5	59.2	55.3	65.7	59.6	48.6	63.0	55.3	61.4	53.9	55.4	63.1	
Dementia: DSR of emergency admissions (aged 65+)	2016/17	3482	3219	3678	3152	4334	4240	2601	3929	3307	3298	3008	3195	3674	
Directly Age Standardised Rate of Mortality: People with dementia (aged 65+)	2016	868	805	960	763	1050	961	827	905	754	801	721	820	712	
Deaths in Usual Place of Residence: People with dementia (aged 65+)	2016	67.9	68.4	58.3	73.2	70.8	68.5	69.6	70.4	68.6	63.7	69.0	70.8	71.8	

2.3 The purpose of the new strategy is to reduce fragmentation in service delivery creating a robust pathway through diagnosis and support and increase accessibility to information and advice across Greater Essex for people with lived experience of dementia and for organisations offering support. The strategy aspires to deliver its vision that:

“People living with dementia are recognised as unique individuals who are actively shaping their lives and their care whilst being able to remain physically and emotionally healthy for as long as possible”.

In Thurrock we want to deliver this vision and the priorities within the strategy to ensure a fully developed pathway supporting individuals with lived experience of dementia their families and carers to remain within their local communities for as long as possible with appropriate and timely support.

We want to also ensure that the offer of specialist provision is robust, there is a specific need to ensure that we are able to provide specialist dementia domiciliary care support together with specialist day care provision these are currently being developed. Based on the prevalence data and our Market Position Statement we will develop a strategic approach to accommodation and support to ensure that extra care housing, residential and nursing care is appropriate to identified need.

Thurrock will ensure that the programme of Dementia Friends training continues across the borough and that dementia friendly environments are created across a range of services, organisations community spaces and businesses. The Dementia Action Alliance will be crucial in supporting and ensuring that awareness is continuously raised as it is formed from local businesses, the voluntary sector, local communities, health partners, the local authority and those with lived experience of dementia.

Within the strategy there are nine priorities these are:

Prevention – to ensure that people in Thurrock have good health and wellbeing enabling them to live full and independent lives for longer.

Finding Information and advice – Everyone with dementia will have access to the right information at the right time.

Diagnosis and support – all people with dementia will receive appropriate and timely diagnosis and integrated support.

Living well with dementia in the community – all people with dementia are supported by their communities to remain independent for as long as possible.

Supporting Carers – carers are supported to enable people with dementia to remain as independent as possible.

Reducing risk of crisis – all people with dementia receive support to reduce the risks and manage crisis.

Living well in long term care – all people with dementia live well when they are supported in long term care.

End of life – people with dementia and their families plan ahead, receive good end of life care and are able to die in accordance with their own wishes.

To have a knowledgeable and skilled workforce – all people with dementia receive support from knowledgeable and skilled professionals where needed.

2.4 Living Well with Dementia: A National Dementia Strategy published by the Department of Health on the 3rd February 2009 laid the foundation for significant changes across Health and Social Care for the support of people living with dementia.

Dementia continues to be a growing challenge. As the population ages and people live for longer, it has become one of the most important health and care issues facing the world. In England it is estimated that around 676,000 people have dementia. In the whole of the UK, the number of people with dementia is estimated at 850,000.

Dementia is a key priority for both NHS England and the Government. In February 2015 the Challenge on Dementia 2020, was launched. It sets out NHS England's aim that by 2020 we are:

- the best country in the world for dementia care and support for individuals with dementia, their carers and families to live; and
- the best place in the world to undertake research into dementia and other neurodegenerative diseases.

Some of the key aspirations of this vision are:

- Equal access to diagnosis for everyone
- GPs playing a lead role in ensuring coordination and continuity of care for people with dementia
- Every person diagnosed with dementia having meaningful care following their diagnosis
- All NHS staff having received training on dementia appropriate to their role.

One of the priorities identified by NHS England as part of the Five Year Forward View is to improve the quality of care and access to mental health and dementia services.

2.5 In order to deliver the Southend, Essex and Thurrock Dementia Strategy 2017 to 2021 it was agreed at the Essex wide implementation group that locality implementation plans should be developed. The Strategy itself set out a 5 year plan for implementation, the first year to undertake an analysis of current provision and identify the gaps in services and support, the second year for local implementation plans to be developed to ensure delivery and link to the Essex wide group and to then agree timeframes for the changes to be implemented. In the third to fifth years of the strategy to develop a clearly defined single pathway that joins up health and social care services to support those with lived experience of dementia and their carers and families.

2.6 The implementation plan attached to this report identifies each priority area noted above; the outcome to be achieved against that priority and the success measures that will evidence the priority has been met. Within the Thurrock Implementation plan we have identified some positive areas of working including:

- The Alzheimer's Society development of our local Dementia Action Alliance.
- The implementation of the Older Adult Wellbeing Service provided by North East London Foundation Trust (NELFT). This is a multi-disciplinary integrated approach to the care and support of older age adults including people living with dementia. The aim of the service is to support people to remain as independent as possible for as long as possible in their local communities and at home. This has proved to be very successful. The nurses within the team deliver Dementia Nursing support within our residential care homes and within the community.
- Diagnostic services provided by Essex Partnership Trust (EPUT) and a clear pathway for referral post diagnosis to the Older Adult Well Being Service.
- The Dementia Crisis Support Team has been extended so that the team can support individuals for longer at home in their own communities.
- Further funding has been agreed through the Better Care Fund for the Alzheimer's Society to deliver information, advice and community support together with their memory service.
- St. Luke's are working with care homes regarding end of life planning to support people living with dementia to remain within the care home wherever possible.
- The Alzheimer's Society has undertaken a programme of Dementia Friends training across the Council and in local communities which has been well attended.

- Adult Social Care and EPUT's Older People Mental Health Team provide specialist support for people living with dementia and their carers together with a duty response to urgent situations. This integrated team provides services in the community to people who are over 65 years old and experiencing functional or organic mental health problems. The team consists of social workers, nurse practitioners and therapists

The details of further services provided within Thurrock are:

RAID (Rapid Assessment Interface and Discharge)

The Team specialises in understanding the links between people's physical and mental health. The Team supports the assessment, diagnosis and management of people aged over 16 years, who attend A&E, or are admitted to hospital, who might be suffering with mental health issues.

Mayfield Unit

The Mayfield Unit has 24 beds providing intermediate reablement within Thurrock Community Hospital. The Mayfield Unit's purpose is to support people with dementia to reduce the length of stay in an acute hospital and support them to return home or to local care provision.

Meadowview Ward

Meadowview Ward is an assessment and treatment inpatient service provided for people over the age of 65 with functional or organic mental illness. Referrals are made by GP's; Community Mental Health Teams or A&E. Meadowview Ward is based at Thurrock Community Hospital.

2.7 Within the Implementation Plan a series of actions have been identified against each outcome these include:

- Establishing an Implementation Group which will include people with lived experience and their families, to monitor the implementation of the Strategy.
- Developing the end to end pathway for dementia services and support in Thurrock
- Ensuring that the Dementia Action Alliance is supported to grow and develop
- That the Alzheimer's Society is supported to deliver a full range of services and information and advice.
- GP's have training and are aware of the available support for those with dementia
- BME groups are fully engaged in the dementia agenda and information advice and support available
- Base line data regarding diagnosis rates is established and monitored regularly to ensure that Thurrock has above the national average of diagnosis

- The revised Thurrock Carers Strategy incorporates all carers issues identified in the Dementia Strategy
- All Care Homes achieve the Dementia Care Home standards by 2020
- The Market Position Statement identifies the gaps in Dementia provision and what is required within the health and social care market to be part of the dementia pathway.
- Good links to the new Learning Disability Specialist Health Care contract are made to support people with learning disability who have dementia
- Work with St Luke's continues to deliver positive end of life care in accordance with individual's wishes
- The development of a detailed whole system workforce training plan for dementia

3. Issues, Options and Analysis of Options

- 3.1 It is key that we retain the local focus to the delivery of the wider strategy to ensure good quality service and community responses in Thurrock. The implementation plan gives a positive local Thurrock focus and identifies all key areas to be consolidated, improved and developed.

4. Reasons for Recommendation

- 4.1 For the Health and Wellbeing Board to be fully informed regarding the work being undertaken and planned to implement the Southend, Essex and Thurrock Dementia Strategy 2017 to 2021 to support people with lived experience of dementia and their carers living in Thurrock.

5. Consultation (including Overview and Scrutiny, if applicable)

- 5.1 As the detailed work progresses we plan to hold a series of consultation and engagement events in partnership with the voluntary sector and local communities to listen to the experience of those receiving services and to help shape and develop further community and care supports. The Implementation Group will include those with lived experience of dementia and their families and carers.

6. Impact on corporate policies, priorities, performance and community impact

- 6.1 Dementia services and the programme of work the Dementia Action Alliance will deliver will support and enhance the well-being of individuals with lived experience of dementia and their carers and this will benefit our wider communities. The work will also ensure that we adhere to the Council's Charter for Older People which echoes many of the priorities within the Strategy to support independence, choice and ensure that people are treated with dignity and respect. The strategic approach is to highlight and ensure that

support and care is fair and equitable and that people living with dementia have a voice in shaping their own services and support networks.

7. Implications

7.1 Financial

Implications verified by: **Joanne Freeman**, Management Accountant
Social Care & Commissioning

There are no current financial implications to the delivery of the strategy however there may need to be consideration of further investment. This will be done in collaboration with our Health colleagues and with the intention of allocation of funds through the Better Care Fund. Detailed business cases would need to be presented to the Integrated Commissioning Executives committee and adhere to the usual governance arrangements.

7.2 Legal

Implications verified by: **Courage Emovon**, Senior Contracts Lawyer

There are no direct legal implications at this stage but as the strategy continues to be implemented Legal Services is available to provide any necessary legal advice by officers and members.

7.3 Diversity and Equality

Implications verified by: **Natalie Warren**, Community Development and Equalities Manager

The delivery of the strategy will support wider communities within Thurrock to embrace and support people with lived experience of dementia to live well in their local community.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder) N/A

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- N/A

9. Appendices to the report

- Southend, Essex and Thurrock Dementia Strategy 2017-2021
- Thurrock Dementia Implementation Plan 2018

Report Author:

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