

# **Joint North Lincolnshire Commissioning Strategy**

## **Living well with Dementia**

**2012-2016**

<b>Document Version</b>	<b>10</b>	<b>Date revised</b> Updated with PM challenge	Nov 12	<b>Author</b>	Kerrie Mitchell/ Rachel Craven/ Maria Oades	<b>Status</b>	Approved
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## 1. Executive Statement

Dementia presents a major personal challenge to anyone experiencing symptoms of dementia and to families and carers of people living with dementia. It is also a significant and urgent challenge to health, social care and local government more widely, both in terms of the number of people affected and the cost incurred.

A response to this challenge is set out in the National Dementia Strategy. Improved care and support for people with dementia and their carers means four things:

Early diagnosis and interventions  
Better care at home or care home  
Better care in hospital  
Appropriate use of antipsychotic medication

Implementing these changes not only means a change in attitude and behaviours in people with dementia and their carers, but also across a range of services used by people with dementia.

The National Dementia Strategy sets out a system where people affected by dementia:

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

Dementia has been included in the NHS Operating Framework for 2012/13 as one of the areas where the Department of Health will expect to see and monitor progress.

The publication of a Joint Commissioning Strategy for Dementia Care Services in North Lincolnshire is another step in responding to the needs of service users with dementia and their carer's.

Living Well with Dementia - The Joint Commissioning Strategy for Dementia Care Services in North Lincolnshire 2012-2016 is a response to the National Dementia Strategy and sets out the strategic direction and commissioning intentions for how services will be designed and delivered for people with dementia including younger people with dementia, and their carers to meet their overall needs and expectations, across North Lincolnshire over the next five years and will be subject to annual review and consultation with all stakeholders as part of a regular process of engagement.

The Strategy sets out to promote awareness and encourage people who are worried about their memory to access appropriate advice and a timely and accurate diagnosis. Additionally, it will support people in North Lincolnshire who are already in the care system

or at the end of life, and their carer's. It covers early on-set dementia including those with learning disability, alcohol related dementia, vascular dementia and older people with dementia.

This Strategy will include looking at universal services and how they can be improved to become more dementia-friendly. This may include improved information and advice to staff, professionals, service users, carers and the wider North Lincolnshire community on prevention and early intervention. This will help to inform individuals of the benefits of timely diagnosis and care, promote awareness of dementia and reduce social exclusion and discrimination.

It aims to develop an integrated approach to commissioning by ensuring joint plans are delivered in partnership with NHS North Lincolnshire, North Lincolnshire Adult Social Services, Housing, Transport Services, Acute Trusts, Children's Services and Mental Health Trusts whilst recognising the important role of the third sector. North Lincolnshire's Adult Social Services and NHS North Lincolnshire, is committed to enabling people with dementia and their carers to access effective support that promotes independence, well-being and choice.

North Lincolnshire embraces the challenges of transformation to personalised services because the outcomes required have been designed by people across the country and is what all of us would wish for from service providers.

This strategy has been developed as an outcome of, and linked with other national and local strategies, policies and projects:

Outcomes will be monitored through the National Dementia Strategy Implementation Steering Group (shortly to become the Community Forum for People with Dementia) and the Executive Strategic Commissioning Board who have a key role in ensuring that the outcomes agreed are delivered and to that consultation and involvement are integral to commissioning and service delivery.

## **2. Putting People at the Centre of Commissioning**

The strategy is for people with dementia and their carers, and set in the context of outcome-focused commissioning, where support available must demonstrate improved outcomes for individuals.

Our aim is to put people at the centre of everything we do, so that we actively empower service users, support choice and enable people to have control over their own lives and live independently where possible, to ensure full participation and inclusion within North Lincolnshire; working closely with partners such as health services, voluntary agencies, service providers and council services will ensure this aim is realised.

As part of this we will consult and engage with service users, carers and families on all service developments. This may include service users being involved in the commissioning and any procurement activities.

Our vision is that people with dementia will have access to the full range of opportunities and choices that are set out in the ‘Living Well with Dementia’ the National Dementia Strategy.<sup>1</sup>

Figure 1, taken from ‘Promoting Independence’ (CSIP, 2007)<sup>2</sup> shows how we approach the varying levels of need to build a whole system of support promoting independence at all levels.

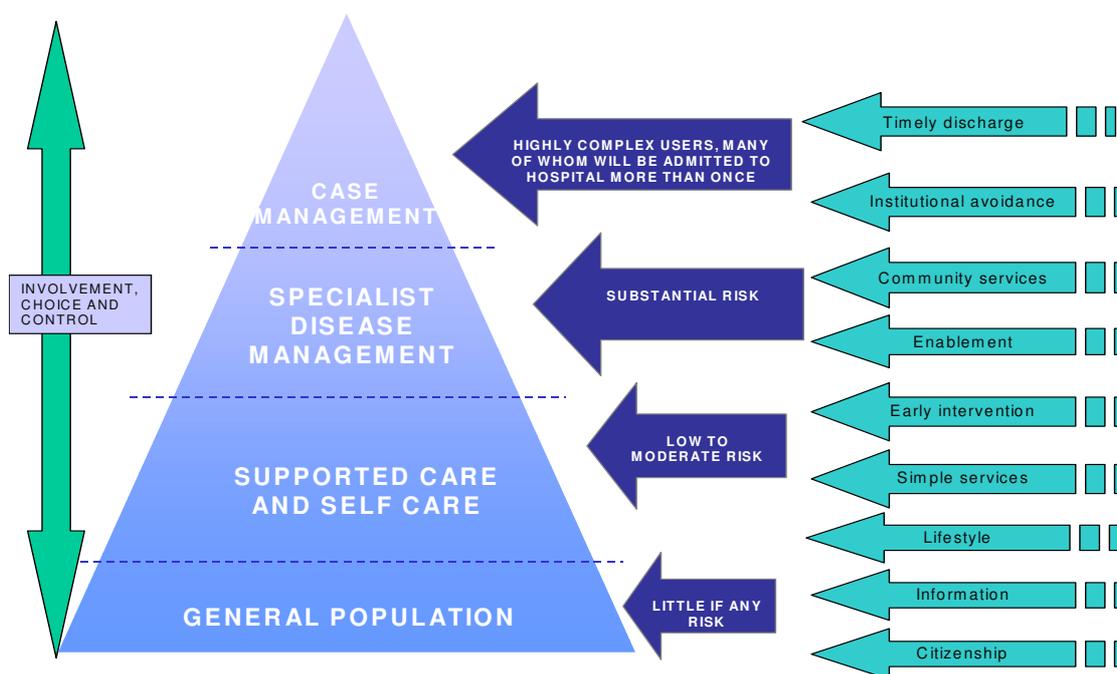


Figure1

### 3. Needs and Priorities

Currently there are an estimated 2068 people with dementia in North Lincolnshire, of which an estimated 15% (300) will have the most severe form of the disease. This compares with 727 people with a diagnosis of dementia on GP registers in North Lincolnshire, whose condition is being treated and managed within primary care. This means that an estimated 65% do not have a diagnosis.

The vast majority of people with dementia live at home with relative carers. Ultimately we should expect this number to increase as our older population grows in number and people choose to remain in their own homes longer.

<sup>1</sup> Department of Health (2009) “Living well with dementia: A National Dementia Strategy” [www.dh.gov.uk](http://www.dh.gov.uk)

<sup>2</sup> North Lincolnshire Council (2009 - 2014) “Your Life Your Choice: Commissioning Strategy for Older People” [www.northlincs.gov.uk](http://www.northlincs.gov.uk)

By 2015, the projections are for an additional 15% of people with diagnosed and undiagnosed dementia in the local population. This rate of increase is higher than the national regional average due to our older population profile.

Key priorities identified by carers and other stakeholders in a local consultation event, were to improve access to early diagnosis, information and support and to develop health and social care professional's skills and understanding of the disease

### 3.1 Projected Prevalence

Age is the strongest risk factor associated with dementia. So we should expect the number of older people with dementia to increase incrementally over the next 10-15 years, as our older population grows. Almost half of the 2350 people with dementia projected in 2015, will be aged 85+. It is anticipated that there will be a 92% increase by 2030.

**Table 1: Projected numbers of people with dementia in North Lincolnshire (diagnosed and undiagnosed)**

<b>People aged</b>	<b>2011</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>
Under 65	47	47	50	52	50
65+	2,101	2,363	2,768	3,293	3,912

*Source: POPPI, 2010*

This growth is likely to occur fastest in our rural areas. By 2015, it is likely, more than 58% of those older people who are projected to have dementia will live in our rural localities.

The numbers of older people affected by dementia is relatively small, (about 6% of the 65+ population). However, prevalence doubles with every additional five years post 65 years, and carries a significant emotional and financial cost to individuals, family carers and to services.

Young onset dementia is relatively rare, accounting for 2.2% of all people with Dementia across the country. Locally it is estimated that there are 47 people with early onset dementia in North Lincolnshire. This may understate the actual number of people living with the condition, as prevalence is based on referrals to service.

(Health Intelligence Factsheet 2011)

Adults with Down Syndrome have a much earlier onset of dementia than the general population. We should expect the number of adults with complex needs to rise as our population ages and health treatment improve. (JSNA 2010)

National research evidence suggests that early provision of support in the home for people with dementia and carers can reduce the need for care home placements in the longer term, by up to 22%. National and local research also suggests that both public and professional awareness and understanding of dementia needs improving.

### 3.2 Demographic/Demand Trends

As previously stated we know there are 727 people with a diagnosis of dementia on GP registers in North Lincolnshire. This is outlined in the table below per locality area.

**Table 2: Number of people with a diagnosis of dementia on GP registers by locality of practice**

Axholme	Barton & Winterton	Brigg & Wolds	Scunthorpe North	Scunthorpe South	TOTAL
122	91	173	57	258	701

Source: QoF, 2009

North Lincolnshire JSNA 2010 Vulnerable groups (adults)

It is estimated that in North Lincolnshire there are 2,068 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. Table 3 show's the estimated % for this age group across the localities:

**Table 3: The estimated % for this age group across the localities**

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)

Brigg has the highest concentration of care homes of any locality in North Lincolnshire and the highest concentration of older people with dementia on GP practice lists (JSNA)

In 2011 there were 8 people with Downs Syndrome and dementia being supported by the Community Team Learning Disability. People with a Learning Disability may experience a higher risk of dementia because of premature ageing. Also people with Down's syndrome have an increased genetic risk of developing dementia. Additional specialist support and services may need to be provided to meet their increasing demands.

### 3.3 Supply Trends

The provision of Community Services covers a variety of activities. Table 4 shows the estimated number of people who access this 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 2030. It is estimated that two thirds of people 65 and over who live at home will have dementia.

**Table 4: The estimated number of people who access to community based services who have dementia**

Community Based Services	Numbers of people 65 and over receiving service between (1 April to 31 Oct 2011)	Estimated no. of people with dementia now	Estimated no. of people 65 and over receiving service by 2030 (POPPI)	Estimated no. of people with dementia by 2030
Home care	1030	687	2042	1361
Day care	249	166	491	327
Meals	277	185	547	364
Short term residential	435	290	865	576
Direct payments	167	111	329	219
Professional support	43	29	84	56
Equipment and adaptations	1321	881	2616	1744
Other Community Based Support	361	241	714	476

Source: NLC Care First data (11 Nov 2011) and POPPI 2010

There are 40 care homes in North Lincolnshire that are registered through the Care Quality Commission as providing care for people with dementia, 8 of which have nursing.

The number of cases funded through North Lincolnshire Adult Social Services in Elderly Mentally Ill (EMI) care beds is 105 (January 2012)<sup>3</sup>.

Each year about a quarter of all deaths that occur in North Lincolnshire is from frailty or dementia.

### **3.4 BME Communities**

BME communities in North Lincolnshire have a much younger age profile than the white British population. The average age of the BME residents is at least 10 years younger than the white population.

The largest BME communities in North Lincolnshire are made people of Indian, Bangladeshi and Pakistani parentage.

Locally there are estimated to be 16 people from BME communities with dementia in North Lincolnshire, one with early onset. The proportion with early onset dementia (6%) is higher than it is for the White British population, due to the much younger age profile of these communities.

The strategy acknowledges the specific needs of the BME communities, and an action with the Action Plan indicates that work needs to be undertaken to assess the prevalence

<sup>3</sup> North Lincolnshire Council, (2012), Data recorded by Provider Performance: Adult Services, North Lincolnshire Council.

of people with dementia type illnesses within this group and the services required to meet the needs of the BME community.

### **3.5 Evidence of Needs/Users Views**

One of the most important issues for older people's mental health is the delay that often occurs before they are offered support. This may happen because of people's reluctance to seek help or because of under recognition on the part of health and social care professionals. When diagnoses of dementia are made this is often too late for those suffering the disease to make choices. As a result, levels of unmet mental need amongst older people may be very high.

A number of events have been carried out in the past with users and carers. These events need to be revisited to ensure that the elements and issues raised are updated.

- 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.
  
- Event 2 – Consultation on draft national strategy, July 2008.  
The cross cutting themes were identified as:
  - Training,
  - Carers,
  - GP's,
  - Information,
  - Education.
  
- 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

Further consultation will be undertaken with users, their families and carers in preparation of the action plan to accompany this Strategy.

### **3.6 Supports for Carers**

Everyone has a mental health, just as they do a physical health. There are things we can do to look after our mental health e.g. eat well, exercise, relax, keep in touch with friends, ask for help, talk about problems etc. We can all have times in our lives when we find it difficult to cope. An example of this could be being a carer for someone with physical or mental health problem; this can place an individual and family under great strain.

If a Carer is experiencing poor mental health or finding it difficult to cope, it can lead to thoughts of suicide. It is important to encourage people to talk about their feelings and seek help if they are feeling suicidal.

This strategy will support the North Lincolnshire Commissioning Strategy and Transformation Plan for Carers; to support those who care for service users with Dementia. Intentions within the Transformation Plan include:

- More support for carers
- Better information – provided via the Dementia Academy
- Improved networks
- Recognition within Health and Social Care of the impact of being a carer

## **4 National Policy Drivers**

### **4.1 ‘Living Well With Dementia’: A National Dementia Strategy, (2009)<sup>4</sup>**

The three broad themes in the National Dementia Strategy are focused on outcomes in relation to raising awareness and understanding, early diagnosis and support and living well with dementia.

- Improving awareness: increased public and professional awareness of dementia and an informed and effective workforce for people with dementia
- Early diagnosis and intervention: good quality early diagnosis and intervention for all; good quality information for those with dementia and their carer’s and enabling continuity of support and advice
- Living well with dementia, by improving the quality of care for people with dementia from diagnosis: in general hospitals; home care; respite care/short breaks; joint commissioning strategy for dementia; intermediate care; improved dementia care in care homes and improved registration and inspection of care homes.

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<sup>4</sup> Department of Health (2009) “Living well with dementia: A National Dementia Strategy”  
[www.dh.gov.uk](http://www.dh.gov.uk)

The National Dementia Strategy lists 17 key objectives that are to be achieved by 2014. The following commissioning intentions detailed below have been aligned to these National Dementia Strategy objectives.

- **Objective 1:** Improving public and professional awareness and understanding of dementia
- **Objective 2:** Good Quality early diagnosis and intervention for all
- **Objective 3:** Good quality information for those diagnosed with dementia and their carer's.
- **Objective 4:** Easy access to care, support and advice following diagnosis facilitated by a Dementia Advisor
- **Objective 5:** Structured Peer Support and Learning Networks
- **Objective 6:** Community Personal Support Services
- **Objective 7:** Services within the Carers' Strategy
- **Objective 8:** Good quality care within general hospitals
- **Objective 9:** Intermediate Care for People with Dementia
- **Objective 10:** Good housing, housing-related and Telecare support
- **Objective 11:** High quality services within care homes
- **Objective 12:** End of life care for people with dementia
- **Objective 13:** An Informed and effective workforce for people with dementia
- **Objective 14:** A joint commissioning strategy for dementia
- **Objective 15:** Improved access and regulation of health and care services and of how systems are working for people with dementia and their carers
- **Objective 16:** A clear picture of research evidence and needs
- **Objective 17:** Effective national and regional support for implementation of the strategy

In addition to these, there will also be the following additional theme as noted in The Operating Framework: for the NHS in England 2011/12<sup>5</sup> of:

- Reduction in the use of antipsychotic medication.

In March 2012 the Prime Minister, David Cameron, delivered his Challenge on Dementia – it focuses in 3 areas

- Driving improvements in health and care
  - Increased diagnosis rates through regular checks for over 65's
  - Financial rewards for hospitals offering quality dementia care
  - An innovation challenge prize of £1m
  - A dementia care and support compact signed by leading care home and home care providers
  - Promoting local information on dementia services
  
- Creating dementia friendly communities that understand how to help

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<sup>5</sup> Department of Health (2010) "The Operating Framework: for the NHS in England 2011/12" [www.dh.gov.uk](http://www.dh.gov.uk)

- Dementia-friendly communities across the country
  - Support from leading businesses
  - An awareness raising campaign
  - A major event to bring together UK leaders from industry, academia and the public sector.
- Better research
    - Doubling overall funding for dementia research to over £66m by 2015
    - Major investment in brain scanning
    - £13m funding for social science research on dementia
    - £36m funding over 5 years for a new NIHR dementia transnational research collaboration
    - Participation in high quality research

The new Health and Social Care Act 2012 also improves quality and choice of care for people with dementia and their carers. GP's and other clinicians will have primary responsibility for commissioning health and care services – through Clinical Commissioning Groups.

The Care and Support White Paper also benefits people with dementia and their carers, giving them more choice and control over their care, better information, and better quality care.

The action plan summary, which outlines how these objectives will be met, is attached as **Appendix 1- Action Plan.**<sup>6</sup>

## 4.2 Improving Dementia Services in England (NAO2010)<sup>7</sup>

The National Audit Office identified three key risk areas to improving dementia services, which include strategy, leadership and delivery. They consider action is urgently needed to increase the pace and completeness of the transformational change set out in the Strategy and make 10 recommendations to address the risks. These will be considered within the action plan.

## 4.3 Safeguarding

This commissioning strategy is underpinned by commitment to effective safeguarding and will be reviewed in the light of subsequent guidance and/or best practice emerging from the recent No Secrets consultation.

## 4.4 Dementia Commissioning Pack (Toolkit)

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<sup>6</sup> NHS North Lincolnshire & North Lincolnshire Council (2009) "North Lincolnshire's Implementation Strategy and Action Plan 'Living Well With Dementia': The National Dementia Strategy" [www.northlincs.gov.uk](http://www.northlincs.gov.uk)

<sup>7</sup> National Audit Office (2010) "Improving dementia services in England - an interim report" [www.nao.org.uk](http://www.nao.org.uk)

Effective commissioning is a tool in enabling us to meet these exciting challenges. Commissioning means securing the best value for local people; it is the process of translating aspirations and need, by specifying and procuring services for the local population into services.

The Dementia Commissioning Pack (Toolkit) provides commissioners with a range of specifications, tools and templates to help deliver these changes. It sets a standard of what good, integrated dementia care should look like for commissioners, providers, patients and carers alike.

#### **4.5 Local Priorities and Desired Outcomes**

Adult services work closely with vulnerable adults. The importance we place on supporting vulnerable adults is firmly embedded within the shared ambitions in the council's strategic plan Going Forward together and the NHS North Lincolnshire Single Integrated Plan with a particular emphasis on 'individuals can see the difference' and 'everyone works together for the benefit of the area'. Key priorities of adult services include:

- Vulnerable people achieve in employment
- Vulnerable people are protected from harm
- Vulnerable people will receive personal social services
- Dedicated partnerships contribute to service planning.

The strategic outcomes for all adult services in North Lincolnshire are translated locally into:

**Independent** - Creating a culture of independence, increasing options and opportunities

**Respect** - Shifting the balance of power to the people, promoting choice and individual family values.

**In control** - Delivering services closer to home, making it easier for people to get what they need.

**Involved** - Supporting communities and individuals to identify and meet their own needs.

**Healthy** - Promoting life long health, recognising everyone's contribution to well being.

**Safe** - Services help people to feel and be safe, people feel supported in a crisis.

**Confident in the future** - Getting the money in the right place, creating a confident, flexible, behaviourally competent workforce and intelligent commissioning.

Health Priorities included within the NHS Operating Framework include:

- Early diagnosis and interventions
- Better care at home or care home
- Better care in hospital
- Appropriate use of antipsychotic medication

## 5 Performance Management

### 5.1 Quality and Standards

We must ensure all commissioned services deliver to the required standards:

- Quality outcomes for people with dementia, building on the work of the National Dementia Strategy (DH 2010)
- NICE and SCIE Dementia Quality Standards Programme (NICE / SCIE 2010)
- Minimum standards within residential and domiciliary care settings as specified by the Care Quality Commission (nee CSCI). For services outside of the required regulation there is the Supporting People Quality Assurance Framework (Communities and Local Government, 2009), which should apply to all services. The Kings Fund Quality Standards for Local Carer Support Services (2000) should apply to all services
- The NHS Operating Framework
- the NHS Outcomes Framework 2012/13 - '*enhancing quality of life for people with long-term conditions*'
- The 'No decisions about me, without me principles' Department of Health
- The national CQUIN goals:
  - patient experience
  - local engagement
  - capability building but also to share good practice
  - encourage benchmarking
  - and avoid duplication of effort through joint commissioning

### 5.2 Market Management

Market Management will be supported through our Public Health partners, who will advise and indicate trends and demographic changes.

Adult Social Services are also working closely with our current and potential providers to ensure choice within the social care market. An important element of the health and social care workforce for adult's services includes the third sector.

This strategy acknowledges Any Qualified Provider procurement model, which aims to reduce barriers to entry for potential providers, and so improve patient choice, access, and deliver value for money. Therefore, as this joint commissioning strategy is refreshed, due consideration will be given to this.

### 5.3 Outcome Based Specifications

Outcome based specifications are being introduced to all newly commissioned services, and through the process of contract review, will be introduced to all existing services in the coming years.

To measure an outcome we need to apply the "Three way thinking" approach. Firstly to understand the **ACTIVITY** that is delivered to meet the outcome, the **QUANTITY** of activity, the how much, and lastly the **QUALITY**.

## 5.4 Contract Monitoring and Performance Management

This strategy will aim to develop a robust outcome based contract-monitoring process that incorporates the service user experience. That inspection regimes for care homes and other services better assure the quality of dementia care provided.

Contract performance will be measured through Key Performance Indicators to ensure that providers are meeting the expectations of the service specification and contract.

Where received data is not in line with recommended metrics and concerns are raised, further data will be requested in the form of Exception Reports. This data will be analysed and issues discussed directly with the Provider regarding plans to mitigate risks; the provider will be required to provide an action plan to address identified risks. Where risks cannot be managed and there is significant risk to patient care and service delivery, discussions may include the option to decommission the service. Where possible, every effort will be made to work with the Provider to ensure continuity of service delivery.

## 5.5 Financial Analysis

Dementia costs the health and social care economy more than stroke, heart disease and cancer combined.

Nationally the total costs of both paid and unpaid care for people with late onset dementia are estimated at an average of £25,472 per person.

The total annual costs per person in different settings are estimated as follows:

People in the community with mild dementia - £14,540  
People in the community with moderate dementia – £20,355  
People in the community with severe dementia - £28,527  
People in Care Homes - £31,263

Applied to North Lincolnshire's estimated population of people with Dementia (n=2070) this suggests a total cost to the local economy, NHS, Social Care and unpaid carers of at least £52,727,040 per annum (2006 prices)

The break down of this shows that:

Accommodation – 39%	£20,563,545
Informal care – 35% (includes loss of income for carers who give up employment)	£18,454,464
Social Services – 18%	£ 9,490,867
NHS – 8%	£ 4,218,163

(Dementia and Dementia related conditions – Health Intelligence Factsheet August 2011)

To ensure effective delivery of the Dementia Action Plan via this Joint Commissioning Strategy for People with Dementia, clarity will be explored in more detail to ensure services are providing value for money.

## **6. Option Appraisal**

### **6.1 What Have We Done So Far?**

- Worked through a strategic implementation and action plan following the launch of the National Dementia Strategy
- The North Lincolnshire dementia strategy steering group has the involvement of key partners, supports the delivery of the National Dementia Strategy's objectives and shapes person-centred commissioning for people with dementia.
- Established a clear pathway of care for people with a Learning Disability and Dementia
- Mental Health Modernisation, including review of the Memory Clinics.
- Introduction of a Dementia Advisor Service, including information and advice, provided by Alzheimer's Society.
- Development of workforce strategy with links to the Humber dementia academy.
- Clinical leads identified with in General Practice and Mental Health Services
- Acute trust working to identified action plan.
- Embedded clear links with Carer Strategy
- Telehealthcare strategy, which has dementia as a priority.

### **6.2 How Will We Achieve This?**

All the actions will be detailed within the action plan, which will be created in consultation with other stakeholders, users and their family members and carers.

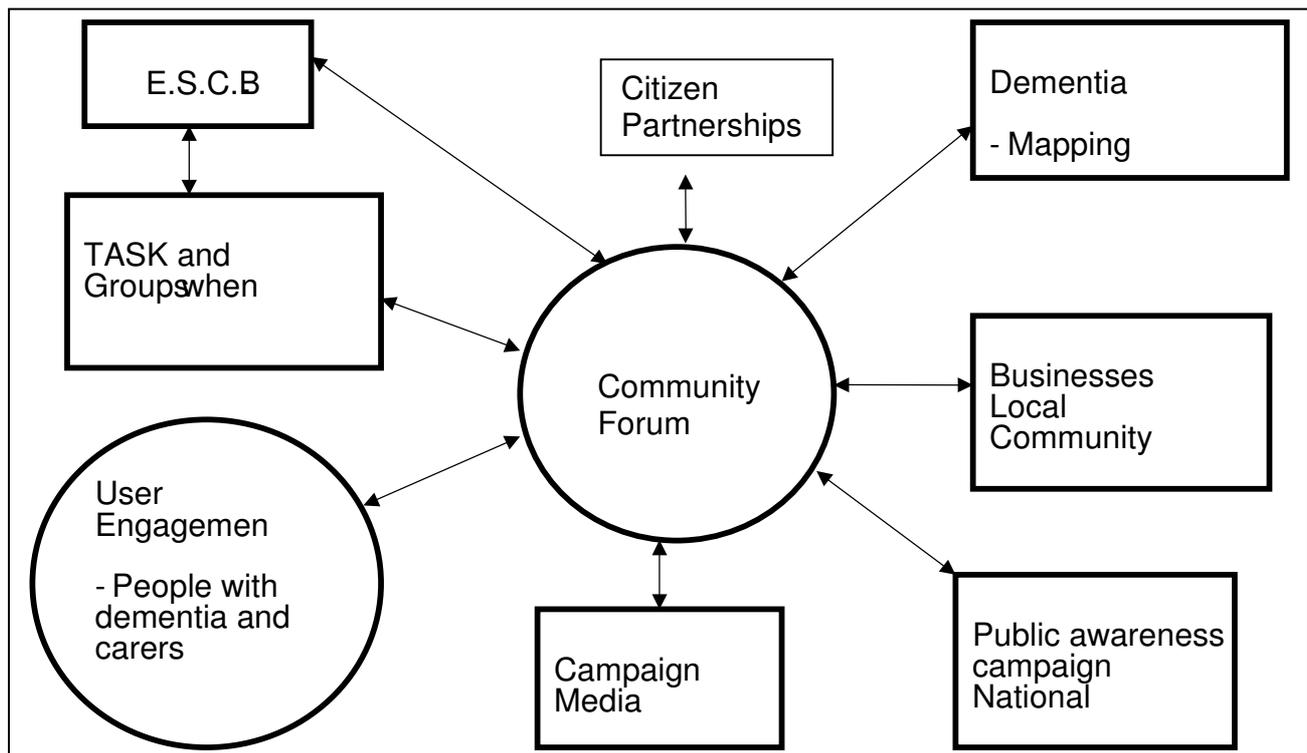
We will work closely with the Dementia Cafes currently running within North Lincolnshire and use these as a resource to gain further information.

We are currently establishing a Community Forum for people with Dementia, which will replace the Dementia Strategy Steering group, and include people with dementia, their families and carers, health professionals, social care professionals, representatives from universal services and third sector representatives. The partnership will be established early in 2012 and should be fully functional within 12 months.

This partnership will monitor the action plan and report to the Executive Strategic Commissioning Board.

Where the condition of Dementia links with other long term conditions, such as diabetes, appropriate actions determined by the Steering Group will be included in the Action Plan for monitoring and implementation. This will ensure that any preventative /early intervention opportunities can be jointly approached and will ensure that links are made with the appropriate commissioning teams.

## 6.3 Community Forum



To develop service user engagement into the commissioning process by supporting service users to be effective members of the Older People Partnership, Mental Health Partnership, Valuing People Partnership Board and the Carers Partnership.

To ensure service user views are actively sought and feed into the newly formed Health and Wellbeing Board and Executive Strategic Commissioning Board.

Current spend on services for people with Dementia and their carers will be examined in more detail to ensure services are representing value for money.

## 7. Priorities for Change

**Independent** - Creating a culture of independence, increasing options and opportunities.

- 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.
- Jargon free leaflets
- Information on dementia from one source, at a time and amount that is best for the person.
- Improved choice and control of support in a persons home, (Community Support for You)

**Respect** - Shifting the balance of power to the people, promoting choice and individual family values.

- Awareness rising – use real people’s stories & experiences.

- To establish a Dementia Champions network.

**In control** - Delivering services closer to home, making it easier for people to get what they need.

- Mapping services and resources
- Respite – Choice, ease of access, good quality, adequately funded, in persons home.
- Early diagnosis

**Involved** - Supporting communities and individuals to identify and meet their own needs.

- Dementia care advisor/navigator

**Healthy** - Promoting life long health, recognising everyone's contribution to well being.

- Screening tool that can eliminate other causes of behaviour changes
- Continued action on the prescribing of Anti psychotic drugs

**Safe** - Services help people to feel and be safe, people feel supported in a crisis.

- Improved care with in hospitals for people with dementia
- Improved care within Care homes

**Confident in the future** - Getting the money in the right place, creating a confident, flexible, behaviourally competent workforce and intelligent commissioning.

- Early diagnosis and training for GP's and health staff
- Development of various levels of training to include: General public, schools, life histories, communication skills, interaction professional and care workers.
- Value for money assessments of all current services

## 7.1 Impact Assessments

These principles shall be adhered to in all commissioning activity to ensure the needs of people with dementia and their carers are met.

- ⇒ The Joint Strategic Needs Assessment and individual purchasing patterns will be used to inform and update this strategy.
- ⇒ Families will be recognised as integral to the individuals' interdependency to live in their community of choice.
- ⇒ Wherever possible services shall be developed within the five localities, closer to the individuals' home.
- ⇒ Developments will follow the principles of best value and be developed in partnership with user groups, their families, the third sector the NHS and local providers.
- ⇒ Commissioning intentions shall be agreed year on year by collaboration with the partnership and Executive Strategic Commissioning Board.
- ⇒ Rigour concerning 'value for money' standards and monitoring shall be applied equally to all providers of services.

- ⇒ All services shall have a detailed outcome based specification to enable robust performance monitoring.
- ⇒ All services will be expected to embrace diversity by ensuring the range of support offered meets the needs of people from diverse backgrounds and lifestyles.
- ⇒ All services shall be commissioned for personalisation and use the single assessment process to ensure the sharing and consistency of person centred information.

## **7.2 Overall Shift of Resources**

### **7.2.1 Signposting**

A requirement to increase patient's knowledge of alternative care pathways and available services may be enhanced through workforce planning.

By joint working with key stakeholders and viewing the health and social care workforce as a whole, may promote alternative services and in turn, inform patient choice as a signposting opportunity, through increased understanding.

This would impact across all care pathways and will be considered as part of the developing and joint workforce strategy approach and collaborative working practices.

### **7.2.2 'Hospital at Home' and 'Care Closer to Home'**

This direction of change requires a measured approach and recognition of the shift and impact on local skills. Education Commissioners are ensuring transitional training is available to support acute staff safely transferring into the community as competent autonomous holistic practitioners. A risk to the North Lincolnshire community will be due to lack of movement in the local labour market indicates the need to up-skill and increase training for transition staff to ensure competency in skills to meet the needs of the service.

Stronger links with local and regional education providers will need to be developed to influence the education agenda in line with commissioning intentions and future direction. This will be done through sharing local and regional workforce risks with education providers to ensure that appropriate qualifications and training programmes are available as and when required.

Assurance will be sought that education providers are responding to commissioner led ideas through availability of modules and courses, which meet the needs of the health and social care workforce.

This issue will become a part of the contract monitoring arrangements for workforce metrics and consideration will be given as part of the workforce risk management process.

### **7.2.3 Linkages with Other Commissioning Strategies and Other Agencies**

This strategy does not sit in isolation; it fits with the NHS North Lincolnshire strategy, the Public Health, Well-being and Health Strategy, Strategic Workforce Framework and other Adult Services commissioning strategies.

## **8 How Do We Know We Have Achieved It?**

### **8.1 How will we Measure Our Progress and Success?**

- Decrease in number of hospital admissions
- Increase in number of patients referred for diagnosis
- Monitor activity of help line access
- Decrease in number of patients prescribed anti-psychotic drugs

### **8.2 Arrangements for Monitoring Commissioning Strategy**

A joint governance and performance management framework will be agreed for this commissioning strategy and process for long-term engagement in partnership with NHS North Lincolnshire.

The Executive Strategic Commissioning Board will be responsible for the delivery of this strategy accountable to the Health and Wellbeing Board (currently operating in shadow form)

### **8.3 Ensuring Better Care and Support for All**

To meet the requirements of a transformed service we will:

- Strengthen performance management, to ensure that all services are of high standard and as such self-sustaining by both council supported and private paying residents.
- Shape and build the market to create a strong varied flexible market in adult social services.
- Make sure people can choose the services/solutions they want.
- Increase capability to ensure people working in adult services have the skills and support they need to deliver personalised support.

### **8.4 Leadership Standards**

There is a move to a one council approach and evidence from other areas shows when there is a whole political buy in, as with the House of Commons All Party Parliamentary Group inquiry, leadership improves.

The Council will provide a key professional role for staff working in Adult Social Services. They also have a key role in assuring accountability of services to local communities through consultation with local people and in particular people who use services.

Council Officers are expected to meet the Leadership Competency Framework issued by the Council that supports the delivery of partnership and strategic working.

NHS managers work to the 'Code of Conduct for NHS Managers' (<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH4005410>)

## **8.5 Commissioning and Use of Resource Standards**

Adult Social Services leaders commission and deliver services to clear standards of both quality and cost by the most effective, economic and efficient means available and so demonstrate value for money.

## **8.6 Risk Appraisal – Contingency Plan**

The biggest risk to delivering these outcomes through effective commissioning process and better care and support services for all is the lack of joint working across all agencies and failure to connect with this group of people further than we already have.

## **8.7 Identification of Obstacles to Achieving Desired Outcomes**

- Perceived reluctance to seek advice and care from local GP's and problems making appointments in some areas.
- Receiving an early diagnosis and lack of appropriate and timely advice and guidance.
- Heavy reliance on institutional care and a lack of risk taking.
- Generalised Home Support commissioned by time slots.
- Commissioning planning and financial cycles not aligned with NHS North Lincolnshire.
- Limited use of new technologies to support carers in the home to take a break.
- Access to equipment locked into access to occupational therapy services.
- Lack of local voluntary capacity to support people with dementia.
- An increase in the population of people with a Learning Disability and dementia creates pressures on both health and social care services to deliver person-centered services to a complex group of people.
- Delivering the personalisation agenda for people with dementia.
- Managing and responding to often conflicting agendas of people with dementia and their family carers.
- Addressing inequalities of access to health services.
- Absence of an identified pathway for carers to access support, information and services including breaks which is shared by North Lincolnshire Council, NHS partners, third sector partners.
- Lack of awareness of the needs of carers and the importance of providing support to them across all statutory services including GPs and hospital staff.

## **9 Design of Future Provision**

As Commissioners, we are looking to integrate health and social care services to improve communication, reduce duplicated workload and provide a better patient experience, which will ultimately mean in the future, issuing a joint health and social care commissioning contract and whichever providers are successful in their tenders, will be required to work together to deliver the outcomes.

### **9.1 Workforce Implications**

Health and Social care services will benefit from having a clear understanding of dementia workforce needs and competencies in providing quality care for people with dementia and their carers in order to assure quality, safety, effectiveness, and value for money.

It is important to ensure the right people, with the right skills are undertaking the functions and support needed by people with dementia and their carers/families.

NHS North of England are actively developing a Dementia Workforce Strategy for the Yorkshire and Humber region and a Humber Region Dementia Academy.

Educational programmes via face-to-face delivery or e-learning, workforce redesign and commissioning new ways of working in dementia will help to address this.

In order to support the dementia workforce, the following should be included:-

- Specific workforce criteria linked to the competencies and qualities needed to deliver high quality and safe services.
- Workforce planning, training needs analysis, job descriptions, use of appraisals.
- Ensuring providers offer continuing professional development (CPD) and supervision to ensure regular assessment of competencies.

### **9.2 Volunteering**

We recognise the valuable contribution of volunteers and will further explore opportunities to work more closely with volunteers in the development of this strategy and action plan.

### **9.3 Third Sector Involvement**

The Third Sector have been involved with the development of this strategy, in particular, the Alzheimer's Society and The Carers Support Centre.

### **9.4 Triangles Performance Measures**

To be agreed through the Executive Strategic Commissioning Board, the Older People Partnership, Mental Health Partnership, Valuing People Partnership Board and the Carers Partnership.

## **10 Monitoring Arrangements**

### **10.1 Equality and Diversity**

The Strategy will look at how we engage with BME (Black Minority Ethnic)

Communities when developing dementia services with the aim of increasing cultural awareness within mainstream services.

Further awareness raising campaigns will be planned using the preferred language to describe dementia and the symptoms. We hope these methods will empower people to come forward for earlier diagnosis and enable Social Care and Health to assess the extent and nature of need amongst ethnic communities in order to plan services.

## **10.2 NICE Quality Standards for Dementia Number Quality Statements**

1. People with dementia receive care from staff appropriately trained in Dementia care.
2. People with suspected dementia are referred to a memory assessment service specialising in the diagnosis and initial management of dementia.
3. People newly diagnosed with dementia and/or their carers receive written and verbal information about their condition, treatment and the support options in their local area.
4. People with dementia have an assessment and an on-going personalised care plan, agreed across health and social care that identifies a named care coordinator and addresses their individual needs.
5. People with dementia, while they have capacity, have the opportunity to discuss and make decisions, together with their carer/s, about the use of:
  - a. Advance statements
  - b. Advance decisions to refuse treatment • Lasting Power of Attorney
  - c. Preferred Priorities of Care.
6. Carers of people with dementia are offered an assessment of emotional, psychological and social needs and, if accepted, receive tailored interventions identified by a care plan to address those needs.
7. People with dementia who develop non-cognitive symptoms that cause them significant distress, or who develop behaviour that challenges, are offered an assessment at an early opportunity to establish generating and aggravating factors. Interventions to improve such behaviour or distress should be recorded in their care plan.
8. People with suspected or known dementia using acute and general hospital inpatient services or emergency departments has access to a liaison service that specialises in the diagnosis and management of dementia and older people's mental health.
9. People in the later stages of dementia are assessed by primary care teams to identify and plan their palliative care needs.
10. Carers of people with dementia have access to a comprehensive range of respite/short-break services that meet the needs of both the carer and the person with dementia.

## **11 Conclusion**

This strategy highlights North Lincolnshire's commitment to transforming services for people with dementia and their carer's.

Through engaging with all major stakeholders in both health, social care, third sector providers and most importantly the community in which it serves – people with dementia and their carers – we will improve the quality of life for people with dementia and their carers by commissioning and delivering quality, person centred services which are outcome focused, promoting dignity and respect.

The action plan summary at Appendix 1 details our key objectives in line with the National Dementia Strategy and how we intend to achieve those objectives.

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## Glossary of Terms

Acute Trusts	An NHS hospital trust, also known as an acute trust is an NHS trust that provides secondary health services within the English National Health Service
Alzheimer's Society	The leading UK care and research charity for people with this disease and other dementias, their families and carers.
Any Qualified Provider	Any qualified provider is a model for the procurement or purchase of health services. It allows the commissioners of health services to develop a register of providers who qualify to provide NHS services by meeting pre-set criteria relating to the delivery of healthcare in order to offer wider patient choice.
Bigger and Better Lives Now Strategy	Part of a set of commissioning strategies by North Lincolnshire Council Adult Social Services.
Black and Minority Ethnic (BME)	The definition Black and Minority Ethnic (BME) refers to people who do not define themselves as being White
Executive Strategic Commissioning Board (ESCB)	A Board of senior NHS and Adult Social Care Managers who oversee strategic commissioning activities for North Lincolnshire.
Joint Strategic Needs Assessment (JSNA)	A JSNA is the means by which the Primary Care Trust (PCT) and local authority work together to understand the future health, care and well-being needs of the local community. The JSNA aims to support action to improve local people's well-being by ensuring that services meet their needs. It is used to inform and drive future investment priorities and thereby help to plan services more effectively
Care Pathway	A multidisciplinary plan for delivering health and social care to patients with a specific condition or set of symptoms. Such plans are often used for the management of common conditions and are intended to improve patient care by reducing unnecessary deviation from best practice
Care Pathway Stakeholder	A person, group or organisation with an interest in the project
Carer	Definition: A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help
Care Quality Commission (CQC)	The Care Quality Commission is a <a href="#">non-departmental public body</a> of the <a href="#">United Kingdom government</a> established in 2009 to regulate and inspect health and social care services in England.
CCG	Clinical Commissioning Group
Dementia Advisor Service	Dementia Advisors acting as a guide to provide advice, information and signposting to people with dementia and their carers
Dementia Champions	Dementia Champions - in-house leaders to champion good dementia care in their place of work.
Exception Reports	An in-depth report on specific data.
First for Carers Strategy	Part of a set of commissioning strategies by North Lincolnshire Council Adult Social Services.
Fit for the Future Commissioning Strategy	Part of a set of commissioning strategies by North Lincolnshire Council Adult Social Services.
GMS	A contract for the delivery of general medical services (GMS). It is an NHS contract between the PCT and the GP practice.
Going Forward	Part of a set of commissioning strategies by North Lincolnshire Council

Together	Adult Social Services.
Health and Wellbeing Board	Health and wellbeing boards will be a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area.
Joint Commissioning Strategy	A plan for services over the next 5 years, setting out what we want for people with dementia and their carers living in North Lincolnshire
Key Performance Indicators	A performance indicator or key performance indicator (KPI) is a type of performance measurement.
Market Management	The process of Market Management is whereby needs and aspirations of people of North Lincolnshire are met through an active, diverse and responsive market place
Memory Clinics	A memory clinic is a dedicated medical clinic specialising in the assessment and diagnosis of memory disorders
National Audit Office	The NAO audits most public-sector bodies in the UK and produces value for money reports into the implementation of Government policies.
National Dementia Strategy	This strategy provides a strategic framework within which local services can deliver quality improvements to dementia services.
NHS Operating Framework	Sets out a brief overview of the priorities for the NHS.
NICE Guidance	NICE guidance sets the standards for high quality healthcare and encourages healthy living.
North Lincolnshire's Dementia Implementation Strategy	Part of a set of commissioning strategies for North Lincolnshire.
No Secrets	Guidance to local agencies who have a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse
Outcome Focussed Commissioning / Outcome Based Specifications	Contracts and service specifications note the expected outcomes providers are to achieve and are measured against this, and not how they are to achieve it; this approach creates innovation.
Peer Support	Support groups are a place for people to give and receive both emotional and practical support as well as to exchange information. People with genetic health conditions, as well as their friends and families find support groups to be a valuable resource — a place where people can share medical information, get confirmation that their feelings are "normal," educate others, or just let off steam.
Personalised Services	Individual budgets and direct payments giving service users money to buy their own care
Procurement Activities	A process of procuring goods and services using a competitive process, such as tendering.
SCIE Dementia Quality Standards Programme	A set of quality measures accompanying the quality standards intended to improve the structure, process and outcomes of health and social care.
Service Providers	A service provider is any organisation that provides goods, facilities or services to the public,
Single Integrated Plan	This is the main strategic document providing direction for commissioned health services in North Lincolnshire; it incorporates all aspects of

	business.
Supporting People Quality Assessment Framework	Supporting People is the government programme for funding, planning and monitoring housing-related support services. The Quality Assessment Framework (in use since April 2009) is the list of standards that are used to review services.
The Kings Fund	UK health charity that shapes NHS policy and practice, provides leadership development and information, and hosts healthcare events.
Think Local Act Personal	<a href="#">The Think Local, Act Personal Partnership</a> is comprised of over 30 national and umbrella organisations representing the broad interest in personalisation and community-based support.
Third Sector	The 'third sector' is the term used to describe the range of organisations that are neither public sector nor private sector; it includes voluntary and community.
Your Life Your Choice Strategy	Part of a set of commissioning strategies by North Lincolnshire Council Adult Social Services.

## Appendix 1- Action Plan Summary

### Priority 1: Early diagnosis and intervention

#### Aim 1.1

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 (National Strategy objective 1).

Providing people with dementia and their carers with good quality information on the illness, services available both at diagnosis and throughout the course of their care (National Strategy objective 3).

Increased diagnosis rates through regular checks for over 65's – Prime Ministers Challenge on Dementia – Delivering Major improvements in dementia care and research by 2015 –DH March 2012

#### Outcomes Met:

I was diagnosed early

I am treated with dignity and respect

I can enjoy life

I feel part of the community and I'm inspired to give something back

I understand so I make good decisions and provide for future decision making

I know what I can do to help myself and who else can help me

Those around me and looking after me are well supported

### **Aim 1.2**

**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 (National Strategy objective 2).**

#### **Outcomes Met**

**I was diagnosed early**

**I get the treatment and support which are best for my dementia and my life**

### **Aim 1.3**

**A Dementia Adviser to facilitate easy access to appropriate care, support and advice for those diagnosed with dementia and their carers (National Strategy objective 4).**

#### **Outcomes Met**

**I understand so I make good decisions and provide for future decision making**

**I know what I can do to help myself and who else can help me**

**Those around me and looking after me are well supported**

**I can enjoy life**

#### **Aim 1.4**

The establishment and maintenance of such networks will provide direct local peer support for people with dementia and their carers. To allow them to take an active role in the development and prioritisation of local services (National Strategy objective 5).

#### **Outcomes Met**

I understand so I can make good decisions and provide for future decision making

I know what I can do to help myself and who else can help me

Those around me are looking after me and are well supported

I can enjoy life

I feel part of a community and feel inspired to give something back

### **Priority 2: Better care at home or care home**

#### **Aim 2.1**

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 (National Strategy objective 6).

#### **Outcomes met**

I get treatment and support which are best for my dementia and my life

I know what I can do to help myself and who else can help me

I can enjoy life

<b>Aim 2.2</b>
<b>Intermediate care which is accessible to people with dementia and which meets their needs (National Strategy objective 9).</b>
<b>Outcomes met</b>
<b>I get the treatment and support which are best for my dementia and my life</b>

<b>Aim 2.3</b>
<b>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 (National Strategy objective 11).</b>
<b>Outcomes met</b>
<b>I get the treatment and support which are best for my dementia and my life</b>

<b>Priority 3: Better care in hospital</b>
<b>Aim 3.1</b>
<b>Identify leadership for dementia in general hospitals, define the care pathways for dementia there and provide specialise older persons mental health hospital liaison team (National Strategy objective 8).</b>
<b>Outcomes Met</b>
<b>I get the treatment and support which are best for my dementia and my life</b>

**Priority 4: Appropriate use of anti-psychotic medicine**

**Aim 4.1**

**Call to Action**

**Outcomes Met**

I get the treatment and support which are best for my dementia and my life  
I can enjoy life  
Those around me are looking after me and are well supported

**Priority 5: Other**

**Aim 5.1**

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 (National Strategy objective 7).

**Outcomes Met**

Those around me and looking after me are well supported

**Aim 5.2**

Any development of housing options, assistive technology and health 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 (National Strategy objective 10).

**Outcomes Met**

I get the treatment and support which are best for my dementia and my life

<b>Aim 5.3</b>
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 (National Strategy objective 12).
<b>Outcomes Met:</b>
I am confident my end of life wishes will be respected. I can expect a good death.

<b>Aim 5.4</b>
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 best practice within commissioning for dementia development to support this strategy and the Dementia Commissioning Toolkit (National Strategy objective 14).
<b>Outcomes Met</b>

<b>Aim 5.5</b>
Inspection regimes for care homes and other services that better assure the quality of dementia care provided. CQC. (National Strategy objective 15).
<b>Outcome Met</b>