

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

24 APRIL 2014

DEMENTIA STRATEGY

1. PURPOSE OF REPORT

To update members of the Joint North Yorkshire and York (NY&Y) Dementia Strategy 2011-2013, and inform of plans to refresh the strategy and associated action plan. The report also outlines current activity.

2. BACKGROUND

- 2.1. The Joint North Yorkshire and York (NY&Y) Dementia Strategy 2011-2013 was based on the 17 objectives within the National Dementia Strategy “Living Well with Dementia” (2009). The multi-agency NY&Y Dementia Network (which was facilitated by the former Primary Care Trust - PCT) drove the local strategy/action plan forward; this was an arena for sharing good practice, and some multi-agency subgroups were established to deliver certain actions. Whilst progress has been made over the last 3 years, the pace has been slower due to major restructuring within NHS commissioning. Proposals for the new Dementia Strategy will be presented to the Integrated Commissioning Board.
- 2.2. Since the publication of the National Dementia Strategy in 2009 we have seen a changing landscape for resource allocation and additional dementia policy/guidance has been published, including for example:
- ‘Quality Outcomes for People with Dementia: Building on the Work of the National Dementia Strategy’ (DH 2011)
 - ‘The Prime Minister’s Challenge on Dementia – Delivering Major Improvements in Dementia Care and Research by 2015 (2012)
 - A nationally mandated CQUIN (2012) aimed to improve awareness and diagnosis of dementia in acute hospital settings.
 - NICE Quality Standards and Guidance on Dementia ‘Supporting people to live well with dementia’ (2013)
 - CQC is placing more of a spotlight on the quality of dementia care: ‘A Fresh Start for the Regulation and Inspection of Adult Social Care’ (2013)
- 2.3. Within this there is more emphasis on “dementia friendly communities”, diagnosis, early intervention, and the quality of post-diagnostic support, combined with effective support for carers. In many ways this fits well with

wider national and local objectives, predicated on a community asset-based approach, enabling people to be more effectively diverted to non-statutory services, avoiding unnecessary/prolonged admissions to acute and intensive services and on supporting people to be independent at home as far as possible. However, this shift in emphasis underlines the need to look again at the dementia strategy with partners, to make it more fit for purpose in guiding the commissioning and development of support/services.

- 2.4. Linked to the need to respond to the policy challenges and raise the quality of support/options for people with dementia /carers, there are further imperatives related to commissioning, which will result in significant resource implications if left unaddressed. A demographic profile of dementia across the Yorkshire and Humber region commissioned by the Yorkshire and Humber Improvement Partnership showed that for NY&Y the levels of late onset dementia are predicted to rise by almost a third, between 2008 – 2025, from 8,264 to 13,876. Further to this there is evidence nationally that 80% of people in care homes are affected by memory problems/dementia¹, and people with dementia form a large number of unnecessary acute admissions. This highlights why dementia needs to be a priority area of work with partners.

3. MOVING FORWARD

- 3.1. HAS are actively moving the dementia agenda forward and this portfolio of work has been assigned to a member of staff (Ruth Chamberlain, Commissioning and Change Implementation Officer). This work includes addressing dementia at a strategic level, and supporting HAS' commissioning functions and internal operations to ensure effective support for people with dementia and carers. This is outlined in more detail below.

3.2. A refreshed dementia strategy

- 3.3. It is a priority to refresh the dementia strategy together with key partners. The strategy will be 'high level', and there is an expectation that localities will form action plans, engaging with a wide range of stakeholder to develop these (including people who use services and carers). It is planned for a report to go to the Integrated Commissioning Board (ICB) in June, which will be a joint report with the PCU. The ICB will agree governance issues and the appropriate forum for taking a refreshed strategy forward.

¹ "Low expectations; Attitudes on choice, care and community for people with dementia in care homes" (Alzheimer's Society, February 2013)

http://alzheimers.org.uk/site/scripts/download_info.php?fileID=1628

3.4. **On-going activity**

3.5. HAS is continuing to develop and improve support for people with dementia and carers through a range of activity:

- **Dementia Workforce Development Group (DWDG)** The multi-agency DWDG (originally established through the Dementia Network) has been reconvened and is led by HAS. This will focus on sharing good practice and mapping activity with a view to improving the quality and availability of staff training across agencies.
- **Dementia Champions** – there are 60 dementia champions within HAS. They recently attended a workshop, which focused on clarifying their role/responsibilities, and included training on telecare for people with dementia. New methods of support to the Champions are being introduced, including a bi-monthly bulletin to promote good practice.
- **Extracare Housing:** the Extracare team will be launching comprehensive dementia guidance that they have produced within the next few weeks (*“Design and Good Practice Guide – Dementia Care and Support in Extra Care Housing”*).
- **Commissioning:**
 - **Providers of domiciliary and residential care; new contract:** the revised contract with providers sets out expectations of providers in relation to standards of care, including people with dementia. To support providers, workforce development guidance on dementia is being produced by HAS, which will include a self-assessment framework that will be used as part of the contract monitoring process.
 - **Dementia Care Navigators** The existing Dementia Care Navigator service has been retendered in six lots (linked to CCG boundaries), in partnership with health. The service specification has been revised to ensure more focus on hard to reach communities and on carer education. It is anticipated that the results of the tendering process will be concluded within the next couple of weeks.
- **Dementia Friendly Communities (DFC):** this is a key element of the Prime Minister’s Challenge on Dementia, and will be a new theme within the refreshed dementia strategy. DFC is already emerging in some localities at a ‘grass roots’ level, and NYCC are taking a strategic view of how these initiatives can best be supported, linking this theme to the Prevention Strategy and to the Community Plan.
- **Dementia Action Alliance (DAA) / Dementia Friends campaign:** HAS is now signed up to the DAA (established by the national Alzheimers Society) as a public commitment to its action on dementia. One element of the DAA is the Dementia Friends Campaign (promoted by the national Alzheimer’s Society and Public Health England); a widespread media campaign is about to be launched in May.

- **HAS 'Transformation'**: HAS is in the process of transforming the way in which support is delivered, in line with the 2020 programme and the draft Target Operating Model. Work is underway to ensure that as a substantial (and expanding) group of people who require support, the needs of people with dementia are recognised and embedded within this, drawing on evidenced based practice.

4. RESOURCE IMPLICATIONS

- 4.1. The demand on agencies in delivering many aspects of the strategy is likely to relate more to prioritising time for development work. There may be financial implications related to certain actions but this will be met within existing resources.

5. RECOMMENDATIONS

- 5.1. Members are asked to note the report. An update report on the progress of the Dementia strategy refresh will be brought back at a later date.

MIKE WEBSTER,

Assistant Director Commissioning

ext 8794

Author:

RUTH CHAMBERLAIN,

Commissioning and Change Implementation Officer ext 6267

Date: 14 April 2014

Background documents -Nil

Dementia Support Services Contract Award Briefing

The aim of the Dementia Support Service is to provide a person centred, proactive support and advice service to support those individuals with memory problems who are either suspected of having or with a diagnosis of (predominantly mild to moderate) dementia and their carers. In addition the service will support and sign post individuals to other related services enabling them to better understand their condition, develop self-management skills and access support in their local community to promote their independence, well-being, and give them choice and control.

The current contract with the Alzheimer's Society to provide a Dementia Support Service ends on the 18 May 2014. The old contract has been reviewed and a new specification has been designed which will provide a framework for the Provider to ensure that the best outcomes are being achieved for those needing support and advice and their families and carers.

An unrestricted (open) OJEU compliant procurement process has been undertaken by North Yorkshire County Council and the Clinical Commissioning Groups in North Yorkshire. The aim was to provide a consistent countywide Dementia Support Service which also allows for local service delivery. For those reasons there is a single specification for the service to ensure consistency and the contract was split into the following lots to ensure local service delivery:

- Lot 1 – Hambleton, Richmondshire and Whitby CCG area
- Lot 2 – Airedale, Wharfedale and Craven CCG and South Lakes CCG areas (within North Yorkshire)
- Lot 3 – Harrogate and Rural District CCG area
- Lot 4 – Vale of York CCG area (within North Yorkshire)
- Lot 5 – Vale of York CCG area (outside of North Yorkshire)
- Lot 6 – Scarborough and Ryedale CCG area

The contracts for the six areas will begin on 19 May 2014 and end 31 March 2017 and has the option of a further two years extension. The lots have been jointly funded by North Yorkshire County Council and the Clinical Commissioning Groups in North Yorkshire. The source of funding is as follows:

Lot Number	NYCC Contribution	CCG Contribution	Total Funding
Lot 1	£ 53,000	£14,429	£ 67,429
Lot 2	£ 25,328	£6,460	£ 31,788
Lot 3	£ 59,118	£17,600	£ 76,718
Lot 4	£31,000	£27,825	£ 58,825
Lot 5	£ 0	£40,000	£ 40,000
Lot 6	£44,882	£16,357	£ 61,239

As the costs are fixed, the tender was evaluated on 100% quality. Dementia Forward have been successful in lots 3, 4 and 5 and Making Space have been successful in lots 1, 2 and 6. The current provider, Alzheimer's Society, tendered for all six lots but were unsuccessful. All providers have been notified of the outcome and the award of contract is subject to a mandatory standstill period which finishes on 7 April 2014.

We will be meeting with both providers following the end of the standstill period to ensure that the handover is as smooth as possible and to consider joint publicity options.