Draft Northamptonshire Dementia Strategy (Plan)

2015 – 2018

This strategy has been made with local people in Northamptonshire and these organisations:

- Corby Clinical Commissioning Group
- Nene Clinical Commissioning Group
- Northamptonshire County Council
What this draft strategy is for

We would like to introduce this first version (or draft) of the **Northamptonshire Dementia Strategy**. Our aim is to get people thinking of new ideas, and to find out what people think of the strategy. This will build on the work we have already done to help people with dementia to live well.

Since the **National Dementia Strategy** was introduced in 2009, health and social care organisations have been working together to achieve real change. To help us develop a dementia strategy for Northamptonshire, we are asking for your views as part of a public engagement.

Our final local dementia strategy will be published at the end of 2015. It will include ideas from the National Dementia Strategy (NDS), and what is important locally to support people to live well with dementia.

**Carole Dehghani**, NHS Corby Clinical Commissioning Group

**Caroline Kus**, Northamptonshire County Council (NCC)

**Stuart Rees**, NHS Nene Clinical Commissioning Group
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1. Introduction

The Northamptonshire Strategy for Dementia 2015 – 2018 is based on:

- The national guidance set out in Living well with Dementia: A National Dementia Strategy 2009.
- An assessment of local needs.
- A review of what we provide now.

It aims to show how we can work together to meet the aims of the National Dementia Strategy (NDS), and at the same time respond to local needs. It has been developed by the Northamptonshire Dementia Strategy Group, working with:

- Adult Social Care
- NHS Services
- Third sector organisations (charities)
We are still working on this document. It aims to improve access to high quality diagnosis (working out what condition people have), treatment, support and advice for all people living with dementia. The idea is to improve quality of life from diagnosis to end of life for people with dementia and their carers.

This includes making sure that people with dementia and their carers get health care and social support, from staff who have the skills and training to give the right care. It also aims to support people in the comfort of their own homes, by moving care away from hospitals, and reducing the number of people going into long-term care.

This strategy is designed to include all people in Northamptonshire, who may have dementia, or are the carers of people with it, whatever their age. It includes all service user groups, such as adults who may have a learning disability, or other long term health conditions that affect their ability to think or remember things.
2. Working Together

The Northamptonshire Dementia Strategy Group was set up in September 2013, with representatives from:

- NHS Corby and Nene Clinical Commissioning Groups (CCGs)
- Northamptonshire County Council (NCC)
- Healthwatch
- Northamptonshire Healthcare Foundation Trust
- Carer’s Voice
- Northampton General Hospital
- Kettering General Hospital
- Alzheimer’s Society
- Northamptonshire Carers
- Age UK
- Independent care providers

The Strategy Group is responsible for producing, publishing, distributing and updating the document.

The Northamptonshire strategy will follow the National Dementia Strategy, and have the same timetable.
3. Main Reasons for this Strategy

There are now more people aged 65 and over in Northamptonshire and in England. This means that there will be more people with big support needs, and health conditions caused by old age.

There are 117,000 people in Northamptonshire aged 65 and over. Many live in countryside areas, but those aged 85+ often move into towns and cities, probably because they have moved into care homes.

There is a large number of older people who live alone. This number will carry on growing, especially among the 75+ age group – almost half live alone. This could lead to more health problems, due to loneliness which can affect people’s mental health, at an age when they are getting weaker physically and are more likely to be ill.

In Northamptonshire we think that 7,700 people live with dementia. Most of them live in their own homes or supported housing, not care homes. The biggest risk factor for dementia is age. We now have a good chance to help people with dementia to live well.
3a) Numbers of People at risk of Dementia in Northamptonshire

This table shows how many people we think are at risk of dementia in Northamptonshire:

<table>
<thead>
<tr>
<th>Area</th>
<th>Numbers of people we think probably have dementia, March 2015</th>
<th>Numbers diagnosed with dementia on GP lists, March 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corby CCG (whole)</td>
<td>682</td>
<td>498</td>
</tr>
<tr>
<td>Nene CCG (whole)</td>
<td>7123</td>
<td>3903</td>
</tr>
</tbody>
</table>

Here is another way of looking at how many people in Northamptonshire are at risk of dementia:
It is clear that there are big differences in the numbers of people living with dementia across the county. Northampton has the most, probably because it has more care homes than anywhere else.

It is important to see that we are getting much better at working out when people have dementia. This is due to good partnership working by local GPs, Northamptonshire Healthcare Foundation Trust and CCG commissioners (the people who buy or commission services).

This strategy’s key aim is to make sure that people are not scared by the idea of living with dementia. We can only do this by providing support and services that make life better for people with dementia.
3b) Plans for services 2015 – 2016

Corby CCG, Nene CCG and Northamptonshire County Council (NCC) have worked together on plans for 2015 – 2016. These plans are called **Joint Commissioning Intentions** (CI). Commissioning means buying services. Dementia commissioning will concentrate on these aims:

- To develop a local dementia strategy for Corby CCG, Nene CCG and NCC.
- To have a dementia diagnosis rate for Nene CCG by March 2016 that is the same as the national recommendation. And to keep the diagnosis rate for Corby CCG at the same level.
- To make sure people can get support after diagnosis with a Dementia Care and Support Service (DCAS).
- To develop care pathways for people with dementia.
- To make Dementia Carer Support better.
4. Local Actions and Outcomes

The 2009 National Dementia Strategy (NDS), with its motto *Living Well with Dementia*, has helped to bring improvements in health and social care. It has 18 objectives (or aims). The information in the next few pages shows what has happened since 2010 in Northamptonshire to make the NDS happen.

**Objective 1:**

To improve public and professional awareness and understanding of dementia.

**Progress made:**

- Public information and awareness campaigns during National Dementia Awareness Week with NHS organisations, NCC and charities (Third Sector).

**Gaps to fill:**

- Training for family and other informal carers.
- Training for Home Care and Care Homes staff.
Objective 2:
Good quality early diagnosis and treatment for everyone.

Progress made:
✓ Big increase in diagnosis rates in Nene and Corby CCGs. In the last year over 700 people have been added to the Northamptonshire dementia register.

Gaps to fill:
- There are about 3,000 people without a diagnosis in Northamptonshire.
- Very few older people from Black, Asian and Minority Ethnic communities are referred to Memory Assessment Services. These services need to make sure they include everyone.
- Memory Assessment Services could be run in GP services to improve diagnosis rates.

Objective 3:
Good quality information for people with dementia and their carers.
Progress made:

✓ Information is available from the Dementia Care and Advice Service, Adult Social Care Contact Centre and Northamptonshire Healthcare Foundation Trust. More information is available from other services.

Gaps to fill:

- Access to information is better in some places than others.
- NCC’s Public Health team to help prevent vascular dementia.

Objective 4:

To make it easier to get care, support and advice after diagnosis.

Progress made:

✓ An independent study of the Memory Assessment Service led to the Dementia Care and Advice service (DCAS) being re-designed. This means there is now 1 place where people living with dementia, and their carers, can go for support.
Gaps to fill:

- Very few older people from Black, Asian and Minority Ethnic communities access the DCAS. It needs to make sure that it offers a service that people from different cultures want to use.

Objective 5:

To develop peer support and learning networks, so that people with dementia and their carers can support each other.

Progress made:

- Peer support networks have been developed, and will carry on growing in 2015 – 2016.

Gaps to fill:

- More peer support networks need to develop.

Objective 6:

Better community services for personal support.

Progress made:

NCC commissions:
✓ Specialist Dementia Home Care service in North and South of county.

✓ Home care services that are for everyone who needs them – many customers have dementia.

✓ Carers Support Service – about half of the carers in this service care for someone with dementia.

Gaps to fill:

- The Specialist Dementia Home Care service is only available to a small number of people with dementia.
- The home care model is not flexible enough to support people with dementia, especially when the dementia gets worse.

Objective 7:

Putting the Carers’ Strategy into place.

Progress made:

✓ Local Carers’ Strategy now includes dementia strategy.

✓ NCC commissions support groups and dementia cafés across the county for Carers Living with Dementia.
✓ Nene and Corby CCGs commission a Dementia Care and Advice Service which has been re-designed. This means that there is now 1 place where people living with dementia and their carers can go for support.

✓ There are some respite beds available at Specialist Care Centres across the county. This is where people with dementia can go for a short time, so their carers have a break from caring.

✓ NCC commissions emergency short breaks in people’s own homes. A lot of carers who use this service care for people living with dementia.

Gaps to fill:

- The use of respite beds is limited. This is due to carer choice, and the option not being suitable for some people with higher support needs. They can find it very confusing to sleep in a strange bed. Carers have therefore asked for respite care in their homes that is planned for in advance.

- There is a chance for the NHS and NCC to support staff with flexible ways of working, if they are also carers of people with dementia.
Objective 8:
Better quality of care for people with dementia in hospital.

Progress made:

- Since 2012, the NHS has trained 1,872 staff in dementia at Kettering and Northampton General Hospitals.
- Both hospitals have Dementia Lead Nurses, to improve care pathways for patients.
- Both hospitals are doing better, measured against national standards for dementia care.
- Both hospitals have Acute Hospital Liaison Services with staff who are experts in dementia and older people’s mental health.

Gaps to fill:

- Some patients have had good experiences of care in hospital, some not so good.
Objective 9:
Better intermediate care for people with dementia. This kind of care includes short-term treatments to help people stay independent, reduce the length of time they spend in hospital, or avoid hospital completely.

Progress made:
✓ There are limited intermediate care services for people with dementia. Intermediate care services were started at Northampton General Hospital this winter. They have worked well with more than half of patients returning home after being in hospital.

Gaps to fill:
• At the moment, intermediate care is only available for people in Northampton, and for some in the Daventry and South area. The service does not have enough workers to help everyone.
• There is no intermediate care for people living with dementia in the North of the county – Corby, Kettering, Wellingborough, East Northamptonshire.
Objective 10:
Look at how housing support, housing services and technology, such as alarms (telecare), can support people with dementia and their carers.

Progress made:
✓ NCC commissions some telecare services for people or carers living with dementia. They may only work for a small number of people with mild dementia.

Gaps to fill:
- There are no extra housing services available for people with dementia that are not care homes.
- We should investigate other telecare options.

Option 11:
Living well with dementia in care homes.

Progress made:
✓ Care homes for people with dementia are mainly run by independent companies.
✓ They sign a framework (agreement) with NCC or the CCGs about how they will provide care.
Gaps to fill:

- There are not many specialist dementia care homes in some areas. As dementia is a condition that gets worse, and we expect there to be more people who have it, we need more care homes to open.
- There is not much available for people who have a learning disability and dementia.
- **Frameworks** need to be stronger to drive up quality.

Objective 12:

Better end of life care for people with dementia.

Progress made:

- No progress – there are no specialist end of life services for people with dementia.

Gaps to fill:

- End of life pathways need to include end of life dementia care.
Objective 13:

✓ Staff have the knowledge they need to do a good job.

Progress made:

✓ NCC offers dementia training to any staff who work in health and social care.
✓ Northampton and Kettering General Hospitals and Northamptonshire Healthcare Foundation Trust have dementia training for their staff.
✓ There is also training for staff in GP surgeries, independent services commissioned by NCC, and charities (Third Sector).
✓ Number of hospital staff trained April 2012 - March 2015 = 1872.
✓ Number of social care staff trained 2013 – 2014 = 240.
✓ In 2014 about 70 staff working for Nene and Corby CCGs in the community had dementia training.

Gaps to fill:

• Training is not good in all organisations.
• It should be targeted at key staff, especially doctors and nurses in hospitals.
Dementia training should be run by organisations with qualifications to do it, to make sure it is good quality.

Problems finding the right staff and keeping them is affecting some services, particularly care homes and home care.

Objective 14:

A strategy with organisations working together to commission dementia services.

Progress made:

- This document will be the local dementia strategy for Northamptonshire.
- A draft version of the strategy will go out to find out what people think of it (public consultation) from June 2015.

Gaps to fill:

- Consultation needed, then agreement of the strategy by NCC, Corby and Nene CCGs.
Objective 15:

Better assessment and inspection of health and care services. And of how systems are working for people with dementia and their carers.

Progress made:

✓ Systems for NCC and CCGs to check (or monitor) care homes are in place.

✓ Monitoring framework (agreement) for home care by NCC is in place.

✓ Although many services are not just for people with dementia, there are a lot of people with dementia who are customers in care homes and home care services.

Gaps to fill:

• Systems to check care homes need to be made stronger, so quality gets better.

• New NCC Homes Framework needed, concentrating on dementia and person-centred care.

• New NCC Care Homes Framework to start on 1 April 2016.
Objective 16:

A clear picture of research results and needs.

Progress made:

✓ NCC has collected local information that supports the planning and commissioning of services.

✓ The National Dementia Prevalence Calculator calculates numbers for the whole country. Its information helps us work out how many people have dementia.

Gaps to fill:

- There is no information about adults who have a learning disability and dementia.

- There is no information about how dementia affects people from Black and Minority Ethnic communities.

Objective 17:

Good national and local support to put the strategy in place.

Progress made:

✓ Strategic Clinical Networks are overseeing some parts of the dementia strategy. They bring
together those who use, provide and commission services to make them better and fairer for all.

Gaps to fill:

- Strategic Clinical Networks have concentrated mainly on diagnosis.

Objective 18:

Reduce the number of antipsychotic (mental health) drugs given wrongly to people with dementia.

Progress made:

- A check (audit) in 2011 – 2012 showed that Northamptonshire had successfully reduced the number of antipsychotic drugs used.
- Local CCGs have a clear plan in place to make sure people get the right drugs.
- CCGs to keep a check on all medicines used in care homes across Northamptonshire.

Gaps to fill:

- National check (audit) to find out if we are doing well, compared to other counties.
Other Commissioned services

Commissioned by the NHS:

- Community Mental Health Teams for Older People / People with Dementia, in Northampton, Daventry and Kettering.

- Countywide Early-Onset Service – for people who develop dementia before the age of 65.

- Mental Health In-patients Services for Older People / People with Dementia based in Northampton and Kettering.

Commissioned by NCC:

- Specialist Day Care for People with Dementia.

- County-wide Specialist Home Care Service for People with Dementia.
Main recommendations for the Local Dementia Strategy

1. Better intermediate care for people with dementia. This includes short-term treatments to help people stay independent, reduce the length of time they spend in hospital, or avoid hospital completely.

2. Better end of life care for people with dementia.

3. Develop options for housing support, other housing services and technology, such as alarms (telecare), to support people with dementia and their carers.

4. Put in place the Carers’ Strategy, and different options for respite care to give carers breaks.

5. Increase the number of dementia care homes, and make sure they deliver high quality care.
Summary

Since the national strategy began in 2009, it is clear that we have made a lot of progress locally. But there are areas needing more work to make sure living well with dementia happens for people in Northamptonshire.

We also need to think about what else will play a big part in how services are run in the next few years:

- Making sure mental health is just as important as physical health.
- The need for public services to work well and not waste money.
- The drive to make services work well together.
- The Care Act.

It is due to these things that we are choosing to concentrate on the 5 recommendations on page 28 for the next 3 years.
Documents we used to help us write the strategy

Living Well with Dementia: A National Dementia Strategy – 2009 (Department of Health)

Dementia: A State of the Nation Report – 2013 (Department of Health)

Dementia Does not Discriminate – All Party Parliamentary Group on Dementia (2013)


Cracks in the Pathway – Care Quality Commission (2014)