



1. **PURPOSE OF REPORT**

To update members on all the information gathered from the review and agree the recommendations formulated by members in the last Commission meeting.

2. **RECOMMENDATIONS**

2.1 That training of frontline staff on the issues surrounding dementia are extended from wardens of the Sheltered Housing Schemes to as many frontline staff as possible and consideration given to extend this to all staff on a Bronze Silver and Gold basis.

2.2 That the Council undertakes to do as much awareness raising as possible to 'take the fear out of' dementia.

2.3 To ask the Deputy Chief Executive (Community Direction) to raise through the Health and Wellbeing Board the need to ensure that a Dementia Advice pack is prominent in all public buildings and on the Council's website.

2.4 That the Council collate a database of support groups and that this is publicised on the Council's website and is used by customer services and other frontline officers in their interactions with carers and those concerned about Dementia.

2.5 That the Chair of the Scrutiny Commission write to GP's to understand what their approach is to diagnosis.

2.6 That people are encouraged to seek the support of their GP at an early stage to seek an early diagnosis.

2.7 That the work of the Commission is passed to "Changing Minds" to support them in their work to help people suffering with Dementia

2.8 That the crucial part assistive technology to support people with dementia is acknowledged and endorsed and that its importance is communicated to the County Council.

3. **BACKGROUND TO THE REPORT**

3.1 On 19 December 2011 the Scrutiny Commission commenced a review regarding the care of people suffering with Dementia, at this first meeting a timetable was agreed and the review was scoped to ensure that the following key issues and themes were covered.

- Understanding Dementia and Alzheimer's
- Support in the 3rd sector
- Care homes
- Personalisation
- Continuing Care

- 3.2 The scoping involved identifying witnesses who would be able to assist in the review, the Commission interviewed an unprecedented number of witnesses who included
- Older persons Manager
 - Locality Manager – Alzheimer’s Society
 - Head of Service Adults and Communities
 - A carer
 - Members of the Community
 - General Practitioners
 - Tudor Care Home
 - Hynca Lodge – supporting carers
- 3.3 The Older Persons Manager commenced the review by introducing a report discussing the national and local context. In summary the 2007 ‘*Dementia UK*’ report by the Alzheimer’s Society estimated that some 560,000 people in England had dementia, and estimated that that figure would increase nearly 40 percent over a 15 year period. Subsequent reports such as “*Living Well With Dementia: A National Dementia Strategy (NDS)*’ published in February 2009, estimated that the prevalence of dementia was over 700,000 and anticipated that this figure would increase to 1.4 million over the next 30 years.
- 3.4 A key finding of both reports suggest that many sufferers of dementia, an estimated two thirds of people, do not receive any form of formal diagnosis, at any point during their care or progression of their condition.
- 3.5 It is widely accepted that early diagnosis and treatment can dramatically improve the quality of life for people with dementia and increase their independence as their condition progresses.
- 3.6 Responding to the NDS and the predicted increases in dementia sufferers across Leicestershire, the following strategic partners, Leicestershire County Council, Leicester City Council, Rutland County Council, NHS Leicester City and NHS Leicestershire County and Rutland, formed the Dementia Joint Commissioning Group (DJCG), which subsequently went on to develop the ‘*Joint Dementia Commissioning Strategy 2011 – 2014*’, to meet the key objectives contained within the NDS, and improve outcomes for dementia sufferers.
- 3.7 To develop the strategy further, the key objectives, were grouped into four strategic themes, each led by a task group, with responsibility for the creation and implementation of action plans against their objectives.
- Increased awareness, early diagnosis and access to care and support services;
 - Improved experience of general hospital care and the management of physical health needs of people living with dementia;
 - Improved quality of care in residential/nursing homes;
 - Personalisation of care and living well with dementia in the community.
- 3.8 In line with the national aged population increases, the numbers of people aged over 65 in Leicestershire County and Rutland is expected to rise significantly over the next 20 years (Table 1).

Table 1: Leicestershire County and Rutland population aged 65 and over, projected to 2025.

	2008	2010	2015	2020	2025
People aged 65-69	32,900	36,300	45,000	40,900	43,700
People aged 70 – 74	28,000	29,300	34,300	42,700	39,000

75 -79	23,300	23,600	26,600	31,400	39,300
80 – 84	16,600	17,500	19,700	22,900	27,200
Over 85	14,600	15,800	18,800	22,900	28,700
Total population 65 and over	115,400	122,500	144,400	160,800	177,900

Source: www.poppi.org.uk

- 3.9 By 2025 the number of people over the age of 65 who will suffer from dementia across Leicestershire and Rutland is estimated to be 12,728. This increase will have a significant impact on the projected number of people with dementia within the County and locally within the Hinckley & Bosworth Borough.
- 3.10 The recently published Joint Strategic Needs Assessment 2012 (JSNA) detailed that in 2010 there were estimated to be around 1300 people in Hinckley and Bosworth with dementia. By 2030 this is estimated to increase to around 2600 people, an increase of 103%.
- 3.11 The JSNA identified that there is a significant disparity around the number of people expected to have dementia and the number of people being diagnosed. Leicestershire and Rutland's (PCT) diagnosis rate is 35% and is ranked 142 (1 being the highest and 169 the lowest rate of diagnosis). The National Dementia Strategy identifies a number of reasons for low diagnosis rates including low levels of understanding of dementia, the stigma around discussing dementia and the common associated of dementia as an inevitable part of the ageing process, resulting in the disinclination to offer or seek help and advice.
- 3.12 The JSNA contains a number of recommendations in terms of dementia including:
- Ensuring clear, consistent, integrated care pathways and effective joint commissioning.
 - Implementation of awareness raising initiatives in order to increase diagnosis rates to enable people with dementia and their carers to access information, advice and support services in time to prepare and plan for the future.
 - An increased focus on preventative approaches to enable people with dementia and their carers to maintain independence.
 - Exploring the potential for assistive technology to support people with dementia to assist people remaining in their own homes and to prevent carer strain/crisis.
 - Improved local recording of people accessing services with dementia to provide the opportunity to further explore local impact, including service quality and efficiency.
- 3.13 Hinckley and Bosworth Health and Wellbeing Partnership will be determining local priorities and actions from the JSNA and relevant Scrutiny recommendations can be linked through to that developing work.
- 3.14 Hinckley & Bosworth BC has an important part to play in ensuring that residents who currently, and who may suffer from dementia in the future, and their carers, have good, easy access to quality dementia care and support services.
- 3.15 During the course of the review we have identified some of the services available and delivered by our partners in our local area, which include:
- Day Services;
 - Home Care Services;
 - GP Services;
 - Community Mental Health Teams for Older People;
 - Memory Assessment Service
 - Reablement Services;
 - Hospital and In Patient Services;

- Carer Support Services;
- Residential and Nursing Care Homes.

3.16 The Council has

- Developed the 'Vision for Older People Living in Hinckley & Bosworth 2011 – 2015' with actions to:
 - Increase older peoples health by encouraging physical activity.
 - Ensuring easier access to services by promoting services such as the *First Contact Leicestershire Scheme*
 - Participating in and facilitating forums for older people which enable them to access information, as well as provide feedback and share experiences of local services, i.e. OPEN (Older Persons Engagement Network).
- Developed Housing Strategy 2010-2013 with the following commitments:
 - to work with partners to develop an extra care scheme within the borough.
 - Participate in the county wide review of control centres.
 - Maximise the use of aids and adaptations to allow people to remain in their own home.
 - Working with Supporting People to identify needs of specific groups and initiatives to meet those needs.
- Contributed to the LCC 'Strategy for Ageing Well in Leicestershire'
- Provided Housing Related Support Services which include:
 - Sheltered Housing
 - Community Alarms/Lifeline services
 - 24 hour Control Centre and Response Service
 - continuing to work with Leicestershire County Council with future retendering of Housing Related Support Services.
- Ensured that Sheltered Housing staff receive regular dementia awareness training, and are able to provide sign posting services to dementia sufferers and their carers.
- Supported the Older Voices 'Over 50's' Day, which aims to promote health and well being, by organising an annual event open to older people across the borough. Activities have included information stalls by statutory and voluntary organisations, health therapy taster sessions, art and craft classes, computer workshops, health screening and dance/exercise events.

3.17 The Witness evidence revealed the following issues

The need to improve GP knowledge
 The need to ensure all agencies and Partners work together
 To ensure everyone knows about support options for the patient and carers
 There are carer support groups but may not be well known
 Diagnosis and support is the most important
 There is a need for targeted education
 Reduce the fear of a diagnosis
 Dementia training to frontline staff may help

3.18 Members formulated the recommendations in this report in the meeting of the Commission on 23rd August 2012.

4. FINANCIAL IMPLICATIONS [AB]

There are no financial implications arising from this report.

5. LEGAL IMPLICATIONS LH

There are no legal implications arising from this report.

6. CORPORATE PLAN IMPLICATIONS

All but in particular Healthier and Safer Borough.

7. CONSULTATION

All those involved in the review listed above.

8. RISK IMPLICATIONS

Management of significant (Net Red) Risks		
Risk Description	Mitigating actions	Owner
Failure to conclude the report will have reputational consequences and produce robust recommendations.	Complete review and ensure the recommendations are tangible, appropriately directed and realistic	LH

9. KNOWING YOUR COMMUNITY – EQUALITY AND RURAL IMPLICATIONS

The implications are on the most vulnerable in society. The review seeks to be as inclusive as possible and has identified that more needs to be done to ensure services are open and known to all.

10. CORPORATE IMPLICATIONS

- None

Background papers: Previous Scrutiny Reports

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