City of Bradford MDC
www.bradford.gov.uk

Report of the Chairs of the Bradford Dementia Strategy Group to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 26 January 2017.

W

Subject: Post Diagnosis Support for People with Dementia

Summary statement:

This report, as requested at Health and Social Care Overview and Scrutiny Committee in September 2015, is an annual update report from the Bradford District Dementia Strategy Group focusing on the services provided in the District to support people with dementia and their carers post diagnosis.

Chairs of The Bradford Dementia Strategy Group – Simon Baker and Dr Sara Humphrey

Report Contact Simon Baker, Interim Service Manager Commissioning, Adult and Community Services.
Phone: (01274) 434073
E-mail: simon.baker@bradford.gov.uk

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

1.1 The following report is an update from the Local Dementia Strategy Group on the services available in the District for people with dementia and their carers. The services described are funded by both or either the Local Authority and the NHS and are provided by a wide range of organisations including specialist acute setting support through to community based services.

2. BACKGROUND

2.1 The realisation of the impact of dementia on society, on individual and on families has resulted in increasing government and public pressure to improve services from health, social care, and voluntary sector and community perspectives.

2.2 Since the inception of the National Dementia Strategy in 2009 policy has focussed on the following issues;

- Improve detection & diagnosis rates
- 'Dementia-friendly' communities
- Integrated health & social care
- Reduce acute hospital admissions
- Minimise sedative psychiatric medications
- Improve post-diagnostic support
- Better carer support

2.3 The Bradford Dementia Strategy and Action Plan 2015-20 was presented to Health and Social Care Overview and scrutiny in Autumn 2014 and was launched across the District at a launch event in June 2015.

2.4 The Dementia Strategy Group updated Health and Social Care Scrutiny in September 2015 on progress on the Local Strategy and Action Plan. The Committee noted the progress and asked for a further update on Post Diagnosis Support for People with Dementia and their Carers.

3. REPORT ISSUES

3.1 Locally it is estimated that there are more than 5000 people with dementia in the District. Approximately 4000 of those people have a diagnosis with 1000 remaining undiagnosed. Local diagnostic rates are over 80% across the district meaning they are amongst the highest in the region, feeding demand for post-diagnostic services. In 2015-16 there were 1750 referrals for memory assessments. The number of people with dementia is likely to rise to 6000 by 2020.

3.2 Other key issues that need to be considered are that 25% of hospital beds are taken up by people with dementia, 80% of residents in care homes are people with dementia however it is estimated that 66% of people with dementia still live at home.

3.3 Receiving a diagnosis of dementia can be a difficult and emotional time. It can be hard to come to terms with it and know what to do next. Some people might even

feel a sense of relief from knowing what is wrong and what steps to take. Support after a diagnosis is very important. A diagnosis of dementia shouldn't stop people being in control of their lives or doing many of the things they enjoy. They should be supported to remain independent, active and engaged, and fully involved in making decisions and choices for themselves, for as long as they can.

3.4 Post diagnosis services range from general to highly specialised support. When a person needs a diagnosis they are referred to a memory clinic. There are 14 Memory Clinics per week in 14 different GP surgeries.

3.5 As a result of this people with a diagnosis will automatically be given support from a Dementia Adviser 2 weeks after diagnosis. The Dementia Adviser service, which is an assigned worker service with the Dementia Advisers and Dementia Support Workers working together from diagnosis and throughout the dementia journey, is run by the Alzheimer's Society and funded by both the Local Authority and the CCGs. Support from Dementia Advisors includes information about diagnosis & treatment, carer's needs, community support, and local community based services. Alongside support from a dementia advisor there will be a nurse review 3 months after diagnosis which covers physical health, social needs, practical support, medication, other possible mental health issues, sign-posting and onward referral. There is also a GP review every 12-15 months which covers physical health, changes in memory, medication and advanced care planning.

3.6 Alongside the systematic support given above post diagnosis there is a wide range of other services that can be accessed by both the person with dementia and their carers to ensure that they live well with dementia. These can be grouped under the following headings;

Social Support;
This includes Home Care/Day Centres/Sitting Service/Befriending/Memory Tree/ Well-Being Cafes / Community & Voluntary Sector groups / Peer Support. A key issue, particularly in regard to community based services is ensuring that there are culturally specific services. There are a number of these services in the District which include services such as Meri Yaadain and Sharing Voices, and Eastern European, South-Asian and African-Caribbean Well-Being Cafes. There is also a pilot running to improve uptake and engagement for BAME communities which itself may increase demand for BAME post-diagnostic services.

Carers;
Carers are a key source of support to people with dementia, but it is important that they have access to support. So for carers there are again a number of services they can access including Rally Round/Carers Resource/Family Support (Alzheimer's Society)/BDCFT Carers Hub/Relate/Making Space/ Young-Onset Pathways Group. All these projects and services are key support mechanisms for carers.

Physical and Psychological Support;
To live well with dementia it is important that both physical and psychological needs are addressed. To support this people with dementia can access services where

appropriate from the District Nurse Service/ Community Matrons/ Case Managers/MH Physios /Dental Service /Dementia Lead Nurse (BRI) / Complex Care Team/Community Mental Health Teams / Occupational Therapy / Specialist Day Care / Acute Hospital Liaison and the Piccadilly Project.

3.7 There are also a number of highly specialised services for people with dementia in both social care and acute settings. These are provided by the Local Authority and independent care home providers and the NHS. There are a two specialist day care units, run by the Local Authority, Woodward Court Day Centre (Allerton) and Holmewood Resource Centre (Keighley). There are also Local Authority Respite & Assessment Units at Holmeview (Bradford), Woodward Court (Allerton), Holmewood (Keighley), Thompson Court (Bingley) and Currergate (Steeton). There also Community Hospitals at Eccleshill, Westbourne Green, Westwood Park, St Luke's, Castleberg that provide acute services and there are Residential & Nursing Home Care throughout the District that provide Elderly Mentally Impaired (EMI) registered facilities. There is Care Home Liaison input from CMHTs.

3.8 A key priority in the National Dementia Strategy is dying well with dementia. Although there isn't a specific end of life service for people with dementia, there is a District wide Palliative Care teams who provide people who have progressive illnesses with help and support throughout progression of their illness.

3.9 In addition to the services identified above there are a number of local and national sources of information identified for people with dementia and their carers. Locally there is a Dementia Self-Care pack available alongside, web based material, including a dementia services directory developed by Bradford District Care Trust and dementiacarer.Net, a resource aimed at giving practical support to carers of people with dementia. There are also nationally available support tools devised by organisations such as the Alzheimer's Society and Age UK and the national dementia helpline.

3.10 Post diagnosis support is a key priority within the Local Dementia Strategy and Action Plan. The vision for people with dementia and their families or carers is to be supported to find, contact and access appropriate, meaningful and local health, social, community and / or voluntary sector support. This needs to be done in an integrated way that ensures that providers of services and people with dementia and their families or carers are aware and can access the wide range of services available at crucial times. The Dementia Strategy Group will be working to ensure that there is that range of services available and continue to support best practice.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

None

7. OTHER IMPLICATIONS

None

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

None

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

None

10. RECOMMENDATIONS

10.1 The Committee members are asked to comment on the update report.
10.2 To note that a further update report will be provided in October 2017

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None