

<b>Subject:</b>	<b>Progress Report on the Statement of Strategic Direction for improving services for People with Dementia and their Carers in West Norfolk</b>
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<b>Submitted to:</b>	<b>NHS West Norfolk CCG Governing Body, 29 January 2015</b>
<b>Purpose of Paper:</b>	<b>To advise the Governing Body on the progress that has been made on services for people living with Dementia and their Carers and to seek approval to an extension of the Dementia Intensive Support Team (DIST) pilot and agreement on moving towards a public consultation over the changes to the Dementia and Complex Care in Later Life (DCLL) and the permanent closure of inpatient wards at Chatterton House, King s Lynn.</b>
<b>Executive Summary:</b>	
The paper identifies progress in taking forward The Statement of Strategic Direction which was agreed by the Governing Body on 31 July 2014 and seeks approval of a further extension of the DIST pilot and a move to public consultation over the DCLL Pathway changes.	
<b>KEY RISKS</b>	
That despite good progress West Norfolk CCG struggles to achieve a 67% diagnosis rate by 31 March 2015	
<b>Clinical:</b>	
That enough appropriately qualified and experienced staff are available to work within the dementia pathways in West Norfolk.	
<b>Finance and Performance:</b>	
The finance is mainly covered within the block contract with the Norfolk & Suffolk NHS Foundation Trust (NSFT) and contracts with voluntary organisations and the performance information is drawn from the metrics within those contracts.	
<b>Impact Assessment (environmental and equalities):</b>	
Will promote local services and hopefully reduce travel for staff, patients and carers.	
<b>Reputation:</b>	
West Norfolk CCG wishes to enhance its position in care for people living with dementia and their carers.	
<b>Legal:</b>	
Any consultation will need to follow the requirements of the Health and Social Care Act 2012.	
<b>Patient focus (if appropriate):</b>	
This statement is intended to lead improvements in the quality and availability of care for people with dementia and their carers.	
<b>Reference to relevant Governing Body Assurance Framework: 2.7</b>	
<b>RECOMMENDATION:</b>	
The Governing Body is asked to note the progress made with the implementation of the Statement of Strategic Direction, to approve the extension of the DIST pilot and to agree moves towards public consultation over the DCLL pathway changes and the permanent closure of wards at Chatterton House.	

**“TOWARDS A DEMENTIA-FRIENDLY COMMUNITY IN WEST NORFOLK”**  
**Progress made on the Statement of Strategic Direction for improving the services**  
**for People living with Dementia and their Carers in West Norfolk - January 2015**

## **1. INTRODUCTION**

On 31 July 2014 West Norfolk Clinical Commissioning Group's (WNCCG) Governing Body approved the Statement of Strategic Direction for improving services for people living with Dementia and those who care for them. This paper is intended to provide a brief update on progress and to seek Governing Body approval to extend the DIST (Dementia Intensive Support Team) pilot and to move towards public consultation on the revised Dementia and Complex Care in Later Life (DCLL) pathways.

## **2. PROGRESS ON OBJECTIVES**

### **2.1 Improving public and professional awareness and understanding of dementia**

#### **2.1.1 SPECAL (Specialised Early Care for Alzheimer's)**

SPECAL is a person-centred process of dementia care with the overall aim of lifelong wellbeing for the person living with dementia. It aims to challenge the prevailing pessimistic view of the disease trajectory as ending, if the person lives long enough, in an apparently unavoidable state of semi-vegetation, and to replace this with a reasonable vision of the person concerned being able to live as close an approximation to the life they would have lived without dementia.

The main problem for a person living with dementia, according to SPECAL, is an increasing failure to store new factual information whilst continuing to store feelings in the normal way. SPECAL uses the analogy of the photograph album and encourages those coming into contact with the person living with dementia to seek to follow the three golden rules: Not to ask questions, not to contradict and to listen to the expert, person living with dementia.

West Norfolk CCG's Clinical Executive (CLEX) agreed a limited approach to testing and developing the SPECAL method in West Norfolk and a provisional partnership approach based on this has been agreed with Contended Dementia, who own the Intellectual Property Rights to SPECAL, and this will start shortly.

#### **2.1.2 Dementia Friendly Towns**

In the event the fourth dementia friendly town in Norfolk was Aylsham. Age UK Norfolk is now in discussion with interested people in Downham Market to assess its viability as a Dementia Friendly Town; it is important for the initiative to be self-sustaining.

### **2.2 Good quality early diagnosis and intervention for all**

#### **2.2.1 Primary Care**

As part of the need for timely diagnosis, the Statement of Strategic Direction discussed the Dementia Diagnosis Rate for WNCCG (calculated by aggregating together practice information to show a CCG figure) in some detail. The rate rose from 35% in March 2012/13 to 40.6% in March 2013/14; the largest increase for any CCG in Norfolk. As of December 2014 the rate was 48.95% with five practices now exceeding the national 67% target set for March 2015.

Two Directed Enhanced Services for Primary Care have been nationally introduced during 2014/15. To be effective they need GP practices to sign up to them and to return information to NHS England. They are:

- Facilitating timely diagnosis and support for people living with dementia (April 2014);
- Dementia Identification Scheme for GP Practices (September 2014).

All 21 practices have signed up for the first and 18 for the second. 17 practices also took part in the Harmonisation of Records initiative set out by NHS England in December 2014 which aimed to ensure that all Practice patients with a diagnosis for dementia are included within the Practice Dementia Register.

### **2.2.2 Dementia Advisers**

The Health Needs Assessment published by Norfolk County Council Public Health Department in July 2014 estimated the need for five dementia advisers in West Norfolk. A West Norfolk specific proposal for Dementia Support Services, including Admiral Nurses, is considered later in the paper.

## **2.3 Enabling easy access to care, support and advice following diagnosis**

### **2.3.1 Primary Care Based Memory Services**

Norfolk and Suffolk NHS Foundation Trust (NSFT) is in the process of nominating a named nurse and an associate nurse to work with each GP Practice.

Agreement has been reached for GPs to diagnose dementia in straightforward cases. Previously national guidance had required GPs to refer a patient to a Consultant for a diagnosis to be made but guidance has now changed. Preliminary work has started towards enabling GPs to initiate medication for patients diagnosed with dementia.

### **2.3.2 Admiral Nurses**

As a result of the '£5 per head' available to secure additional services for GP practices, four practices are planning to have commissioned an Admiral Nursing Service, including Dementia Advisers and Dementia Support Workers, for patients living with dementia and their carers. The funding from this source lasts for one year and consideration will be given to a WNCCG-wide service in 2016/17. This is based on the fact that information from the Admiral Nurse pilot shows not only quality improvements but also financial benefits from the avoidance of hospital admission and earlier return home.

## **2.4 Improved quality of care for people living with dementia in general hospitals**

There have been training initiatives arranged by The Queen Elizabeth Hospital for their staff and there is also a Mental Health Liaison Service originally funded from Winter Pressure monies in 2013/14 which has continued through 2014/5 with CCG funding. This has brought into the hospital Accident and Emergency Department and the wards Mental Health Professionals from NSFT and staff from West Norfolk Mind. For three days a week a Consultant Psychiatrist, skilled in the mental health needs of adults and older people, including those living with dementia, has been available to staff and patients on the hospital wards.

## **2.5 Improved Intermediate Care for people living with Dementia**

The two 'Alternative to Admission' beds have been available as part of the DIST pilot considered further in section 2.7.

## **2.6 Improved End of Life Care**

The Head of Hospice Outreach Services from Norfolk Hospice has attended the West Norfolk Dementia Network to outline the nature of the services that Norfolk Hospice working with the Norfolk Community Health and Care NHS Trust and Marie Curie Cancer Care provide through the Hospice at Home Service to professionals in dementia care.

West Norfolk Care Homes have contributed a significant proportion of carers who have received training through joining the Dementia Care Coach Programme training provided by the Norfolk and Suffolk Dementia Alliance. The programme met specific competencies in those caring for people living with dementia and the Dementia Care Coaches are now back in their workplaces disseminating their learning to others.

## 2.7 Care and Support at a time of crisis at home or in a residential setting

### 2.7.1 Dementia Intensive Support Team (DIST)

The need for improved care and support for people living with dementia and those who care for them when a crisis occurs has been recognised by the pilot introduction of the DIST by NSFT as part of its Trust Services Strategy (TSS) implementation in place of inpatient beds on Chase Ward at Chatterton House. This change was the result of a financial analysis by NSFT as part of the TSS review, as well as the fact that users and carers do not want a clinical hospital environment through the use of hospital beds and prefer where possible to have their care in the home setting.

The DIST is designed to provide intensive care including psychological and behavioural components to a patient for up to six weeks at a time to support them and their carer(s) through a crisis in their own home setting, potentially avoiding the need for inpatient care. In support of the DIST there are two 'Alternative to Admission beds' in West Norfolk and access to specialist beds at the Julian Hospital in Norwich for those few patients who have more complex and challenging needs.

The pilot period has confirmed that as always expected a few patients with the top level of complexity would need to be cared for in the specialist wards in Norwich. It was expected that referrals would be higher at the time DIST was introduced but numbers are now at the expected level (see Appendices 1 and 2). Below are extracts from Appendix 2 showing the use of the NSFT services by West Norfolk CCG patients:

DIST July to December 2014	Active caseload average Weekly West Norfolk referrals	40 6
Alternative to Admission Beds April to December 2014	2 beds for WNCCG patients Admissions from WNCCG: <ul style="list-style-type: none"> <li>• 1 bed occupied 37% of the time</li> <li>• 1 bed occupied 47% of the time</li> <li>• No beds occupied 16% of the time</li> </ul>	7
Blickling Ward (Dementia) April to December 2014	Admissions from WNCCG Average bed occupancy for WNCCG Contracted beds	10 1.7 2
Sandringham Ward (Mental Health for Older People)	Admissions from WNCCG Average bed occupancy for WNCCG Contracted beds	13 1.7 2

### 2.7.2 Consideration of the service changes proposed to date

On 27 May 2014 WNCCG's Governing Body received "An Evaluation of Pathway Changes in Dementia and Complexity of Care in Later Life (DCLL)" (attached as Appendix 1). At its meeting on 31 July 2014 WNCCG's Governing Body approved an extension of the DIST pilot to allow for information over a longer period to be assessed and for more GP and carer opinions to be obtained.

### 2.7.3 Additional Information and preparing for Public Consultation

In December 2014 West Norfolk GPs were surveyed for their views on DIST; 20 GPs out of 120 contacted completed an on line survey, a response rate of 17%. The summary results are attached at Appendix 3. Eleven of those GPs were clear on the role of the DIST, 6 considered the service responsive and 10 thought it of good quality, while 11 found it unresponsive and 9 were not happy with the quality of the service provided.

The views of carers are included within the supplementary paper from NSFT (attached as Appendix 4) in the form of the Friends and Family responses about DIST and a particular survey conducted on the DIST service; both are positive about the DIST service as shown in the table below.

#### Friends & Family Test “Likely to recommend” Percentages

Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
87.5	12.5	0	0	0	0

#### DIST Survey Evaluation “Likely to recommend” Percentages (10 highly likely – 0 very unlikely)

10	9	8	7	6	5	4	3	2	1	1
78	17	4	0	0	0	0	0	0	0	0

As part of the pre-engagement work outlined in section 2.7.5 of this paper, NSFT will, in April, undertake a telephone sample of carers of those living with dementia who have used the service during the period October 2014 to March 2015 to help inform the consultation process.

The Governing Body needs to move towards a decision as to whether or not to support the continuation of the DIST and the suspension of Chase and Tennyson Wards being made permanent. This will involve public consultation under the Health and Social Care Act 2012 requirements. As a result of the imminent General Election on 7 May 2015 there is a requirement on public bodies, including those in the NHS, to observe what is known as ‘Purdah’ from the point at which the formal notice is made of the Parliamentary Elections which is on the 30 March until the General Election day. No formal public consultation can take place during that period.

### 2.7.4 Extension of the DIST Pilot

The Governing Body is asked to extend the DIST pilot for a further period until a consultation document on the changes to the pathways in Dementia and Complexity in Later Life and the closure of the inpatient beds at Chase and Tennyson Wards, Chatterton House has been agreed by the Governing Body at its meeting on 21 May 2015, a 90 day public consultation has taken place and a final decision has been made.

### 2.7.5 Pre-engagement, formal Public Consultation and involvement of Norfolk Health Overview and Scrutiny Committee (NHOSC)

In the period before the public consultation takes place there will be a programme of pre-engagement designed to secure the views of all those with an interest including service users and carers to help inform the consultation document.

NHOSC should be informed about the forthcoming consultation at the earliest opportunity. This can be done through the NHOSC Briefing in April 2015 or earlier. NHOSC could receive the consultation at its meeting on 28 May 2015, with papers required by 15 May 2015. This issue is already on its agenda for that date. It is planned to send NHOSC a copy of the papers going to the WNCCG Governing Body with a covering paper and a verbal update at its meeting. As consultees NHOSC would have the opportunity to make comments on the proposals before the end of the public consultation period but their final consideration would take place after the CCG has considered all comments received during the consultation period and decided how it wishes to proceed. NHOSC would need to receive a report with the CCG's decisions and the information on which they were based. If NHOSC is satisfied with the CCG's proposals at that stage, the process would end.

### **3. CONCLUSION AND RECOMMENDATION**

The Governing Body is asked to note progress made since the Statement of Strategic Direction for Dementia Services was agreed on 31 July 2014 and to confirm, as in 2.7.4, the extension of the DIST pilot until all the procedures surrounding public consultation have been concluded and a decision made. The Governing body is asked to agree to move towards public consultation on the new DCLL Pathways and the permanent closure of Chase and Tennyson Wards at the Chatterton House site in King's Lynn.