

Joint Commissioning Strategy for people with dementia in Devon

Purpose: This paper describes Devon's response to the National Dementia Strategy and lays out the local Joint Commissioning Strategy for dementia services for 2009 – 2013.	
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Contents

1.	Summary	2
2.	Introduction	4
3.	National and Local Guidance and Research	5
4.	Future Demand	9
5.	Market Analysis	12
6.	Gap Analysis	17
7.	Design of Future Provision	18
8.	Achieving the Way Ahead Outcomes	20
9.	Monitoring Arrangements	22
10.	Next Steps	22
11.	List of Appendices	22

Joint Commissioning Strategy for people with dementia in Devon

The aim of the National Dementia Strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. The Strategy identifies 17 key objectives which, when implemented, largely at a local level, should result in significant improvements in the quality of services provided to people with dementia and should promote a greater understanding of the causes and consequences of dementia. This Strategy should be a catalyst for a change in the way that people with dementia are viewed and cared for in England.'

'Living well with dementia – A National Dementia Strategy' was published by the Department of Health in February 2009 after extensive consultation.

1. Summary

This paper describes Devon's response to the National Dementia Strategy and lays out the local Joint Commissioning Strategy for dementia services for 2009 – 2013.

Devon has a population of over 750,000 people of which more than 20% are over the age of 65. The number is likely to grow by one third in the next 15 years. In the next 5 years alone, the number of people aged over 80 will rise by 8%.

The Dementia UK report identified that one in 20 people over 65, and one in five over 80, are affected by dementia. In Devon, estimates indicate that more than 12,000 people will have dementia, rising to more than 17,000 in 2021.

The development of this strategy has been considerably facilitated by the information gathered through the Joint Strategic Needs Assessment; the Research & Development in Mental Health Older People's Strategy Review (Feb 2008) which followed up the recommendations of the Sainsbury Centre for Mental Health's Development Project (2005); the Partnerships for Older People's Projects (POPP nationally) and My Life, My Choice (Devon) which have provided an increasing evidence base for preventative and early intervention services. Recent community based Focus groups utilising the Care Services Efficiency Delivery (CSED) tool have helped local people engage with discussion around balancing investments to create capacity.

This puts Devon in a strong position to make sound plans for building on and enhancing services for people with dementia and their carers, learning from and sharing existing examples of good practice. The aim of this commissioning strategy is to deliver improvements in three key areas:

- Raising awareness
- Early diagnosis and intervention
- Living well with dementia

We will achieve this in the following ways:

- Drive up the quality of existing and continuing services for people with dementia
- Shift resources towards prevention and early intervention as a central objective of Putting People First and the personalisation agenda
- Significantly raise awareness of dementia amongst primary and secondary care services

- Support specialisation for professional staff to ensure a sustainable and skilled workforce for the future in the care of people with dementia and their carers
- Enhance the skills and competence of all staff working with older people to recognise and manage the needs of people with dementia
- Address the specific needs of people within BME communities in relation to dementia
- Understand capacity and utilise existing available resources to best effect to meet current and projected demand
- Develop a balance of investment across the full range of possible interventions for people with dementia and their carers
- Further develop the mixed economy of service provision with greater involvement of voluntary, community and third sector organisations

2. Introduction

2.1 The Department of Health (March 2007) describe commissioning as, 'the means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services for users which:

- Deliver the best possible health and well-being outcomes, including promoting equality;
- Provide the best possible health and social care provision and
- Achieve this within the best use of available resources.' (*Commissioning framework for health and well-being DH March 2007*)

2.2 The purpose of this Strategy is to inform the operational plans and budget cycles of the PCT and Local Authority and demonstrate how we plan to improve services for people with dementia. It is informed by World Class Commissioning guidance and the specific guidance on World Class Commissioning for dementia developed to support the strategy (NDS). Analysis is based on the Joint Strategic Needs Assessment; the Devon Dementia needs analysis; the recent 'Dementia Postcard Campaign', and a review of Memory Café services in partnership with the Devon Partnership Trust. All of these, and the 'Ageing well in Devon health & well-being strategy' have drawn from the views of people with dementia, their carers, health and social care staff and clinicians.

2.3 Underpinning the strategy are the shared values and vision of Devon PCT and Devon County Council published in the joint strategic plan – 'The way ahead – five years of improvement'. This aims to deliver:

- Health as good as it can be – prevention and early intervention
- Care as local as possible – and as specialised as necessary
- The best possible treatment – that is continuously improving
- The right support for people – with complex needs
- The most effective use of all our resources – for maximum impact
- A say and an influence – promoting partnerships in care

And makes a commitment to:

- Narrow the gap between the recorded and the currently estimated prevalence of dementia by at least 25% in the next 5 years
- Increase by 10% the number of people with moderate to severe dementia who are helped to remain at home by 2013

The NHS South West Strategic Framework 'Improving Health: Ambitions for the South West' highlights the following expectations in relation to people with dementia:

- Improve access for new mental health service users (including older people): assessments completed within 8 weeks by 31 March 2009 and 4 weeks by March 2011
- Ensure all people diagnosed with dementia have a person centred care plan within 4 weeks of their diagnosis by March 31st 2010.

2.4 In keeping with these outcomes and the National Dementia Strategy this commissioning approach aims to deliver real improvements in three key areas:

- Raising awareness
- Early diagnosis and intervention
- Living well with dementia

2.5 Based on the recently refreshed information from dementia service mapping completed initially in 2007, services for people with dementia are delivered across adult social care, Devon Primary Care Trust, voluntary and community partners, with more specialised services being delivered by community mental health teams in Devon Partnership Trust in conjunction with integrated health and social care complex care teams. Devon Partnership Trusts' and Devon PCTs specialist older people's mental health in-patient units deliver nursing and medical care to those in need of more acute services. Long term care and support are delivered through a range of in-house and independent care homes, with domiciliary support provided through in-house and independent care agencies.

There are two specialist intermediate care units for people with dementia, and a number of intermediate care units which do not routinely accommodate the needs of people with dementia at present.

Memory cafes exist in 13 areas in Devon.

This Strategy has been developed by collating the information already available through the mechanisms described above. A structure for engagement and governance is being established to indicate how influence and accountability will be ensured.

3. National and Local Guidance and Research

This section describes the national and local drivers which inform Devon's Commissioning Strategy

3.1 National

3.1.1 The National Dementia Strategy's 17 objectives

3.1.2 'Everybody's Business' Integrated mental health services for older adults: a Service Development Guide (CSIP 2005). This guide is committed to:

- Improving people's quality of life
- Meeting complex needs in a coordinated way
- Providing a person centred approach
- Promoting age equality

3.1.3 NICE Health and Social Guidelines for Dementia (NICE & SCIE 2006)

3.1.4 Mental wellbeing and older people (NICE public health guidance Oct 2008)

3.1.5 'Dementia UK Report' (Alzheimer's Society 2007)

3.1.6 Partnerships for Older People's Projects Programme: (Poole – Primary care based assessment service (OPMH) and Bradford and Airedale's 'Older people's Health in Mind' programme.)

3.1.7 Putting People First: Making a Strategic Shift towards prevention and early intervention (DH Oct 2008)

3.2 Local

3.2.1 Key Proposals and Recommendations of Sainsbury Centre for Mental Health Report (2005):

- Greater integration and coordination of care
- Earlier detection of dementia and support in primary care
- A shift in spending towards effectively supported home care and
- Less reliance on residential and hospital care

3.2.2 Research and Development in Mental Health Devon and Torbay Strategy Review highlighted the following areas for priority development (Feb 2008):

- Information and communication
- Early detection, assessment and treatment
- Development of practical support services
- Reduced admissions to hospital
- Flexibility and equity of access

The full report is at Appendix XX

3.2.3 CSED – Care Services Efficiency Delivery tool has been used to engage communities in discussion about changes to services.

3.2.4 Developing market strategies in public healthcare: A how to guide for PCTs (ATKearney/BUPA Dec 2008)

3.2.5 Ageing Well in Devon – A Statement of Health & Well-being Strategy. This recognises there are many people with dementia who we are not in touch with, that could be helped, and made a commitment to developing the Sainsbury Report recommendations outlined above.

3.2.6 The '**Devon Dementia Postcard Campaign**' run by Devon Partnership Trust in autumn 2008, identified a very broad range of issues that are of most concern to people with dementia and their carers. This was a simple and direct way of asking people for feedback about services and to list their priorities for how their lives might be improved.

3000 postcards were distributed across Devon with a closing date for responses of 31st October. Postcards were colour coded by area, recognising the differences in services between the areas of Devon. Some comments are shared here:

“Awareness campaign to promote dementia’s cause, to counteract the notion that it is a shameful family secret.”

“Develop a positive perception of dementia for the public”

“There are very limited services for dementia sufferers in Devon. Every help is an hour away ..”

“There is too little personal contact. A visit every now and then from a professional would be nice, just to discuss progress and any problems, which may have arisen.”

“More help for dementia sufferers on admission to hospital the carer can’t be there to help and nursing staff can be very busy”

“It’s nice to meet other carers and know you’re not alone”

“GPs can’t just give you a diagnosis and leave you floundering..”

3.2.7 A detailed review of services provided by **Devon’s Memory Cafes** has been undertaken. This includes detailed comparative data; interviews with Café Co-ordinators and volunteers; a comparison of functions and qualitative statements by people with dementia and their carers who attend the Cafes. The views of people attending Devon’s Memory Cafes have provided further information about what is important to people.

Carer: “it’s especially good that other people will talk to my husband - keeps as much normality going as possible, people understand the difficulties and can engage with him”

Gentleman with dementia: “relaxed in like-minded group, not worried about what you’re going to say”

Carer: “meeting CPN and other staff on informal basis regularly, don’t have to keep chasing them up if things occur that need their help/attention”

Lady with dementia: “wonderful. Friendly. For people like me who’ve got something wrong with them ... get such understanding here. In a group, we’re all like people. People like each other as they are, they don’t worry about their problems”

3.2.8 POPP Local experience: Community Mentoring

The Community Mentor service is a voluntary sector service employing paid staff who combine task focussed goal oriented short term work with individuals with a community development and group work approach which improves the capacity and inclusiveness of the community and attracts participants without stigma or the creation of dependence.

The Community Mentoring Service is seen as a key part of the modernisation agenda, helping to personalise the support people need to live their lives fully. Already it has been used to transform individuals’ experience from traditional Day Care to more enjoyable, appropriate and local social activities. Although it usually works with people so they don’t need formal services, it can also work with people using Direct Payments or an individual budget where they have eligible needs but cannot meet these alone.

There is also evidence that people from BME communities are not accessing health and social care appropriately, or at all. There is particular need to address this issue. Community Mentoring Case Studies:

Mrs H is in her mid 70s and has very significant memory loss. She lives alone but has a very supportive daughter who visits most days. It was the daughter who contacted Link 2, as she was concerned that her mother was becoming increasingly isolated as a result of her forgetting dates / times etc. There was at that time no help from any other services involved. The Link 2 Team member was able to explain to mother and daughter the role of both GP and Social Services, and what was available to them. They also discussed possible day care and the Take A Break scheme, - which has now been set up. Mrs H now attends the Games Group at Age Concern Exeter, and comes for lunch once a week – transported by her daughter. They have also been put in touch with the Dementia Carers service. The daughter says she is 'most grateful for all the help support and advice given, as it has made an enormous difference to both their lives.'

J had moved to the area after the loss of his wife, to be near to his daughter. Although very independent, he felt quite lonely and isolated in his home, having no friends of his own. He suffers with extreme short term memory loss.

After exploring what he would like to do and working alongside his daughter J was introduced to a local centre in his village and was able to attend on days of his choice. J is a fit man and walking being his real passion. He was supported to attend the local walking group – the mentor took him initially and walked with him and over a period of weeks gradually withdrew but rang each week to remind him of the day and walk time etc until the walk details were retained in J's longer term memory. Reminders were kept on a pin board and a diary, next to his telephone.

Sahara Case Study, Chinese Lady with Dementia

This client's daughter had called upon a Sahara Mentor due to concerns with her mothers deteriorating behaviour. She was angry, acting aggressively and was not eating. Her mother had been away for a year and had come back a different person. Our Mentor advised she call an emergency doctor but this wasn't much help due to language barriers and lack of diagnosis. Our Mentor got contact details for the Social Services who arranged for the lady to go to a care home in North Devon as 'Chinese people' ran it (the client is from China). The staff are, in fact, Phillipino rather than Chinese, which caused even more distress to the lady, and she tried jumping out of the second floor window. The home contacted Franklyn House and she was admitted there for assessment. She was diagnosed with Dementia, which hadn't been spotted earlier on by doctors.

She is now in a care home in Exeter and settling in well although is heavily reliant on drugs to keep her anger and aggression down. The Mentor was able to interpret for the client enabling communication between the client and the Social Worker, Doctors and Care Home owners. The Mentor continues to visit her on a regular basis. This client's health and behavior has dramatically improved, and as she settles into the home more improvement is likely to be seen.

The lady's daughter (her carer) has been relieved of much stress, knowing her mum has been diagnosed and is safe in a home being cared for.

As a result of this case – conversations have been had with Adult and Community Services about 'Care Plans'. We have been informed that it has influenced a section on the DCC Accessibility and Equality Standards (about care planning where someone is a speaker of another language). This has gone onto the Intranet and all social workers have access to it.

4. Future Demand

4.1 The following maps and tables are included to graphically illustrate the increasing expected prevalence of dementia in Devon. The table below shows how significantly the prevalence of dementia increases in the 85+ age group. The figures are sourced from the Dementia UK Report which is based on prevalence by age banding as follows:

Age	Male%	Female %
65 – 69	1.5	1.0
70 – 74	3.1	2.4
75 – 79	5.1	6.5
80 – 84	10.2	13.3
85+	21.1	26.1

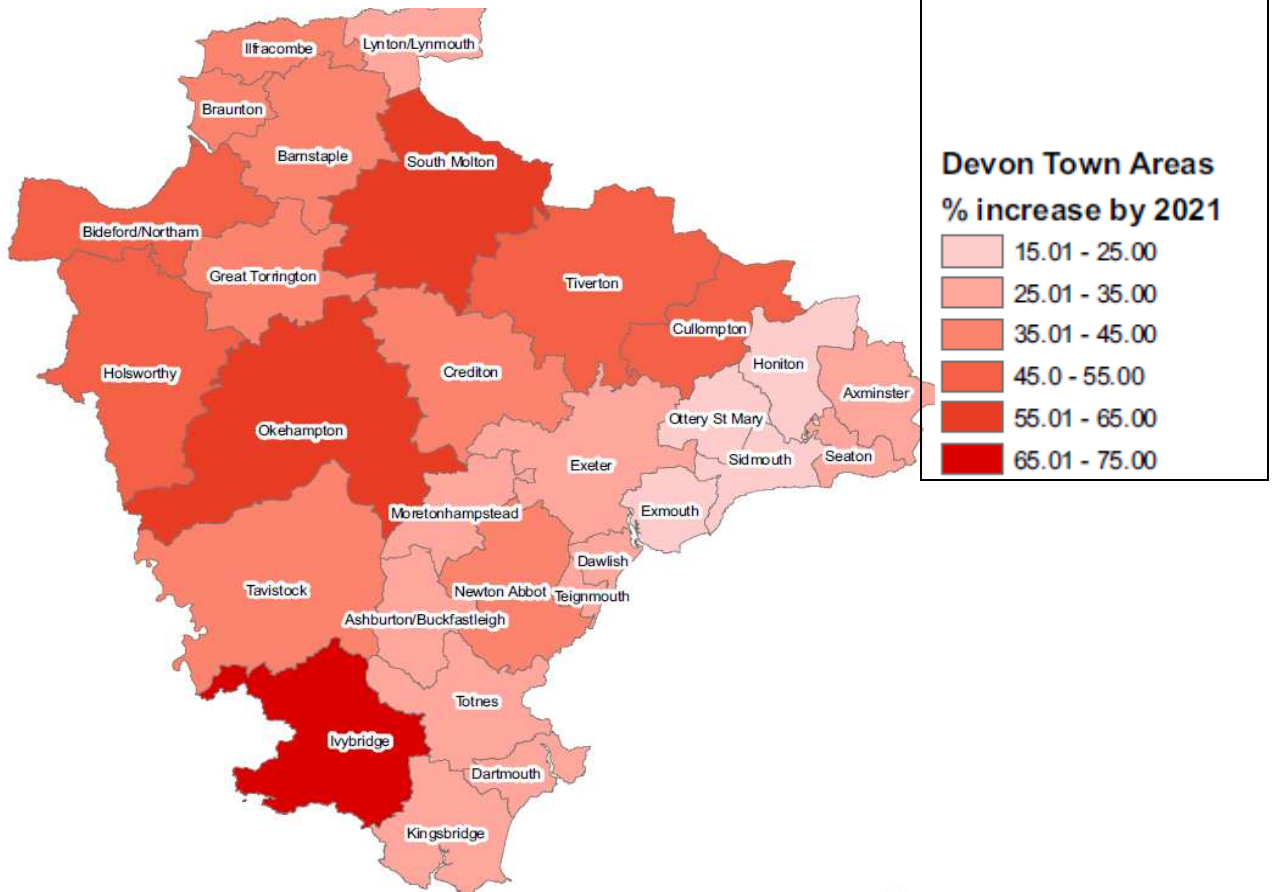
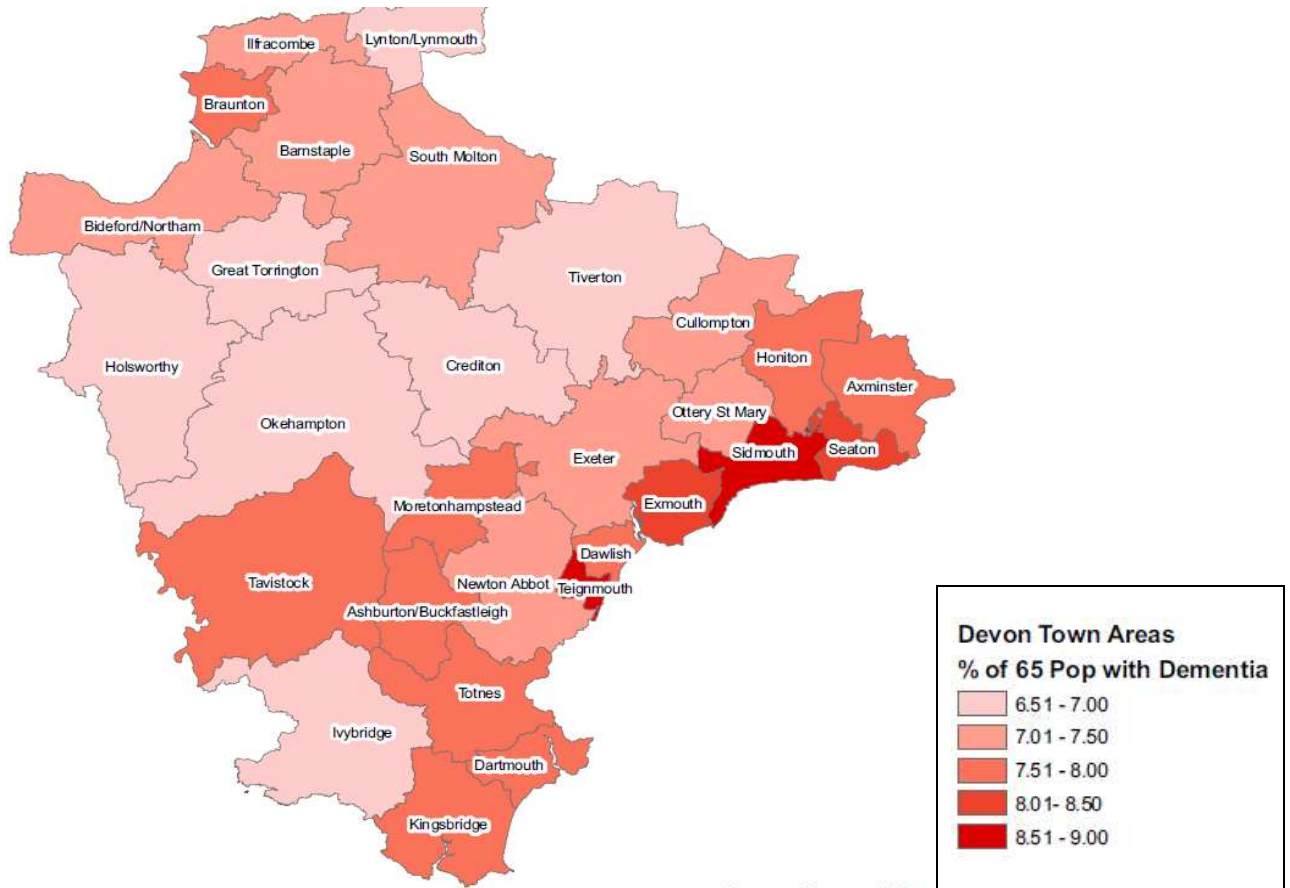
4.2 Analysis of the Joint Strategic Needs Assessment information with regard to older people's mental health and dementia in particular shows:

- The expected rise by 2021 in the number of people aged 65 and over in Devon is 39%.
- The number of people with Dementia based on national prevalence statistics is expected to increase from approximately 12,000 at present to 17,000 by 2021.

The prevalence of dementia in the 85+ age group is a key factor for Devon and its impact is clearly visible in the maps below.

This growth in demand will represent a significant challenge to existing and traditional services.

It will be essential to recognise this shift in the age profile to enable effective planning and commissioning in anticipation of increasing demands for good quality, flexible services to meet the needs of people with dementia and their carers. The challenge is further compounded by the rural nature of Devon. Mosaic profiles indicate 24% of households in the County are in the rural isolation classification.



What this means for Devon's towns in percentage terms between 2006 and 2021 is shown below. It is important to look at volumes alongside the maps above.

Locality Area	Devon Town	65 and Over			85 and Over		
		2006	2021	% Change	2006	2021	% Change
Devon Total		154482	214612	39%	22506	32147	43%
<i>Exeter & East Devon</i>	Axminster	3746	4857	30%	602	818	36%
	Exeter	21726	28980	33%	3242	4555	40%
	Exmouth	11371	13749	21%	1920	2378	24%
	Honiton	3994	4919	23%	506	646	28%
	Ottery St Mary	3298	4043	23%	404	508	26%
	Seaton	4255	5457	28%	734	988	34%
	Sidmouth	6238	7856	23%	1102	1394	27%
	Locality Total	54628	69641	27%	8511	11285	33%
<i>North Devon / Mid Devon & Torridge</i>	Barnstaple	8312	11594	39%	1027	1471	43%
	Bideford & Northam	7911	11846	50%	1122	1722	54%
	Braunton	2682	3762	40%	377	543	44%
	Crediton	3680	5252	44%	529	790	49%
	Cullompton	4019	6122	52%	583	926	58%
	Great Torrington	2343	3379	44%	292	442	51%
	Holsworthy	3000	4539	51%	373	582	56%
	Ilfracombe	3560	5082	43%	502	730	45%
	Lynnton & Lynmouth	544	715	31%	68	89	31%
	South Molton	2884	4383	53%	373	616	65%
	Tiverton	7151	10616	48%	997	1557	56%
	Locality Total	46045	67288	46%	6241	9467	52%
<i>South Hams / Teignbridge & West Devon</i>	Ashburton & Buckfastleigh	1801	2299	28%	298	405	36%
	Dartmouth	2528	3430	36%	350	470	34%
	Dawlish	3918	5341	36%	599	870	45%
	Ivybridge	5532	10077	82%	733	1321	80%
	Kingsbridge	5014	6897	38%	721	975	35%
	Moretonhampstead	908	1157	28%	141	191	36%
	Newton Abbot & Kingsteignton	13382	18432	38%	1880	2763	49%
	Okehampton	4928	7999	62%	621	1003	62%
	Tavistock	5926	8827	49%	883	1272	44%
	Teignmouth	5263	6980	33%	898	1260	40%
	Totnes	4614	6244	35%	650	864	33%
	Locality Total	53809	77683	44%	7754	11395	47%

Locality Area	Devon Town	Dementia Volume			
		2006	2021	Variance	% Change
Devon Total		11800	16000	4200	36%
<i>Exeter & East Devon</i>	Axminster	300	400	100	33%
	Exeter	1700	2200	500	29%
	Exmouth	950	1100	150	16%
	Honiton	300	350	50	17%
	Ottery St Mary	250	300	50	20%
	Seaton	350	450	100	29%
	Sidmouth	550	650	100	18%
	Locality Total	4400	5450	1050	24%
<i>North Devon / Mid Devon & Torridge</i>	Barnstaple	600	800	200	33%
	Bideford & Northam	600	850	250	42%
	Braunton	200	300	100	50%
	Crediton	250	400	150	80%
	Cullompton	300	450	150	50%
	Great Torrington	150	250	100	67%
	Holsworthy	200	300	100	50%
	Ilfracombe	250	350	100	40%
	Lynnton & Lynmouth	50	50	0	0%
	South Molton	200	300	100	50%
	Tiverton	550	800	250	45%
	Locality Total	3350	4850	1500	45%
<i>South Hams / Teignbridge & West Devon</i>	Ashburton & Buckfastleigh	150	200	50	33%
	Dartmouth	200	250	50	25%
	Dawlish	300	400	100	33%
	Ivybridge	400	700	300	75%
	Kingsbridge	400	500	100	25%
	Moretonhampstead	50	100	50	100%
	Newton Abbot & Kingsteignton	1000	1350	350	35%
	Okehampton	350	550	200	57%
	Tavistock	450	650	200	44%
	Teignmouth	450	600	150	33%
	Totnes	350	450	100	29%
	Locality Total	4100	5750	1650	40%

4. 3 The following table shows the current numbers of patients registered as having dementia within the local population by PBC Consortium, against the expected prevalence. This will enable local targets to be identified in order to narrow the gap by 25% between the recorded incidence and expected prevalence by 2013.

Pbc Consortia	Recorded Incidence	Expected Prevalence	Percentage	Difference
Exeter	522	1492	35%	970
Mid Devon	420	1440	29%	1020
Newton Abbot	219	580	38%	361
North Devon	726	2218	33%	1492
SDCP	286	1073	27%	787
South Hams	333	852	39%	519
Teignmouth	207	414	50%	207
Wakley	437	1439	30%	1002
WEB	271	876	31%	605
West Devon	114	362	31%	248
Grand Total	3535	10747	33%	7212

5. Market Analysis

This section details the services currently available to people with dementia and their carers, with performance information where available.

5.1 NHS In-patient beds

NHS in-patient older people's mental health beds are provided by Devon Partnership Trust and Devon PCT as follows and offer a range of specialist care for functional and organic illness:

Exeter/East/Mid: Bungalow; Conybeare; St John's Court; Westleigh; Melrose; Rougement.

North: Abbotsvale; David Barlow

South Hams/ West Devon & Teignbridge: Redvers; Harbourne; Brunel; Fernworthy.

Capacity issues within the range of community services available mean that many of these units have difficulty in operating as efficiently as possible. Further work to reduce inappropriate admissions and reduce delayed discharges will be addressed in implementing this strategy, and shifting the balance of resources towards community based provision/admission avoidance activity.

5.2 Community mental health teams

Community Mental Health Teams for Older People					
Area	Population 65+	Total number of clinical staff in team (FTE)	Ratio of staff to population	Ratio of qualified staff to population	Ratio of unqualified staff to population
East	34000	16.25	1:2092	1:3214	1:5996
Exeter	16989	11.87	1:1431	1:1666	1:10173
Mid	13891	10.55	1:1317	1:2137	1:3430
North	18500	8.4	1:3780	1:3780	0
Torrige	13252				
South Hams	17205	11.4	1:2444	1:3240	1:9951
West	10657				
Teignbridge	26408	12.55	1:2104	1:2912	1:7589
Torbay	28180	19.31	1:1459	1:1942	1:5454

Population data: 2008 FHSA

The CMHT service is provided to older people with more complex needs and severe (other than mild to moderate) levels of functional and organic mental health conditions

- Where the diagnosis is uncertain and requires clarification
- Where there has been lack of response to initial interventions
- Where distress or risk is particularly severe and specialist risk assessment is required eg., risk of suicide, abuse, harm to self and/or others, or if there are other safety concerns
- For assessment and interventions by specialist Memory Services, including consideration of treatment with anti-dementia drugs in accordance with local protocols
- Where problems are complex and/or legal issues require involvement of specialist services

The service is also available to support family and other informal carers, professionals and agencies seeking to meet the needs of people who meet the criteria (e.g. residential and nursing homes, acute and community hospitals, generic health and emergency services). In addition the service will be available to agencies whose role includes supporting older people with mental health conditions to live independently (i.e. primary care and social care in the statutory, voluntary and independent sectors) with advice and occasional intervention to overcome short-term difficulties.

5.3 Complex care teams

23 Complex care teams in Devon provide a responsive, co-ordinated, person focused service based on common values to improve outcomes for adults with long term conditions and / or complex needs. Teams work with adults and their carers to promote independence and choice in their own homes or close to home, supporting populations of around 30 – 35,000. Actual sizes reflect local needs and are influenced by the diverse geography of Devon.

These integrated health and social care teams work alongside primary care GP practices, delivering the service to practice populations within designated geographical communities or 'clusters'.

Their emphasis must be on proactive case finding ensuring the prevention of further decline, hospitalisation and long term care. Teams also seek to promote self care and self management alongside active health promotion in partnership with primary care practice staff, GPs and public health colleagues. Access to vol sector rep

The relationship between primary care based complex care teams and the community mental health teams is still in development. Greater awareness of each others respective roles is required to ensure there is neither duplication, or gaps in the pathway of care for the most vulnerable.

5.4 NHS day services

A range of days services including day care and day treatment are offered across the county. Some of these incorporate memory clinic services but there is a lack of clarity regarding the pathway to these services.

Again there are issues of equity across the population. A review of these services is pending.

5.5 Memory Cafes

All Memory Cafes have Open Access, people usually access them via local health & social care services, GPs, voluntary agencies and word of mouth.

Area	Memory Cafe	Time Held	Venue Address	Catchment Area
East	Exmouth Courtney Cafe	Monthly – Last Friday 2.00pm-4.00pm	The Imperial Hotel, Exmouth	GP Practices: Claremont, Rolle, Budleigh Salterton, Brixington Raleigh, Haldon, Lypstone, Woodbury
Exeter	Exeter Forget-Me-Not Club	Monthly Last Saturday 3.00pm-4.30pm	Millbrook Centre, Alphin House, Mill Lane Alphington, Exeter	Free taxis for Exeter GP area. No restrictions - people attend from South Molton, Okehampton and Newton Abbott
Mid <i>Forget Me Not Cafes</i>	Crediton	Monthly 1 st Wednesday 3.00pm-4.30pm	Age Concern, Deep Lane Crediton	Crediton and area. No restrictions – people attend from Christow & Torrington
	Okehampton	Monthly 1 st Tuesday 2.00pm-4.00pm	The Glen, Castle Road, Okehampton	Okehampton, North Taunton
	Tiverton	Monthly 1 st Tuesday 2.30pm-4.30pm	Social Services Alexandra Lodge, Old Road Tiverton	Tiverton, Crediton, Cullompton GP clusters and Bampton
North <i>Castle Cafes</i>	Barnstaple	Monthly 1 st Friday 10.00am-12.00pm	Castle Centre, Castle Street, Barnstaple	Access for all GP practices in North Devon
	Ilfracombe	Monthly 3 rd Monday 10.00am-12.00pm	Brookdale Church, Brookdale Avenue, Ilfracombe	Ilfracombe – Warwick, Waterside, Coombe Martin, Woolacombe, + few from outlying areas (Braunton)
	South Molton	Monthly	Garden Room, Amory Centre, 125 East St., S Molton	
	Torrington	Monthly	Torrington Methodist Church, Mill St, Torrington	
South Hams	Ivybridge Memory Cafe	Fortnightly Tuesdays 2.00pm -4.00pm	Methodist Church Hall, Fore Street, Ivybridge PL21 9AB	Ivybridge, Newton Ferrers, Yealmpton

Teign	Ashburton	Monthly	St John Ambulance Hall, West St Ashburton	
	Bovey Tracey Memory Cafe	Monthly 3 rd Wednesday 2.00pm-4.00pm	Methodist Church Hall, Molay-Littry Way, Bovey Tracey TQ13 9AB	Bovey Tracey, Chudleigh, Moreton Hampstead, Lustleigh Widecombe, Ashburton
West Devon	Tavistock Memory Cafe	Fortnightly Saturdays 2.00pm-4.00pm	TASS (Tavistock Area Support Services), The Anchorage Centre, Chapel Street, Tavistock PL19 8AG	

The review of Memory Cafes in Devon has gathered very comprehensive information to support this approach. Participants report that they derive considerable support from the Memory Cafes. Further work will need to be undertaken to ensure the right level of funding and professional support to these groups and an understanding of the key ingredients for a successful Memory Café, including more formal analysis to understand their impact in helping people to remain at home, for example. Further evidence from the POPP programme supports this approach.

5.6 Community mentoring (Devon POPP programme – My Life, My Choice)

Although not originally seen as a service that would specifically meet the needs of people with dementia and their carers there is an emerging body of evidence to suggest that the approach can be very effective in maintaining social engagement as the case studies indicate. It is important to note that people with mental health problems have not been excluded from this service. Given that many people who have dementia and their carers report increasing isolation, it will be important to enable as much ‘inclusion’ as possible. As more people are diagnosed earlier, it will be essential to enable people with dementia and their carers to retain as much skill, community involvement and confidence as possible, perhaps by providing information about this open access service at, or soon after, diagnosis.

Activities are widely varied based on participants’ goals. The Community Choir “Linking Voices” in Exeter draws in more than 40 people each week, painting and poetry to Tai Chi, yoga, baking and selling cakes for charity or meeting for lunch at different venues in the City are all activities which promote the health and wellbeing of the participants and help create and maintain friendship groups. Physical, mental and emotional wellbeing needs are all addressed by the Mentors.

Sometimes Mentors enable people to use universal services appropriately and effectively – for example, bi-lingual staff have enabled South Asian elders to claim their bus passes, and then to use them in a small group to have fun exploring their Devon home area supported by a volunteer. This is building confidence among a group which previously did not use public transport.

The staff identify participants through community activity and promotion of the service as well as through referral from other services. Their assessment covers individuals’ needs for personal development and fulfilment and goal setting. They involve participants in activities which are meaningful for them, and help groups to become independent. Mentors also coordinate others – sometimes called enablers, who have particular backgrounds or skills needed by individuals or groups. For example an individual may need someone of a particular gender, age or personal background to help them fulfil personal cultural needs; a group may need a tutor or animator with particular skills.

Mentors are not 'counsellors', 'befrienders' or health and social care professionals. Their job is to enable people to take control of their own lives, supported by, and contributing to, their communities, gaining an improved sense of well-being and quality of life. In a practical way, mentors are often helping people understand they can learn again, take risks, and regain a valued social identity – sometimes later expressed through volunteering.

Participants vary widely in age and circumstance. Some are in their 50s and 60s, many in their 80s and 90s, with multiple disabilities and sensory impairments associated with age. They often feel isolated, anxious or depressed, many have lost a partner or job, had a period in hospital, experience a lack of confidence, have mental health issues, or feel 'a gap in their lives'. Some have mentoring as part of a care package, others have nothing to do with statutory services (outside usual health services) at the time of using the service.

The skill set and occupational requirements for mentors are being established, and learning about this service, which began with the Upstream project in Mid Devon (Lottery funded) was continued using LinkAge Plus funds and has been rolled out across the County of Devon using POPPS (in Devon called My Life My Choice) funds. The service is the subject of a controlled trial of effectiveness due to report in 2009, and an economic study of the costs which will report shortly after the controlled trial. These are being conducted by the Peninsula Medical School.

5.7 Extra care housing

Two schemes exist but neither have a specific role in supporting people with dementia. These are Douro Court and Newton Ferrers. The development of more schemes is a key feature of local focus group sessions described elsewhere in this document, ensuring local sign up to this strategic shift in service development. Devon's extra care housing strategy is an important link to service development for people with dementia.

5.8 The following in house residential care homes provide respite, long stay and some intermediate care services for people with dementia:

- Arthur Roberts residential unit (Exeter)
- Butterpark Residential unit, including intermediate care (Ivybridge)
- Davey Court (Exmouth)
- Mapleton unit (Newton Abbott)
- St Lawrence (Crediton)
- The Firs, Wardhayes – intermediate care only (Okehampton)
- Woodland Vale (Torrington)

Process for tendering will commence in June 2009 linked to the focus group activity described above.

5.9 In house day services: review pending – as above.

5.10 Voluntary sector day services

Lane club – Exeter

5.11 Independent care homes

Use of CRILL Information (Capturing Regulatory Information at the Local Level):

In order to help evidence that we are actively using CRILL information within ACS to monitor the service providers we contract with, we will include a local performance measure within the Strategic Planning & Commissioning scorecard to be monitored annually. Very successful Provider Engagement Forums are established across the county with open dialogue regarding future needs. Implementation of the Quality

Strategy and establishing reward for high quality providers along with a sound workforce strategy are all aimed at driving continuous improvement.

5.12 In house domiciliary care: as part of the modernisation of services, in-house domiciliary care will be undergoing a shift in emphasis towards intermediate care, rapid response services and supporting people with dementia – in particular those who experience more complex and challenging symptoms and behaviour. This will enable more people to remain at home as independently as possible.

5.13 Independent domiciliary care: 5.11 above.

6. Gap Analysis

This section defines the steps needed to achieve the improvements outlined in the National Dementia Strategy and the commitments made following Sainsbury, comments from users/carers, taking account of opportunities to redesign existing services, make use of demographic growth moneys, the Social Care Reform Grant and DH bidding processes, Carers Grant etc

6.1 Building on success:

The development of this strategy has been considerably facilitated by the information gathered through the Joint Strategic Needs Assessment; the Research & Development in Mental Health Older People's Strategy Review (Feb 2008) which followed up the recommendations of the Sainsbury Centre for Mental Health's Development Project (2005); the Partnerships for Older People's Projects (POPP nationally) and My Life, My Choice (Devon) which have provided an increasing evidence base for preventative and early intervention services. Investment in these areas of work has provided a sound base from which we can confidently plan for future services and support. The dementia postcard campaign clearly showed how much many of the services currently in place are valued by the people who use them. This puts Devon in a strong position to make sound plans for improving services for people with dementia and their carers.

Positive and effective partnerships between commissioners and service providers are the cornerstone of all these developments and are essential to continued delivery of high quality services.

6.2 In drawing together our strategic response, the following gaps have been identified:

- Community based provision is not geographically aligned to the demographic change predicted.
- There is a comparative lack of health and social care services for people with dementia and their carers across the predominantly rural areas (e.g. West Devon) when compared to the concentration of services in Exeter and East Devon.
- There is a comparative lack of independent sector residential and nursing homes providing long term and respite care, especially noticeable across rural areas in North, Mid and West Devon. (Maps Appendix)
- There is a disproportionate investment in specialist resources compared to investment in lower level voluntary and community sector services to specifically support people with dementia and their carers.
- There is limited capacity and inequality of geographical cover in the provision of specialist community mental health teams to undertake their educative and liaison and other activities.

- There is over-capacity in in-patient beds (especially when LOS are considered)
- Memory clinic provision is unclear in its links to primary care and lacks capacity to cope with increased demand
- Respite care and Take a Break access for carers is variable
- Day services (ACS) are variable in quality, access and focus pending review.
- Memory Cafes are not supported equitably (or at all) but are clearly valued by the people who attend
- There is a lack of targeted provision to maintain engagement of people with dementia and their carers in the community
- Lack of capability of services to meet the needs of those with early onset dementia
- Access to diagnosis amongst BME communities
- Implications of higher incidence of dementia in people with a learning disability

6.3 Drivers for change:

- Equity of services and resources
- The views of people in Devon with dementia and their carers
- NICE guidelines emphasise the need to support people with dementia in the community as far as possible, recognising the disruption caused by changes of location.
- Putting People First – making a strategic shift towards prevention and early intervention highlights the growing evidence to support facilitating access to universal services (such as community mentoring); building social capital within communities (involvement, making a positive contribution, volunteering); prevention and early intervention (awareness and early diagnosis); choice and control (personalisation)
- The National Dementia Strategy – 17 objectives.

6.4 Links to other programmes and strategies

- Devon Carers Strategy
- Putting People First – Transforming social care and the modernisation/personalisation programme
- Valuing People Now Learning Disability strategy
- Intermediate care and Rapid Response development
- Lifetime Homes, Lifetime Neighbourhoods
- Mental Health networks
- Deprivation of Liberty standards (DoLS)
- Safeguarding and Mental Capacity Act
- End of Life Care Strategy

7. Design of Future Provision

7.1 This strategy will enable us to commission services that are fit for the future, particularly in relation to workforce skills and competencies across all organisations by learning from our experience in relation to feedback from compliments, complaints, safeguarding issues and by establishing a quality framework for delivery.

We will:

- Drive up the quality of existing and continuing services for people with dementia
- Shift resources towards prevention and early intervention as a central objective of Putting People First and the personalisation agenda

- Significantly raise awareness of dementia amongst primary and secondary care services
- Support specialisation for professional staff to ensure a sustainable and skilled workforce for the future in the care of people with dementia and their carers
- Enhance the skills and competence of all staff working with older people to recognise and manage the needs of people with dementia
- Address the specific needs of people within BME communities in relation to dementia
- Analyse demand, need and capacity and utilise existing available resources to best effect to meet current and projected demand
- Develop a balance of investment across the full range of possible interventions for people with dementia and their carers
- Further develop the mixed economy of service provision with greater involvement of voluntary, community and third sector organisations

7.2 Strategic shifts required to achieve the NDS requirements within 5 year timescale:

7.2.1 Improve distribution of resources by localised development of community services, working with communities to understand the best profile to meet their needs. It is anticipated that by improving community based services, both the rates of inappropriate admissions and delayed transfers of care will reduce. This will enable a reduced reliance on a bed based model and re-investment to ensure more effective reach to larger numbers in the community.

7.2.2 In line with point 7.2.1 above, funding that is currently allocated to statutory services will need to be released to invest in community and voluntary sector services, such as Memory Cafes and community mentoring.

7.2.3 The appropriate balance of resources across services to meet the needs of people with functional or organic illnesses will need to be achieved.

7.2.4 The relationship between primary care based complex care teams and the community mental health teams is still in development. Greater awareness of each others respective roles is required to ensure there is neither duplication, or gaps in the pathway of care for the most vulnerable. This applies also to further new services as they develop e.g. Rapid Response; Early Diagnosis and Intervention.

7.2.5 Increasing the competence of staff in primary care community services, community hospitals and acute hospitals will be essential to ensure the needs of people with dementia are 'everybody's business'.

7.2.6 Promote the continued development of a skilled workforce specialising in the needs of people with dementia and their carers.

7.2.7 Supporting voluntary and community sector organisations to continue to deliver and develop high quality locally focused support and early intervention services to reduce social isolation.

7.2.8 Describe a clear accessible pathway for accessing dementia diagnosis and subsequent interventions for all, including BME communities, learning disability and early onset dementia.

7.2.9 The following table indicates the number of people with dementia recorded by GP QoF data against expected prevalence, and identifies year on year targets to achieve a narrowing of the gap by 25% by 2013. The appointment of a primary care clinical lead GP will provide clinical leadership within the PCT to develop services for local people in line with priorities identified through the National Dementia Strategy, NICE guidance and other evidence based guidance and protocols.

**Narrow the Gap between recorded incidence and Prevalence of Dementia
The Way Ahead - 25% reduction
target**

*Incidence sourced from QMAS,
February 2009
Prevalence based on Dementia UK
study*

Pbc Consortia	Incidence	Prevalence	Percentage	Difference	Narrow Gap (@25%)	Target Incidence	2009/10	2010/11	2011/12	2012/13
Exeter	522	1492	35%	970	243	765	61	61	61	61
Mid Devon	420	1440	29%	1020	255	675	64	64	64	64
Newton Abbot	219	580	38%	361	90	309	23	23	23	23
North Devon	726	2218	33%	1492	373	1099	93	93	93	93
SDCP	286	1073	27%	787	197	483	49	49	49	49
South Hams	333	852	39%	519	130	463	32	32	32	32
Teignmouth	207	414	50%	207	52	259	13	13	13	13
Wakley	437	1439	30%	1002	250	687	63	63	63	63
WEB	271	876	31%	605	151	422	38	38	38	38
West Devon	114	362	31%	248	62	176	16	16	16	16
Grand Total	3535	10747	33%	7212	1803	5338	451	451	451	451

8. Achieving the Way Ahead outcomes: Objectives and funding

This table indicates the proposals and timescales for achieving the outcomes specified within a 5 year timescale. A detailed action plan is attached as Appendix, which identifies the current position, key work streams, and leadership against the 17 NDS objectives.

Health as good as it can be – prevention and early intervention					
Proposal	Rationale	Year 1	Year 2	Yr 3-5	Funding
Appoint Primary Care Clinical Lead for Dementia	Support Devon PCT in the development of services for people with dementia in collaboration with clinical colleagues – raising professional awareness and understanding of dementia (NDS O 1)	✓	✓	✓	PCT
Accessible Memory Clinics-aligned with primary care; building and/or CMHT based.	Access to a pathway that delivers rapid and competent specialist assessment with the capacity to see all new cases of dementia in the area, with associated information. (NDS O 2&3)	✓ Scope/ map	✓	✓	DPT/PCT
Appoint Dementia Care Advisers-a new role following	Following demonstrator site outcomes – appoint advisers to facilitate easy access to appropriate care, support and advice (NDS	Consider bid for demons	✓	✓	JOINT

development and generation of demonstrator projects	O 4)	trator site status			
Care as local as possible – and as specialised as necessary					
Implement personalisation for people with dementia – use learning from Community mentoring for example	Establish an evidence base for effective specialist services to support people with dementia at home (NDS O 6).	✓	✓	✓	Transforming Social Care Grant
Commissioning plan to develop 1400 extra care housing units within the lifetime of the strategy	The needs of people with dementia and their carers will be included in the development of housing options to delay reliance on more intensive services (NDS O 10)	Preparation & tendering	✓	✓	ACS & ? Lifetime Homes, Lifetime Neighbourhoods
Adjust the balance of expenditure between inpatient resources and community resources.	This change will enable more effective reach to larger numbers in the community but a reduction in the number of beds which reflects the changing role for this specialist service and the current uptake of bed-based services by people with dementia in line with national and local evidence.	Scope/ map	✓	✓	DPT
The best possible treatment – that is continuously improving					
Identify senior clinician within general hospitals to lead quality improvement for dementia (Include community hospitals) Define role of CMHT?	Improve the quality of care for people with dementia in general hospitals (NDS O 8)	Scope/ map	✓	✓	PCT/DPT
Implement revised DH guidance on Intermediate Care	Explicit access for people with dementia to intermediate care (NDS O 9)	Scope/ map	✓	✓	JOINT
The right support for people – with complex needs					
Appoint 3 posts to lead quality improvement initiatives in care homes	Improved quality of care for people with dementia in care homes; Help reduce the % people with dementia in 'poor' or 'adequate' CSCI rated care homes.	✓	✓	✓	ACS
Develop local end of life care pathways consistent with Gold Standard					DPT/PCT – End of Life care Strategy
The most effective use of resources – for maximum impact					
Workforce	(NDS O 13)				All
Joint Commissioning Strategy	(NDS O 14)				JOINT
Market analysis and development	Build on the market analysis conducted by A T Kearney/BUPA on behalf of all PCTs in the SW using strategic sourcing to review the dementia market and take next steps				JOINT

	during implementation of the strategy				
A say and an influence – promoting partnerships in care					
Memory Café Carers groups Carers education	Support existing Memory Cafes more consistently and identify key 'ingredients' Develop access in all market and coastal towns(NDS O 5)	✓	✓		JOINT
Carers Strategy ? improve access to personalised short breaks	Promote the development of breaks that benefit people with dementia as well as their carers(NDS O 7)				
Involvement of People with dementia	Define our approach to engagement of people with dementia enabling them to influence strategy and service development	✓			ACS/DPT

9. Monitoring Arrangements

This strategy will be monitored as part of the joint strategic plan through the joint strategy & strategic commissioning group to ensure that the strategy is shaping services in the way intended

10. Next Steps

This first draft will be submitted to the PEC, PCT Board and SMG for approval

11. Appendices

- An action plan
- JSNA - OPMH
- Research and Development in Mental Health Devon and Torbay Strategy Review (Feb 2008)