



Bristol Clinical Commissioning Group

Bristol Health & Wellbeing Board

Dementia Strategy Update	
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Report for Information/Discussion	

1. Purpose of this Paper

This paper is to provide the Health and Wellbeing Board with an update on the progress of delivering the dementia strategy in Bristol and to highlight some current challenges.

2. Context

This report follows on from a meeting with the Deputy Mayor and the leads in Health, Social Care and the Chair of the Dementia Board, to discuss how the Dementia Board reports into the Health and Wellbeing Board.

3. Dementia in Bristol

Dementia is a key priority in Bristol and work has been implemented jointly over the past 4 years to deliver improved care and quality of life for people with dementia and their families.

Key achievements to date have been:

- The shift in diagnosing people in secondary care to diagnosis being led by primary care
- Diagnosis rates increased from 35% to over 50% of expected prevalence
- The introduction of additional memory nurses to support primary care

- The introduction of the Supporting Dementia Team in Bristol City Council, providing short term intensive support to help people with dementia remain at home
- The setting-up of a Dementia Health Integration Team (HIT), to improve co-ordination of service improvements, using research based evidence
- Key posts funded to support the whole system of dementia care – a GP clinical lead, a GP education lead, a nursing lead and a lead for the care pathway.
- Successful implementation of the South-West Hospital Standards for Dementia in both hospitals in Bristol.
- £250k of Dementia Challenge funding secured from the Department of Health, to deliver:
 - ‘Dementia Friendly’ wards in University Hospitals Bristol and North Bristol Trust
 - The Dementia Support Service - volunteers supporting people with dementia on a short term basis, provided by the British Red Cross
 - A ‘Dementia Friendly City’ programme – in Bristol this is focussed on Dementia Inclusion (see below).
- Developing a vision for Dementia and Inclusion in Bristol and implementing projects to support this
- Commissioning breaks for carers with a strong focus on carers of people with dementia
- Re-commissioning of our secondary mental health service for people with dementia, to deliver a new Dementia Wellbeing Service.

These are just some of the improvements that have been delivered in recent years.

Over the next 2-5 years, we intend to build on our existing good work, to enable us to further deliver our key outcomes. The outcomes that we have identified are:

- That carers and families are seen as partners in care
- Care and support for people with dementia is integrated and seamless, across health, social care and other services
- Lengths of stay in acute hospitals are reduced and unnecessary admissions avoided where possible
- More people access innovative treatment and research
- Everyone who wants a diagnosis of dementia, receives one
- Dementia is increasingly diagnosed and managed in Primary Care.
- Bristol works towards becoming a Dementia Friendly City where people with dementia are supported to maintain an ordinary life at home and in their communities as long as possible
- Good quality residential care services are available for those that need them

3.1 What is going well and what is going less well for Dementia in Bristol

The strong partnership working around dementia has long been a strength of this work programme. However, the restructure of commissioning within the Bristol City Council People Directorate and the loss of the current dementia lead, raises the risk of a reduction in focus for this agenda.

The commissioning of the Dementia Wellbeing Service is continuing to work to the timescales set out, with a new service anticipated to start in October 2014. It is anticipated that this service will integrate with the Supporting Dementia Team, which is also closely linked with the city's joint Intermediate Care & Reablement Services, further supporting the integration agenda.

The Supporting Dementia Team continues to see the numbers of referrals increase; however the service cannot currently meet existing nor future predicted demand. A business case is being written to explore options for expanding the capacity of the current service. This will be particularly important if the proposed integration with the Dementia Wellbeing Service moves forward.

The shift from diagnosis from secondary care to primary care, that started as a pilot 12 months ago, continues to go well, with increasing numbers of people being diagnosed by GP's in Bristol. This work was externally evaluated by University of West of England and received national recognition in the NICE Quality Guidelines for Dementia.

The Dementia Health Integration Team is continuing to meet regularly, although a number of key members are leaving their roles, or reducing their hours, which presents a risk to the on-going commitment partners organisations can give to this Team.

The specification for the tender for a Strategic Partner to develop 2 new dementia care homes in Bristol has been written jointly and the tender has recently been issued. Due to the complexity of the procurement task it is anticipated that the award will be made within approximately the next 12 months, depending on the number of bidders.

3.2 What is going to be achieved in the short, medium and longer term (6 months, a year, longer) and how we will know that this has been achieved

Over the next 2-5 years our priority areas of focus are:

- Delivering the new dementia care pathway
- Delivering the new Dementia Wellbeing Service, including Integration with Supporting Dementia Team
- Evaluating the effectiveness of the Supporting Dementia Team and increasing capacity for short term support at home

- Reducing the Length of Stay for Older People in Callington Road in patient facility
- Reducing Length of Stay for people with dementia in Acute Hospitals
- Further developing the Dementia Health Integration Team
- Commissioning the new Dementia Strategic Partnership homes
- Delivering a comprehensive workforce education plan
- Delivering Post Diagnostic Support for People with Dementia and their carers/families
- Further developing Bristol as a Dementia Friendly City through continuing the work of the Inclusion Programme
- Commissioning for Carers

We will know if these have been achieved by:

- Further increases in the diagnosis rate of dementia
- Reduction in lengths of stay in Acute hospitals and Callington Road hospitals
- The delivery of 2 new dementia homes, with some jointly commissioned beds to support assessment and short term flexible stays
- An integrated Dementia Wellbeing Service and Supporting Dementia Service
- More carers of people with dementia accessing a break
- More people completing dementia education
- More people attending post diagnostic groups
- Increase in positive experiences reported through feedback from people with dementia and their carers/family on their experience of services.

3.3 What are the barriers/challenges for the future in delivering against this priority

The integration of the Dementia Wellbeing Service with the Supporting Dementia Team is a challenge in the context of financial constraints as well as the wider integration agenda. It is important that the model for delivering support to people with dementia at home is well evidenced to ensure the most cost-effective service is delivered going forward. The alignment of dementia services with generic services such as Intermediate Care and Reablement needs to remain in focus, especially as many people with dementia also have physical health conditions. A key challenge will be to evaluate the fledgling Supporting Dementia Team model whilst ensuring that the future service fits within the wider provision of services.

Reductions in commissioning capacity in Bristol City Council People Directorate pose a challenge to retaining a focus on dementia over the next 12 months in particular.

3.4 What can/should we be collectively doing now to overcome these barriers – how can the Health and Wellbeing Board drive some change

The HWB is asked to support the strategic aim of the integration of key services which support people with dementia at home. Specifically this means the Dementia Wellbeing Service and the Supporting Dementia Service, while recognising that evaluation of the current model may yield various options for achieving this goal.

The Health and Wellbeing Board are asked to support the continued prioritisation of dementia within the People Directorate.

4. Key risks and Opportunities

As already stated, there is an emerging risk that the restructure and reduction in posts in commissioning in Bristol City Council People Directorate, will lead to a reduction in time available for the implementation of the dementia strategy.

The Better Care Fund potentially offers an opportunity to take forward the integration of health and social care services as well as supporting the inclusion agenda through looking at how the wider Bristol community can support people with dementia.

5. Conclusions

Since the Bristol Joint Dementia Strategy was written in 2010, significant progress has been made in establishing an effective partnership approach to the challenge of dementia. In order to build on these achievements and continue to develop a sustainable system of support for Bristol citizens who experience dementia, it is important that dementia continues to be regarded as a priority and that opportunities are explored for improving the effectiveness of the range of support available to people.

6. Recommendations

That the Health and Wellbeing Board notes the good progress made over the past 4 years, in particular the joint work by health and social care, but also through the contributions of other partners such as the voluntary sector.

That the Health and Wellbeing Board supports the People Directorate to ensure dementia is appropriately prioritised over the next 2 years.