

Item No: 15

Meeting Date: Wednesday 8th May 2019

Glasgow City Integration Joint Board

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DEMENTIA STRATEGY UPDATE

Purpose of Report:	To update the Integration Joint Board on progress in
	implementing both the National Dementia Strategy and the
	Glasgow City HSCP Dementia Strategy.

Background/Engagement:	The Glasgow City three year Dementia Strategy 2016-19 was launched by the HSCP in 2016 with the aim of improving the lives of people affected by dementia. The strategy was developed in partnership with Alzheimer Scotland. In 2017 the Scottish Government launched a three year national dementia strategy 2017-2020 that had a range of actions to be progressed at both a national and local level. The HSCP set up a multi-agency group to progress both strategies and this report updates the IJB on progress to date, and the next steps.

Recommendations:	The Integration Joint Board is asked to:
	a) note progress on implementation of both the Glasgow City Dementia Strategy and the National Dementia Strategy, and the next steps.

Relevance to Integration Joint Board Strategic Plan:

Supporting people with dementia is a key priority within the new IJB Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National	Primarily supports outcomes 1-6 and outcome 9.
Health & Wellbeing	
Outcome:	

Personnel:	None
Carers:	Supporting carers who care for someone with dementia is central to the Strategy.

Provider Organisations:	Alzheimer Scotland are key partners in developing and implementing both dementia strategies along with other care providers such as care homes.	
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Equalities:	The content of the document is underpinned by the charter of
	Rights for Dementia. It seeks to address inequalities that may
	be experienced by people with dementia.

Fairer Scotland	None
Compliance:	

Financial:	Minimal. Resources to manage annual reporting can be
	managed within existing resources.

Legal: None	
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Economic Impact:	None
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Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None

Implications for Glasgow	None
City Council:	

Implications for NHS	None
Greater Glasgow & Clyde:	

Direction Required to	Direction to:	
Council, Health Board or	1. No Direction Required	\checkmark
Both	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Purpose

1.1 To update the Integration Joint Board on implementation of the Glasgow City HSCP Dementia Strategy 2016-2019, and implementation of the National Dementia Strategy 2017-2020.

2. Background

- 2.1 The Glasgow City HSCP Dementia Strategy 2016-19 (https://glasgowcity.hscp.scot/dementia-strategy) was developed in partnership with Alzheimer Scotland, and co-produced with people with dementia, their families, carers and a wide range of stakeholders. The strategy outlined commitments to improve health and social care services for people with dementia; recognising the importance of early diagnosis as a gateway to further information, support, care and treatment. The strategy also highlighted the ambition of Glasgow becoming a dementia friendly city (https://www.glasgow.gov.uk/index.aspx?articleid=19560) with the aim of encouraging and strengthening communities to ensure that over time, there was capacity to support people affected by dementia so they could enjoy the best possible quality of life.
- 2.2 The third national Dementia Strategy 2017-2020 (http://www.gov.scot/Publications/2017/06/7735/0), launched by the Scottish Government in June 2017, placed an emphasis on the delivery of high quality health and social care services and supports for people with dementia, their families and carers from the point of diagnosis to the end of life. Services and supports should be timely, person-centred care, co-ordinated and flexible support for people with dementia and their carers across a range of settings, including hospital and the community. The national strategy contained 21 commitments, including ensuring timely diagnosis, continuing to ensure high-quality post postdiagnostic support through five pillars model for those at early stage of condition, care co-ordination in the community through eight pillars and a new commitment to Advanced Practice Coordinator for end of life care.
- 2.3 Due to the scale and wide reach of both strategies, the HSCP set up a multiagency group tasked with taking forward implementation and involved a wide range of stakeholders. In addition, links have been made with Strathclyde Passenger Transport, Housing Associations, and the third and independent sectors.
- 2.4 A review of all the actions in both strategies has been undertaken and the current status against each action is attached in Appendix 1 and 2. As part of the GG&C Moving Forward Together programme, the HSCP is leading a Board wide re-fresh of the strategy for older people's mental health (OPMH) services covering both inpatient and community services. This new five year strategy is due to be completed for the autumn as a draft for a period of consultation and engagement.

3. Glasgow City Dementia Strategy Progress 2016-19

- 3.1 The Glasgow City Dementia Strategy was launched with Alzheimer Scotland in 2016 and presented an ambitious programme to improve health and social care services for people with dementia, and to encourage and strengthen communities to support people affected by dementia. At the time it was recognised that this would require a change in attitudes and behaviours towards dementia at all levels of society. A key aim of the strategy was that people with dementia, and those who care for them, should have access to the support they need, when they need it and be treated with dignity and respect. To achieve this the strategy proposed a framework for action for the whole community, and offered suggestions, signposting and good practice examples to stimulate activity in the city. The wider strategic agenda extended to areas such as the physical environment, transport, community supports, housing, carer and family support, and equality and human rights.
- 3.2 While progress on these wider ambitions has been made (as evidenced in Appendix 1) much still remains to be done in partnership with other key stakeholders in the city such as community planning partners, the third and independent sectors and communities themselves. This wider agenda remains a key priority for the HSCP as demonstrated in the Partnership's new Strategic Plan approved by the IJB in March 2019. Moving this forward will be a key priority for the new OPMH strategy due later this year.
- 3.3 Key achievements since 2016 include:
 - carer support the Glasgow Carer Partnership currently have a welldeveloped dementia carer pathway which outlines support and training for dementia carers. A basic carer education course is available and support from Alzheimer Scotland through the various dementia cafés and other community resources. A new advanced dementia course has also been developed. In 2017/18 – 779 dementia carers were identified and supported of which 684 were new identified carers and 95 were returning carers;
 - progress in implementing Promoting Excellence for all HSCP staff, and promotion of training and development opportunities. Consideration is being given to recommending that all HSCP complete the Informed Practice Level module within Promoting Excellence that covers the knowledge and skills required by staff who might be in direct contact with patients, service users, carers and the general public;
 - in Telecare there has been a 300+% increase in older people supported by advanced Telecare over the last two years, and over 1,000 in 2019 alone;
 - the opening of the Dementia Resource Centre at Bridgeton Cross in 2016 as a city wide resource to support people with dementia and their carers. There has been an increase in the number of dementia friends in the city;
 - there has also been a considerable engagement programme and activity with service users and carers, and a Dementia Carers Reference Group established to influence service planning and delivery; and,
 - there has been a successful pilot of the 8 pillars model to support people with more advanced dementia (Appendix 3).

- 3.4 Key areas that require further work to realise the ambitions in the Glasgow strategy are:
 - developing the HSCP's approach to post diagnostic support (PDS) to better respond to current demand and reduce waiting lists, including implementing the 8 pillars model for those with more advanced dementia. In 2017/18 PDS was delivered to 661 people through the contract the HSCP has with Alzheimer Scotland. However demand has exceeded capacity with the result waiting lists have increased (see older people's indicator 19 in the quarter 3 performance report to the March IJB). Proposals are being considered to both reduce the waiting list and respond to increased demand by the end of 2019/20;
 - continuing to develop carers and family support, in line with our Carers Strategy;
 - continue to support workforce development including Promoting Excellence training;
 - continue to promote the increased use of technology enabled care; and,
 - continue to raise awareness of dementia in communities through dementia friends and awareness raising initiates.

4. National Dementia Strategy Progress 2017-2020

- 4.1 The National Dementia Strategy was launched in 2017 and included 21 commitments some of which were to be taken forward at a national level and some at a local level. Appendix 2 details all 21 commitments in the national strategy and progress to date on the actions to be taken forward at a local level. Where there is overlap between the commitments in the Glasgow City strategy and the national strategy these have been progressed together.
- 4.2 For example a key priority in both strategies is the delivery of person centred PDS. There are two models for PDS (see Appendix 3) and currently the HSCP is delivering the 5 pillar model with Alzheimer Scotland. The HSCP is also assessing its approach to implementing the 8 pillar model for people with more advanced dementia.
- 4.3 The National Strategy also included a commitment to introduce specialist hospital based dementia units as recommended in the Taggart Report (<u>https://www.gov.scot/binaries/content/documents/govscot/publications/report/201</u>8/06/transforming-specialist-dementia-hospital-care/documents/00537291-pdf/00537291-pdf/govscot%3Adocument). The implications of this report are being considered as part of the GG&C OPMH strategy the HSCP is leading with the other HSCPs in the Board area.

The HSCP's work on dementia extends across the Partnership's wider transformation agenda including:

- palliative and end of life care;
- our approach to anticipatory care planning;
- managing frailty in the community;
- our residential ad day care modernisation programme;
- discharge planning and our intermediate care model;
- implementing the Primary Care Improvement Plan;

- our broader early intervention and prevention agenda;
- tele care reform programme;
- supported living and supported housing; and,
- our carer's strategy
- 4.4 It is important to recognise that responding to the needs of people with dementia, and supporting their families and carers, is an overarching key priority for a range of HSCP services in line with the strategic priorities as set out in the HSCP Strategic Plan.

5. HSCP Strategic Plan 2019-2021

- 5.1 The new HSCP Strategic Plan (https://glasgowcity.hscp.scot/sites/default/files/publications/GCHSCP_Strategic_P lan_2019_1.pdf) agreed at the IJB in March 2019 includes a commitment to develop a new five year strategy for older people's mental health services, including inpatient and community services, to respond to changes in needs and demands and shift the balance of care towards more community provision. This programme is being led by Glasgow City HSCP and taken forward on a GG&C wide basis involving the other HSCPs, and is part of the wider Moving Forward Together programme.
- 5.2 An update on progress with these commitments will be reported to the IJB later in the year.

6. Recommendation

- 6.1 The Integration Joint Board is asked to:
 - a) note progress on implementation of both the Glasgow City Dementia Strategy and the National Dementia Strategy, and identified next steps.

APPENDIX 1

GLASGOW CITY DEMENTIA STRATEGY 2016-2019

PROGRESS ON COMMITMENTS - HSCP ACTIONS

	COMMITMENTS	PROGRESS TO DATE
1	Continue existing work around diagnosis and post diagnostic support	A review of the HSCP's approach to delivering post diagnostic support is being progressed as a matter of urgency in the light of the current demand and waiting lists for the service, including data collection and reporting. Progress will be reported to the IJB as part of the quarterly performance reports.
2	Maintain Carers and family support, information provision	The number of people known with dementia is increasing and as a result Glasgow Carers Partnership (GCP) has developed an Information, Training and Support Pathway for carers with both an anticipatory post diagnosis and crisis response. Approximately 700- 800 carers per year access the carer dementia pathway. A new advanced dementia course has been development and delivered in NW and South Glasgow A further 779 new Dementia Carers were identified in 2017/18. This is an increase of 533.3% since it commenced in 2011/12 with a total of 3,933 Carers being offered support in that time. Key activities are the training courses and workshop delivered to ensure carers are skilled and equipped to care whilst maintaining their own health and well-being. Information around mood and emotions, challenging behaviours, sleep, stress and distress and more are provided through a variety of bespoke training sessions. To date there have been over 994 carers attending training, and an average of 97 people per month attend a range of Dementia Cafés across the city with another 64 people attending weekly cafes, 13 of these are carers of people under the age of 65.
3	Support workforce development including Promoting Excellence training	The HSCP has supported Promoting Excellence training for all staff. A review of the previous GG&C wide workforce plan is underway as part of the development of a new GG&C wide OPMH strategy due to be launched in the autumn. The HSCP continues to support staff achieve registration qualifications as stipulated by the Scottish Social Services Council Registered. In addition a range of staff development opportunities are available to registered staff to support the maintenance of their registration. Promoting Excellence is included in the pathway for residential care staff, and Service Managers have rolled out promoting

	COMMITMENTS	PROGRESS TO DATE
		excellence training for all grade 9 service managers and grade 8 operations managers within older peoples residential care services. There are a number of Learn Pro Modules available to NHS staff including the Dementia Skilled - Improving Practice Learning Resource and Dementia Supplementary Information module. In addition, there are two NES ELearning resources relating to delirium - An Introduction to Delirium and Delirium - Prevention, Management and Support.
4	Increase the use of technology including telecare	The HSCP tele care programme has resulted in a significant increase in the use of tele care services with an increase of over 300% in the number of older people supported by advanced telecare over the past two years.
5	Continued integrated working with acute services	The HSCP has continued to work closely with acute services, with acute representation on the HSCP dementia sub group and the HSCP's unscheduled care and older people planning groups. An update on the HSCP's unscheduled care programme and performance is included on the agenda for the May IJB meeting. The HSCP's new 'Home is Best' team has also recently come into being and is designed to support integrated discharge planning for older people with dementia to ensure safe transfer home or to long term care.
6	Maximising the benefits of voluntary sector and independent representation within the GHSCP and Integrated Joint Board	The IJB includes representation from the third and independent sectors and this is replicated across all planning groups.
7	Increased engagement with Glasgow Community Planning Partnership recognising the opportunities for wider stakeholder contribution to the strategy	Engagement with community planning partners is ongoing, and specifically with Strathclyde Passenger Transport and Glasgow Life. Workshops have also been held with community planning partners to explore opportunities for joint working using the resources each partner has collaboratively to support joined up stakeholder engagement.
8	Continue to raise awareness of dementia in communities through dementia friends and an awareness campaign	A Dementia Resource Centre opened at Bridgeton Cross (a city wide resource) in September 2016. The number of Dementia Friends in the city since the inception of the programme two years ago is now estimated to be over 4,000 and 2,000 of these became Friends during 2016/17. 194 people have been seen by

	COMMITMENTS	PROGRESS TO DATE
		Alzheimer Scotland Dementia Advisers via the Centre's 'drop in' sessions. The HSCP has set up a Dementia Awareness Group involving Alzheimer Scotland, and is currently refreshing the awareness raising strategy.
9	Engage with people with dementia and their carers in decisions that will affect them, including service provision and development	Dementia Carer Reference Group and development. City Wide Carer Reference Group can be forums for engagement on service provision and developments on services. Self-Directed Support sessions are regularly delivered to people with dementia and their carers.
10	Provide more integrated support to people living with dementia and their carers.	The HSCP implemented neighbourhood teams for older people in 2018 with the aim of supporting integrated care for including people with dementia. The 8 Pillars model of support for people with dementia who are at a more advanced stage of the illness was piloted in South Glasgow as part of a Scottish Government improvement programme. A report of the pilot has been completed and this is being used to inform the HSCP's review of PDS. One of the key benefits of the 8 Pillars approach is a partnership approach to supporting people with dementia and their carers.
11	Implement current dementia work plans in the city	This has been implemented.
12	Produce an annual report on what is being achieved	This report and previous reports support this commitment.

APPENDIX 2

SCOTLAND'S NATIONAL DEMENTIA STRATEGY 2017-2020

PROGRESS ON COMMITMENTS

COMMITMENT	PROGRESS TO DATE
Commitment 1: We will revise the national post-diagnostic dementia service offer to enhance its focus on personalisation and personal outcomes in the delivery of post- diagnostic support services.	Revised national guidance on post diagnostic support awaited. A new national data set for reporting on PDS activity is to be implemented for 2019/10.
Commitment 2: We will test and independently evaluate the relocation of post-diagnostic dementia services in primary care hubs as part of the modernisation of primary care	The national evaluation report is awaited, and will be used to inform the HSCP's approach to PDS.
Commitment 3: We will support the Integration Authorities to improve services and support for people with dementia as part of our implementation of key actions on delayed discharge, reducing unscheduled bed days, improving palliative and end-of-life care and strengthening community care.	Contact has been made with the i Hub (the national improvement arm of Healthcare Improvement Scotland) to support implementation plans within the HSCP. The IJB has approved an end of life and palliative care strategy. Work has also begun on a new GG&C wide strategy for OPMH services including dementia
Commitment 4: We will consider the learning from the independent evaluation of the 8 Pillars project on the benefit and challenges on of providing home-based care coordination and proactive, therapeutic integrated home care for people with dementia.	The national evaluation of 8 pillars has been completed and is being used to inform the HSCP's approach to PDS.
Commitment 5: We will test and evaluate Alzheimer Scotland's Advanced Care Dementia Palliative and End of Life Care Model.	Awaiting further information.

COMMITMENT	PROGRESS TO DATE
Commitment 6: We will work with stakeholders to identify ways to make improvements in palliative and end of life care for people with dementia.	The HSCP Palliative Care Strategy Group, tasked with taking forward the IJB's end of life and palliative care strategy, also has a remit to consider the palliative and end of life care needs for people with dementia. The palliative care strategy also complements the HSCP's approach anticipatory care planning which includes people with dementia. The thrust of the strategy is to increase the number of people supported to exercise their preference to experience palliative and end of life care at home, and this included people with dementia. An update on the palliative care strategy is due to be submitted to the IJB this year.
Commitment 7: We will continue to implement national action plans to improve services for people with Dementia in Acute Care and Specialist NHS Care, strengthening links with activity on delayed discharge, avoidable admissions and inappropriately long stays in hospital.	This national report was published June 2018, and the implications for GG&C and the HSCP was considerate by the OPMH Strategy Group to inform the wider GG&C strategy. The draft strategy is due to be reported to the IJB in the autumn.
Commitment 8: We will continue the National Group on Dementia in Care Homes to help ensure that the ongoing modernisation of the care home sector takes account of the needs of people with dementia and will consider the findings of the Care Inspectorate's themed inspections.	While the national group continues this work with the independent sector, within the HSCP work has been progressed in our directly provided residential care homes. The modernisation programme is due to be completed later this year, and will result in capacity of 550 new beds, two thirds of which it is estimated will be occupied by people with dementia.
Commitment 9: We will continue to support the ongoing implementation of the Promoting Excellence dementia health and social care workforce framework	The HSCP supports the implementation of Promoting Excellence and will be re-visiting the GG&C dementia workforce plan developed 2013-18 as part of the OPMH strategy currently being developed.
Commitment 10: We will support the implementation of the new national AHP Framework Connecting People, Connecting Support	The implications of the new framework are being considered with AHP colleagues and a report is shortly to be considered by the HSCP dementia sub group.

COMMITMENT	PROGRESS TO DATE
Commitment 11: We will implement the Technology Charter for People in Scotland with Dementia, ensuring that everyone with a diagnosis of dementia and those of care for them are aware of, and have access to, a range of proven technologies to enable people living with dementia to live safely and independently	This is being taken forward as part of the HSCP's tele care programme. There has been a significant increase in the number of carers and people with dementia being supported to continue living in their home using advanced telecare equipment. Work is currently underway to support the move from analogue to digital technology.
Commitment 12: We will work with national and local stakeholders to implement actions in the refreshed Age, home and Community: A strategy for Housing for Scotland's Older People: 2012 – 21 to support people live safely and independently at home for as long as possible	This national strategy has influenced the Glasgow housing contribution statement to the IJB's Strategic Plan approved in March 2019. The HSCP is committed to developing supported living services for those at risk of admission to care homes, both on a core and cluster and dispersed basis.
Commitment 13: We will consider what national action is required to support further improvements in transport for people with dementia	National work is currently underway, and the implications for the HSCP's strategy will be assessed when further information is available.
Commitment 14: As part of supporting local activity on dementia-friendly communities, we will work with partners to explore the potential to promote and support increased participation in dementia befriending	Work underway in Glasgow includes Alzheimer Scotland work with Silverburn shopping centre, Glasgow Life libraries and other Glasgow organisations to promote dementia friendly approaches. Alzheimer Scotland also has a two year partnership with Celtic Football Club Foundation to develop a dementia befriending service in north Glasgow.
Commitment 15: We will support implementation of NHS Health Scotland's report recommendations on dementia and equalities	Further guidance is awaited from NHS Health Scotland
Commitment 16: We will consider the upcoming recommendations of Police Scotland Missing Person Report for the dementia client group.	The Purple Alert app has been specially designed by people living with dementia by Alzheimer Scotland and was launched in 2018. The app creates a way of sharing information which could help return vulnerable people home safely.
Commitment 17: We will support the clinical and non-clinical research community in Scotland, including supporting linkages to the UK-wide research institute, linking policy and	Research is on-going, and the implications for Glasgow are still to be clarified.

COMMITMENT	PROGRESS TO DATE
research in Scotland and showcasing examples of dementia research in Scotland.	
Commitment 18: We will commission and publish a renewed study on trends in the prescribing of psychoactive medications for people with dementia	The national report is awaited.
Commitment 19: We will commission fresh work to assess dementia prevalence and consider with current prevalence model best applies	The national report is awaited.
Commitment 20: We will assess if there is a need for updated dementia clinical guidelines or guidelines on specific elements of clinical dementia treatment	National guidelines are awaited
Commitment 21: We will establish a national policy governance structure for monitoring and implementing the third national dementia strategy	National governance structure in place.

APPENDIX 3

POST DIAGNOSTIC SUPPORT MODELS

5 Pillar Model

8 Pillar Model

Support for carers -

a proactive approach to

supporting people in the

caring role and maintain the carer's own health and

Personalised support -

promote participation and independence.

flexible and person-centred services to

wellbeing.

Community

connections support to maintain and develop social networks and

to benefit from peer support

for both the person with

dementia and the carer.

a named, skilled practitioner who

the pillars of support and ensuring effective intervention across

health and social care

Environment – adaptations, aids, design

changes and assistive technology to maintain the independence of the person

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