





### **UPDATE ON SCOTTISH BORDERS DEMENTIA STRATEGY**

#### Aim

1.1 To provide an update to the Health & Social Care Integration Joint Board on the Scottish Borders Dementia Strategy with an outline of the key priorities going forward 2016/2017

### **Background**

- 2.1 Scottish Borders Dementia Strategy is a joint Strategy between NHS Borders and Scottish Borders Council, launched in 2010 in partnership with Alzheimer Scotland and BVCV.
- 2.2 The Dementia Strategic Partnership Group oversee the strategy and implementation plan.
- 2.2.1 The main objectives for the strategy are:
  - Develop support for Carers and People with Dementia living in rural areas.
  - Develop palliative care specialist provision
  - Promote the development of dementia friendly communities
  - Ensure that People with Learning Disability with dementia access appropriate services
  - Ensure the needs of Younger People with Dementia and their Carers are identified and are able to access appropriate services
  - Ensure the needs of people from minority groups such as Alcohol Related Brain Disease, AIDS Related Dementia are able to access appropriate services specific to their needs
  - Ensure that the equality issues are addressed and identified and all groups are able to access appropriate services
  - Ensure that all services for care and support continue to be delivered by appropriately skilled staff
  - Progress the Integrated Care Pathway.
- 2.3 Since the implementation of this local strategy there have been further developments with the national strategy and the introduction of the Five Pillar and Post Diagnostic Support, and Commitment 10 and 11. These have been recognised by the Dementia Strategy Group.
- 2.4 Work has been undertaken to meet the objectives:

- 2.4.1 Major reduction in commitment of resources to hospital beds with service realignment releasing resources to provide effective community teams and an enhanced rural support network.
- 2.4.2 Redevelopment of the NHS dementia day services to focus increasingly on a rehabilitative approach.
- 2.4.3 Increased access to and delivery of Cognitive Stimulation Therapy as a mainstream option for people presenting with a new diagnosis of dementia.
- 2.4.4 Training models have been, and continue to be, developed to reach a wider audience.
  - Skilled Practitioner in Dementia training is being delivered by Dementia Champions, a number of existing trainers and as a self-directed learning package supported by the Dementia Nurse Consultant. It is expected that alongside existing staff equipped at this level in Health and Social work we have a further 75 staff working to complete within three months.
  - People have completed their MSc Dementia Studies and 1 person has completed their Diploma in Dementia Studies.
  - Staff have completed Enhanced level practitioner training in Post diagnostic support and work is underway to support others to follow suit.
  - The Dementia Training group is due to reconstitute in 2016 to take this suite of work forward.
  - In the Borders we have 11 staff trained to deliver the NES training in Dealing with Stress and Distress: The Newcastle Model
  - In addition a pilot project is due to commence in 2016 to deliver training in that Stress and Distress approach to up to 500 staff supported by a grant from the integrated Care Fund.
  - SBC and NHS Borders are delivering Combined training with dementia being part of this (National Care Standards and Adult Protection form the other two parts). This has been rolled out to care homes within SBC locality with all care homes signing up. To date we have delivered to 14 out of the 20 homes 359 'front line' staff have undergone training.
  - Borders Voluntary Community Voice are also delivering 2 day Skilled Practitioner sessions.
- 2.4.5 Raising awareness sessions, information and advertising with our partners Alzheimer Scotland.
  - Sessions have been held in pop-up shops across the Borders.
  - Multiple events engaging with influential local groups, (e.g. Rotary Clubs, Round Table organisations, Women's institute etc)
  - Forget Me Not ball was held in the Dryburgh Abbey Hotel and was well supported by local organisations and was a success both as an awareness raising and a fund raising event.
- 2.4.6 Development of Carers support groups
- 2.4.7 Development of Dementia Cafes not just under our own service banner but one of our local churches has been running their own Dementia cafe for several months.

- 2.4.8 Development of the Best Practice Network for dementia which has now been running for over five years.
- 2.4.9 The Hospital and Care Home Liaison team for Older Adults which supports people, provides clinical opinion, offers guidance on management and delivers training on Mental Health issues to the Community Hospitals and Care Home settings for older adults across the Scottish Borders.
- 2.4.10 Development of service specification to commission specialist dementia care for people with high level needs.
- 2.4.11 Tender for specialist service provision
- 2.4.12 Pilot for enhanced dementia team.
- 2.4.13 Promotion of early diagnosis through enhanced access clinics in several GP surgeries across a number of areas of the Borders.
- 2.4.14 Post diagnostic support, initially funded through RSCOP but has now been mainstreamed.
- 2.4.15 Recruitment of Dementia Nurse Consultant to take forward Commitment 10 in the Acute Sector and to support Commitment 11 and the embedding of Post Diagnostic support across the Mental Health services
- 2.4.16 Development of a Borders branch of the Scottish Dementia Working Group
- 2.4.17 Further development of the ICP
- 2.4.18 Further work is being scoped around developing a specialist team to support in reach nursing to enhance Care Home Liaison and Social Work.
- 2.4.19 Development of dementia diaries
- 2.5 With regard to the project around early diagnosis a Project Manager was recruited through Reshaping Care for Older People, with an aim to work with GP practices to raise awareness and improve diagnostic rates in the Borders. The results were not consistent in regard to seeing improvement across all practices.
- 2.6 A pilot model of early access to cognitive assessment led by the Consultant Psychologist for Old Age was modelled in Kelso surgery, commencing in 2012. The service was considered a considerable success and continues to run today. The MHOAS has evolved a number of clinics in GP surgeries since and continues to seek opportunities to develop this as a model of practice.
- 2.7 The enhanced dementia team was put in place in order to support people with high level needs because of their dementia to support them and their Carers to remain in the community or facilitate transition to other areas. While areas of success were most notable during periods of change for people with dementia, the team found it difficult to integrate with other teams already in place. There was some good work identified through this team but it was not consistent. They struggled to find a solid

role and remit within the existing services. Work is now underway to review the role of the team and redesign the team to meet the identified gaps in the community. The team sought to work across the artificial boundaries which sometimes exist between health and social work services and, it could be argued, was too far ahead of an integrated model for other services to engage effectively.

- 2.8 The strategy is currently under review and will be refreshed in order to meet the key priorities over the next five years. Areas for priority are:
- 2.8.1 Recruitment to the Scottish Dementia Working Group
- 2.8.2 Development of Dementia friendly communities across the Borders
- 2.8.3 Development of volunteers to support People with Dementia and their Carers
- 2.8.4 Further development of the Care Home Liaison team with nursing in reach and Social Work
- 2.8.5 Further work with providers to identify suitable accommodation for people with high level needs caused by their dementia
- 2.8.6 Test a model of memory clinics in the Borders
- 2.8.7 Review and assess impact of training
- 2.8.8 Test areas of the ICP
- 2.8.9 Assess the effectiveness of Post Diagnostic Support
- 2.8.10 Continue to work with meeting Commitment 10 and 11
- 2.8.11 Review and analyse impact of strategy objectives

#### Summary

- 3.1 The aim of the objective within joint dementia strategy is to improve care and support for People with Dementia. There is evidence that that a lot of work has been completed in order to meet the aims. However it is also clear that there are areas that require adjustment or further work. Another key area is to assess and evaluate effectiveness of the objective.
- 3.2 The review of the strategy is already in progress and an updated version of the Scottish Borders Dementia Strategy will be presented in April 2016

#### Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the report.

Policy/Strategy Implications	As detailed within the paper.	
Consultation	As detailed within the paper.	

Risk Assessment	As detailed within the paper.
Compliance with requirements on Equality and Diversity	As detailed within the paper.
Resource/Staffing Implications	As detailed within the paper.

## Approved by

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