

Lincolnshire Joint Strategy for Dementia

2018 - 2021



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FOREWORD

We are pleased to launch our strategy which sets out our vision and details our progress and achievements since the implementation of the Lincolnshire Joint Strategy for Dementia 2014 - 2017 and also provides information on our priorities for dementia services in Lincolnshire over the next three years. This work has been led by Lincolnshire County Council, and the Lincolnshire Clinical Commissioning Groups which are the agencies responsible for delivery of the Strategy.

Good progress has been made since 2014 but there is scope for more to be done to support people following a dementia diagnosis. We remain committed to the vision to support people to live healthy lives in order to reduce the risk of developing dementia, improve identification and early diagnosis to ensure that people can be better enabled to live well with dementia through provision of meaningful support and services. By continuing to pursue our objectives and priority areas we will be able to support more people following a diagnosis and in turn support them to live at home, independently, for longer.

Carers of people with dementia, most often family members, are at risk of isolation, and those providing high levels of care are more likely to experience ill-health, according to the Carers' Trust report *A Road Less Rocky* (2013). This strategy refresh continues to advocate priorities that will help ensure both people with dementia, and their carers, are offered support, information and advice that supports them and those around them throughout their dementia journey.

The summary of key aims in this strategy provides the framework by which we will set, monitor and report on further improvements.

Dementia is one of our most significant health and social care priorities, both nationally and in Lincolnshire, as it has far reaching effects on people who live with the condition, their carers, family, friends, communities, businesses,

health, social care and voluntary services. NHS England has reported there is also a considerable economic cost associated with the disease, estimated at £23 billion a year nationally, a figure predicted to triple by 2040. This is more than the cost of cancer, heart disease and stroke combined.

We will continue to raise awareness, develop and commission services that support people with dementia to live well by accessing activities and services which help their physical and emotional wellbeing as well as the wellbeing of their family, friends and carers. We will also continue to promote the benefits of a healthy lifestyle, recognising that what is good for the heart is good for the brain, and can in some instances slow the progression of the disease.

The impact of dementia can be far-reaching, but by increasing awareness and understanding of dementia among both the public and among professionals we can make a real difference to improving the lives of people living with dementia and also support those who care for them. Our commitment to the people of Lincolnshire is to do all we can to ensure access to care and support for those who need it.



Cllr Mrs Patricia Bradwell
OBE

Deputy Leader of Lincolnshire County Council, Executive Councillor for Adult Care and Health Services, Children's Services



Glen Garrod

Executive Director of Adult Care and Community Wellbeing Lincolnshire County Council



John Turner

Interim Chief Officer, South West Lincolnshire Clinical Commissioning Group (for Lincolnshire CCGs)

INTRODUCTION

The purpose of this Strategy is to:

- Acknowledge the achievements of the Lincolnshire Joint Strategy for Dementia 2014 -2017.
- Update the Joint Strategy and set out Lincolnshire's vision for 2021.
- Identify key actions which will be undertaken to improve support and care for people with dementia and their carers to realise our vision for 2021.
- Emphasise the need for a whole system approach across the NHS, Adult Social Care, Public Health, the independent and voluntary sector, and beyond, in order to identify the needs of people with dementia, and those at risk of dementia, and their families from diagnosis to the end of life.
- Promote the objective of a "dementia-friendly" Lincolnshire by supporting the Dementia Action Alliance.

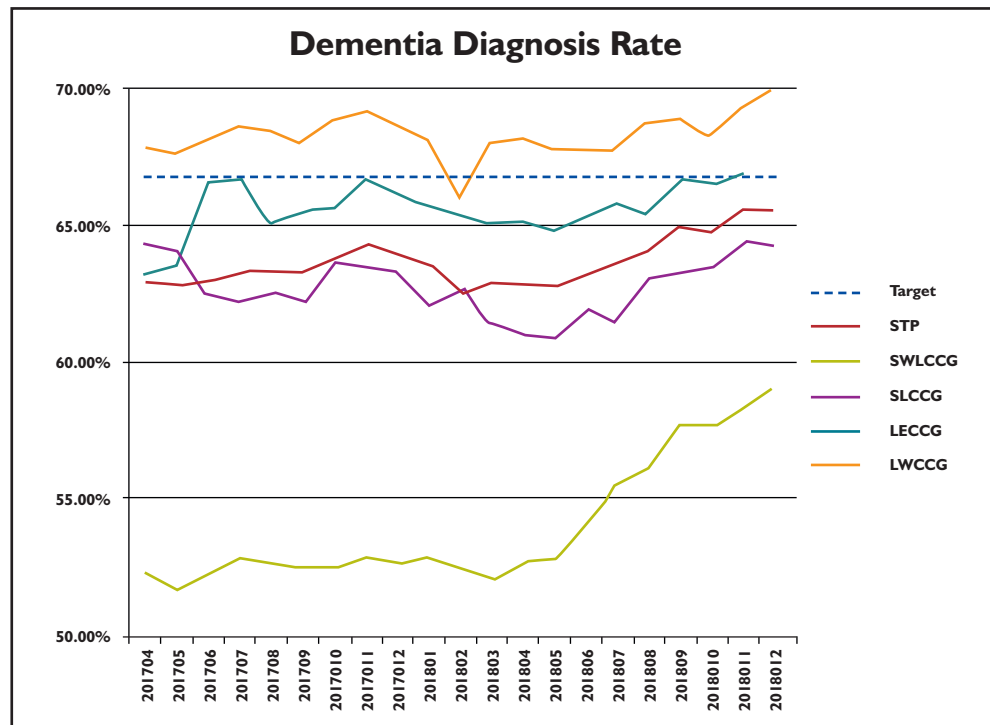


NATIONAL VIEW

Dementia is a progressive condition, and at present there is no cure or practicable means for screening people before symptoms emerge.

Dementia continues to represent a public health challenge. Projections have calculated there were 850,000 people with dementia in the UK in 2015 (Alzheimer's Society, 2014) and an estimated 46.8 million worldwide in 2015 (Alzheimer's Disease International, 2017). These numbers are set to rise, with it anticipated there will be over one million people with dementia in the UK by 2021 and over two million by 2051 if no action is taken and current trends continue (Alzheimer's Society, 2014).

The graph below shows Dementia Diagnosis rates in Lincolnshire:



Dementia can have a profound impact on people's sense of identity, behaviour, mood, and wellbeing, as well as all aspects of their relationships with others and their ability to manage everyday activities. The impact of dementia is not confined to people who directly experience the condition. It also has a major effect on their families and friends, and ultimately dementia has implication for everyone in society. As awareness and understanding of the personal and social impact of dementia has increased, a psychosocial approach has helped move from a narrow focus on disease alone to thinking about dementia in terms of disability. Highlighting the person rather than the disease leads to an emphasis on what helps people to live well with dementia.

In 2015, dementia replaced ischaemic heart diseases as the leading cause of death in England and Wales, accounting for 11.6% of all deaths registered in 2015 (Source: Office of National Statistics). It remains the leading cause of death for men and women over 80.

It is estimated that Mild Cognitive Impairment (MCI) affects between 5% and 20% of people aged over 65. Research suggests that 10% to 15% of people who had MCI with gradual memory loss went on to develop dementia – usually Alzheimer's disease. Early work with people with MCI on improving their lifestyle can help to reduce the risk of MCI progressing to dementia and may also provide them with wider health benefits (Source: Alzheimer's Society).

The Lancet Commission has reported a range of potentially modifiable risk factors for dementia that may account for approximately 35% of the risk of getting dementia (Source: The Lancet). These risk factors are:

- Low levels of education
- Midlife hearing loss
- Physical inactivity
- High blood pressure (hypertension)
- Type 2 diabetes
- Obesity
- Smoking
- Depression
- Social isolation

NATIONAL STRATEGY

The NHS Mandate 2017-2018 states the ambition to:

- Deliver the actions as outlined in the Challenge on Dementia 2020 Implementation Plan.
- Maintain a minimum of two-thirds diagnosis rates for people with dementia.
- Continue to develop evidence based framework for a national treatment and care pathway and agree an affordable implementation plan for the 2020 Dementia Challenge, including improving the quality of post-diagnosis treatment and support.

In 2016, the government re-committed to the policy as the Prime Minister's Challenge on Dementia 2020.

The government's vision for 2020 and key aspirations are:

- **High quality, meaningful care** following diagnosis through to end of life care.
- **Public awareness and understanding** of the risk of developing dementia is improved, and how people can **reduce risk by living more healthily**.
- GPs will play a leading role in ensuring **coordination** and continuity of care. Training will also need to be provided for all NHS staff on dementia.
- National and local government will support the **Dementia Action Alliance** to help create a dementia-friendly community. Funding for dementia research being **doubled by 2025**.

The new national changes will help people plan for the future and put people more in control of the care they receive. Listed below is further information and guidance in relation to dementia.

NICE has released specific guidance relating to mid-life approaches to delaying the onset of dementia.

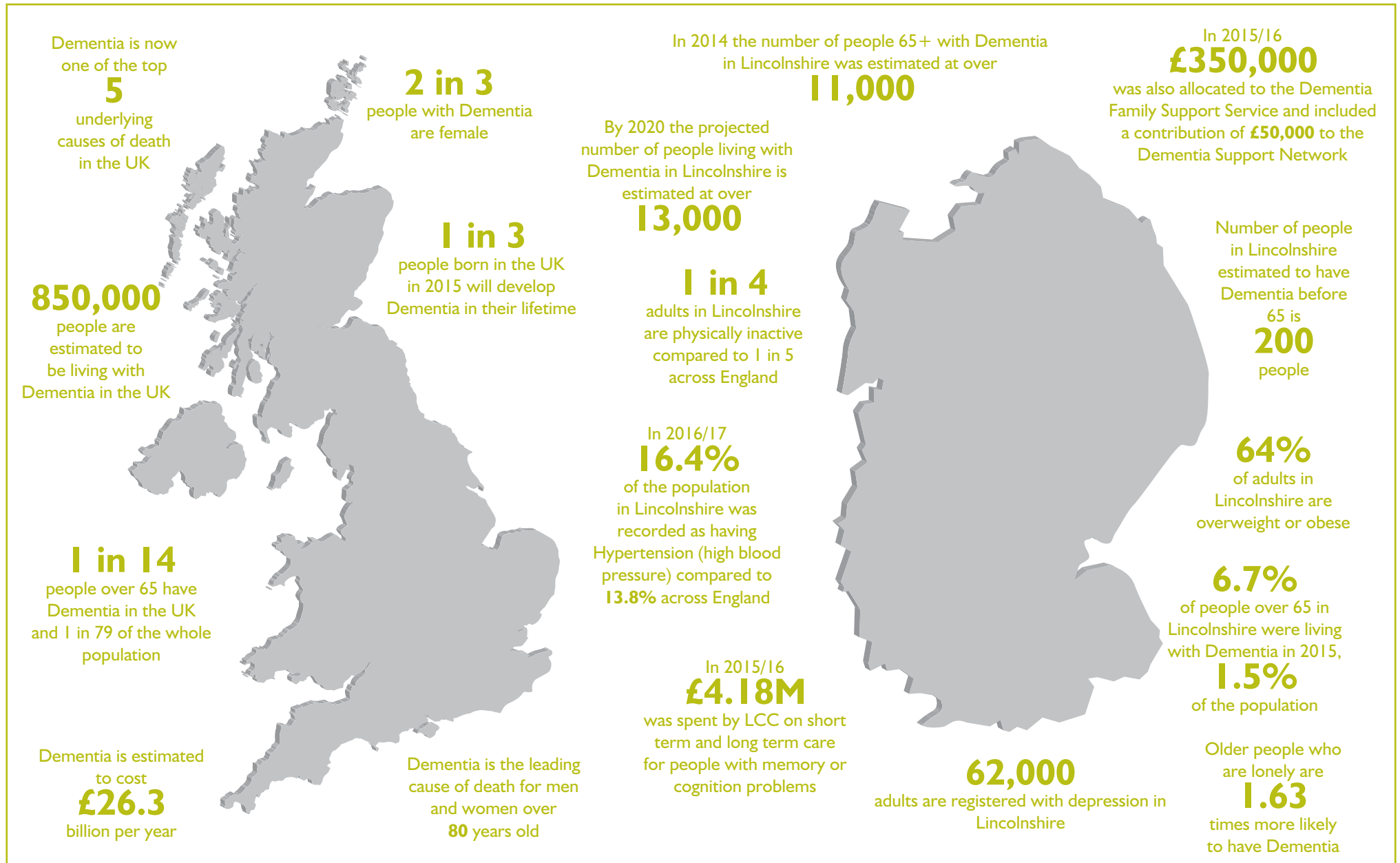
NICE Dementia Guidance covers assessment, management and support for people living with dementia and their carers.

Supporting NICE guidance, the National Collaborating Centre for Mental Health (NCCMH) has published:

- The Dementia Care Pathway (2018) which gives improvements in the delivery and quality of care and support for people living with dementia and their families.
- (Dementia: Applying All Our Health) which sets out key prevention messages at a population, community, family and individual level which may help reduce the risk of dementia (Source: Public Health England).

The Public Health England guide People with Dementia and Learning Disabilities (2018) aims to help staff in health and social care services to provide services that are accessible to people with learning disabilities who have dementia, or who are at risk of developing the condition. The guide shares information, ideas and good practice in relation to the provision of reasonable adjustments under the Equalities Act 2010.

KEY FACTS – UK AND LINCOLNSHIRE



LINCOLNSHIRE CONTEXT

Lincolnshire's Health and Wellbeing Board brings together key people from health and social care to work together to reduce inequalities and improve the health and wellbeing of the people of Lincolnshire. The Board has recently undertaken extensive engagement regarding its Joint Health and Wellbeing Strategy (JHWS) for Lincolnshire. Dementia has been identified as a priority area and this Joint Strategy reflects that fact with a number of priorities and actions which are directly related to the JHWS.

The Lincolnshire Joint Strategy for Dementia 2014 – 2017 set out a plan to improve and to support people with dementia their families and carers. Much has been achieved, and we will continue to address how we improve these things in our refreshed strategy.

In Lincolnshire, our achievements have included:

- The Dementia Family Support Service (DFSS) was developed and commissioned in October 2015 by Lincolnshire County Council. This service has helped over 3,200 people with dementia and their carers in Lincolnshire.
- There are now eight local Dementia Action Alliances in Lincolnshire covering all districts of the county. All those signed up to the DAA are working towards becoming dementia friendly by actively contributing to raising awareness and understanding of dementia. Developing dementia-friendly environments, reducing stigma and developing positive attitudes towards the delivery of services.
- The Dementia Action Alliance acts as the formal partnership to progress the Dementia Friendly Communities. An accreditation process administered by the national DFC programme has to date recognised Lincoln, Boston, Skegness, Grantham, and Bourne under the scheme.
- Work has been undertaken on improving elements of the pathway, specifically on diagnosis.
- There are over two million Dementia Friends nationally with just over 19,000 in Lincolnshire, alongside 140 active Dementia Friends Champions. Lincolnshire County Council and Lincolnshire CCGs have led a number of awareness campaigns and targeted promotional work to help increase the number of Dementia Friends in Lincolnshire and will continue to do so across the lifetime of this strategy.
- United Lincolnshire Hospitals NHS Trust (ULHT) is a member of the Dementia Action Alliance and is committed to supporting the Dementia Friendly Hospital Charter.
- ULHT has also developed a tool that will support emergency and admissions to ensure a tailored stay in hospital. This has been undertaken in partnership with the Alzheimer's Society, Carers FIRST Lincolnshire, and Commissioners.
- In Lincolnshire organisations have developed a Frailty Pathway which includes tools to identify and support dependency across services.
- Lincolnshire Partnership NHS Foundation Trust (LPFT) provides a Dementia and Specialist Older Adult Mental Health Service for people needing help with suspected or diagnosed dementia, as well as adults aged 65 years with complex mental health problems and other specialist needs.
- LPFT was the first NHS trust in England to sign up as a dementia research 'Champion'.

- The Managed Care Network is an alliance of mental health groups and organisations that provide activities and services to give people support, structure and choice in their lives, and which includes dementia in its terms of reference. At present MCN supports local dementia projects in the Boston, Spalding, Stamford, and Gainsborough localities.
- We have engaged with people with dementia their families and carers, in developing this Strategy, and will continue to do so to ensure we listen and take account of their experience and what they feel is needed to improve care and support.

The Picture for Lincolnshire

Dementia profiles for Lincolnshire evidence that a number of risk factors are worse than at both national and regional levels. These include inactive adults (doing less than 30 minutes of moderate intensity exercise each week) and adults who are overweight and obese. Prevalence of a number of conditions which are risk factors for dementia are also higher in Lincolnshire including hypertension, stroke, diabetes, CHD and depression (Source: Public Health England, Dementia Profiles).

According to estimates, there were 11,289 people aged 65 and over with dementia living in Lincolnshire in 2015, with 62% of people experiencing dementia estimated to be females. This gender inequality is caused by two factors: late onset of dementia is estimated to be higher in females than males, plus women live longer than men which increases their risk of developing dementia in older age (Source: Projecting Older People Population Information).

This table demonstrates the projected increase in the number of people with dementia aged 65+ by district:

District	2017	2035
Boston	1017	1607
East Lindsey	2643	4378
Lincoln	1077	1798
North Kesteven	1797	3227
South Holland	1590	2656
South Kesteven	2184	4164
West Lindsey	1434	2555
Lincolnshire	11688	20427

(Source: POPPI)

The number of people aged 65 and older experiencing dementia in Lincolnshire is projected to increase, at the same time the rates of dementia prevalence are projected to increase to 8.2% of people aged 65+ or 2.3% of the total Lincolnshire population (Source POPPI).

Applying national prevalence rates to the total number of patients registered at each Clinical Commissioning Group (CCG), Lincolnshire East CCG has the highest estimated rate at 4,104 (1.68%), which reflects the older age profile of its population (Source: Public Health).

From April 2017 the way NHS England calculates dementia diagnosis rates has changed. Formerly, prevalence estimates were applied to Office of National Statistics population estimates. Instead they will be applied to registered populations from GP lists. Because of these changes it is not always useful to draw direct comparison between dementia data published by NHS England in 2017/18 and earlier data sets, or those from other sources.

The growing proportion of people with dementia will continue to represent a challenge to all aspects of health and social care provision. Therefore it is important that we work together in local communities to develop and ensure new and innovative ways to support people with dementia and their carers.

Fully addressing diagnosis aims requires a strategic approach. A self-assessment by the Lincolnshire CCGs in 2017 has identified areas of variation across clinical pathways which suggest an opportunity to share learning and pathways across CCGs. Work has been undertaken on improving elements of the pathway, specifically on diagnosis; however, an integrated countywide pathway for dementia care has yet to be developed.

Dementia Research

All three of Lincolnshire's NHS Trusts and Lincolnshire County Council have pledged to be Join Dementia Research champions – the first time a whole county has promised to get behind the national campaign.

Join Dementia Research (JDR) is a nationwide online and telephone service that makes it easier for people to register their interest in volunteering for vital dementia research.

Nationally, there are more than 7,500 Join Dementia Research participants, and 165 studies have used the service as a way to find suitable volunteers.

In Lincolnshire, 290 volunteers have signed up to JDR. The table above compares this figure with other authorities in the East Midlands.

(Source: Research, Innovation and Effectiveness Department, LPFT)

A new recommendation from the National Institute for Clinical Excellence included in the NICE dementia guidelines June 2018 makes clear that health and care professionals should help people living with dementia and their carers find out about opportunities to take part in research, and empower them to make their own decisions about getting involved. One straightforward way to do this is to provide information about Join Dementia Research.

NICE evidence-based guidance remains central to improving awareness, prevention, early diagnosis and dementia care and support in Lincolnshire.

County	JDR Registration Numbers
Lincolnshire	290
Nottinghamshire	841
Derbyshire	650
Leicestershire	503
Northamptonshire	364

Enabling Research in Care Homes (ENRICH)

Improving the lives and health of older people living in care homes is a major UK government priority. ENRICH is a key part of the Government's Challenge on Dementia 2020 and LPFT help make this happen by improving the consistency of support for research outside the NHS. LPFT have worked with Lincolnshire Care Association (LinCA) and directly with homes to promote ENRICH, and now have the largest number of homes registered in the East Midlands.

LPFT have also completed one national research study, Agitation and Quality of Life in Care Homes (University College London), which involved three Lincolnshire care homes. The results of this large programme are currently awaiting publication.

WHERE WE WANT TO BE IN 2021: OUR VISION

Over the next three years, to meet the aspirations of **National Dementia Policy**, and achieve our **Joint Strategy's Key Priorities** we commit to working with **Strategic Partners** across Lincolnshire and **National Partners**. We will adopt NICE Dementia Guidance (NG97).

"Next Steps on the NHS Five Year Forward View", published in March 2017, states that Sustainability and Transformation Partnerships (STPs) will be the main vehicle for health, social care and local government leaders to plan integrated service provision. The Lincolnshire Sustainability and Transformation Partnership have published its plans.

The refreshed Lincolnshire Joint Strategy for Dementia will be aligned to national policy. We will have robust processes to ensure monitoring and reporting of policy compliance. The Prime Minister's Challenge highlighted risk reduction as there is growing evidence to reduce an individual's risk of dementia by supporting them to live healthier lives. Around a third of Alzheimer's disease diagnoses worldwide might be attributed to potentially modifiable risk factors.

We will deliver our prevention commitments as per the Joint Health and Wellbeing Strategy for Lincolnshire 2018. This will include:

- Improving timely identification and diagnosis.
- Developing a prevention programme for vascular dementia increasing awareness of dementia across the population.
- We want to improve the experiences of people with dementia.
- Every person with dementia will have meaningful care from diagnosis to the end of life.
- We will ensure that people with dementia and their family carers are supported to live well no matter what stage of their illness.
- We will commit to extending support for and engagement with, Third Sector organisations working with people and families affected by dementia.

- We will continue to work with NHS England, Alzheimer's Society and partners to ensure as many people affected by dementia as possible benefit from personalised support following diagnosis.
- We will use the National Dementia Statements, ensuring that we listen to people affected by dementia and gather evidence to better understand their experiences at every stage of the dementia journey. The new Dementia Statements reflect the things people with dementia say are essential to their quality of life:
 - We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
 - We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
 - We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
 - We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.
 - We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

(Source: National Dementia Declaration: Dementia Statements, 2017)

INTEGRATED PERSONAL COMMISSIONING (IPC)

Lincolnshire is an Integrated Personal Commissioning demonstrator site, with dementia being an identified cohort for IPC delivery.

IPC is a nationally led, locally delivered programme that is supporting healthcare empowerment and the better integration of services across health, social care and the voluntary and community sector.

Through IPC, people, carers and families with a range of long-term conditions and disabilities are supported to take greater control over what services support them and who provides these services.

Lincolnshire local authority and NHS partners have worked with the Alzheimer's Society, and other experts to focus on effective personalised care and support planning for people with dementia, incorporating a trial of a pioneering approach to individual asset mapping called Dementia Capital Networks. LCC and partners have also

worked with Community Catalysts CIC to understand what is available to people and how a diverse local care market can be supported to thrive.



Alison's Story

Alison lives with dementia and participated in the IPC Dementia Capital Networks pilot project (DCN).

Alison had hobbies and interests but health issues were affecting her wellbeing. She took part in a DCN conversation to improve care and support planning by maximising the role of the person with dementia alongside family, social, and community resources.

Alison found the conversation a relaxed friendly experience, allowing time to talk about the things that really mattered to her: "I felt listened to - a lovely, friendly, caring person, easy to talk to. What she said she would do was done... and no complicated words! I prefer this type of conversation and having this done in your own home feels relaxed and safe."

Alison's family also found the DCN conversation made more things seem possible than before: "Really good you came out and did the map as it is not until it's laid out in front of you do you really see things, the different

areas, and access some areas we did not realise. It's good to talk something through and see things from a different perspective, it's a huge thing."

DCN allowed Alison time and opportunity to share what was really important to her with family and friends and the Alzheimer's Society Dementia Support Worker. As a result of this person centred approach a four day holiday with the family was booked and the family worked to overcome the things that were getting in the way of Alison going shopping. Additional benefits entitlement was identified and a referral to Occupational Therapy Service made, all combining to provide Alison with a range of adaptations to her home, support and mobility. Most changes were delivered for low cost and brought her social network closer to find solutions for themselves.

Despite the conversation acknowledging concerns, Alison felt DCN helped her turn these into practical actions that were both reassuring and empowering: "There are lots of vulnerable people out there, but I'm not one of them!"

(Source: Alzheimer's Society)

KEY AIMS

The following key aims summarize the priorities and outcomes necessary to meet our objectives:

- Raise awareness and prevention by promoting healthy living among the public and professionals.
- Improve diagnosis rates.
- Following diagnosis to support more people to live at home independently for longer.
- Enable people to live well with dementia.



AIM 1 – RAISE AWARENESS AND PREVENTION BY PROMOTING HEALTHY LIVING AMONG THE PUBLIC AND PROFESSIONALS

Priorities

1. We want to improve awareness of how healthy lifestyle choices can reduce personal risk of developing dementia.
2. Reduce the risk factors for dementia across the county by actively promoting healthy lifestyle services focused on key risk factors.
3. Improve awareness and skills needed to support people with dementia including people with learning disabilities and their carers in all areas of health and social care.
4. Identify opportunities for improved integrated Neighbourhood Team working.
5. Active involvement in, and support for, the Lincolnshire Dementia Action Alliance and the national Join Dementia Research programme.
6. Support the Sustainability and Transformation Partnership (STP) and Lincolnshire Health and Wellbeing Board (LHWBB) governance frameworks which ensure clear accountability for the delivery of the Joint Dementia Strategy.

We will

- The Lincolnshire Health and Wellbeing Board, through its new Joint Health and Wellbeing Strategy 2018, will develop a prevention programme focused on dementia.
- Create a dementia sub-group that reports to the Lincolnshire Health and Wellbeing Board on implementation of the strategy action plan.
- Develop a strategy action plan with designated tasks and timescales.
- Promote healthy living to 40-74 year olds.
- Include dementia awareness and signposting for 65+ in the NHS Health Check programme.
- Reduce psychosocial risk factors such as loneliness and depression.
- Incorporate dementia risk reduction and brain health promotion measures in other policy work streams for pre-disposing conditions such as cardiovascular disease and diabetes.
- Ensure appropriate dementia training continues to be made available to health and social care staff on a sustainable basis.
- Promote 'Join Dementia Research' among professionals and the public.
- Promote work undertaken by the Dementia Action Alliances.
- Promote the police-led Herbert Protocol to help keep vulnerable people safe.
- Hold an event to publicise and promote Lincolnshire's Joint Dementia Strategy.
- Promote Dementia Friends Campaign and support communities to become dementia - friendly including businesses, and health and care settings.

OUTCOME MEASURES

- Increased numbers of Dementia Friends in Lincolnshire.
- Greater awareness of Dementia Strategy among the public and professionals reflected through surveys, feedback, and public events.
- Increased participation in dementia research.
- Health & Wellbeing Board reporting requirements.
- Annual reports – Dementia Strategy action plan.

“Feeling that you continue to be yourself is very important. Positivity and wellbeing is what makes it bearable.

C. – Carer in Lincoln



AIM 2 – IMPROVE DIAGNOSIS RATES

Priorities

1. We want to improve care by increasing dementia diagnosis rates in line with national targets. We also want to ensure that we increase the number of people being diagnosed, and starting treatment or accessing interventions within six weeks of referral.
2. Achieve equity of access to diagnostic services by examining variations in waiting times and capacity.

We will

- Implement a countywide pathway for identification, referral, and timely diagnosis.
- Identify opportunities for jointly commissioning post-diagnostic support.
- Develop pathways to ensure all people have access to appropriate post-diagnostic care and support.
- Focus on Mild Cognitive Impairment (MCI) as this represents a high-risk cohort who could potentially benefit through life-style education and social prescribing.
- Look at how we can improve the process for people with learning disabilities to get dementia assessments.

OUTCOME MEASURES

- Diagnosis rates meeting national targets in line with the NHS Mandate, Five Year Forward View, and the objectives of 'The Prime Minister's Challenge on Dementia 2020.
- Waiting time data.

We went to see a doctor. I told him what the problem was and he said 'I haven't noticed anything'. I was never actually told what he was diagnosed with until last year, and he had it for three years.

C. – Carer in Lincoln

Because Steve is so young, they would not diagnose with dementia for over a year. For people that are younger and are still at work they need the diagnosis even quicker.

H. – Carer in Lincoln

AIM 3 – FOLLOWING DIAGNOSIS TO SUPPORT MORE PEOPLE TO LIVE AT HOME INDEPENDENTLY FOR LONGER

Priorities

1. Improve the quality of post-diagnostic treatment, intervention and support available for all people with dementia and their carers to enable them to optimise independence and quality of life.
2. Ensure that people diagnosed with dementia access timely intervention, social support and signposting.
3. Greater integration with the frailty pathway and awareness of dementia in multi-agency Neighbourhood Teams.
4. Agree and implement palliative care pathways for people with dementia.

We will

- Develop service specifications for an integrated countywide dementia pathway, taking into account NICE and NCCMH guidance, including Public Health England guidance for people with dementia and learning disabilities.
- Design pathways around people with dementia, taking into account, emergency hospital admission and Advance Care Planning.
- Pilot an Admiral Nursing service for people diagnosed with dementia in Lincolnshire.
- Work with health and care professionals to ensure carers are listened to from the outset, and involved in the care of the person they support.
- Address unique palliative care aspects of people with dementia when commissioning of end of life care.
- Embrace Neighbourhood Working.

OUTCOME MEASURES

- Published countywide dementia pathway.
- Numbers of people accessing post-diagnosis support.
- Increased number of people with dementia having an integrated care and support plan.

I will want to look to the future, not yet, but I would like to know more about different kinds of support. There's an information gap. I don't always know what questions to ask, so I think there should be more information available. I found out about Council Tax rebates from Martin Lewis on the radio and Age UK helped us then.

D. – Carer in Gainsborough

AIM 4 – ENABLE PEOPLE TO LIVE WELL WITH DEMENTIA

Priorities

1. Commission community based social support services for people with dementia to live well and to support the wellbeing of families and carers. Ensure that people with lived experience of dementia are consistently involved in the governance and oversight of the Joint Dementia Strategy and its associated plans.
2. Standardise the Memory Assessment and Management Service (MAMS) model across the county to improve patient outcomes.
3. Reduce the amount of antipsychotic medication prescribed to people with dementia, reassessing a person prescribed antipsychotic medication every six weeks (NICE Guidelines June 2018, Dementia: assessment, management and support for people living with dementia and their carers).
4. Ensure people living with dementia who have sleep problems have access to a personalised multicomponent sleep management approach. (NICE 2018).
5. Ensure the sustainability of future support provision for people with dementia and their families. Develop resilience and build community capacity.

We will

- Work with partners to provide an integrated and seamless carers' journey that allows for the whole family approach.
- Work together to ensure a fully coordinated approach and deliver an agreed strategy action plan.
- Commission a post-diagnosis family support service to succeed the current DFSS agreement which will help promote resilience, healthy lifestyles, and physical and mental wellbeing.
- Promote and deliver the Joint Health and Wellbeing Strategy which acknowledges dementia as a priority and emphasises prevention and early intervention.
- We will support the integration agenda for people in Lincolnshire who access social care to have a joint health and social care assessment, but critically to have a joint health and care plan where needed.

OUTCOME MEASURES

- Jointly Commissioned Services by CCGs and LCC.
- Evaluation of the MAMS service and outcomes.
- Improved outcomes for people with dementia and their carers through data gathered from the Adult Social Care User Survey, Carers Survey and Commissioned Services.
- Number of people supported with dementia at home by integrated Neighbourhood Teams.
- Reduction in the amount of antipsychotic medication prescribed to people with dementia.
- Number of people with dementia dying at their usual place of residence.
- Number of people with dementia having an annual health check.
- Number of people with dementia that have a joint health and care plan.



If you want that person to be in the community you have to look after the carer.
C. – Carer in Lincoln



Carer's breaks are essential to carry out day to day duties. Time for yourself is important to give you much needed respite. Even a few hours are beneficial. Settings such as (day care) are hugely helpful but not accessible to everyone.
P. – Carer in Boston

PARTNERSHIPS

Dementia Officers Group

The Dementia Officers Group is a special interest group of commissioners and providers which promotes good practice in dementia care and support. Membership consists of staff from the statutory health and social care agencies as well as representatives from voluntary sector organisations. The group is chaired by an officer with responsibility for commissioning or providing dementia services either for the NHS or local authority.

The group has drawn attention to the commitment in the Lincolnshire Joint Strategy for Dementia 2014 - 2017 to set up a Dementia Sub-Committee to be responsible for strategy implementation and governance. The Dementia Officers Group considers itself to be in a strong position to assume a more formal governance role towards this Dementia strategy.

The Alzheimer's Society

We have welcomed and worked with The Alzheimer's Society in Lincolnshire; they have been involved and supported in the following ways:

- The Sustainability and Transformation Plan for Lincolnshire (STP) to ensure it reflects sufficient dementia commitment, and to continue to support and develop activity around local Dementia Action Alliances to encourage greater dementia awareness.
- The Alzheimer's Society is represented on the CCG dementia sub-group with representation from GP leads, NHS England and LPFT.
- Dementia leads in ULHT hospitals to develop a Dementia Care Bundle to improve patient outcomes.
- Primary Care teams across Lincolnshire to offer free training on dementia.
- The Lincolnshire Integrated Personal Commissioning (IPC) demonstrator project to support people affected by dementia at the centre of health and social care.
- Neighbourhood Teams and Memory Assessment clinics with the aim, over the next three years, of having a specialist dementia support worker holding their own caseload as an integral member of the team.

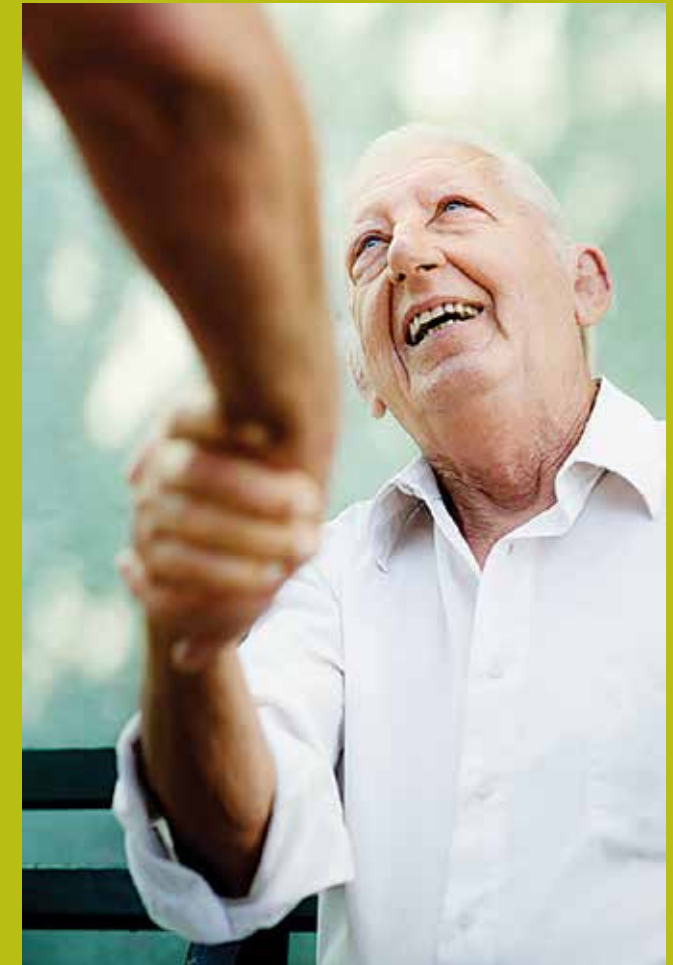
The Alzheimer's Society has also invested in a range of support services in Lincolnshire future plans include promoting the 10 point plan for integrated dementia care and scoping a partnership project with NHS England's national Personalised Care Group team:

- End of Life Care Providers Group which is made up of seven health and social care organisations creating membership of the Lincs and Borders.
- St Barnabas Hospice host the Lincolnshire Palliative Care Co-ordination Centre (PCCC), an administrative centre which matches care needs with care providers for patients needing palliative care.

ACKNOWLEDGEMENTS

This Joint Strategy acknowledges the contributions of:

- Lincolnshire County Council
- Lincolnshire Clinical Commissioning Groups
- NHS England
- Service users, patients, and carers
- Alzheimer's Society
- Lincolnshire Partnership NHS Foundation Trust
- United Lincolnshire Hospitals NHS Trust
- Lincolnshire Community Health Services NHS Trust



SOURCES & USEFUL LINKS

Alzheimer's Society
www.alzheimers.org.uk

Carers Survey (2017), Adult Social Care, Lincolnshire County Council
Internal Lincolnshire County Council Report

Dementia Action Alliance
www.dementiaaction.org.uk

Dementia Family Support Service
https://www.alzheimers.org.uk/homepage/168/dementia_connect#!/detail/a0z7000001gcTcWAAU?lng=-0.5456245999999965&lat=53.2315311

Dementia Friends
www.dementiafriends.org.uk

Herbert Protocol
www.lincs.police.uk/reporting-advice/missing-person

Join Dementia Research
www.joindementiaresearch.nihr.ac.uk

Joint Health & Wellbeing Strategy, Public Health, Lincolnshire County Council
<https://www.lincolnshire.gov.uk/health-and-wellbeing/information-for-professionals/health-data-policies-and-publications/joint-health-and-wellbeing-strategy/115339.article>

Joint Strategic Needs Assessment
www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx

Lincolnshire Community Health Services NHS Trust
www.lincolnshirecommunityhealthservices.nhs.uk

Lincolnshire County Council
www.lincolnshire.gov.uk/

Lincolnshire County Council – Market Position Statement
<https://www.lincolnshire.gov.uk/residents/adult-social-care/for-providers/key-documents/market-position-statement/127863.article>

Lincolnshire County Council – Local Account
<https://www.lincolnshire.gov.uk/residents/adult-social-care/strategies-policies-and-plans/adult-care-local-account/114719.article>

Lincolnshire Partnership NHS Foundation Trust
www.lpft.nhs.uk/

Lincolnshire Research Observatory
www.research-lincs.org.uk/Home.aspx

NHS Digital
<https://digital.nhs.uk>

NHS Lincolnshire East Clinical Commissioning Group
<https://lincolnshireeastccg.nhs.uk>

NHS South Lincolnshire Clinical Commissioning Group
<https://southlincolnshireccg.nhs.uk>

NHS Lincolnshire West Clinical Commissioning Group
<http://www.lincolnshirewestccg.nhs.uk>

NHS South West Lincolnshire Clinical Commissioning Group
<http://southwestlincolnshireccg.nhs.uk>

National Collaborating Centre for Mental Health (NCCMH)
<https://www.rcpsych.ac.uk/members/nccmh.aspx>

Prime Minister's Challenge on Dementia 2020
<https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020>

Projecting Older People Population Information
<http://www.poppi.org.uk>

Social Care Institute of Excellence: building social capital
<https://www.scie.org.uk/publications/windowsofopportunity/interventions/buildingsocialcapital.asp>

United Lincolnshire Hospitals NHS Foundation Trust
<https://www.ulh.nhs.uk>

Public Health England Dementia Profile
<https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data#page/1/gid/1938133052/pat/15/par/E92000001/ati/120/are/E54000013>

Public Health England Guide – For people with Dementia and Learning Disabilities
<https://www.gov.uk/government/publications/people-with-dementia-and-learning-disabilities-reasonable-adjustments/introduction>

