

	<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">HEALTH & WELLBEING BOARD</p> <p align="center">9th September 2015</p>
<p>TITLE OF REPORT – Dementia JSNA and Commissioning intentions</p>	
<p>Report of the Executive Director of Adult Social Care and Public Health</p>	
<p>Open Report</p>	
<p>Classification - For Decision</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce</p>	
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1. EXECUTIVE SUMMARY

- 1.1. This report presents the key findings and recommendations from the Joint Strategic Needs Assessment (JSNA) on dementia, and outputs of the ‘Like Minded’ North West London (NWL) Strategic Review of Dementia and how these will be used to inform future commissioning intentions to address the challenges presented by the expected increase in dementia in our local population.

2. RECOMMENDATIONS

- 2.1. The Health and Wellbeing Board are requested to consider and approve the dementia JSNA for publication.

- 2.2. The Health and Wellbeing Board are requested to note how the dementia JSNA and the NWL dementia strategy will be used to inform the future commissioning intentions.

3. REASONS FOR DECISION

- 3.1. To ensure that in the future there is the right type and configuration of health and care support services in place to support people diagnosed with Dementia and their carers to live well and to meet the increasing forecasted demand within resources.
- 3.2. The North West London (NWL) Mental Health & Wellbeing Strategic Implementation and Evaluation Board approved the report of the strategic review of Dementia 15th May 2015, and agreed that individual CCGs would
- 3.3. consider the outputs and outcomes as part of their service review and development process for 2015/16.
- 3.4. The Health and Social Care Act 2012 placed the duty to prepare a JSNA equally and explicitly on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB). Local governance arrangements require final approval from the Health and Wellbeing Board prior to publication.

4. INTRODUCTION AND BACKGROUND

- 4.1. The number of people with dementia is increasing, which will have a significant impact on our population, particularly for older people and their families and carers.
- 4.2. As referenced in the full report diagnosis rates are increasing, figures for Hammersmith and Fulham show a formal GP diagnosis rate of 68% of estimated prevalence as of March 2015. Local estimates indicate that the number of people aged 65+ with dementia in Hammersmith and Fulham will rise from 1200 in 2015 to just under 1800 in 2030 (a 50% increase)
- 4.3. This increase will inevitably impact on the local health and social care economies and will require increasing investment in services to detect, treat, and support people with dementias and their carers.
- 4.4. To inform the strategic approach and future commissioning arrangements required to tackle this challenge locally, two pieces of work have been undertaken:
 - A deep dive JSNA on dementia for Hammersmith and Fulham, Kensington and Chelsea, and Westminster
 - The North West London Strategic Review of Dementia for Brent, Harrow, Hillingdon, Ealing, Hammersmith & Fulham, Hounslow, Central London and West London Clinical Commissioning Groups.

- 4.5. The JSNA provides a comprehensive evidence base and information about the local population to support the development of future commissioning intentions for dementia services across the three boroughs, in order to meet this challenge.
- 4.6. Information for the JSNA has been collected from a variety of sources including audit, relevant policy and research as well as local data provided by stakeholders, providers and service users. This evidence has been analysed to identify gaps and solutions and forms the basis of the recommendations that are described in the JSNA report.
- 4.7. An Executive Summary and a full report of the JSNA are included as Background Papers.
- 4.8. In 2014 the former Mental Health Programme Board agreed to undertake a strategic review in relation to dementia for the eight CCG groups that fall within the NWL CCG collaboration. The review commenced in August 2014, it included; mapping of prevalence of dementia, mapping of progress towards achievement of 67% diagnosis rate in each area and delivery of a series of themed workshops. The outcomes and outputs of the review are included as Background Papers and summarised as follows:
- *An outcome focussed Framework specification that uses the Dementia 'I' statements as the basis for a suite of outcome measures, these are accompanied by set of carers outcomes measures, developed by a carer*
 - *A dementia exemplar framework developed during the review, and informed by feedback and comments from people with dementia and their carers.*
 - *A high level clinical care pathway developed and agreed by a virtual clinical leads group, and is included within the framework specification*
 - *A set of individual/we/group and organisational commitment statements have been produced via the workshops.*
- 4.9. In July 2015 officers from Public Health, the CCGs and local authority met to review the JSNA recommendations with the outputs of the NWL Strategic Review of Dementia and begin planning next steps in light of the key findings of the JSNA and NWL strategy. The outputs of this session are shown in Appendix 1.
- 4.10. This exercise identified that the majority of the JSNA recommendations that are RAG rated based on identified service gaps/ opportunities align with the proposed service aims identified through the NWL work.

5. KEY THEMES OF THE JSNA

5.1 In the current health and social care climate there is much emphasis on sustainability through better community care, living as well as possible with dementia, keeping people out of hospital and reducing length of hospital stays. This focus is particularly salient when applied to the needs of people with dementia. In the course of writing the JSNA, several priority themes have been highlighted. These are described in the table below.

<p>1. Numbers of people locally who have dementia will increase over the next few decades (around 55% in next 15 years across the 3 boroughs), primarily due to a greater number of older people (aged 80+)</p>	<p>We need adequate resource to deal with this challenge and we need to provide services more efficiently and sustainably</p>
<p>2. Dementia diagnosis rates have been rising in each of the three boroughs</p>	<p>This has to be followed by an equal input into post-diagnostic care to ensure people are living well with dementia</p>
<p>3. Most of the cost of supporting those with dementia falls on unpaid carers and adult social care. With more care provided at home, pressure on carers may increase</p>	<p>We need to support, advise and empower carers to fulfil this enhanced role without a detriment to their own quality of life</p>
<p>4. Whilst it is important to maintain independence for longer, there needs to be appropriate escalation of care when needed</p>	<p>There may be a need for increased training for paid and unpaid carers residential care staff, and other appropriate professionals</p>
<p>5. Dementia services are provided by a range of agencies - acute and primary care, mental health services, social care and third sector</p>	<p>Better cohesion and collaboration is needed via well-coordinated information, advice, advocacy and outreach services</p>
<p>6. People with dementia do not always receive fair access to services which support their mental and physical health needs</p>	<p>People with dementia need to receive parity of access across mental and physical health services</p>

6. KEY THEMES OF THE NWL STRATEGIC REVIEW OF DEMENTIA

- 6.1 The key themes from the NWL review highlighted the importance of achieving timely diagnosis for all those who need it balanced against support being available post-diagnosis and having one named person that people with dementia and their carers can call upon.
- 6.2 Other recommendations to support service improvements in dementia care are:
- The voices of people with dementia and their carers continue to be heard
 - Commitments be given to utilize the dementia framework
 - The dementia commitment statements should reinforce the importance of continuing to improve dementia services across North West London
 - The need to work in partnership to achieve implementation of local plans.

7. NEXT STEPS

- 7.1 In Hammersmith and Fulham there are two key pieces of work underway to further improve and develop Dementia health and care services to meet the needs of people with memory impairment/dementia and their carers as follows;
- I. Hammersmith and Fulham Clinical Commissioning Group (HFCCG) are re-commissioning memory assessment services. The proposal is to commission a multi-disciplinary, primary care focused memory assessment and post diagnostic support service to provide opportunities to increase dementia diagnosis rates with Hammersmith & Fulham and provide integrated and holistic post diagnostic support to enable people to live well with dementia and ensure that carers are well supported. The Procurement process is expected to take place during the period January 2016 – September 2016 with a view to awarding a contract and a new service in place October 2016.
 - II. The CCGs and LAs have started a three borough strategic review of jointly commissioned dementia day and community services to explore options to improve and develop services to include a Dementia Resource Centre service model in light of central and local strategic drivers and developments across health and social care. This review will include engagement with stakeholders

including people with dementia and their carers to inform future commissioning intentions; the procurement timeline is also expected to take place January 2016 – September 2016 with new services in place October 2016.

- 7.2 The CCGs and LA will need to ensure people with dementia and their carers continue to be heard via patient/user/carer group forums to help shape dementia friendly environments and accessible health, social care and voluntary sector services that are vital in supporting people with dementia and their carers.
- 7.3 Both of these pieces of work afford commissioners an excellent opportunity to remodel/design and align services across the dementia care pathway to meet the growing demand and better meet the needs of local service users and their carers and enable them to live well with dementia
- 7.4 The JSNA recommendations and NWL outputs will be key to shaping services going forward and we will use these to benchmark against proposed service models.

8. CONSULTATION

- 8.1 In developing the JSNA a draft report was circulated to a range of stakeholders for consultation, including Local Authority colleagues, CCGs, Community and Voluntary Sector, and Healthwatch. Response to the consultation was good and a large number of comments received and incorporated into the final version. The views of local people with dementia and their carers were gathered from the Adult Carers Survey and work undertaken by Healthwatch.
- 8.2 In the process of undertaking the strategic review of dementia services across NWL an exemplar dementia framework was developed in co-production with people with dementia and their carers. A series of themed workshops were held engaging and involving key stakeholders and this work was undertaken with input and the support of Innovations in Dementia and Age UK Kensington and Chelsea.

9. EQUALITY IMPLICATIONS

- 9.1 JSNAs must consider the health, wellbeing and social care needs for the local area addressing the whole local population from pre-conception to end of life.
- 9.2 The “local area” is that of the borough, and the population living in or accessing services within the area, and those people residing out of the area for whom CCGs and the local authority are responsible for commissioning services

- 9.3 The “whole local population” includes people in the most vulnerable circumstances or at risk of social exclusion (for example carers, disabled people, offenders, homeless people, people with mental health needs etc.)
- 9.4 Equality implications will be further considered based on the outcome of the 3 borough dementia service review and future re-commissioning and re- procurement intentions and will be cleared by the relevant Equality Officer.

10. LEGAL IMPLICATIONS

- 10.1 The JSNA was introduced by the Local Government and Public Involvement in Health Act 2007. Sections 192 and 196 Health and Social Care Act 2012 place the duty to prepare a JSNA equally on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB).
- 10.2 Section 2 Care Act 2014 imposes a duty on LAs to provide or arrange for the provision of services that contribute towards preventing, delaying or reducing care needs.
- 10.3 Section 3 Care Act 2014 imposed a duty on LAs to exercise its Care Act functions with a view to ensuring the integration of care and support provision with health provision to promote well-being, contribute to the prevention or delay of care needs and improve the quality of care and support.
- 10.4 JSNAs are a key means whereby LAs work with CCGs to identify and plan to meet the care and support needs of the local population, contributing to fulfilment of LA s2 and s3 Care Act duties.
- 10.5 Implications verified/completed by: Kevin Beale, Principal Social Care Lawyer, 0208 753 2740

11. FINANCIAL AND RESOURCES IMPLICATIONS

- 11.1 There are no financial implications arising from this report, any future financial implications identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.
- 11.2 Implications verified/completed by: (Prakash Daryanani, Head of ASC Finance, Telephone: 0208-753-2523.)

12. RISK MANAGEMENT

- 12.1 Public Health risks are integrated into the Council's Strategic Risk Management framework and are noted on the Shared Services risk register, risk number 5. Market Testing risks, achieving high quality commissioned services at lowest possible cost to the local taxpayer is also acknowledged, risk number 4. Statutory duties are referred to in the register under risk 8, compliance with laws and regulations. Risks are regularly reviewed at Business Board and are referenced to in the periodic report to Audit, Pensions and Standards Committee. Any risks identified during the 3 borough dementia service review and any subsequent re-procurement of services will be captured as they arise and incorporated if significant on the Shared Services risk register.
- 12.2 Risk Management implications verified by Michael Sloniowski, Shared Services Risk Manager, telephone 020 8753 2587.

13. PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 13.1 Any future contractual arrangements and procurement proposals identified as a result of the 3 borough dementia service review and re-commissioning projects will be cleared by the relevant Procurement Officer.

LOCAL GOVERNMENT ACT 2000 **LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Dementia JSNA and Executive Summary	Colin Brodie	Public Health
2	Dementia Report 06.05.15	Barbara Edwards & Debbie Mayor	CLCCG
3	NWL Strategic Review of Dementia 15.06.15	Barbara Edwards & Debbie Mayor	CLCCG
4.	Dementia Framework Service Specification	Barbara Edwards & Debbie Mayor	CLCCG

LIST OF APPENDICES:

Appendix 1 – JSNA and NWL outputs