Report for: Adults and Health Scrutiny Panel

Title: Update on Dementia Solutions in Haringey

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Ward(s) affected: All

Report for Key / Non-Key Decision: Non-Key Decision

1. Describe the issue under consideration

1.1 This paper is an update on the plans and solutions to support people with dementia in the Borough, which forms an important section of Haringey's joint and multi-agency Ageing Well Strategy overseen through the Age Well Board.

1.2 The overall aim multi-agency Council, NHS and voluntary sector Age Well partners agreed is to ensure people with dementia are diagnosed as early as possible and that they and their carers get the right treatment, care and support for them to help them live as long, fulfilling and healthy lives as possible.

1.3 A report was presented to December 2022's Scrutiny Panel to outline some of the issues and challenges, plans and improvements partners had made in relation to improving services for people with dementia. At the time, the Panel agreed the Council and NHS would report back to outline progress, particularly in relation to developing community assets for people with dementia. This report provides a summary of this progress so far.

2. Background information

2.1 Dementia is a term describing a collection of progressive conditions, such as Alzheimer's Disease or vascular dementia, associated with the brain. These conditions affect individual's memory, ability to undertake everyday tasks, communication, problem-solving and perception.

2.2 Working with people with lived experience with dementia and multi-agency professionals, Haringey developed an aspirational pathway of support for people with dementia and their families. Appendix 1 summarises this journey.

2.3 It is important to ensure people have the right dementia diagnosis and access to the right treatment. This diagnosis can be complex and is undertaken at the Barnet, Enfield & Haringey MH Trust (BEHMHT) Memory Service at St. Ann's

Hospital. Patients are referred to the service through patients' GPs, who will seek to rule out other reasons for cognitive impairment, e.g. confusion due to UTI etc.

2.4 People can live well with dementia for several years if they get access the treatment, medication and support that they need early enough, helping people reminisce about their life and continuing to be physically active. There's evidence leading a healthy lifestyle – being active, eating well and managing your weight – can also reduce risk of acquiring some forms of dementia.

2.5 One in three aged 65+ will develop dementia as they age with the risk of acquiring the condition increasing as they get older, with Alzheimer's Disease being the most common. There are 2,300 residents thought to be living with dementia in Haringey in 2023. Around two-thirds of these residents are currently diagnosed with the condition. This figure needs to increase and that we need to diagnosis people with the condition earlier.

2.6 One barrier to early diagnosis is the relatively poor understanding about dementia amongst the population, including in specific (often deprived) communities and ethnic groups. This lack of understanding, including about who to check with if there's a problem, mitigates against people coming forward for diagnosis, getting help earlier and plan for the future, including how to avoid preventable crises, such as being admitted to hospital or care home or carers feeling unable to cope any more. Dementia may also be just one of several conditions people live with.

2.7 The Scrutiny Committee report in December outlined our network of health-orientated services for people with dementia. The Committee were particularly interested in one aspect of the partnership work which related to developing a network of community assets to support people with lived experience in the community, including raising awareness of the condition, as part of developing a 'Dementia-Friendly Haringey'. The December report set out some priorities for improvement, and the current report provides an update on progress so far.

2.8 We continue to listen to the experience of people with dementia and carers. Along with other representative forums, we work closely with the Public Voice-led Dementia Reference Group, a group of residents with lived experience of dementia, to work with professionals to help us understand and guide improvement priorities. For example, we conducted workshops with the Group on topics such as post-diagnostic support and improving safety and managing crises. We have adopted an approach to dialogue and feedback which reflects: 'We said, we did together, this is the impact it made'.

2.9 As a result of these discussions with residents and partners, we have created an improvement partnership plan within our multi-agency Age Well Programme which includes actions in this report. We feedback routinely on progress and these outcomes and seek further opportunities through our Age Well partnership, the Reference Group and extended network of residents' and patients' views.

2.10 It is relatively early to describe the impact of these improvements, but partners, including those with lived experience, involved in the dementia project are developing a framework with people with lived experience to determine how we

monitor improvements in outcomes and wider impact of our health and care system. These proposed outcomes include issues such as ensuring:

- More people and organisations are aware of the condition and what are the practical things they can do to help. This could mean making suitable adjustments to their lifestyles (people) and or their 'offer' (organisations) – and growing our multi-agency Dementia-Friendly Haringey Alliance.
- Diagnostic rates increase towards 80% and making these diagnostic rates more consistent and diagnoses timely across GP practices and Primary Care Networks in Haringey.
- More people are diagnosed earlier with the condition and get the help and treatment they need earlier.
- More people with lived experience with dementia (including carers) feel better supported (in terms of treatment, physical and mental well-being, safety, stimulation, social inclusion etc.) prior to, at or post-diagnosis and know who they can turn to for help if they feel they are approaching crises.
- More people can live at home as independently as possible for longer.
- There is equity of access, outcomes and experience against the above measures including within potentially under-served communities and groups.

2.11 Based on ongoing feedback from those with lived experience of the conditions and our partners locally and nationally, key areas for improvement were:

- Awareness-raising about the condition to the public and those that are likely to interact with people at risk of, or who are living with, dementia
- Early diagnosis and improving the onward connection to solutions in the community, particularly post-diagnostic support more consistently
- Better joined up services to support people living with the condition including a 'hub-and-satellite' model to bring care and support closer to people.
- Progressing towards a 'Dementia-Friendly Haringey'.

2.12 *Improve Awareness-Raising & Progress towards Dementia-Friendly Haringey*

2.13 The key actions identified in the December report were:

a. *Appoint a Dementia Coordinator to promote the above activities and encourage further partnerships to emerge to better support individuals.*
b. *Relaunch our 'Dementia-Friendly Haringey Alliance' through a conference with organisations to refresh commitments to better support people with dementia through up to 3 simple actions they can take.*
c. *Work with under-served communities and groups in Haringey to raise awareness about cognitive impairment and dementia to encourage people and families to spot symptoms and signs and come forward to their GP for help sooner rather than later.*
d. *Work with health and care professionals and voluntary sector to improve their own confidence and knowledge of working with people with cognitive impairment and dementia and 'what to do next'. We are currently developing an 'Ageing Well' tiered awareness-raising and training programme with Enfield for health and care professionals and others, such as those in the voluntary sector, who work with or alongside older people.*

2.14 Since the last update we have:

- Appointed a Dementia Coordinator in Q4 2022/23 who has taken forward engagement with the people with lived experience for dementia and with partners committed to building a Dementia-Friendly Haringey.
- The Co-ordinator reconvened 60+ organisations in the 'Dementia-Friendly Haringey Alliance' in Q1 2022/23. The Alliance is a forum of organisations – care and support agencies, retailers, VCSEs, service sector organisations and so on – who committed actions to help improve some aspect of people living with dementia's lives. We intend to also coordinate an NCL-wide approach for some organisations (e.g. Transport for London, BEH MH Trust, Metropolitan Police) that operate on an NCL or London footprint.
- We have organised a Dementia-Friendly Haringey conference in June 2023 as part of the relaunch to invite existing members to re-commit 3 actions and encourage new organisational members to join for the first time.

- Having secured North Central London Integrated Care Board funding, we are now in advanced planning of the Ageing Well awareness-raising and training and intend to pilot the first training sessions in early October with a view to roll out across Haringey and Enfield to a range of partners. The content will largely follow the structure of the Age Well Guide and Ageing Well Resources on Council website (with a page dedicated to dementia)

  The Guide is aimed at those aged 50+ (and those that work with them) and has hints and tips to look after yourself and where to go for help, on several topics, including one section on cognition. We have already agreed one of the training modules for our Age Well Champions strand will focus on dementia. Ensuring staff or volunteers getting to know more about dementia as an Age Well Friend or Champion could be one of organisations' key actions they may commit to as part of Dementia-Friendly Haringey.

  The December report also discussed 'NavNet', our community of practice and practical problem-solving forum amongst volunteers and statutory sector professionals who have an element of social prescribing or community navigation in their roles – people who can provide front-line advice or connect people to opportunities or services they may value. Membership has accelerated from an initial 20 people coming together to take forward to 170 (December report) to 220+. We now have a full-time VCSE NavNet coordinator. We will promote training and awareness-raising opportunities amongst members including in relation to dementia and Ageing Well training.

- The above actions remain a work in progress, and we know we need to do more. For example, the Dementia Coordinator will work with our Community Ambassadors to reach out to specific communities and groups in which understanding of the conditions and access to onward diagnosis and support might need to improve later in 2023/24.

2.15 *Improve Diagnostic Rates and Onward Connection to Services*

e. Work with our GP practices, NHS Trusts and Council to improve the consistency, join up and recovery of services for people with dementia post-pandemic and working to 'get the basics right' in services. We have recently put a bid in for funding of a dedicated Dementia Facilitator to work with

partners to improve their services. [Unfortunately, Haringey was not successful in this bid process which was heavily over-prescribed]

f. *Improving diagnosis and onward support for younger adults with dementia and their families, including those with learning disabilities (particularly Downs Syndrome), who are at particular risk of early onset dementia.*

g. *Work with people with dementia and families to establish a 'dementia support' network post-Memory Service to ensure everyone with a diagnosis has someone – a professional or trained volunteer depending on the level of need - they can turn for help and support and who gets in touch with them routinely if they want and help navigate what can be a complex care system.*

2.16 Since the last update we have:

- Conducted an in-depth analysis of individual GP practice diagnostic rates to determine those practices who may have a lower than anticipated number of older patients on their list diagnosed with dementia. We are currently working with several practices via their Primary Care Networks, and the communities (and community representatives) they serve, to determine how we can encourage people to come forward for cognitive checks earlier and get the right diagnosis for them. This will be a priority area for action in the second half of 2023/24 and we will ensure that this work is undertaken in parallel with development of our locality working with practices across Haringey. This includes a particular focus on identifying early onset dementia, including as part of annual health checks for people with learning disabilities.

- In conjunction with the Dementia Reference Group, we are currently developing a Charter for people and families living with dementia, so there is a direct link to practical things people tell us would help them and the improvements and outcomes discussed above. For example, one aspect of the Charter refers to knowing who individuals can turn to help them navigate the care system post-diagnosis, and knowing who to contact in crises arise.

- Partners are working to expand their organisational capacity to ensure people can access statutory assessments and services in a timely way, against a backdrop of rising demand. For example, the number of GP consultations in Haringey increased by 30% between 2019/20 and 2022/23, including in practices serving the 20% most deprived communities. However, improving access to services continues to be a priority amongst partners over the next 18 months, and we will seek to make better use of existing, and expand, resources and capacity to meet demand.
- One example of this approach relates to the better use of the multi-agency Enhanced Health in Care Homes (EHCH) model. EHCH is a dedicated service run by community health in conjunction with primary care and care homes to ensure residents' needs are identified via routine surgeries for those with escalating health needs or crises. The service has been well-received and is now in its second year of full operation. Partners are now expanding the service to support the physical health needs of people with learning disabilities in independent living homes as they age - research suggests these individuals are at greater risk of becoming frail and developing dementia at an early age.

2.17 *Improve Key Services for People Living with Dementia*

h. Improve the support available in hospital settings, discharge out-of-hospital, for people with dementia and families working with Whittington Hospital and North Middlesex University Hospital and their community as part of 'getting the basics right'. This includes, for example, ensuring that discharge home and onward support is as well-connected and seamless as possible.

i. Improving key solutions to better support individuals, and 'join up' the offer across Haringey and nationally. This includes developing a 'hub-and-satellite' model of support, with the Haynes and MH Trust staff acting as 'dementia experts' in our system to provide coordination and expertise to a distributed network of support across the Borough and into localities and communities.

2.18 Since the last update we have:

- Successfully piloted an improved assessment unit for patients with frailty, including those with cognitive impairment or dementia, at NMUH to best triage the needs of individuals who need a spell in hospital. The pilot so far is promising and has demonstrated improved outcomes for patients due to more timely access to diagnostics and treatment (including onward referral to Memory Service when they have returned home, if needed, if the patient has suspected dementia but this has not been diagnosed), reduced mortality and length of stay.

- Continued to develop our 'hub-and-satellite' model. We now have a variety of joined-up 'offers' across the Borough:
  - Haynes Dementia Centre, which now supports patients prior to post-assessment.
  - Grace Organisation, who moved into their new location at Pretoria Road ('the Irish Centre') in March 2023
  - Cypriot Centre operate a day service for people with dementia
  - Tom's Club at St. Ann's Hospital and at the Haynes

  Plus additional sessional day opportunities provided by the Alzheimer's Society ('Singing for the Brain') at Alexandra Palace and at Bruce Castle Museum; whilst we have also expanded our Haringey walks to enhance the support for people with dementia as a way of keeping people physically active and supporting carers.

- The Haynes continues to offer a multi facing holistic approach to care. Providing cognitive stimulation through day-to-day activities, specialised sessions and an emphasis on maximising physical wellbeing. Alongside the prescribed service we also offer placement for drop ins, these are attended by people with dementia or who are awaiting a dementia diagnosis, they attend with a carer and utilise our facilities and activities. Lastly, the service provides carer support and acts as an information centre. The Haynes Carers Group has monthly support for holistic professionals, advocates, even a masseuse. The information area provides flyers, and information to anyone seeking guidance or advice on dementia and is also used as a community repository for advertising events. The new Dementia Co-ordinator is working towards making a robust dementia network across the borough which will enable our delivery model to be shared by others and

equally anyone else providing support or activities for those with dementia will become connected.

- The Grace Organisation move into new premises was co-designed with them to ensure the facility adequately met the needs of users of the day service in accordance with recognised dementia standards. The new facility is similar in size to their previous premises and re-provides spaces such as the large activity space, activity/consultation space for visiting health care workers, and a commercial kitchen to deliver their meals on wheels services and to support the luncheon club previously hosted at the Irish Centre. Additionally, office space and meeting rooms are provided on the first floor. Features of the design include:
  - Distinctive wayfinding with areas themed and clear consistent signage, contrasting finishes to help people with dementia navigate and clear sight lines for staff and carers.
  - Natural, but not bright, light where possible.
  - Barrier free access throughout the building, both internally and externally.
  - Separation of activities to make sure people are stimulated
  - Spaces for both staff delivering the service and for service users.
  - Use of the centre's communal hall space at specified times throughout the week.

- The above action remains a work in progress, and we know we need to do more. For example, the above solutions need to be more readily available post-diagnosis to people with lived experience with dementia rather than at the end of a sometimes lengthy and complex health and/or social care assessment. We are looking for ways to invest in our capacity to meet the demand for services and activities (including development of our Dementia Friendly Haringey 'offers') whilst at the same time seeking to improve the timeliness of statutory assessments. For example, we are exploring how we can improve access to psychological therapies to support people with lived experience come to terms with their or their loved one's diagnosis and best manage their lives and relationships post-diagnosis.

3. Recommendations

3.1 The Panel to note the contents of this report, endorse our approach and help us consider how we can sustain and build on improvements to our support for people with dementia and their families.

4. Reasons for decision

4.1 N/A

5 Contribution to strategic outcomes

5.1 The Haringey Deal, NHS Long Term Plan, Haringey's Community Strategy and the Better Care Fund.

6 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

6.1 Finance and Procurement
This is an update report for noting and as such there are no direct financial implications associated with this report.

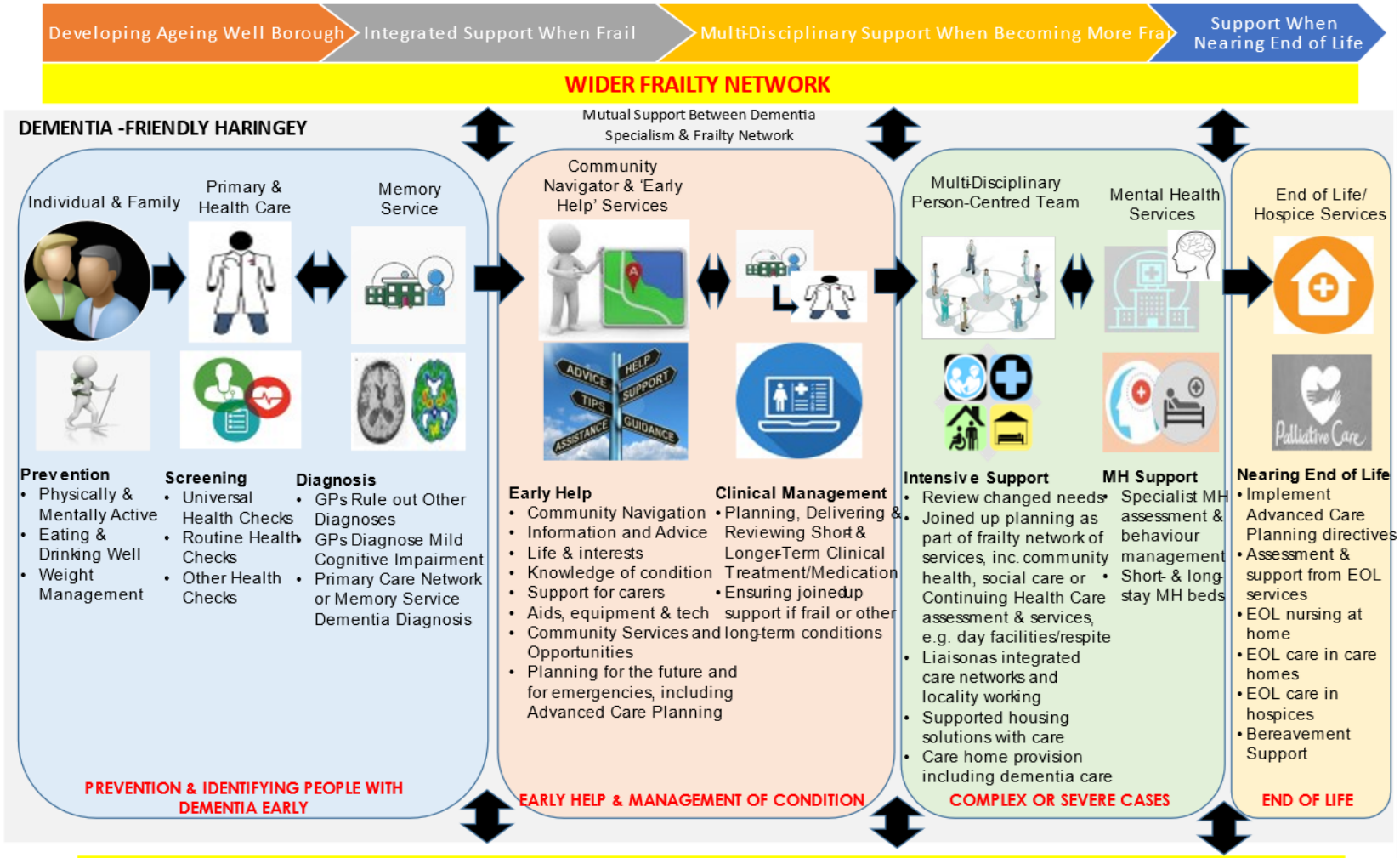
6.2 Legal
This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

6.3 Equality
An EQIA was produced for the overall Ageing Well Strategy and its programme at the time of its publication. The implementation of the AW Programme, and the Living Well Section within it, was seen as positive against several characteristics along age, including better supporting under-served groups and communities, including those living with disabilities, those living in deprived areas and key ethnic groups, e.g. better awareness-raising and support for people from black African and Caribbean groups and some Asian groups who are less likely to come forward with cognitive impairment for professional help. Some of the actions we plan are described above.

7 Use of Appendices
Appendix 1 – Aspiration Dementia Pathway for Haringey (summary)

8 Local Government (Access to Information) Act 1985
N/A

SUMMARY OF DEMENTIA PATHWAY



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