Joint Havering Dementia Strategy 2017 – 2020

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Havering Clinical Commissioning Group

Havering LONDON BOROUGH

Contents

Foreword

Dementia is a growing, global challenge. As the population ages, it has become one of the most important health and care issues facing the world. The number of people living with dementia worldwide today is estimated at 44 million people, set to almost double by 2030.

The Dementia UK Update[1] report calculated the overall costs of dementia in the UK as £26.3 billion per annum, with an average cost of £32,250 per person. This included care provided by formal agencies, as well as the value of unpaid care provided by carers, and included loss of earnings. The estimated cost of unpaid care amounted to £11.6 billion.

It is important to note that dementia and dementia care costs the health and social economy more than those for cancer, heart disease and stroke combined.

The fall-out on people's lives can be simply catastrophic. Those coping with dementia face the fear of an uncertain future; while those caring can see their loved ones slipping away.

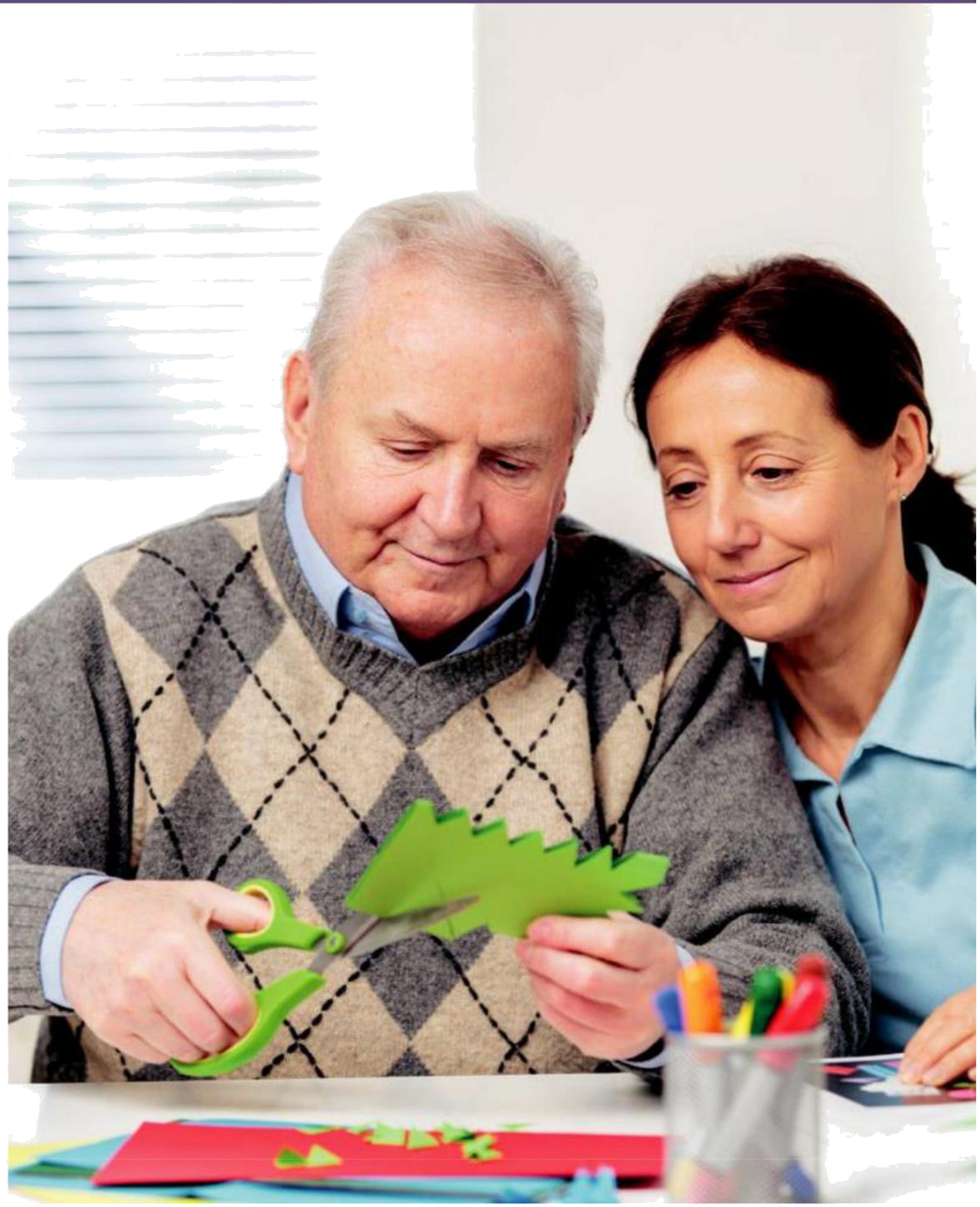
Although the challenge is great, we believe that in Havering if we work effectively with people with dementia, their families and caregivers, we can meet this challenge.

The overall aim of this strategy is to raise the profile and importance of dementia care and support; and to build on the progress that Havering has already made in improving the lives of those with dementia.

This refresh of the 2014-2017 strategy will be overseen by the Havering Dementia Partnership Board which is committed to ensuring that the people of Havering have access to high quality dementia care and support.

Dr Gurdev Saini

Councillor Wendy Bryce-Thompson



[1] Alzheimer's Society: Dementia UK Update Second Edition 2014

Introduction

The Prime Minister's Challenge on Dementia 2020 builds on that of 2012 with the new Challenge aiming to make England, by 2020, the best country in the world for dementia care, support, research and awareness. England should be the best place for people with dementia, their caregivers and families to live. The national dementia strategy[2] provides the objectives around which local strategies should be developed (**Table 1**).

Table 1 (right): Living well with dementia – the 17 key objectives of the national dementia strategy

[2] DH: Living well with dementia: A **National Dementia Strategy** 2009

Objectives	
Objective 1: Improving public and professional awareness and understanding of dementia	Objective 10: Considering the potential for housing support, housing-related services and tele-care to support people with dementia and their carers
Objective 2: Good-quality early diagnosis and intervention for all	Objective 11: Living well with dementia in care homes
Objective 3: Good-quality information for those with diagnosed dementia and their carers	Objective 12: Improved end of life care for people with dementia
Objective 4: Enabling easy access to care, support and advice following diagnosis	Objective 13: An informed and effective workforce for people with dementia
Objective 5: Development of structured peer support and learning networks	Objective 14: A joint commissioning strategy for dementia
Objective 6: Improved community personal support services.	Objective 15: Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers
Objective 7: Implementing the Carers' Strategy	Objective 16: A clear picture of research evidence and needs
Objective 8: Improved quality of care for people with dementia in general hospitals	Objective 17: Effective national and regional support for implementation of the Strategy.
Objective 9: Improved intermediate care for people with dementia	

What is dementia?

What is dementia?

The term ‘dementia’ describes a set of symptoms that include loss of concentration and memory problems, mood and behaviour changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases, such as Alzheimer’s disease, a series of small strokes or other neurological conditions such as Parkinson’s disease. Around 60 per cent of people with dementia have Alzheimer’s disease, which is the most common type of dementia, around 20 per cent have vascular dementia, which results from problems with the blood supply to the brain and many people have a mixture of the two.

Dementia is a progressive condition, which means that the symptoms become more severe over time. People with dementia and their families have to cope with changing abilities such as the capacity to make decisions about major life events as well as day-to-day situations.

The reality for many people with dementia is that they will have complex needs compounded by a range of co-morbidities. After 65, the likelihood of developing dementia roughly doubles every five years.[3]

Currently, dementia is not curable. However, medicines and other interventions can lessen symptoms for a period of time and people may live with their dementia for many years after diagnosis. There is also evidence that more can be done to delay the onset of dementia by reducing risk factors and living a healthier lifestyle.

[3] LSE, King’s College London, Alzheimer’s Society. Dementia UK: The Full Report,2007

Why have a local strategy?

There is a requirement for all local areas to have a joint commissioning strategy for Dementia[4]. It is vital that the public, stakeholders, commissioners and providers develop a shared vision of aspirations for the future with regard to dementia care and services. This is particularly crucial to Havering, given the ageing population and the associated anticipated rise in the numbers of people with dementia.

Both key commissioning organisations, that is, Havering Clinical Commissioning Group (CCG) and LBH, are committed to work together, with dementia identified as a key shared priority area by the Health and Wellbeing Board.

[4] DH: Living well with dementia: A **National Dementia Strategy**. 2009

Our vision

Vision for Dementia

Our vision is for all people with dementia (PWD) and their carers to continue to ‘live life to the full’ from diagnosis to end of life. This vision aligns with the Havering Health and Wellbeing Strategy.

Our principles

We believe we should:

- Listen to and engage with people with dementia and their carers
- Enable and facilitate people to make informed choices and exercise choice and control over their lives
- Involve people in decisions about their lives
- Support people in accessing the right service at the right time
- Involve, engage and support carers
- Strive to tackle the stigma associated with dementia

- Commission integrated services which are straightforward to navigate
- PWD and carers should have appropriate and relevant support and be aware of how and where to access the support
- Support people living with dementia in the work place, and those who care for someone living with dementia
- Advise on technological support, equipment and adaptions

If we are successful in delivering this strategy patients, families and their carers will agree with the 'I' statements described in the national outcomes framework[5].

[5] Quality Outcomes for People with Dementia: building on the work of the National Dementia Strategy (2010).

"I" Statements	"We" Statements
✓ "I was diagnosed in a timely way"	We know that if I am referred for an assessment for dementia, I will receive a timely diagnosis and agree on an initial care plan.
✓ I am able to make decisions, and I know what to do to help myself and who else can help	We know that I will have a personal choice in decisions affecting my care and support. We know that I will be able to jointly develop my care plan. We know that if I need help, I will be supported to make a decision, for example through the use of independent advocacy services.
✓ I am treated with dignity and respect	We know that services are designed around us and our needs, and that they will be appropriately staffed and staff will have the right levels of training. We know that services will provide the best possible care, and will be regularly reviewed by other agencies.
✓ I get treatment and support which are best for my dementia and my life"	Once I am diagnosed, we know that we will have a named coordinator of care who will jointly review my care plan with us as our needs change. This will happen at least once a year.
✓ Those around me and looking after me are supported"	We know that my care plan will cover my own needs as well as those of the people who support me. This will include our emotional, psychological and social needs. We know that a carer's assessment will be offered.
✓ I feel included as part of society	We know that my care plan will give us the support we need to live well. This may include helping me build relationships, be involved in my community or engage in activities that I enjoy.
✓ I am confident my end-of-life wishes will be respected and I can expect a good death"	We know that my care plan will help us to plan for the future, including my end-of-life wishes.

What do we know about the levels of need in the community, both now and in the future?

Population projections

Dementia mainly affects older people, and after the age of 65, the likelihood of developing dementia roughly doubles every five years.

In England, it is estimated that around 850,000 people have dementia[6]. It is now one of the top five underlying causes of death and one in three people who die after the age of 65 have dementia[7]. Nearly two thirds of people with dementia are women, and it is a leading cause of death among women – higher than heart attack or stroke.

Havering has one of the highest proportions of older people in London. The population of over 65s is expected to increase by 26% over the next 15 years; and that of the 85+ by 46% over the same period[8] (**Table 2** and **Figure 1**).

Table 2 (left): Projected percentage population change by age group since 2016, for 2021, 2026 and 2031

	Percentage change from 2016 to:		
Age group	**2021**	**2026**	**2031**
0-4	6%	8%	4%
5-10	11%	16%	15%
11-17	13%	26%	29%
18-24	-5%	0%	10%
25-64	5%	7%	5%
65-84	5%	16%	26%
85+	14%	26%	46%

[6] Dementia UK Update, second edition, November 2014

[7] Brayne C et al, Dementia before death in ageing societies – the promise of prevention and the reality, PLoS Med 2006;3; 10

[8] This is Havering - A Demographic and Socio-economic Profile (Some key facts and figures). Havering Public Health Service 2016

Data source: 2015 Round Strategic Housing Land Availability Assessment (SHLAA)-Based Projections; Greater London Authority (GLA); Produced by Public Health Intelligence

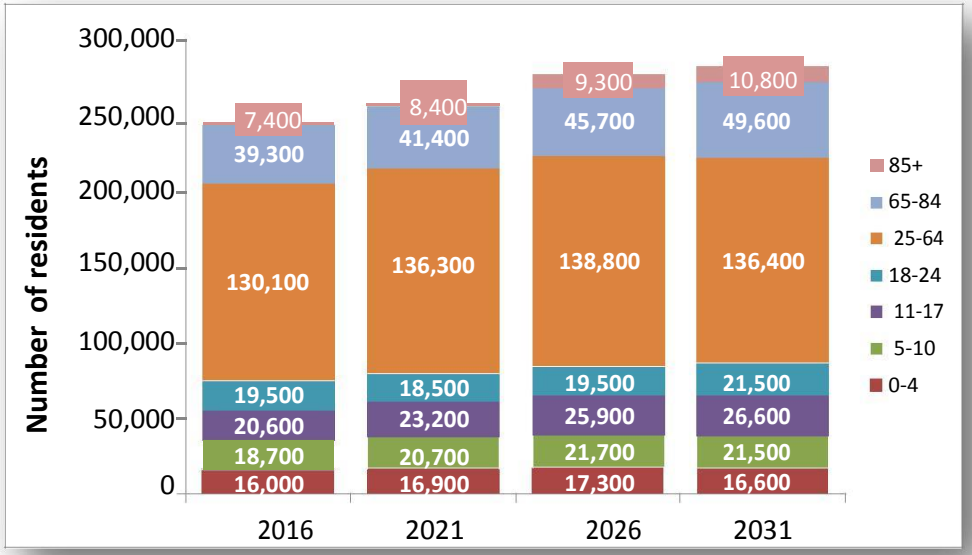


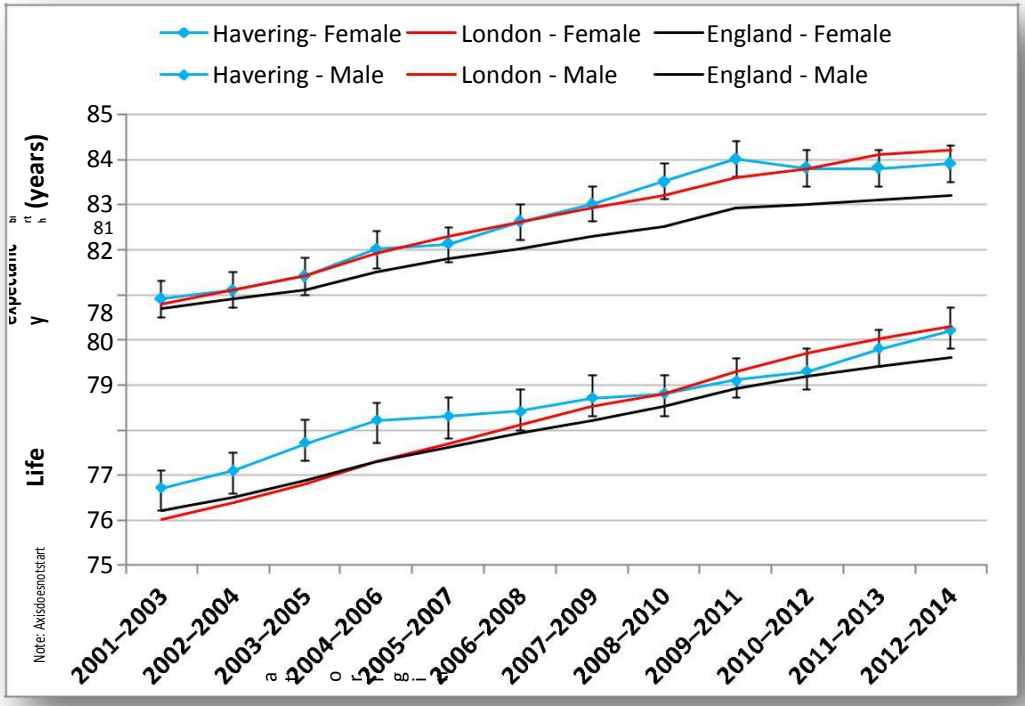
Figure 1 (above): Projected population growth by age group (to nearest hundred), 2016, 2021, 2026 and 2031

Data source: 2015 Round Strategic Housing Land Availability Assessment (SHLAA)-Based Projections; Greater London Authority (GLA); Produced by Public Health Intelligence Life expectancy

The life expectancy[9, 10] for people living in Havering is 80.2 years (for males) and 83.9 years (for females) from birth. Life expectancy in Havering has been mostly higher than the England average and has been on the increase over the last decade (**Figure 2**). The life expectancy for females is significantly higher than males.

With increasing life expectancy and no effective prevention programmes, there will be more people living with dementia, and also an ageing cohort of caregivers.

Figure 2 (below): Life expectancy at birth (years), by gender, Havering compared to London and England, 3-year rolling periods, 2001-03 to 2012-14



Data source: Life expectancy at birth, 2001-2003 to 2012-2014; Office for National Statistics (ONS); Produced by Public Health Intelligence

Ethnicity

In Havering the proportion of the population classed as white is expected to decrease from 85% in 2015 to 79% by 2030. The Black African population will increase from 3.8% in 2015 to 5.2% in 2030[11]. Provision will need to be appropriate to need

[9] Ibid

[10] *Life expectancy is a frequently used indicator of the overall health of a population: a longer life expectancy is generally a reflection of better health. Reducing the differences in life expectancy is a key part of reducing health inequalities. Life expectancy at birth for an area is an estimate of how long, on average, babies born today may live if she or he experienced that area's age-specific mortality rates for that time period throughout her or his life.*

[11] This is Havering - A Demographic and Socio-economic Profile (Some key facts and figures). Havering Public Health Service 2016

including ethnicity, cultural beliefs and religion.

The Equality Act 2012[12] also requires that there is appropriate provision that takes account of the other protected characteristics.

Dementia Prevalence and projections

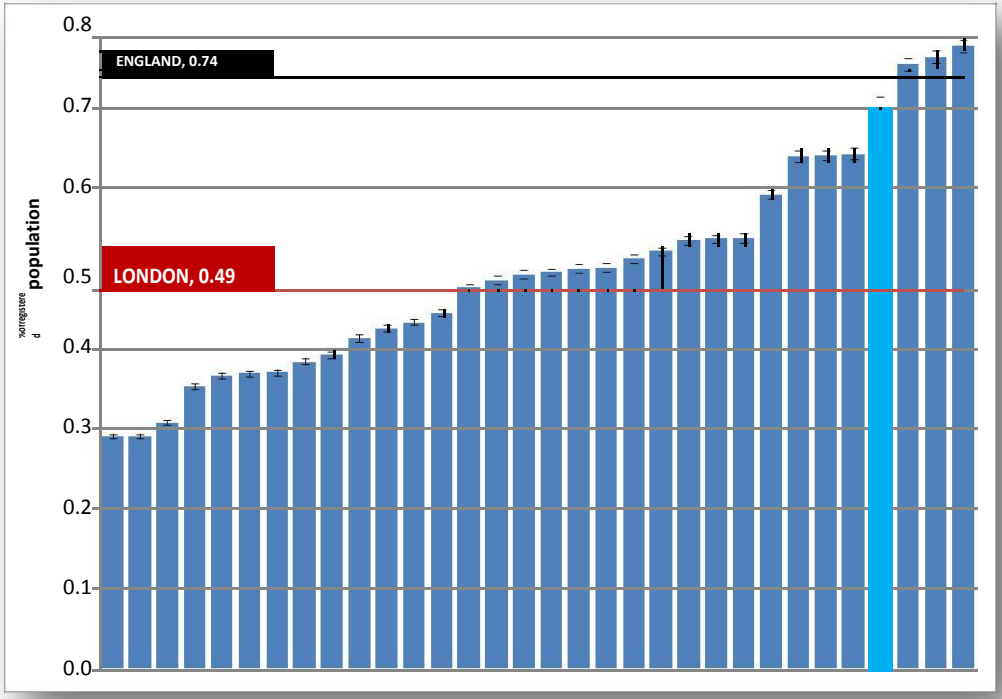
Figure 3 shows that dementia is more common in Havering (0.7%) than in London (0.49%) but similar to England (0.74 %)[13]. This is based on GP registers. It is estimated that around half of people living with dementia are as yet undiagnosed[14].

Many people with dementia will also be living with other long-term conditions, as the risk factors for the main types of dementia are similar to those that result in conditions such as cardiovascular diseases (CVD) and diabetes. People with a learning disability are more at risk of developing dementia compared with the general population, with a significantly increased risk for people with Down's syndrome and at an earlier age.

Figure 3 (right): Prevalence of dementia in registered patient, all ages, London boroughs and England 2014/15

Data source: Quality Outcomes Framework 2014/15 (published October 2015), Health and Social Care Information centre; Produced by Public Health Intelligence

The dementia diagnosis rate in Havering is 62%[15] against a target of 67%. This is a calculation based on the number of patients that have been identified divided by the number of people that we are expected to know about based on the age structure of the local population. **Figure 4** and **Table 4** show that the predicted number of cases of dementia will continue to rise from 3,398 in 2014 to 5,005 by



[12] Equality Act 2012 states that the 9 protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, and sex.

[13] Havering Health and Social Care Needs- and overview. Havering Public Health Service 2016.

14 Primary Care Web Tool *https://www.primarycare.nhs.uk/default.aspx*

[15] QOF register August 2016

2030, with the steepest increase expected in those 90 years and over. These projections are for those aged 65 and over. The prevalence of early onset dementia (dementia diagnosed before the age of 65) is more difficult to calculate but it is estimated that there are 42,325 people in the UK who have been diagnosed with young onset dementia[16]. They represent around 5% of people with dementia.

The actual figure could be higher because of the difficulties of diagnosing the condition and might be closer to 6-9%.

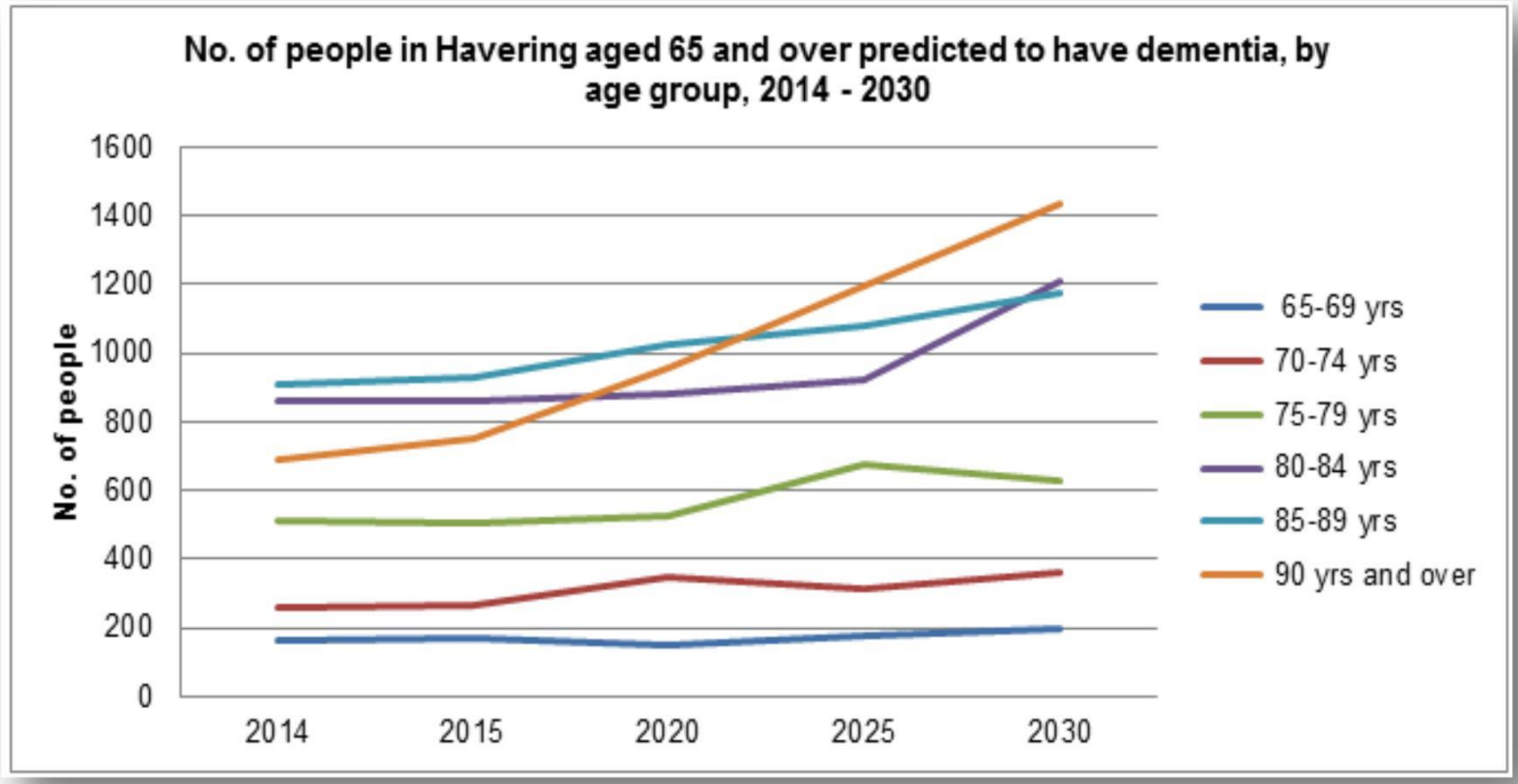
Awareness amongst GPs is still relatively low and when people are still at work, symptoms are often attributed to stress or depression[17].

[16] Dementia UK, 2nd edition 2014, *Alzheimer's Society*

17 Young Dementia UK 28/9/2016 https://www.youngdementiauk.org/young-onset-dementia-facts-figures

Figure 4 (below): People aged 65 and over predicted to have dementia, by age group, projected to 2030

Data source: POPPI – Projecting Older People Population Information System accessed 06/07/2016



Age group	2014	2015	2020	2025	2030
65-69 years	166	169	152	176	198
70-74 years	261	267	346	316	363
75-79 years	514	507	529	675	628
80-84 years	858	858	878	922	1,207
85-89 years	911	928	1,028	1,083	1,178
90 years and over	689	748	957	1,194	1,432
Total 65 and over	3,398	3,476	3,890	4,366	5,005

Table 4 (above): Number of people by age group expected to have dementia 2014 – 2030

Data source: POPPI – Projecting Older People Population Information System accessed 06/07/2016

Current Service Provision (Figure 5)

The Dementia Partnership Board has determined that the local dementia pathway should be straightforward and streamlined, and grouped under four key headings:

- Raising Awareness, Prevention and Identification
- Assessment and Diagnosis
- Living Well with Dementia
- End of Life Care

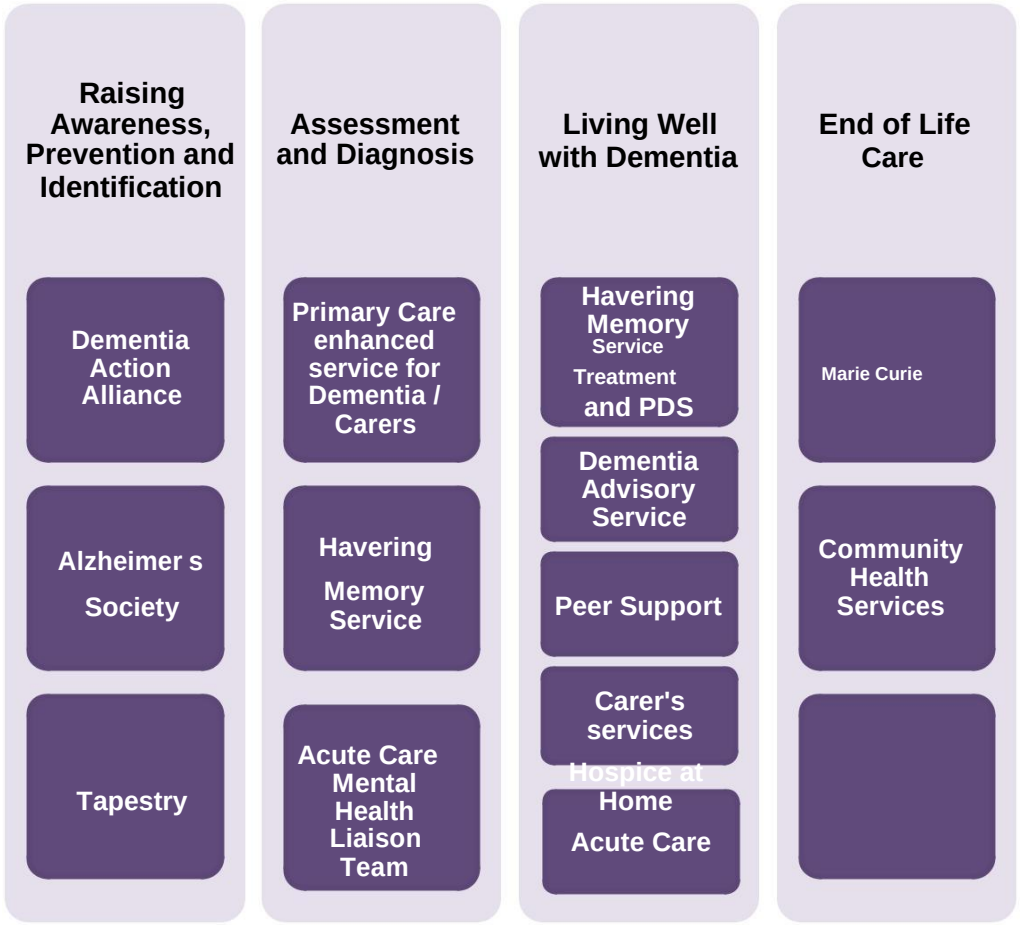
Currently in Havering, for the majority, a diagnosis of dementia is made by a mental health professional, following referral by the GP to the Havering Memory Service which is provided by North East London Foundation Trust (NELFT). In addition there are a range of older people's mental health services, including the Community Mental Health Teams (CMHTs), inpatient assessment and treatment services, and the Enhanced Mental Health Liaison Service (EMHLS). The latter is based in the local acute hospital. People can also be diagnosed by the neurologists at Queens Hospital and are subsequently sign posted to the Post Diagnosis Support (PDS) services provided by the Memory service.

Figure 5 (page 12): Current Dementia service provision in Havering

Social care support via a Direct Payment is commissioned by the London Borough of Havering, and is

accessed if eligible following a community care assessment. This includes services such as assistive technology, social inclusion, equipment and adaptations domiciliary care, respite and residential care. The voluntary and community sector also provide a range of jointly commissioned support via organisations such as Tapestry, Alzheimer's Society and Carers Trust.

The private and independent sector provide a number of residential and nursing home establishments within the Borough, a number of which have specialist dementia units, with experienced staff and adapted facilities.



Issues for consideration

Diversity

Like everyone else, people living with dementia and their carers are holistic and diverse. They are Black, Asian, White, older and younger, heterosexual, gay, lesbian, bisexual, transgender, and more. Equality, respect, and dignity should be visible characteristics in the manner in which modern services are provided. This means treating everyone as individuals, being conscious of our own biases, and avoiding making assumptions. In order to provide the most inclusive service possible, it is advised that service providers undertake regular equality, diversity and unconscious bias training. Havering Council is able to extend access to such training to local carers and service providers.

Early onset dementia

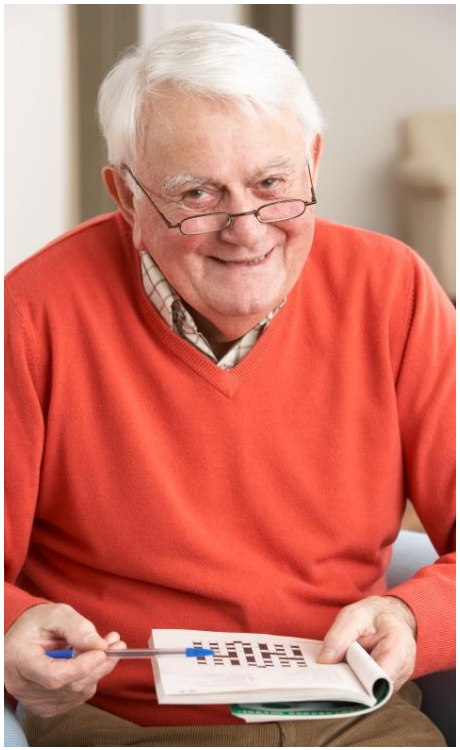
Dementia can start before the age of 65, presenting different issues for the person affected, their caregiver and family.

People with young onset dementia are more likely to have active family responsibilities – such as children in education or dependent parents – and are more likely to need and want an active working life and income. Family members are more frequently in the position of becoming both the sole income earner, as well as trying to ensure that the person with young onset dementia is appropriately supported. Their needs are therefore very different from those of older people with a diagnosis of dementia. In addition awareness amongst GPs is still relatively low and when people are still at work, symptoms are often attributed to stress or depression. Locally there is a limited service for this client group. Further considerations need to be taken in order to address the gap in local provision.

Learning Disability

People with a learning disability are at greater risk of developing dementia at a

younger age. Studies have shown that one in ten people with a learning disability develop young onset Alzheimer's disease between the ages of 50 to 65. The number of people with Down's Syndrome who develop Alzheimer's disease is even greater with one in 50 developing the condition aged 30-39, one in ten aged 40-49 and one in three people with Down's syndrome will



have Alzheimer's in their 50s[18]. Local dementia services need to work together with Learning Disabilities services to develop and agree the interface and pathways between them, in order that individuals with a learning disability receive a timely diagnosis and appropriate services to meet all of their needs.

End of Life Care

The national Dementia strategy sets out the intention to improve end of life care for people with dementia. Every person with dementia should receive excellent care at the end of their life and be treated with dignity and respect. Forward planning and the use of Advance Directives should be embedded within practice, with the intention of giving people more choice and control over their care, an improved experience and their needs and wishes respected. The use of advanced directives remains a challenge

[18] Dementia UK, 2nd edition 2014, *Alzheimer's Society*

locally despite it being actively offered in the local memory service. In addition many of these patients are not aware of the support available to them in the community (Marie Curie and Hospice at Home)[19].

Black, Asian and Minority Ethnic groups

Prevalence of dementia among Black, Asian and minority ethnic (BAME) groups is the same as for the UK population as a whole[20] although prevalence rates for young onset dementia are thought to be higher than for the population as a whole and are less likely to receive a diagnosis or support[21].

Carers

Carers play a vital role in supporting the people with dementia particularly as they become increasingly reliant on their caregivers throughout the course of the disease. It is therefore crucially important to ensure that the care packages also meet the needs of the caregiver to support their health and wellbeing[22].

In summary, achieving the aims and objectives of this strategy is likely to require re-examination of the financial investment in dementia care; how we jointly develop the quality and capacity of care providers in Havering[23], and a review of the quality and cost effectiveness of current pathways of care.

[19] Communication form Memory Clinic Consultant

[20] *Dementia UK, 2nd edition 2014,* Alzheimer's Society

21 Young Dementia UK 28/9/2016 https://www.youngdementiauk.org/young-onset-dementia-facts-figures

[22] World Alzheimer Report, 2013

[23] Havering Adult Social Care Market Position Statement 2016

How will we achieve the vision statement?

There is still much to be done in achieving the vision for dementia care in Havering. We will do this by:

Ensuring that people have access to early intervention support and advice, as well as timely access to assessment and diagnosis.

Ensuring that the workforce are trained to develop and acquire appropriate competencies and skills in dementia care and end of life care.

It is crucially important to ensure that the care packages also meet the needs of the caregiver, including their health and wellbeing.

Co-production of service specifications and delivery with service users and carers, providers, and commissioners.

Providing access to high quality evidence based services in the community, including advice, information, housing support and leisure activities which enable people with dementia and their carers to live well.

Commissioning and providing a range of high quality evidence based services which are accessible, integrated and in line with local levels of need, both now and in the future. This will need to take full account of the predicted increases in levels of need and demand on services.

Developing robust data and reporting systems for services across the dementia pathway, in order to fully understand the impact of the predicted increase in demand and its impact on services.

Developing a cohesive and whole system approach to the commissioning of dementia services via partnership working with health, public health and social care.

Further awareness raising across the community, via the vehicle of sign up to the Dementia Action Alliance, which is the favoured model for the development of 'dementia friendly' communities and is effective in reducing stigma.

While much attention has been focused on bridging the so-called Dementia Diagnosis Gap, there are concerns that the focus on improving early access to diagnostic services has not been matched by attention to the need for adequate evidence based PDS.

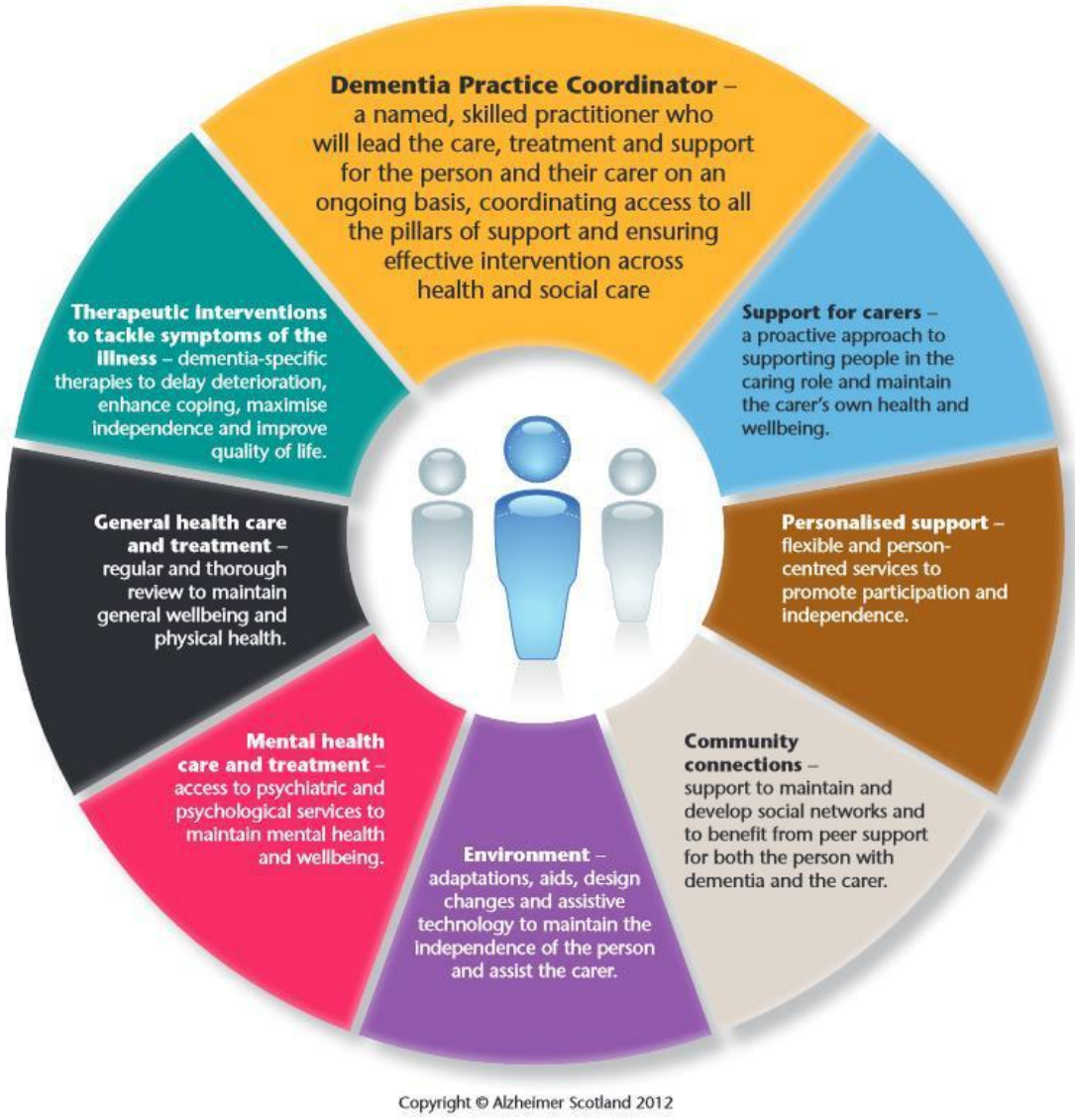
The Department of Health *Joint Declaration on post diagnostic support* acknowledges its importance and **Figure 6** provides a graphic illustration of the key elements or '8 pillars' of support that should be available to patients with a dementia diagnosis [24]. The evidence suggests that integrated Post Diagnosis Support based on this model delivers good outcomes for patients and carers. This includes the provision of a 1:1 coordinator role, personalised care plans developed by dementia care mapping (DCM) and proven psychological interventions such as cognitive stimulation therapy.

Figure 6 (right): '8 pillars' model of support for dementia

Governance

The local Dementia Partnership Board meets on a bi-monthly basis and is accountable to Havering's Health and Wellbeing Board. The Board brings together key commissioners across the health and social care economy. The Board will oversee and monitor the delivery of the strategy and implementation plan.

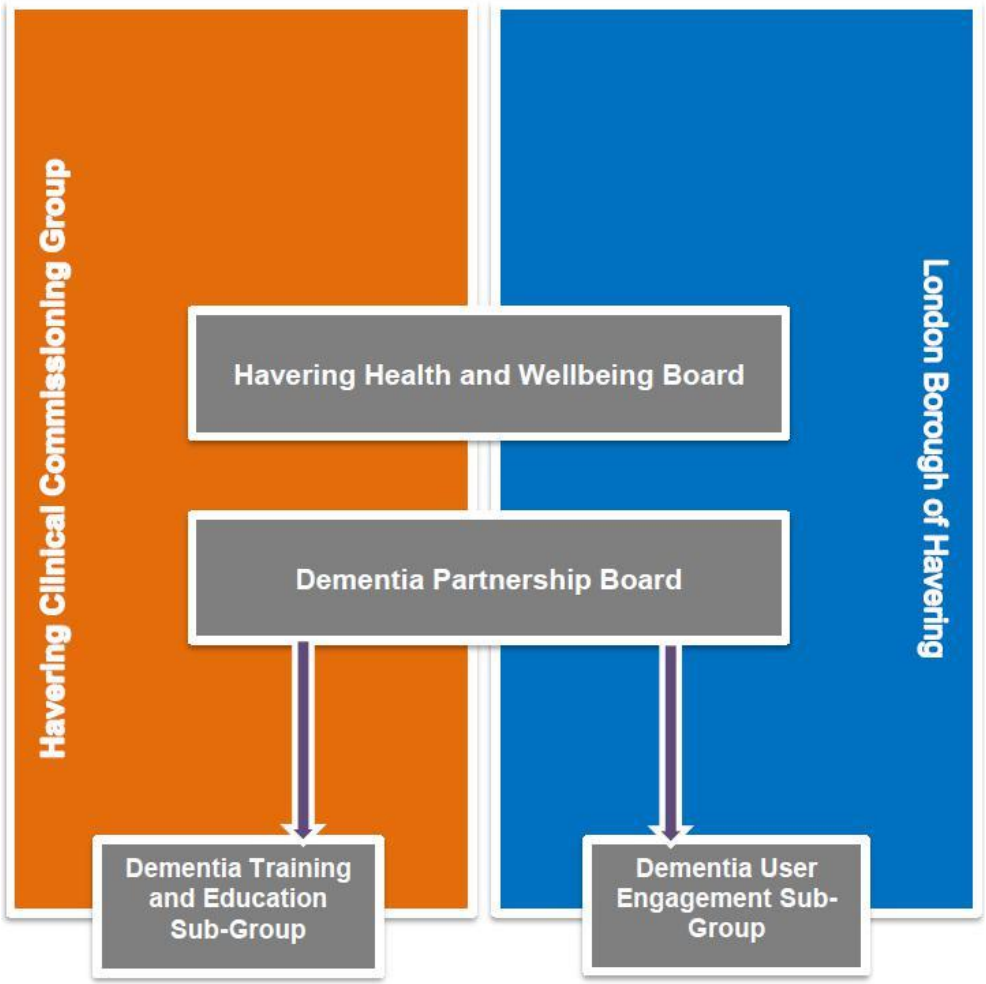
In addition, any key commissioning decisions relating to either current dementia services or future service developments will be brought to the attention of the Board and recommendations made to key bodies with decision-making powers and functions.



24 Delivering Integrated Care: The 8 Pillars Model of Community Support, Alzheimer's Society Scotland

Figure 7 (below): Governance arrangements for Dementia Care in Havering

On the basis of this strategy, an implementation plan aligned to our vision statements has been developed and is attached at Appendix 2. The delivery of the implementation will be monitored and overseen by the local Dementia Partnership Board.



1. Appendix 1 Havering Dementia Strategy Dashboard

Vision Statement	Measure	Target	Latest Performance
I was diagnosed early	Dementia Diagnosis Rate (Age 65+) – Source: www.england.nhs.uk/mental-health/dementia/monthly-workbook - number of people on GP practice Dementia Register divided by Estimated prevalence – Monthly	67.2%	61.6% (Feb 17)
	Havering Joint Dementia Survey - % responding 'Yes' to Do you think you were diagnosed with dementia in a timely way Source: Local Joint survey - Annual	*TBD*	77.4% (Dec 16)
I understand so I make good decisions and provide for future decision making	ASC clients with dementia with Self Directed Support (SDS) - Source: LBH ASC Framework Pack) – % of all clients with dementia receiving services - Monthly	*TBD*	*New metric*
	Havering Joint Dementia Survey – % Clients rating their overall experience as 'Good' - Source: Local Joint survey – Annual	*TBD*	57.5% (Dec 16)
I get the treatment and support which are best for my dementia and my life	a) Residential and nursing homes – number of new admissions for dementia clients - Source: LBH ASC Framework Pack - Monthly	*TBD*	*New metric*
	b) Residential and nursing homes – current placements for dementia clients - Source: LBH ASC Framework Pack - Monthly	*TBD*	332 (Feb 17)
	Havering Joint Dementia Survey – % Clients responding 'Yes' to Does your care meet your needs? - Source: Local Joint survey - Annual	*TBD*	74.1% (Dec 16)
Those around me and looking after me are well supported	Dementia Carers Assessments undertaken - Source: LBH ASC Framework Pack - Monthly	*TBD*	*New metric*
	Havering Joint Dementia Survey – % Carers rating their overall experience as 'Good' - Source: Local Joint survey - Annual	*TBD*	48.7 (Dec 16)%
	Carers Quality of Life – Source: composite measure based on responses to six questions in national Carers Survey - Biennial	*TBD*	8.4 (2014-15)
I am treated with dignity and respect	Numbers of safeguarding enquiries for dementia clients - Source: LBH Safeguarding Pack - Monthly	*TBD*	*New metric*
	Havering Joint Dementia Survey – % Clients responding 'Yes' to Do you feel that care and health staff support and understand you? - Source: Local Joint survey - Annual	*TBD*	61.2% (Dec 16)
I know what I can do to help myself and who else can help me	Havering Joint Dementia Survey – % Clients responding 'Yes' to Do you know how to get help to get what you need? - Source: Local Joint survey - Annual	*TBD*	57.8% (Dec 16)
	Havering Joint Dementia Survey – % Clients responding 'Yes' to After your diagnosis, were you clear about where you go to for support if you have questions about living with dementia - Source: Local Joint survey - Annual	*TBD*	64.8% (Dec 16)
I can enjoy life	Havering Joint Dementia Survey – % Clients responding 'Yes' to Are you supported to do the things you enjoy? - Source: Local Joint survey - Annual	*TBD*	71.1% (Dec 2016)
I feel part of a community and I'm inspired to give something back	Havering Joint Dementia Survey – % Clients responding 'Yes' to Do you feel a sense of community? - Source: Local Joint survey - Annual	*TBD*	68.6% (Dec 2016)
I am confident my end of life wishes will be respected	Number of recorded EOL discussion offers with newly diagnosed clients – Source: NELFT Memory Clinic - Quarterly	*TBD*	*TBD*
	Deaths in usual place of residence for people with dementia 65+ *Source: Public Health England Dementia Profile*	*TBD*	*68.7% (2015)*

	http://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia/data - annual		

2. Appendix 2 Annual Implementation Plan 2017-2018

Vision Statement	Objectives	Actions	Outcome	Measure	By Whom	By When
I was diagnosed early **Links to:** **NICE QS 30.1: Discussing concerns about possible dementia** **PHOF 4.16:** **Estimated diagnosis rate for people with dementia** **NHSOF 1.5:** **Excess under 75 mortality rate in adults with serious mental illness** **NICE QS1.2: Memory Assessment Services**	Improve the local diagnosis rate	Work with Public Health, using the Dementia Prevalence Calculator, to fully understand the 'gap' between the local prevalence rate and those diagnosed with dementia	Achievement of the target 66%	Dementia Prevalence	LBH	TBC
	Improve the local diagnosis rate	Work with GP's and primary care staff to continue to raise awareness of the target in relation to diagnosis rates, including providing information, education and guidance on read coding	Increased number of individuals who receive a timely diagnosis	Increased numbers of patients on GP Dementia Register	Havering CCG	
	Improve the local diagnosis rate (**early onset** dementia)	Implementation of the national toolkit to improve diagnosis in young onset dementia	Increased number of individuals who receive a timely diagnosis	Increase in the number of patients under 65 with a diagnosis of dementia	Havering CCG	TBC (when toolkit becomes available)
I understand, so I make good decisions and provide for future decision making **Links to:** **NICE QS 30:** **Supporting people to live well with dementia**	Living Well with Dementia	Develop information packs for service users and carers (Alzheimer's Society booklet) to be used within GP practices, the Memory Service and other associated services	People with dementia, their families and carers receive high quality information, advice and support which is appropriate to changing needs as the person's dementia progresses	Patient survey: Patients and carers report that they are appropriately supported.	Havering CCG /LBH	
I get the treatment and support which are best for my dementia and my life **Links to:** **NHSOF 2.1:** **Proportion of people feeling supported to manage their condition**	Living Well with Dementia	Redesign of PDS (TBC)	People with dementia, their families and carers receive high quality information, advice and support.	Patient survey: Patients and carers report that they are appropriately supported.	Havering CCG /LBH (Dementia Partnership Board)	TBC
Those around me and looking after me are well supported	Living Well with Dementia	Review the use of assistive technology to support individuals with dementia and	People with dementia and their carers are supported and enabled	Increase in the number of people accessing assistive	Joint Commissioning Board	TBC

Links to: **ASCOF 1D:** **Carer reported quality of life** **ASCOF 3D:** **The proportion of people who use services and carers who find it easy to find information about services** **NHSOF 2.4:** **Health-related quality of life for carers**		their carers	to remain in the community for longer	technologies		
I am treated with dignity and respect **Links to:** **NICE QS 1.1:** **Appropriately trained staff** **NICE QS 30.8:** **User and carer engagement**	Living Well with Dementia	Adopt the use of these statements across Health and Social care, and appropriate methods and systems to capture evidence and the experience of people with dementia and their carers who access services	Services adhere to person centred care	Number of Person centred care plans in place	LBH/Havering CCG	On-going
	Living Well with Dementia	All staff should receive appropriate training and have access to dementia care training that is consistent with their roles and responsibilities	All staff, working in health, social care, private and voluntary sector, will have access to a rolling programme of appropriate training in dementia	Patient and carer feedback - Individuals are treated with dignity and respect	Dementia Training and Education Sub-group	On-going
	Living Well with Dementia	Engage with people with dementia and their carers via established fora/ planned workshops	Range of opportunities to engage and listen to people with dementia and their carers are identified and acted upon	The numbers of people engaged with commissioners in providing feedback and commentary on their experience of services	Dementia User Engagement Sub-group	On-going
I know what I can do to help myself and who else can help me **Links to:** **ASCOF 1B:** **The proportion of people who use services who have control over their daily life**	Living well with dementia	To provide Individuals with a written copy of their care plan	There is a clear person centred plan in place for every individual known to services which will change over time to reflect changes in needs and progression	% of patients/carers with a care plan	LBH/ Havering CCG	Ongoing monitoring via Dementia Dashboard

I can enjoy life **Links to:** **ASCOF 1B:** **The proportion of people who use services who have control over their daily life** **NICE QS 30:** **Living well with dementia**	Living well with dementia	Review the range, scope and quality of activities available in the community including the normalisation of clubs and associations already available and attended	Increase in the % of people who agree with the I statement	Patient and carer feedback - survey	LBH/ Havering CCG	TBC
I feel part of a community and I'm inspired to give something back **Links to:** **ASCOF 1B:** **The proportion of people who use services who have control over their daily life**	Living Well with Dementia	Redesign of Voluntary Sector services to include a strong peer Support element Increase activities and membership of the Havering Dementia Action Alliance Increase Dementia Friends offer to schools, colleges, youth groups and local businesses	Increase the % of people living with dementia who agree with the I statement			
I am confident my end of life wishes will be respected **Links to:** **ASCOF 1B:** **The proportion of people who use services who have control over their daily life**	End of Life Care	Ensure that the needs of people with dementia are included within any work undertaken in relation to End of Life Care - EoLC lead will liaise with DPB	There is clear link between the work of the Dementia Partnership Board and the End of Life Steering Group	Number/% of people with dementia with Advance Directives in place	LBH/ Havering CCG	Ongoing
		Dementia themed death cafe	Improved awareness of the need to discuss EoLC, use of Marie Curie and Hospice at Home services and therefore increased use Advanced Directives	Number/% of people with dementia with Advance Directives in place	Havering CCG /NELFT	March 2018

3. Glossary

Acronym	Definition
ASC	Adult Social Care
ASCOF	Adult Social Care Outcomes Framework
BAME	Black, Asian and Minority Ethnic
CMHTs	Community Mental Health Teams
CVD	Cardiovascular Diseases
DCM	Dementia Care Mapping
DH	Department of Health
EMHLS	Enhanced Mental Health Liaison Service
EOL / EoLC	End of Life Care
GLA	Greater London Authority
GP(s)	General Practitioner(s)
Havering CCG	Havering Clinical Commissioning Group
Ibid	In the same source (used to save space in textual references to a quoted work which has been mentioned in a previous reference)
LBH	London Borough Of Havering
LSE	London School of Economics
NELFT	North East London Foundation Trust
NHSOF	National Health Service Outcomes Framework
NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
PDS	Post Diagnosis Support
PHOF	Public Health Outcomes Framework
PLOS	Public Library of Service
POPPI	Projecting Older People Population Information System
PWD	People with dementia
QCF	Qualification and Credit Framework
QS	Quality Standards
SHLAA	Strategic Housing Land Availability Assessment
TBC	To be confirmed
TBD	To be defined
UK	United Kingdom

4. References

1 Alzheimer's Society: Dementia UK Update Second Edition 2014

2 DH: Living well with dementia: A National Dementia Strategy 2009

3 LSE, King's College London, Alzheimer's Society. Dementia UK: The Full Report,2007

4 DH: Living well with dementia: A National Dementia Strategy 2009

5 Quality Outcomes for People with Dementia: building on the work of the National Dementia Strategy (2010)

6 Dementia UK Update, second edition, November 2014

7 Brayne C et al, Dementia before death in ageing societies – the promise of prevention and the reality, PLoS Med 2006;3; 10

8 This is Havering - A Demographic and Socio-economic Profile (Some key facts and figures). Havering Public Health Service 2016

9 Ibid

10 *Life expectancy is a frequently used indicator of the overall health of a population: a longer life expectancy is generally a reflection of better health. Reducing the differences in life expectancy is a key part of reducing health inequalities. Life expectancy at birth for an area is an estimate of how long, on average, babies born today may live if she or he experienced that area's age-specific mortality rates for that time period throughout her or his life.*

11 This is Havering - A Demographic and Socio-economic Profile (Some key facts and figures). Havering Public Health Service 2016

12 Equality Act 2012 states that the 9 protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, and sex.

13 Havering Health and Social Care Needs- and overview. Havering Public Health Service 2016

14 *Primary Care Web Tool https://www.primarycare.nhs.uk/default.aspx*

15 QOF register August 2016

16 Dementia UK, 2nd edition 2014, *Alzheimer's Society*

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22 World Alzheimer Report, 2013

23 Havering Adult Social Care Market Position Statement 2016

24 Delivering Integrated Care: The 8 Pillars Model of Community Support, Alzheimer's Society Scotland