Annex A

Update on the delivery of the York Dementia Strategy

1. The dementia strategy has been developed through collaboration between City of York Council, The York Health and Care Partnership, Healthwatch York, local community and voluntary providers, Tees Esk and Wear Valleys Trust, and the York and Scarborough Teaching Hospital NHS Foundation Trust.

Dementia Diagnosis Rate (DDR)

2. The DDR at the end of January is 51.9%

3. There are thought to be 3221 people with dementia in the City of York. Of these, only 1670 have received a formal diagnosis. Of the 3221, it is estimated that two thirds will be living in the community, whilst a third will be living in care.

4. The average referral rate to the York Memory Service over 12 months has increased to over 90 per month, however with no corresponding increase in diagnosis rates. This is due to the capacity of the memory service to undertake assessments. Business continuity plans are in place, including allocating staff resources from other service areas.

    - Average wait time for first appointment is 24 weeks
    - Average wait time for diagnosis is 28.5 weeks
    - Number of people waiting for assessment is 482

In mitigation to the long waits:

- People identified with suspected dementia can be referred to Dementia Forward for pre-diagnostic support
- Those referred to the York Memory Service are risk assessed at the point of referral and contact is maintained as per the risk assessment.

- Contact details of the team are provided should their condition deteriorate/change while they wait, and the service maintains contact with the GP

5. The ICB has secured funding to undertake an audit and data cleanse in York practices to ensure diagnoses are being recorded correctly. Incorrect coding not only has an impact on the DDR but it also means people with dementia do not get invited in for annual dementia health checks and other associated support. The coding issues can be resolved via initial cleansing of GP registers alongside the development of a training resource/toolkit to ensure that correct coding is used by all services who diagnose dementia. This will help create a more sustainable approach to maintaining dementia diagnosis rates and ensure that people living with dementia receive the appropriate follow up care. This work has previously been undertaken in London and led to an 8.8% increase in the dementia diagnosis rate within 12 months.

6. The Humber and North Yorkshire (HNY) dementia programme partners have been working to understand the challenges impacting on the low DDR and recover rates to ensure people are able to access the right support and able to live as well as they can with dementia. There is a strong likelihood that a disease modifying drug will be approved for use in the UK from 2025 which is likely to see an increase in the number of referrals into memory services. To prepare for this, it is essential that clearing the waiting list backlog is a priority and the ICB, along with the HNY programme is exploring options for alternative diagnostic pathways and for addressing bottlenecks in the memory service.

Brain Health Café

7. Funding has been secured to extend the Brain Health Café. Sessions now take place weekly, every Friday at Acomb Garth Community Care Centre and Wigginton Recreation Centre. There are a range of activities and advice relating to brain health and tips on managing

memory decline. Also, a nurse from the memory service attends each month to answer questions and provide support. A member of staff from Adult Social Care is also on hand to answer questions relating to social care and support.

Annual reviews in primary care

8. In response to feedback from carers, the dementia strategy delivery group is piloting the delivery of holistic, personalised annual reviews for people with dementia that, along with a review of physical health, will include signposting to social activities and an assessment of carers needs.

Dementia Pathway

9. The ICB with City of York Council has secured funding to develop an online module of the dementia pathway that will be added to the Live Well York site. Engagement has taken place with carers and people with dementia to ensure their experiences are reflected in the pathway.

Memory Support Advisors

10. The ICB has secured funding for three Memory Support Advisors in primary care and integrated into the frailty hub. Their initial focus is on support for the aged 90+ housebound and frail population with suspected dementia but no recorded diagnosis. The Diagnosing Advanced Dementia Mandate (DiaDeM) is used to identify and diagnose people in the community, along with those people in care homes with dementia. Work is ongoing with partners to ensure the sustainability of the service when funding ends in September 2024.
11. Partners also continue to work together to develop a future model of integrated community-based dementia care and support that shifts the focus of delivery to early help and prevention.

Cognitive Rehabilitation

12. A bid last year to the National Lottery for a small cognitive rehabilitation pilot was successful. The cognitive rehabilitation pilot has worked with 18 people with dementia and their carers. Evaluation is ongoing, however initial feedback indicates that people

with dementia were supported to identify their own goals for improving/maintaining daily activities with their family carer. Participants reported the rehabilitation exercises 'kept their brain active' and helped with daily activities such as using a phone, TV/radio controls, recalling family names, and in doing so helped to maintain their confidence and independence.

Advance Care Planning

13. The Palliative Care Social Worker from St Leonard's Hospice is a member of the dementia strategy delivery group and has worked with partners to establish a training course in Advance Care Planning. The training sessions are designed to normalise and enhance decision making in end-of-life care. Participants develop skills needed to lead conversations on end-of-life care preferences and gain an insight into the types of decisions, legal protections and how best to support friends, families, and patients.

Dementia Steering Group

14. The Steering Group will reconvene shortly under the leadership of the new Corporate Director for Adult Social Care.

Delivery Plan

15. An updated version will be presented to the next meeting of the dementia steering group. A public facing plan was published last September, however as the plan is a living document, this is now being updated and a revised version will be available online shortly.