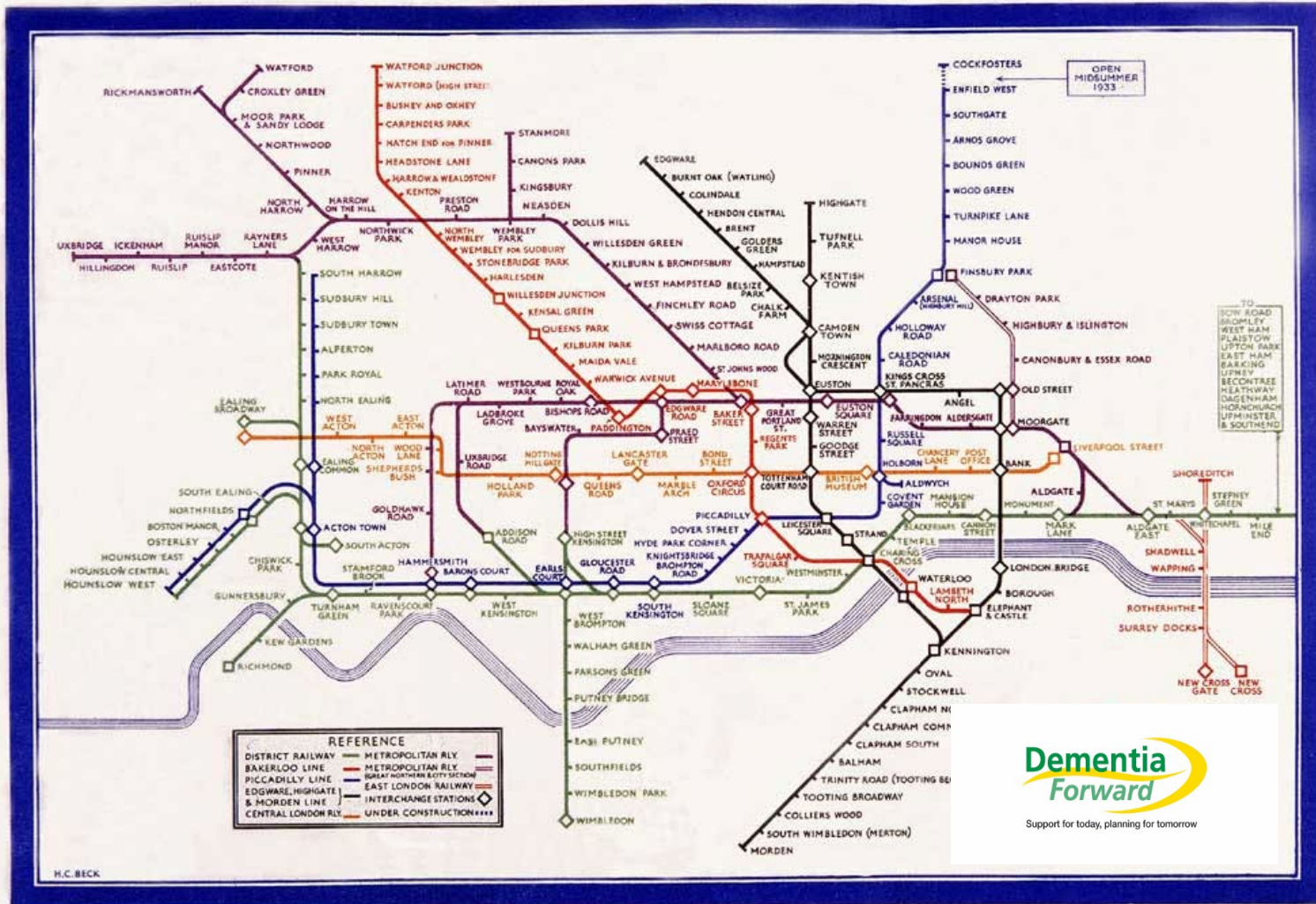
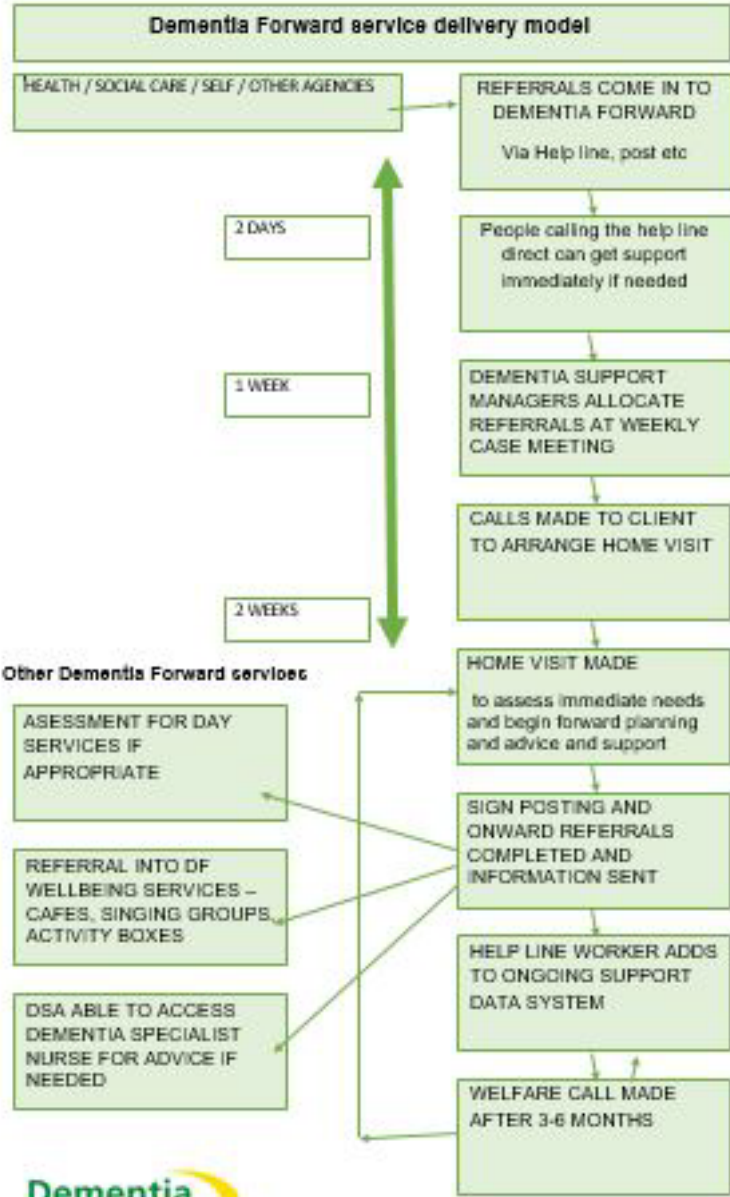


Mind the gap!





Dementia Stronger Care Pathway

How potential patients are found

System searches (see notes)

Revealed at routine GP or Nurse appointment

Alert from Social Prescribers or Frailty Coordinators

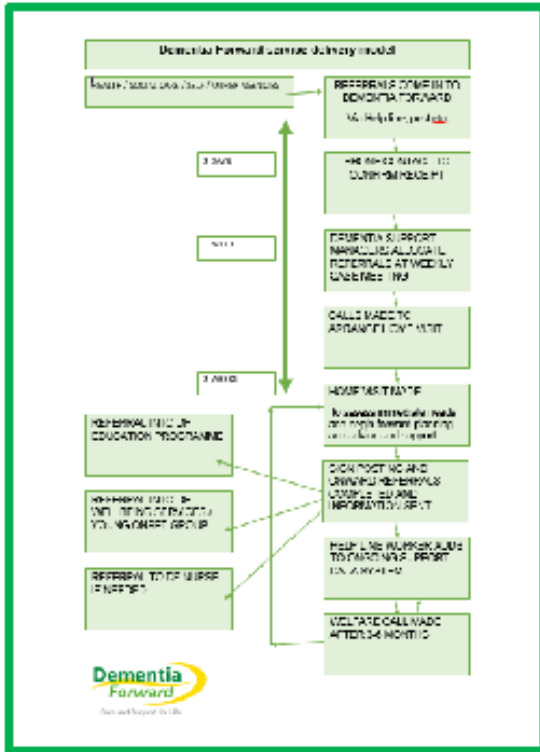
Options

If immediate support is needed refer to Dementia Care Coordinator (DCC) / Dementia Forward for ongoing support, in addition to proceeding with diagnosis

Use Diadem tool to diagnose
Who?
GP
HCA
Dementia Specialist Nurse (DSN)

Refer to Memory Clinic
During wait for appointment Dementia Forward can support

Where complexities mean there will be a delay in diagnosing refer to DCC and / or DSN



Diagnosis confirmed
DCC contacts patient for care planning and signposting, ACP, referral to DF
CODING

Not a dementia diagnosis – refer or signpost if needed
(Dementia Forward do support people with MCI)



What we do

A Local Help line

Answered by trained staff Mon - Fri

Advice and Information

Delivered by Dementia Support Advisors, supported by our Specialist Dementia Nurse. Through home visits, Education sessions, and a variety of services

Support throughout the journey

Support to people with concerns, through a diagnosis and ongoing including support to those in residential care and beyond

Emphasis on well being

Specialist Young Onset service

Weekly Wellbeing cafes

Hub Clubs (AKA Day services!)

Education and training

Social activities and outings

The numbers!

Area in North Yorkshire	Number of active cases held by Dementia Forward	Number of people with young onset dementia held	Young Onset as a % of caseload	Date young onset service started
Craven	257	15	5.84	Coming soon!
Richmond and Hambleton	812	40	4.93	Coming soon!
Harrogate District	991	72	7.27	1 st service - 2013
Scarborough	518	32	6.18	4 th service - 2020
Vale of York	513	47	9.16	2 nd service - 2019
City of York	921	68	7.38	3 rd service - 2020
TOTAL	4233	274	6.47	

Hub Clubs



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Young Onset dementia services



24 October every year is **Y**oung **O**nset **D**ementia **A**wareness day
Please put it in your diaries and use it to spread the word

We run a dedicated Support and advice service.

We also run outward bound day services every week.

We are trialling place based day services for people who are a higher risk or more impaired.

We do a awareness raising sessions and education programmes every week, delivering to care homes, general public, sports and leisure facilities, businesses, transport etc!

We have over 250 trained volunteers who support all of our work including adding 1:1 support into our hub clubs and cafes

We support the strategic work of our partners in health and social care and we are able to bring the voice of the people we support and to highlight where there are patterns of un-met need.

To sum up – our service is from pre diagnosis to end of life and if anything is about dementia we are interested!

Help line number 03300 578 592
info@dementiaforward.org.uk
www.dementiaforward.org.uk

Dementia Together

Steering Group Meeting 20 February 2023

Positive Progress Updates

- DDR 55.6% September 2022
- Average 85 referrals per month – far exceeding pre-pandemic levels
- The ICB has secured funding for 1 ANP to undertake additional training in Dementia Diagnosis in 22/23 to help increase capacity and reduce waiting times for assessment.
- ICB developing dementia dashboard
- Proposed CT scan waiting list initiative
- Successful bid to ICS for Brain Health Café - this will include targeted support for people awaiting memory assessment
- Acomb Garth Dementia Hub – an integrated health and social care offer at the new community care centre

Positive Progress Updates

- New dementia club at The Gateway Centre, York
- Young onset dementia hub club in York
- Dedicated space for information and advice about Dementia on Live Well York
- York Learning activities
- £5k winter pressures funding to DF to support people with dementia who live alone. Welfare calls and visits from 17/12 for 12 weeks
- DiaDEM pilot at Jorvik Gillygate practice and The Chocolate Works Care Village

Issues and blockages

- New referrals to the memory service are exceeding pre-pandemic levels but with no corresponding increases in DDR
- Resource capacity is a key issue
- Barriers relate to recruitment, access to CT scans and being unable to clear the current backlog of patients waiting for assessment
- Reduction in register sizes due to deaths or people moving out of area is impacting on recovery rates
- Stigma – people declining automatic opt-in to pre-diagnostic support

KPIs

Preventing Well

The risk of people developing dementia is minimised

- **Outcomes**

- People over 40 years of age lead a healthier lifestyle.

Indicators

- Percentage of adults that smoke
- Physical activity in adults
- Rate of alcohol related admissions to hospital
- Excess weight in adults
- Prevalence of depression

- Increase in number of people accessing NHS Health Checks and behaviour change interventions and programmes
- Greater awareness among both the public and practitioners that the risk of developing some types of dementia can be reduced, or the onset or progression delayed, through lifestyle changes.
- People feel confident to seek help early, know where to go for help
People know to approach their GP if they have concerns about their cognitive health

Diagnosing Well:

Timely, accurate diagnosis, care plan and review within the first year

Outcomes

- Sustained achievement of the dementia diagnosis rate of 67% of estimated prevalence
- There is good quality support and information available to people from the pre diagnosis stage and throughout the diagnosis journey and people know where to access this

Indicators

- New dementia diagnosis recorded on to Primary Care registers including development of annual care plan
- People newly diagnosed with dementia and their carers receive written and verbal information about their condition, treatment, research opportunities and the support options in their local area including referral to Dementia Forward

- A redesigned dementia assessment pathway providing support to plan, live with and manage the condition with effective end of life care pathways
- Diagnosis is timely and accurate and people can access support and treatment sooner so they and their family and carers know what to expect so that they can consider future mental capacity and make plans early
- Memory assessment services, and primary and community/ social care systems to work in partnership to enhance working practices to support recovery of the dementia diagnosis rate and access to pre and post-diagnostic support.

Supporting Well:

Safe high-quality health & social care for people with dementia and carers

Outcomes

- Those living with and affected by dementia are able to lead fulfilling lives and live independently for longer
- People with dementia are enabled, with the involvement of their carers, to access services that help maintain their physical and mental health and wellbeing
- People with dementia receive care from staff appropriately trained in dementia care
- People with dementia and their carers get the correct assessments and entitlements

Indicators

- Evidence of local arrangements to ensure services are tailored to an individual's needs
- Proportion of people with dementia whose individual needs are assessed and whose care plan states how these will be addressed
- Proportion of carers who are satisfied with the services they and the person they care for have received from Adult Social Care in the last 12 months

Living Well: I can live normally in a safe and accepting community with post diagnostic support available when I need it

Outcomes

- York is a dementia- friendly and inclusive city

Indicators

- People with dementia are enabled, with the involvement of their carers, to take part in activities based on individual interest and choice
- Proportion of adult carers who have as much social contact as they would like
- Carer- reported quality of life score

- Number of community activities for people with dementia
- Number of services for people with dementia
- Providers of activities and services that are available for people with dementia commit to reviewing their information every 6 months
- 100% of activities and services for people with dementia have been reviewed at least within 12 months
- Uptake of activities/courses offered in the community
- Referrals to community providers and SPLWs

Dying Well: To die with dignity in the place of your choosing

Outcomes

- People with dementia supported to live and die well in the place of their choosing
- People with dementia are supported to put legal, financial and end-of-life plans in place

Indicators

- Evidence of local protocols on the discussion of advance decision-making
- Proportion of people with dementia, while they have capacity, and their carer/s, who are given the opportunity to discuss with health and social care professionals about the use of 'Advance Statements'

Performance framework for the strategy

Dashboard/data

Key statistical data monitored regularly

Exception reporting

- Escalated to the Steering Group if requiring review or action
- Updates to the Ageing Well Partnership

- Themed monthly meetings of the Dementia Together Delivery Group focusing key issues of the Dementia Well Pathway - generates challenge and actions – for example the hospital pathway
- **Peer review:** We seek to enhance the performance of the strategy and share learning – 4 planned events throughout the year
- Ensure that the voices of people with dementia, their families and carers are heard through the development of a network

Dementia Together

Steering Group Meeting

Monday 22 May 2023

MS Teams

Dementia Action Week 15 – 19 May

Nationally

- Improving Access to Timely Diagnosis - latest report from The Alzheimer's Society published

Barriers include

- A lack of multi-disciplinary and innovative approaches to dementia diagnosis
- Workforce capacity, training and development
- Report recommends a multi-disciplinary approach to diagnosis along with innovative ways of working to ease workforce pressure, including remote appointments and upskilling staff
- It recognises the advent of new, disease-modifying treatments as a driver for immediate system change to increase diagnosis rates
- Asks for guidance on MCI so that people living with dementia are diagnosed at the earliest opportunity and can take advantage of revolutionary new treatments as soon as they are available

The People's Postcode Lottery has awarded £5 million to Alzheimer's Society and Alzheimer's Research UK for a project that aims to revolutionise early dementia diagnosis in the UK

Locally

- We've been promoting our strategy in and around York!

Where?

- ✓ Acomb Explore
- ✓ York Explore
- ✓ York Hospital
- ✓ Wheldrake Shared Lives

Successful bid to National lottery and £8k awarded to deliver a small cognitive rehabilitation pilot in York – approx. 18 CR interventions

- CR improves functional ability and enables people to develop coping strategies that will help with everyday life - self-management of physical and mental health and wellbeing
- Referrals will come from the Memory Service and Dementia Forward
- A diagnosis of dementia with a mild to moderate cognitive impairment
- People must have 'engaged' and supportive family member/s who can ensure practice between sessions.

Updates

- The dementia diagnosis rate for York is 55.3%
- There are an estimated 2,874 people over 65 living with dementia in York
- Of those 2,874, only 1,588 people have received a diagnosis
- It is estimated that 2/3 of people with dementia in York are living in the community, whilst 1/3 are living in care
- 80 referrals per month to memory service (April)
- No Dementia Coordinator roles in York since early April
- Funding risk to DC role – exploring options to fund and recruit within PCNs
- DiADEM pilot
- Jorvik Gillygate/Chocolate Works

Issues and blockages

- New referrals to the memory service are exceeding pre-pandemic levels but with no corresponding increases in diagnosis rates
- Resource capacity is a key issue
- Barriers related to recruitment
- Reduction in register sizes due to deaths or people moving out of area is impacting on recovery rates
- Stigma – people declining automatic opt-in to pre-diagnostic support
- Public awareness and understanding of dementia and when/how to seek help
- Difficulties in navigating/accessing primary care; Accessibility of GP practices and availability of appointments
- Physical investigations/routine screening not being action or undertaken correctly resulting in referral back to the GP from memory service
- Limited/delayed access to CT scanning and reporting – some improvement in April/May

Positive Progress Updates

- 921 active cases held by Dementia Forward and receiving DSW support
- 68 people with Young Onset Dementia
- Hospital pathway workshop 15 June
- Dementia module being developed on Live Well York website to provide information, advice and resources across dementia pathway
- Brain Health Café – average attendance 12 people - includes targeted support for people awaiting memory assessment
- Acomb Garth Dementia Hub – an integrated health and social care offer at the new community care centre – Talking Point staff attending weekly
- Dedicated space for information and advice about Dementia on Live Well York

BHC ACTIVITIES

May/June 2023

- Memory Service
- CYC Intensive support and Be Independent
- Falls and frailty Team
- Conversation on Mindfulness
- Fun social session
- CYC Older person housing specialist
- Occupational therapist
- CYC Local Area Co-ordinator
- Advice on cold calling and scams
- Keep Moving! inclusive fun dance and exercise class
- Primary Care in-reach – speak to a GP/health professional

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Preventing Well

- **Keep moving** - seated dance and stretch class run in conjunction with our city collaborative and York Learning, Marjorie Waite Court.
- Wide range of older people attend – dementia, Parkinson's, frail
- The fitness instructor is supported to run the class by a volunteer so that we can ensure that all participants are supported to engage as much as possible.
- The group is gaining popularity, up to 15 people at any one time
- The majority of group participants are residents who live in the independent living with extra care centre
- Raising awareness in the community through the Local Area Co-ordinator and social prescriber, and more local people are joining

Many of the group, report practicing some on the exercises after the class so they are building on the strength and stamina movements they engage with each week

Here's what they told us:

"I'm definitely learning how to move my body better and it keeps your brain active. Otherwise we'd just sit at home not doing anything"

"This is keeping me mobile! If I didn't come here I would just sit in a chair & wither away. It keeps me busy and fit...It keeps me moving, this makes me come out"

"This brings people together socialising"

Funding needed to pay for venue hire next term