

Subject: JSNA - Dementia Health Needs Assessment (full document included in papers)

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Purpose of bringing this report to the Board	
Decision	
Recommendation to Full Council	
Endorsement	X
Information	X

Implications		Applicable Yes/No
DHWB Strategy Areas of Focus	Alcohol	
	Mental Health & Dementia	X
	Obesity	
	Family	
	Personal Responsibility	
Joint Strategic Needs Assessment		X
Finance		
Legal		
Equalities		
Other Implications (please list). Integration		

How will this contribute to improving health and wellbeing in Doncaster?
<p>The health needs assessment describes the epidemiology of dementia in Doncaster, the demand on local services and a projection of these figures in the future. This data is presented alongside service user and stakeholder voice.</p> <p>The assessment collates local intelligence so that partners can coordinate and prioritise work on dementia. It provides a basis for the Doncaster Dementia Alliance to introduce or improve services for people with dementia and their carers.</p> <p>The Health & Wellbeing Board is asked to note the priorities and approve the assessment for wider dissemination.</p>

Recommendations

The priorities (page 4 in the accompanying document) have been grouped into three broad themes that align with the national and local strategies. These priorities have been approved by the Doncaster Dementia Alliance and will act as a point of reference for partners – they are not competing recommendations.

Raise awareness and understanding of dementia

- Raise awareness and challenge preconceptions held by the public and patients. Communicate that the symptoms warrant a medical response, that there are benefits to early diagnosis, that people can 'live well' with dementia.
- Raise awareness and provide training for staff across all partner organisations (not limited to Health & Social Care) to make services more dementia friendly.
- Optimise the awareness role of partner organisations (e.g. contracted campaigns through pharmacies, information placed within libraries).
- Communicate the elevated risk of vascular dementia associated with high blood pressure, high cholesterol, smoking and diabetes. There is no treatment for vascular dementia so prevention is critical.

Early diagnosis and support

- Increase diagnosis rates and diagnose people at an earlier stage;
 - Reducing the disparity in diagnosis rates between GP practices.
 - Utilising pharmacies to screen for dementia and refer to Memory Clinics.
 - Identifying people with undiagnosed dementia in care homes.
- Support carers, especially those providing full time care and those carers experiencing poor health themselves.
- Develop better support for people receiving diagnoses at an earlier stage.
- Support people with the less common forms of dementia and related issues such as learning disabilities and alcohol.

Living well with dementia

- Continue implementing Dementia Friendly Communities in Doncaster building on the work by AESOP Consortium.
- Increase social prescribing whereby GPs refer to non-clinical services providing social, emotional or practical assistance. This requires support for the voluntary and community sector to accommodate any increase in demand.
- Ensure people with dementia access social care where necessary - there is a gap between social care clients and the known number of NHS patients.
- Identify people with dementia in care homes to ensure their setting meets their needs - there is a gap between the known and estimated numbers in residential care.
- Promote personalised care for people with dementia and their carers.
- Increase uptake of telecare for people with dementia living in the community. This is most effective when introduced at an early stage.
- Ensure the prescribing of dementia drugs meets NICE guidelines and continue the reduction in the use of antipsychotics.
- Enhance the capacity and capability of District Nurses and nursing in care homes with regard to end of life care. Increase the propensity of GPs to visit care homes to tend to people at the end of life.

