

**To the Chair and Members of the  
HEALTH AND WELLBEING BOARD**

**DEMENTIA PERFORMANCE UPDATE FROM THE DONCASTER DEMENTIA  
STRATEGIC PARTNERSHIP (DDSP).**

**EXECUTIVE SUMMARY**

1. The purpose of this report is to provide a 2013/14 dementia performance update to the members of the Health and Wellbeing Board. This update is set against the 2013/14 Dementia OBAT. The update will also present the Dementia OBAT for 2014/15 and associated performance framework.

**WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?**

2. Dementia is one of the key major challenges facing communities. As dementia prevalence increases with age, the increasing and ageing population will result on increasing numbers of people with dementia. Please see Appendix B the 2014/15 OBAT for background information.

**EXEMPT REPORT**

3. N/A

**RECOMMENDATIONS**

4. That the Board RECEIVES the 2013/14 dementia performance update from the DDSP seen as Appendix A and CONSIDERS and AGREES the proposed OBAT and associated performance framework for 2014/15 seen as Appendix B.

**PROGRESS**

5. Significant progress has been made against the 3 key outcomes of:
  - Raising awareness and reducing stigma
  - Improving diagnostic rate.
  - Supporting people to live well with dementia

Appendix A details the performance against the key indicators identified in the 2013/14 OBAT. The report in the main is very positive with 5 of the 8 indicators reporting as GREEN, 2 as AMBER and one as RED. The report provides text giving a summary of the annual performance.

Learning has been applied from 2013/14 performance to the 2014/15 OBAT seen as Appendix B. There are now new indicators with a new performance reporting structure. The OBAT template has been redesigned to assist focus on the key outcome, resulting in 3 key indicators and 7 performance measures. Performance reporting will be quarterly and will now include both a RAG rating combined with a trend status.

## IMPACT ON THE COUNCIL'S KEY PRIORITIES

6.

	<b>Priority Outcome</b>	<b>Implications of this initiative</b>
1.	Doncaster's economy develops and thrives, underpinned by effective education and skills	Dementia Friendly Communities affects all sectors. Specific work taking place with local business's
2.	Children are safe	Parents & Grandparents with dementia and impact on families.
3.	Stronger families and stronger communities	Dementia's impact on families
4.	Modernised and sustainable Adult Social Care Services with increased choice and control	Dementia is a significant consideration with all services and the "I" statements include empowering individuals, carers and families to be in control.
5.	Effective arrangements are in place to deliver a clean, safe and attractive local environment	Dementia Friendly Communities consider these domains.
6.	The Council is operating effectively, with change embedded and sustained with robust plans in place to operate within future resource allocations	Dementia remains a key priority for the partnership. The 2014/15 OBAT will influence resource allocations.

## RISKS AND ASSUMPTIONS

7. Increasing dementia awareness and reducing the stigma associated with dementia should have an impact on or ambition of reaching a diagnostic rate of 67%. This increased demand will need considering to ensure effective access to services and ongoing support. Service redesign and resource allocation will be a key feature.

## LEGAL IMPLICATIONS

8. None.

## FINANCIAL IMPLICATIONS

9. See 7.

## EQUALITY IMPLICATIONS

10. All plans receive a Equality Impact Assessment using the domains of the

Single Equality Scheme to ensure people with dementia and their carers are not disadvantaged.

## **CONSULTATION**

11. Service users and carers are central to all plans and are key partners in the dementia governance structure.

## **REPORT AUTHOR & CONTRIBUTORS**

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# Appendix A

## Dementia

Success Indicator			Q1	Q2	Q3	Q4				
Reduce number of episodes of crisis for people with dementia against 12/13 outturn of 4			2012/13: 3 2013/14: 0	1 0	0 0	0 N/A				
			There were no instances of people within Clusters 18-21 (proxy for those diagnosed with dementia) who experienced an episode of crisis during Quarter 3. A further part of this indicator relating to episodes of crisis for older people within normal working hours is under development by RDASH within their Service Development and Improvement Plan. Discussions are underway with with leads at NHS Doncaster CCG and RDASH; data is expected to be available for the start of 2014/15 reporting.							
Reduce number of hospital admissions (DRI) for people diagnosed with dementia against 12/13 outturn of 2217 (1/4 average 554)			2012/13: 506 2013/14: 516	543 482	644 525	524 511				
			Overall for the year there have been 183 fewer hospital admissions for people diagnosed with dementia than in 2012/13.							
Reduce average length of stay of people with dementia at DRI against 12/13 average of 9.56 days			2012/13: 10.58 2013/14: 10.13	8.94 11.05	8.84 10.27	10.01 10.4				
			The average length of stay for 2013/14 rose by 0.9 days over the year in comparison to 2012/13. Current understanding is that the overall rise in average length of stay is as a result of the reduction in hospital admissions, whereby more of the patients admitted are appropriate, but this continues to be closely monitored.							
Reduce number of readmissions within 30 days to DRI for people with dementia against 12/13 outturn of 466 (1/4 average 116.5)			2012/13: 86 2013/14: 93	95 79	128 89	99 101				
			Although there were 2 more admissions in Quarter4 2013/14 than the same period of 2012/13 overall for the year there were 46 fewer incidents.							
Carers of people with dementia will have fewer cases of emergency respite against 2012/13 outturn			2012/13: 9 2013/14: 9	9 13	9 7	9 5				
			There were 4 fewer cases of emergency respite in Quarter 4 2013/14 than in the same period of 2012/13.							
We will improve on patient's Quality of Life Indicator scores		Quality of Life questionnaires have been completed by 6 patients from RDASH's Community Memory Therapy Services between January 2014 and April 2014. 5 patients showed an improvement and increased scores from start to finish of therapy with only 1 patient's score remaining the same. Positive comments were also received for this service.								
We will increase the number of people diagnosed early in dementia against 2012 outturn			The Scores in 2012/13 up to September 2013/14 are based on the Standardised Mini-Mental State Examination (SMMSE) tool while October 2013 onwards uses the Montreal Cognitive Assessment (MoCA) tool. Although both tools are marked out of 30 with a higher score being a lower cognitive impairment a direct comparison is not possible due to different sensitivities. These tools are used primarily in the Memory Clinic at RDASH and excludes some consultants and vascular dementia patients. In comparison to 2012/13 the mean scores each month in 2013/14 suggests that on average the level of impairment is worse since April to the same period in 2012. A new pathway is being developed around vascular dementia which should allow a more conclusive view of all types of dementia.							
			2012/13	2013/14						
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
			21.00	20.09	21.00	21.90	21.39	23.10	21.60	19.21
			21.11	17.18	18.25	16.81	21.00	17.00	16.00	11.00
We will increase the number of people diagnosed with dementia to 59% prevalence by March 2014		This indicator is based on the annual QOF return. The number of people identified with dementia on the QOF list was 2075, an increase of 53; this means that 55.91% of people estimated to have dementia in Doncaster have been identified against a target of 59%. A temporary band 6 post is currently in place until August/September 2014 working with RDASH and GP practices to understand the current recording and referral process in place.								



## Appendix B

### Outcomes Based Accountability (OBA) Template – 2014/15

#### Dementia

<b>Outcome</b>	<b>People in Doncaster with dementia and their carers will be supported to live well</b> (refer to p.2 Health and Wellbeing Board “I” statements and Dementia Declaration)
<b>Target Population</b>	There are estimated to be 3,711 people with Dementia in Doncaster. By 2015 this may increase to 4,034 as the population ages. There is thought to be 1,353 new cases of Dementia each year in Doncaster.  As of March 2014 there are currently 2,075 people diagnosed with Dementia in Doncaster. This gives a diagnostic rate of 55.9% and a diagnostic gap of 1636.
<b>Indicators</b> (What curves are we trying to turn?)	<p><b>Indicator 1:</b> Doncaster will have increased awareness of Dementia and there will be a reduction in stigma.</p> <p><b>Indicator 2:</b> More people will receive a diagnosis of Dementia.</p> <p><b>Indicator 3:</b> More people with Dementia will live independently.</p>
<b>Story Behind the Baseline</b>	<p>Alzheimer's Disease International estimates that about 135 million people will be living with Dementia by 2050. In 2010, the global cost of Dementia was around £400 billion and this figure will continue to rise as more people are diagnosed each year. Doncaster spends £40 million a year (JSNA, 2013). According to the Alzheimer's Society (2013) dementia is the world's most feared disease.</p> <p>The development of the strategy and pathways for mental health have been developed in line with national policy documents:</p> <ul style="list-style-type: none"> <li>• <b><i>'The National Dementia Strategy: Living Well with Dementia'</i></b> <a href="http://www.gov.uk/government/publications/living-well-with-Dementia-a-national-Dementia-strategy">www.gov.uk/government/publications/living-well-with-Dementia-a-national-Dementia-strategy</a></li> <li>• <b><i>The Dementia Challenge: Prime Ministers Pledge:</i></b> <a href="http://www.Dementiachallenge.dh.gov.uk">www.Dementiachallenge.dh.gov.uk</a></li> <li>• <b><i>NHS Commissioning Board publish 'Everyone Counts: Planning for Patients 2013/14'</i></b></li> <li>• <b><i>'The Adult Social Care Outcomes Framework 2013/14'</i></b> <a href="http://www.socialcarebulletin.dh.gov.uk/.../adult-social-care-outcomes-framework-2013-14-published/">www.socialcarebulletin.dh.gov.uk/.../adult-social-care-outcomes-framework-2013-14-published/</a></li> <li>• <b><i>'A public health outcomes framework for England 2013-2016': Improving outcomes and supporting transparency</i></b> <a href="http://www.rcpsych.ac.uk/pdf/The%20Public%20Health%20Outcomes%20Framework.pdf">www.rcpsych.ac.uk/pdf/The%20Public%20Health%20Outcomes%20Framework.pdf</a></li> <li>• <b><i>Counting the cost: caring for people with Dementia on hospital wards</i></b> <a href="http://www.alzheimers.org.uk">www.alzheimers.org.uk</a></li> <li>• <b><i>Dementia Joint Strategic Needs Assessment (JSNA) 2013, Public Health Observatory</i></b> <a href="http://www.doncaster.gov.uk">www.doncaster.gov.uk</a></li> </ul>
<b>Data Development Agenda</b>	<p>NHS Doncaster Clinical Commissioning Group (CCG) has worked with Public Health (DMBC) to develop a current Health Needs Assessment for Dementia (2013).</p> <p>Data sets are used to monitor performance of all individual and joint contracts. These are used to support contracting meetings to assess performance and identify areas requiring specific attention.</p>

Doncaster Dementia Strategic Partnership (DDSP) is leading on making Doncaster a Dementia Friendly Community (DFC). The Doncaster Dementia Action Alliance (DDAA) which reports to the DDSP is responsible for delivering the plan to make Doncaster a DFC. The DDAA has a variety of members from many statutory, voluntary and community organisations which have agreed to work in partnership to improve the lives of people living with Dementia and their carers, whilst also raising awareness amongst organisations and communities on how they can help. Together, we are all working with local people living with Dementia to promote practical ways to make Doncaster Dementia-friendly.

To make this happen it is vital that the Doncaster Dementia Strategic Partnership makes this happen by ensuring that all people with dementia and their carers in Doncaster can say:

**Health and Wellbeing Board ‘I’ statements (2013)**

1. *I am able to enjoy life*
2. *I feel part of a community and want to give something back*
3. *I know what I can do to keep myself healthy*
4. *I know how to help myself and who else can help me*
5. *I am supported to maintain my independence for as long as possible*
6. *I understand my health so I can make good decisions*
7. *I am in control of my care and support*
8. *I get the treatment and care which are best for me and my life*
9. *I am treated with dignity and respect*
10. *I am happy with the quality of my care and support*
11. *Those around me are supported well*
12. *I want to die with dignity and respect*

**Dementia Declaration “I” Statements (DOH, 2012)**

1. *I have personal choice and control or influence over decision about me*
2. *I know services are designed around my needs*
3. *I have support that helps me live my life*
4. *I have the knowledge know-how to get what I need*
5. *I live in an enabling and supportive environment where I feel valued and understood*
6. *I have a sense of belonging and of being a valued part of the family community and civic life*
7. *I know there is better research going on which delivers a better life for me now and hope for the future*

The performance measures below are designed to capture progress against the partnership action plan and measure progress against the key indicators and outcome.

**Performance Measures**

1. We will increase the number of Dementia friends in Doncaster against 13/14 quarterly outturn aiming for 3000.
2. We will increase the number of members to the Doncaster Action Alliance aiming for 200 within year.
3. We will improve on public health survey results within year.



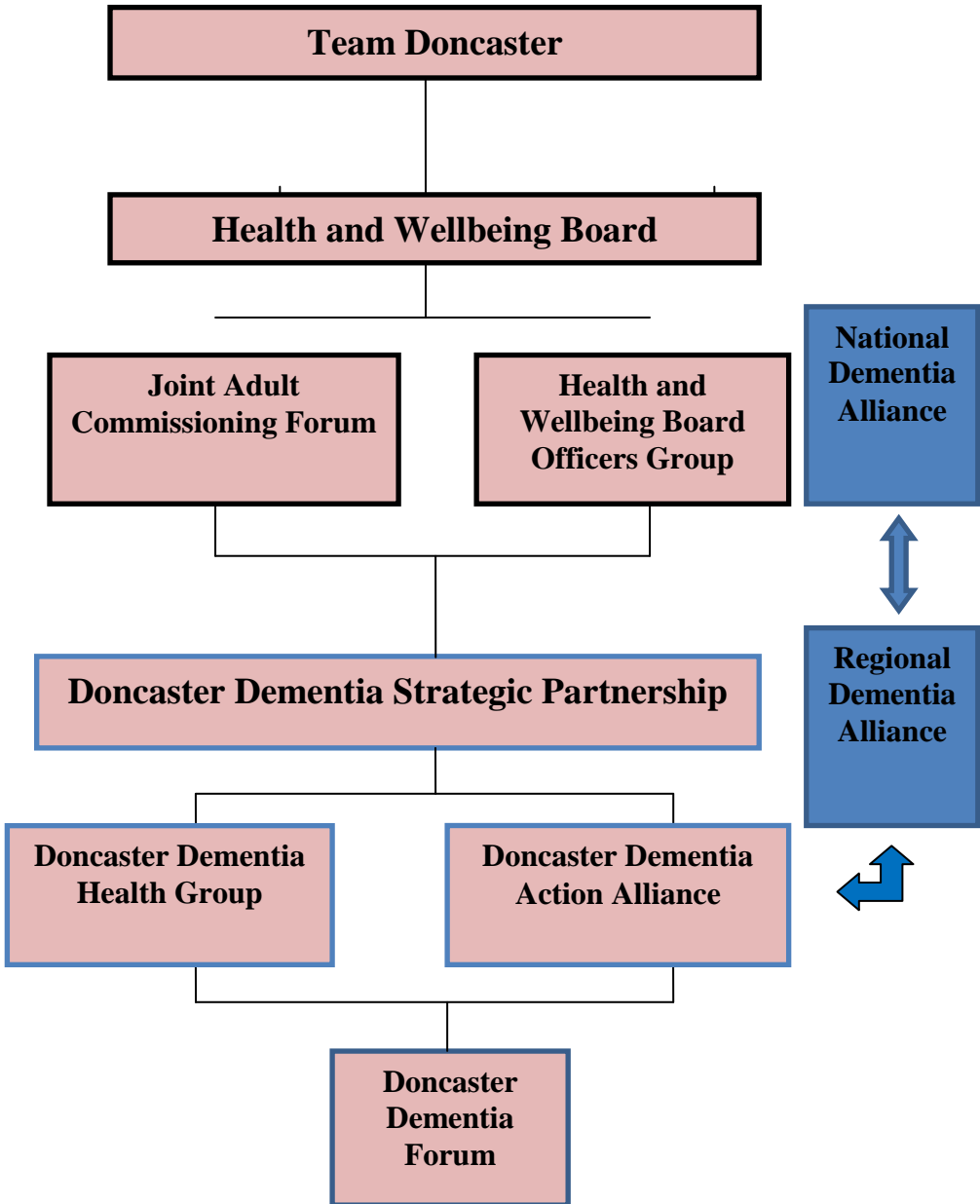
	<ol style="list-style-type: none"> <li>4. We will increase the number of people diagnosed with Dementia at Q4 2014/15 against Q4 2013/14 outturn aiming for 67% identifying the different types of dementia.</li> <li>5. We will ensure people with Dementia have less crisis demonstrated by: <ul style="list-style-type: none"> <li>• Reduction in referrals requiring 4hr response time (in hours and OOH)</li> <li>• Reduction in the number of Carers requiring Emergency Respite</li> <li>• Reduction in hospital admissions, re-admissions and maintain current length of stay against 13/14 outturn</li> </ul> </li> <li>6. We will improve on patients/carers Quality of life indicator scores whilst in service against 13/14 outturn.</li> <li>7. We will increase the number of people with dementia living independently against 13/14 outturn.</li> </ol> <p>Detailed in appendix 1 is the performance framework that will demonstrate quarterly position and progress on the above performance measures.</p>
<p><b>Key Partners</b></p>	<p>The input of a number of partners is required to be successful in the ambition to improve Dementia in Doncaster. They include:</p> <ul style="list-style-type: none"> <li>• Service Users and Carers</li> <li>• Dementia Forum</li> <li>• DonMentia</li> <li>• NHS Doncaster CCG including primary care</li> <li>• Local Authority including Public Health</li> <li>• The Health and Wellbeing Board (HWB)</li> <li>• HealthWatch</li> <li>• Emergency Services</li> <li>• Dementia Alliances (Local, Regional and National)</li> <li>• RDaSH NHS Foundation Trust</li> <li>• Doncaster and Bassetlaw NHS Foundation Trust</li> <li>• Voluntary and Third Sector providers</li> <li>• NHS England</li> <li>• Health Education (England)</li> </ul>

**Governance Arrangements**

The structure below details the governance arrangements for the Dementia programme.

One of the key groups to enable the outcomes to be achieved is the Dementia Forum which is a Service User and Carer lead Forum. The voice from this forum feeds into the Doncaster Dementia Strategic Partnership who then co-ordinate the work necessary to achieve the identified outcomes.

The Doncaster Dementia Strategic Partnership will advise Health and Wellbeing Board via the Joint Adult Commissioning Forum and the Health and Wellbeing Board Officers Group.



**What would it take to do better?**

It is recognised by Doncaster partners that to go further and faster we will need to adopt a different approach.

The following will help to ensure we do better in meeting the needs and expectations for Dementia can be met across the spectrum of responsibility within the partnership.

1. Maintain and further improve engagement with service users and carers empowering them to be in control of their own lives.
2. Develop, implement and evaluate a joint commissioning role for Dementia
3. Maintain and further improve local leadership within the Doncaster community.
4. Maintain and further develop partnership working and collaboration.
5. Continue to implement and develop the “Four Cornerstones model” as detailed below.

**People** - *how do carers, families, friends, neighbours, health and social care professionals and the wider community respond to and support people with Dementia.*








**Places** - *how does the physical environment, housing, neighbourhood and transport support people with Dementia.*

**Resources** – *are there sufficient facilities for people with Dementia and are these appropriate for their needs and supportive of their capabilities.*

**Networks** – *do those who support people with Dementia communicate, collaborate and plan together sufficiently well to provide the best support and to use people’s own assets’ well.*

# Appendix 1

## Dementia 2014/15

Success Indicator		Q1	Q2	Q3	Q4		
People with dementia and their carers will have less crisis demonstrated by reduction in: Referrals requiring 4 hour response time (in hours and OOH)	<input type="checkbox"/>	2013/14	0	0	0	N/A	
		2014/15					
People with dementia will have less hospital admissions against 13/14 outturn		April					
		2013/14	168				
		2014/15	189				
Maintain the average length of stay of people with dementia at DRI against 13/14 average		April					
		2013/14	8.51				
		2014/15	11.42				
The length of stay was longer by 2.91 days in April 2014 in comparison to the same period in 2013.							
Reduce number of readmissions within 30 days to DRI for people with dementia against 13/14 outturn		April					
		2013/14	27				
		2014/15	48				
There has been a rise of 21 re-admissions in April 2014 in comparison to the same period in 2013.							
A reduction in the number of Carers Emergency Respite against 13/14 outturn	<input type="checkbox"/>	Q1	Q2	Q3	Q4		
		2013/14	9	13	7	5	
		2014/15					
Data for quarter 1 unavailable at present.							
We will improve on patient's/Carer's Quality of Life indicator scores whilst in service against 13/14 quarterly outturn		Quality of Life questionnaires have been completed by 8 patients from RDASH's Community Memory Therapy Services between August and December 2013. 6 patients showed an improvement and increased scores from start to finish of therapy with only 1 patient's score deteriorating. Positive comments were also received for this service.					
We will increase the number of people diagnosed with dementia at Q4 14/15 against Q4 13/14 outturn aiming for 67% identifying the different types of dementia		This indicator is based on the annual QOF return. The number of people identified with dementia on the QOF list was 2075, an increase of 53; this means that 55.91% of people estimated to have dementia in Doncaster have been identified against a target of 59%. A temporary band 6 post is currently in place until August/September 2014 working with RDASH and GP practices to understand the current recording and referral process in place.					
We will increase the number of people with dementia living independently.	<input type="checkbox"/>	46.3% of people with dementia were receiving services from social care were living in the community as at March 2014.					
We will increase the number of members to the Doncaster Action Alliance (aiming for 200 within a year)		There have been 13 members of the Dementia Action Alliance identified in Quarter 1.					
We will increase the number of Dementia friends in Doncaster against 13/14 quarterly outturn (aiming for 3000 by March 2014)		As at the end of March 2014 there were 656 Dementia Friends identified which rose to 864 in April. Initial figures received for May suggest that at least a further 200 have been identified.					
We will improve on public health survey results during 14/15 in relation to awareness and reducing stigma.	<input type="checkbox"/>	It is intended that a public health survey is undertaken in Summer 2014 focusing on the pharmacies. A Doncaster public health campaign will then be undertaken in October 2014 (in line with the national campaign) and a further public health survey undertaken with the pharmacies in January 2015 to re-measure awareness. Other awareness campaigns will be planned during 2014 to support this indicator.					