

## Health and Wellbeing Board (HWB)

1<sup>st</sup> September 2016

### Doncaster and Dementia

#### Introduction

This one page brief is designed to accompany the dementia related agenda item and associated presentation. The objective of the presentation is to inform and engage members with the progress made and the challenges faced from a dementia perspective using the following three headlines:

- What's gone well?
- What's not gone so well?
- How can the HWB help to enable us to do better?

The presentation will provide a summary of progress but a detailed and comprehensive "2015/16 Progress Report" can be found on Doncaster's Dementia Roadmap along with all other relevant documents; See <http://dementiaroadmap.info/doncaster/wp-content/uploads/sites/15/Dementia-Report-v.11.pdf>

#### The dementia pathway

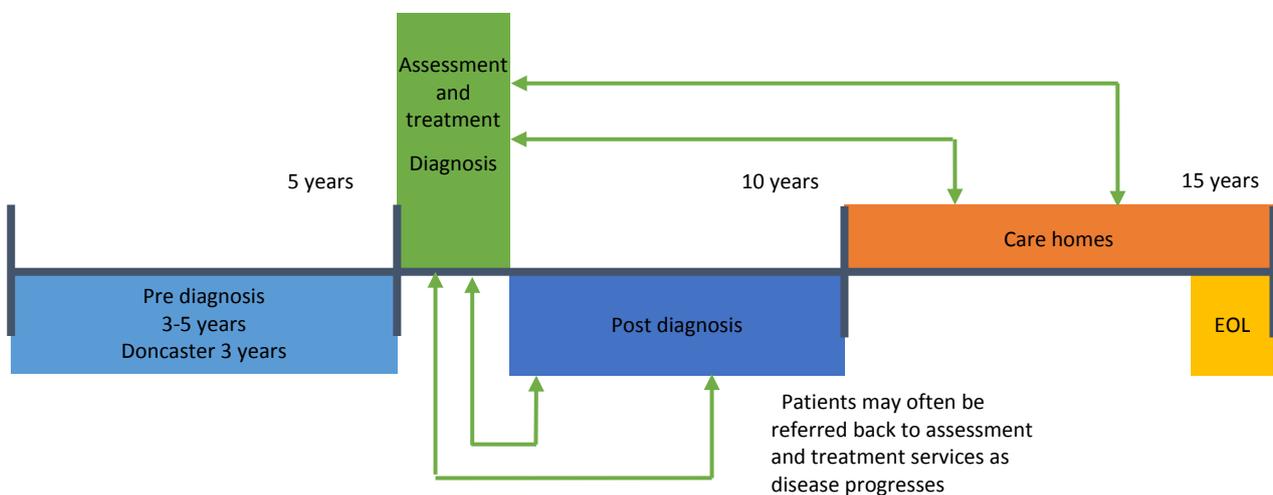
The dementia pathway can be difficult to understand due to the complexities of the disease. Any approach has to consider not just issues surrounding the patient but also the carer and family, the community and the many services involved in caring and supporting the person with dementia. A short animated video will be shown to commence the dementia presentation to assist the understanding of the dementia pathway. Dementia does not have a linear pathway but like many other life limiting illnesses and long term conditions, it does have a start and an end. The purpose of our Dementia Strategy is to improve that pathway "adding years to life and life to years".

#### Outcomes and experience

There are many types of dementia, with varying lengths of disease progression, affecting people in different ways. The time lines below illustrate where Doncaster was pre Strategy and where we hope to be post Strategy.

In 2013 the Doncaster Dementia Diagnosis rate was as low as 52%. Too many people were dying without a diagnosis and, if they did receive a diagnosis, it was often too late. The diagnostic pathway was variable resulting in inconsistent experiences, which often involved lengthy waits. Without a diagnosis, access to services was limited often resulting in a crisis situation involving the person with dementia and/or the carer, admission to residential care and the potential for an undignified and unprepared death.

#### Pre Strategy Pathway



## Post Strategy Pathway – the vision



The time frames are a guide and represent an ageing and growing population being healthier. However, the key difference to note for the dementia pathway pre and post strategy is people will be:

- Diagnosed earlier and quicker
- Live independently at home longer (including EOL where appropriate) post diagnosis.
- If residential care is required it is for needs rather than circumstance and will include EOL as necessary.
- Returns to acute care are avoided/reduced.

To deliver the post Strategy pathway, work has been divided into five Key Areas of Focus with the following objectives:

- to raise awareness, increase understanding and reduce stigma so people who may be experiencing symptomology are supported and offered the opportunity to receive a diagnosis at the earliest opportunity.
- to deliver a diagnostic assessment and treatment process that is consistent and effective resulting in a timely diagnosis that is delivered sensitively and with the offer of on-going support.
- to deliver post diagnostic supported to enable people with dementia and their families to live well.
- to ensure If and when residential care is necessary, this should be the last resort and that the care received will be of high quality.
- to ensure End of Life is planned, empowering the person with dementia to be in control as soon and for as long as possible, promoting a dignified death in a place of choice.

### **The Presentation**

The presentation will summarise the progress made and the challenges to face in delivering against the Strategies Five Key Areas of Focus and the objectives above.

Other associated success and challenges will be presented before concluding with some key points for the HWB members to acknowledge and consider enabling partners “to do better”. Improving the pathway of course, has consequences, the key consequence being the need for resources to “follow the patient” and have a community focus.

It is hoped that this brief will enable members to attend the meeting on the 1<sup>st</sup> September with an understanding of where Doncaster was, is now and where we could be in the future regarding dementia. We hope that this will prompt effective debate and discussion and ultimately action so continued and sustainable improvements can be made for people with dementia and their families.

**Doncaster Dementia Team**  
**August 2016**