

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Public Health
<b>Date of Decision:</b>	27 January 2015
<b>Decision Title:</b>	Dementia Advisor Service in Hampshire
<b>Reference:</b>	6355
<b>Report From:</b>	Director of Adult Services

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### 1. Executive Summary

1.1. Given that existing contracts for the Dementia Advisor Service expire at the end of September 2015, with no further room within the contracts themselves to be extended, the purpose of this paper is:

1.2 To seek approval from the Executive Member for Adult Social Care and Public Health to put in place a contract on basis of single tender for 1 year, for the continued delivery of the Dementia Advisor Service across Hampshire, to commence on 1 October 2015 with an annual contract value of up to £377,249. This will give a total contract value since the last tender of £1,487,123.

1.3 This paper seeks to:

- set out the background
- consider the finance for the service
- highlight the impact the service has made on the performance of the County Council
- identify key issues
- briefly consider next steps

### 2. Background

2.1. Living well with dementia – a National Strategy' (2009) set out a vision for transforming dementia services. It outlined 17 key objectives with the aim of ensuring that significant improvements are made across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care received by people with dementia and their carers.

2.2. Objective 3 in the strategy is about ensuring access to '*Good quality information for those with diagnosed dementia and their carers*'. The strategy

also acknowledged a need expressed by people with dementia, their carers and families for '*someone to be with us on the journey*'. To meet this objective a new role of Dementia Advisor was identified to provide a contact person who would signpost and facilitate access to appropriate care, support and advice for those with dementia, their carers and families.

2.3. The numbers of people with dementia are growing considerably in Hampshire. In 2012 we had around 18,500 people and this number was estimated to almost double by 2030 at around 35,000 people. Currently there are around 20,000 people with dementia in Hampshire. Resources are not growing in line with demand thus, in the context of shrinking public resources, delivery models must change.

2.4. In addition, people with dementia and their carers say that one of the critical things for enabling them to stay resilient and cope for longer, without drawing on statutory services, is having timely information about what help and support is available. As part of consultations carried out to inform the development of Hampshire's Joint Commissioning Strategy for Older People's Mental Health (OPMH) older people in Hampshire told us that this information was often lacking.

2.5. The Dementia Advisor Service in Hampshire was developed in response to the National Dementia Strategy 2009 and as part of the implementation of Hampshire's joint OPMH Strategy. It was set up in October 2012 to address this identified gap in provision.

#### **2.6. The service:**

2.6.1. Provides timely and tailored information, signposting and support for people with dementia and their carers.

2.6.2. Takes a long term conditions approach and focuses on the well being and empowerment of the person with dementia and their carers, helping them to come to terms with their diagnosis and live well with dementia, building resilience and independence.

2.6.3. Facilitates access to and understanding of local community, health and social care support available.

2.6.4. Provides support with long term and contingency planning.

2.6.5. Provides a point of continuity throughout a person's journey with dementia.

2.6.6. Promotes a greater understanding of:

- dementia and how it is experienced
- the Mental Capacity Act and legal protections
- finance and benefits
- coping strategies

- top tips and advice

2.7. Following a full tender exercise during 2012 contracts were awarded to:

- 2.7.1. Andover Mind to provide a service in Test Valley, Eastleigh and Romsey; Winchester; Basingstoke, Deane and Alton; Hart and Rushmoor
- 2.7.2. Alzheimer's Society to provide a service in the New Forest; Fareham and Gosport; Havant, Petersfield and Bordon.

2.8. Dementia is a key national priority and also a local priority in both Hampshire County Council and local Clinical Commissioning Groups (CCGs). A Dementia Advisor Service plays a major role in supporting CCGs in achieving the national target of 67% of the numbers of people expected to have dementia having received a diagnosis and requirements around post diagnostic support. The service is also critical in enabling people to come to terms with their diagnosis and think about how they can live well with dementia. Supporting them to plan for the future, build community support networks, put in place contingency plans and generally remain resilient, thus reducing demand on statutory services.

2.9. The Dementia Advisor Service is seen to be a joint commissioning priority particularly in relation to the prevention and early intervention agenda. NHS partners acknowledge Hampshire County Council's history and experience of innovative engagement with the third sector, the department's extensive understanding of the social care market and our unique relationship with service providers. To utilise this expertise it has been requested that Adult Services tender for this service with support from health colleagues throughout the tendering process.

2.10. The existing contracts expire at the end of September 2015 with no further room within the contracts themselves to be extended. Partners are keen to continue the service, at least for one further year.

### **3. Care Act 2014**

3.1 The Dementia Advisor Service is not a statutory service but will support the implementation of the Care Act, by helping to meet the duty to promote individual well-being relating to:

- Personal dignity
- Physical and mental health and emotional well-being
- Control by the individual over day-to-day life
- Participating in work, education, training or recreation
- Social and economic well-being
- Domestic, family and personal relationships
- The individual's contribution to society

The service will put people with dementia and their carers in control of their care and support and enabling them to remain resilient for longer, continuing

to access their communities and drawing on community support. It is not just targeted at those who meet social care eligibility criteria, but is available to anyone with a diagnosis of dementia.

#### **4. Financial Implications**

4.1 The service is jointly funded by health and social care.

4.2 The current annual value of the service is £377,249. £144,728 is provided by CCGs and £232,521 by Adult Services.

4.3 Partners are keen to continue the service and agreements are in place as part of the Better Care Fund (BCF) to continue the provision of £144,728 to fund the service for a further year through to the end of September 2016.

4.4 The Adult Services Department budget is under the Deputy Director, Commissioning and Care. There are no current plans to achieve savings from this budget allocation.

#### **5. Performance**

5.1. The service has been getting established over the last 2 years and is working hard to embed in local dementia pathways. The service is one of the many responses that have been put in place to help manage increasing demands and reduce pressure on statutory provision.

5.2. Anecdotal evidence suggests it has reduced pressure on statutory services, including primary care, specialist mental health services and adult services and comments from key stakeholders who have experience of the service are extremely positive. A stakeholder review is being carried out currently by providers and more evidence should be available on this following the review.

#### **5.3. Outcomes**

5.3.1. Responses so far in the stakeholder survey show that approximately 93% of stakeholders say that the service has added value and supports their work and approximately 85% thought that the service has made a moderate or significant difference to the person with dementia and their carers.

5.3.2. Service user feedback was initially sought via questionnaires, but this has proved difficult given the nature of the group involved. Survey response rates have been low.

5.3.3. Andover Mind received 48 responses to their survey across 3 different quarters. Of which:

- 99-100% said they were 'very satisfied' with the service with the additional 1% being satisfied.

- 88-96% said they had more choice and control and had made changes to their every day life
- 90-97% said they had more awareness of community resources and opportunities
- 85-87% said they had improved resilience and ability to cope emotionally
- 89-94% said they felt more able to cope and better informed.

5.3.4. The Alzheimer's Society received 20 responses to their survey:

- 95% said they felt listened to.
- 100% felt that the Dementia Advisor treated them with respect
- 90% felt they were given the support they needed
- 95% received useful information.
- 90% said the information provided was easy to understand.
- 85% said they had found out about other support they were unaware of.
- 90% said they knew how to get in touch if they needed further advice.

5.3.5. Comments received are hugely positive.

5.3.6. A new outcome measuring tool is being introduced across the two organisations and should provide better quality data regarding the impact of service interventions.

5.3.7. The current annual value of the contract is £377,249, which works out at around £150 annually per Service User.

## **6. Legal Implications**

6.1. A request for a Single Tender Approval is a request to waiver the Council's Standing Orders and depart from usual practice. As such it may only be used in exceptional circumstances with appropriate approval.

6.2. The funding from the CCGs for the Dementia Advisor Service currently forms part of the Better Care Fund Plan and will become part of the pooled budget between the five Clinical Commissioning Groups and Hampshire County Council.

6.3. It is for the Executive Member as decision maker to have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it

## **7. HR/Training Implications**

7.1. Service providers are responsible for the recruitment, training and ongoing support of staff.

## **8. Consultation**

8.1 The development of the Dementia Adviser Service was as a result of the consultation on both the OPMH strategy 2008 – 13 and the strategy refresh 2014 – 17. Both these strategies commit to implementing a Dementia Adviser Service and were developed with wide engagement from statutory and voluntary agencies and carers, plus support from the Care Services Improvement Partnership.

8.2 The Alzheimer's Society undertook a consultation exercise to find out what matters to people who use older people's mental health services across Hampshire, including meeting service users and their families/carers from gay, black, minority and ethnic groups.

8.3 There was a full 3 month consultation period before the final version of the original strategy was produced and signed off in 2008.

8.4 The refreshed strategy is also underpinned by the Development Vision for Improving Services for Older People in Hampshire, Commissioning Outline 2013-18, which was coproduced with the Older People's Vision Development Group and the wider Older People's Reference Group.

8.5 The refreshed strategy underwent a further 5 week engagement period aimed to check back that progress had been adequately captured and that stakeholders were happy with the proposed headline actions to be further progressed. This refreshed strategy includes the continuation of a Dementia Adviser Service for residents in Hampshire.

8.6 In the implementation of the new Dementia Advisor Service the views of people who used the service and family carers were captured using a survey process. The comments from people who use service and their families were overwhelmingly positive and all saw the need to continue the service.

## **9. Equality Impact Assessment**

9.1 The Dementia Advisor Service specifically targets a relatively disadvantaged group, i.e. people with dementia, with a view to promoting social inclusion and addressing barriers to accessing services and support that could potentially meet the needs of this group. Impacts around age and disability should be particularly high and should be largely positive.

9.1.1. **Potential mitigating actions for issues identified:**

9.1.1.1. **Strategic**

- It is anticipated that the re-procurement and continued delivery of the Dementia Advisor service should help to address the issues highlighted in the EIA and should have a positive impact on improving access to services and support for older people with dementia
- It is recommended that service monitoring and evaluation feeds into planning at CCG level to support priority setting and implementation planning for the OPMH strategy.
- This should also feed into the development of the new service specification.

#### 9.1.1.2. **Tactical**

- It is recommended that promotion of the service should include a focus on neighbourhoods with the most concentrated deprivation: Leigh Park and Wecock Farm in Havant; Rowner and Town in Gosport; pockets of localised deprivation in Aldershot, Andover, Basingstoke, and Blackfield and Holbury in New Forest. There needs to be a focus on the diagnosis of dementia and supporting self-management and lifestyle changes.

#### 9.1.1.3. **Operational**

- It is recommended that specific focus is given by providers in service delivery plans to improving support for:
  - people with learning disabilities and dementia
  - younger people with dementia
  - people from black and minority ethnic communities.

### **10. Issues**

There are a number of issues that impact on future provision of the Dementia Advisor Service.

#### **10.1. Pressures on the Services**

10.1.1. The current service is under pressure, which can only increase over time. The service is a brand new service and has 'hit the ground running' in terms of its operation. There are currently around 2,500 service users receiving an ongoing service but significantly more contacts are dealt with giving one off information or signposting. Numbers have grown rapidly since the service started but a service is still only provided to 12.5% of the potential 20,000 service users and despite a great deal of promotional activity, many people are unaware that the service exists.

10.1.2. The DA service was started as a new service at a low level of provision and it was anticipated that it would grow to accommodate the huge potential demand once pathways were in place and people became more

aware of the service. There are currently 15 FTE staff working in this service across the county.

10.1.3. At that time we had an agreed model of service provision for older people's mental health with health partners (the Hampshire Primary Care Trust and Southern Health NHS Foundation Trust) that included provision of the DA service across the county, using reinvestment derived from the changing bed based service model. However, subsequently the anticipated level of funding has not been available.

## 10.2. **Timing, business case building and service development**

10.2.1. The current contract for the Dementia Advisor Service ends on 30 September 2015. We have only secured agreement with NHS partners to fund for one further year at the current level of funding and are proceeding with the procurement on that basis.

10.2.2. The Hampshire Dementia Advisor Service specification targets people who have a diagnosis of dementia. Other parts of the country have started to operate some different models of provision, including some which also support anyone who has memory difficulties, so people with a diagnosis of Mild Cognitive Impairment (of whom around 50% will go on to develop dementia), and those who do not currently meet the criteria for passing on for memory assessment services, are also supported. Other developments include incorporation of pre-diagnosis support, peer support, memory cafes and/or expert patient/carer type courses into the specification.

10.2.3. We are aware that pressures on specialist services are growing, with the demographic changes and emphasis on diagnosis, so there is keen interest in reviewing how pathways can be most efficient and effective and some ideas around this involve developments that would bring a shift to more provision from services such as the DA service, which may be more effective at supporting people to stay resilient and connected to community support, as long as specialist support was appropriately available and easily accessed when required.

10.2.4. The Wessex Strategic Clinical Network is researching best practice around diagnosis and post-diagnostic support, with significant input from Hampshire on this. The research findings and work on best practice are likely to improve the business case for the DA service but will not be available until early summer 2015.

10.2.5. As the new structures being put in place to support delivery of the refreshed OPMH strategy develop, there may be more opportunities to promote the developing business case, which may result in further future investment in the service from CCGs.

### 10.3. Procurement considerations

- 10.3.1. With a significant proportion of the funding for the service, approximately 40%, coming from CCGs agreed as part of the Better Care Fund, though discussions with health are ongoing, no agreement has been reached beyond the end of March 2016. The cost and time commitment involved in completing a full tender, for both providers and the local authority would be disproportionately high if further funding is not agreed and the contract only runs for one year. This is not a good use of public resources, particularly in this time of great financial constraint and the focus of the Better Care Fund on streamlining, working together and best use of public funding.
- 10.3.2. The Wessex Strategic Clinical Network findings will not be available until the summer of 2015 to support the development of the business case for ongoing provision of, and any possible future enhancement to, the service. Retendering at an earlier date presents a significant challenge. We would not want to have to go back out to tender after just one year of a new contract if CCGs wanted to enhance the service significantly and invest further. Alternatively, developing a specification that will allow for significant future service development and any potential additional funding that may be forthcoming from CCGs if business cases are accepted, presents a significant challenge in procurement and legal terms.
- 10.3.3. A further year of embedding the new joint planning mechanisms for implementation of the Older People's Mental Health Strategy Refresh should enable a fuller shared understanding of the business case for the service at a more strategic level.
- 10.3.4. Feedback from service users and other professionals regarding current service provision is highly positive. Providers have built up a level of expertise in service provision, capability and capacity over the period of service delivery
- 10.3.5. To ensure we retain the accrued benefits from delivery of this service, avoid disruption of service to service users and poor use of public resources, the preferred procurement option would be to put in place a Single Tender Agreement to extend the current contract until 2016, at which point, if further funding was agreed, the service would be put out to full tender.

### 11. Conclusion

- 11.1. There is a strong case for continuing to provide the Dementia Advisor Service in Hampshire. Existing contracts expire at the end of September 2015, with no further room within the contracts themselves to be extended. Funding for the service has been agreed for one further year and, due to the issues highlighted above, the preferred procurement option is to put in place a Single Tender Agreement to extend the current contract until 2016, at

which point, if further funding was agreed, the service would be put out to full tender.

## **12. Recommendation**

- 12.1. That the Executive Member for Adult Social Care and Public Health give approval to put in place a contract on basis of single tender for 1 year, for the continued delivery of the Dementia Advisor Service across Hampshire by the current service providers, to commence on 1 October 2015 with an annual contract value of up to £377, 249. This will give a total contract value since the last tender of £1,487,123.

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	No
<b>Maximising well-being:</b>	yes
<b>Enhancing our quality of place:</b>	yes

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u> Progressing the Older persons Mental Health Strategy in Hampshire : Dementia Advisor Services	<u>Reference</u> 3552	<u>Date</u> 16 January 2012
<b>Direct links to specific legislation or Government Directives</b>		
<u>Title</u> Living Well with Dementia- a National Dementia Strategy		<u>Date</u> 2009

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **Equalities Impact Assessment:**

#### **Purpose for project/proposal**

The Dementia Advisor Service will support the delivery of the Joint Hampshire Commissioning Strategy for Older People's Mental Health. This strategy is underpinned by what older people with mental health needs and their carers told us about how we could improve the delivery of services and support in Hampshire. They told us they wanted choice and control over how they live their lives. In order to do this they require clear accessible information tailored to their individual needs – Dementia Advisor Services provide a mechanism for facilitating access to appropriate care, support, information and advice. This information should focus on the services and support available to people at diagnosis and throughout the course of their care. It is expected that some of this information will be generic and consistent regardless of the geographical area in which it is being delivered but that, in the main, an information pack will be individually prescribed reflecting the needs of the user.

Following the launch of National Dementia Strategy HM Department of Health asked Local Authorities and their partners to bid to become Demonstrator Sites for Dementia Advisor Services, in order to evaluate different models of delivery aimed at meeting this objective. Hampshire County Council and NHS Hampshire, plus key partners, were successful in their bid and launched a Dementia Advisor Service in September 2009.

It has been decided the service should continue to operate across Hampshire on the basis of feedback from customers and partners and the early results of the service

evaluation, as well as information about the success of similar schemes locally and nationally.

### **Consultation**

The development of the dementia adviser service was as a result of the consultation on both the Joint Hampshire Commissioning Strategy for Older People's Mental Health 2008 – 13 and the strategy refresh 2014 – 17. Both these strategies commit to implementing a Dementia Adviser service and were developed with wide engagement from statutory and voluntary agencies and carers, plus support from the Care Services Improvement Partnership. The Alzheimer's Society undertook a consultation exercise to find out what matters to people who use older people's mental health services across Hampshire, including meeting service users and their families/carers from gay, black, minority and ethnic groups.

There was also a full 3 month consultation period before the final version of the strategy was produced and signed off in 2008. Significant effort went into achieving cohesion with other Hampshire strategies, e.g. Older People's Wellbeing, Carers, Extra Care Housing, Day Opportunities and Mental Health for Working Age Adults Strategies.

The refresh is also underpinned by the Development Vision for Improving Services for Older People in Hampshire, Commissioning Outline 2013 - 18, which was coproduced with the Older People's Vision Development Group and the wider Older People's Reference Group.

A further 5 week engagement period aimed to check back that progress had been adequately captured and that stakeholders were happy with the proposed headline actions to be further progressed. This refreshed strategy includes the continuation of a Dementia Adviser Service for residents in Hampshire.

In the implementation of the service the views of people who used the service and family carers were captured using a survey process. The comments from people who use service and their families were overwhelmingly positive and all saw the need to continue the service.

### **Equality statement**

The Dementia Advisor Service specifically targets a relatively disadvantaged group, i.e. people with dementia, with a view to promoting social inclusion and addressing barriers to accessing services and support that could potentially meet the needs of this group. Impacts around age and disability should be particularly high and should be largely positive.

The following paragraphs highlight the protected characteristics where it is felt that the refreshed strategy could have a medium or high impact for people in these categories and proposes any actions required to mitigate against any negative impacts.

**Age (High Impact):**  
**Specific issues:**

- The increasingly ageing population of the county as a whole, and in particular within the New Forest district, will put increasing pressure on health and social care services and budgets
- The rising number of older and vulnerable people living alone has an impact on access to care and support for these groups.
- Demographic changes will lead to a significant increase in the numbers of people with dementia in Hampshire who will require health and social care services
- The needs of younger people who develop dementia must also be taken into account when developing the Dementia Advisor Service

**Actions:**

- It is anticipated that implementation of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on managing increasing demand.
- It is recommended that further more detailed understanding of local need is developed at CCG level to support appropriate targeting of resources and efforts to tackle the impact associated with dementia for individuals and their family carers.
- It is recommended that the lessons from the evaluation of the service are addressed in the reprocurement of the service
- It is recommended that specific focus is given in local implementation plans to improving support for younger people with dementia

**Disability (High Impact):**

**Specific issues:**

- There are increasing numbers of people with a learning disability who are developing dementia and their particular needs will need consideration in implementation planning
- The number of people with long term conditions such as heart disease and diabetes is increasing.
- There is increasing evidence showing that the risk of developing dementia can be reduced by living a healthier life style. In essence, what is good for the heart, is good for the head
- The prevalence of a number of long term conditions is strongly related to deprivation. In response service promotion should include a focus on neighbourhoods with the most concentrated deprivation: Leigh Park and Wecock Farm in Havant; Rowner and Town in Gosport; and pockets of localised deprivation in Aldershot, Andover, Basingstoke, and Blackfield and Holbury in New Forest.
- The service needs to focus on the diagnosis of disease and supporting self management and lifestyle changes
- People with mental health problems have significantly higher rates of mortality and morbidity from illnesses such as heart disease, stroke, diabetes, respiratory disease and infections. The service should increase opportunities for physical health checks for people with mental health problems
- A significant amount of mental health need in older people is unrecognised and untreated.

**Actions:**

- The delivery of the service as part of the implementation of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on managing demand and supporting those with a range of comorbidities
- It will be necessary to use other change agendas to support delivery, such as the Care at Home Project, Extracare Housing project, Integration project, etc to ensure referral to service comes from the widest of possible social backgrounds
- It is recommended that the service evaluation feeds into planning at CCG level to support priority setting and implementation planning at local level
- It is recommended that specific focus is given in local implementation plans to improving support for people with learning disabilities and dementia
- It is recommended that priority is given to promoting the message that the risk of developing dementia can be reduced by living a healthier lifestyle. What's good for the heart is good for the head.

**Race (Medium impact)****Specific issues**

Older people with mental health needs from black and minority ethnic communities face a number of potential barriers to effective assessment of their needs:

V. Seabrooke and A. Milne (2004) Culture and care in dementia: A study of the Asian community in north west Kent, London : Mental Health Foundation.

- There may be little awareness of older people's mental health issues within black and minority ethnic communities, for instance, Asian languages do not have an equivalent word for dementia. Symptoms may therefore be unrecognised or misunderstood.
- In some communities a lack of understanding and the stigma attached to mental illness may prevent families from seeking help. This may particularly be the case where the community culture places great emphasis on self reliance.
- Language barriers may prevent people from receiving information about what is available and how to access help. Even where printed information in minority languages is available, this may not help those older people who have a limited level of literacy in their own language.
- Unfamiliarity with social care services, which may not exist in minority cultures, may prevent people from requesting services or lead to misunderstandings about their role. Medical services, which are better understood, and free from stigma, are often considered more acceptable than social care services. Low uptake of social care services by older people from minority ethnic communities may lead to demand being overlooked or underestimated by commissioners. The delivery of the service by trusted voluntary organisations may increase uptake from these communities.
- The lack of a professional interpreting service may make it difficult for dementia advisors who do not speak the older person's preferred language to offer effective support. The use of friends or family members as interpreters may compromise confidentiality or influence the assessment. Older people affected by dementia, who were once able to speak English as a second language, may lose the skill as their memory deteriorates. Even with good

language skills, cultural differences may result in meaning and nuance being lost.

- Standard diagnostic tests for dementia, or depression, may not be culturally appropriate and may lead to inaccurate diagnosis.
- Dementia Advisors may not be able to offer a sensitive and effective assessment because they are not sufficiently familiar with the lifestyles, health, religious and cultural needs of older people and their carers from minority ethnic communities.
- No suitable services may be available where the older person's language is spoken and their cultural, religious and dietary needs met.
- Conversely, Dementia Advisors may make assumptions about the lack of acceptability of mainstream services to older people and their families, and not offer them.

### **Actions**

There is a need to ensure that the service delivery plans take into account the information and support needs of black and minority ethnic communities.

### **Poverty (Medium Impact)**

See above re links with deprivation and illhealth.

### **Rurality (medium impact)**

There are many rural areas of Hampshire where access to services and support can be limited by factors such as availability of transport. In order to promote access, the Dementia Advisor Service is required to provide a range of drop in sites across the county and will visit people in their own homes if they are unable to access the service at drop in sites. It will provide appointments in an evening or at a weekend, where someone may be working and be unavailable during normal working hours.

### **Potential Mitigating Actions**

#### **Strategic**

- It is anticipated that the procurement of the Dementia Advisor service as part of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on improving access to services and support for older people with dementia
- The delivery of the service as part of the implementation of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on managing demand and supporting those with a range of comorbidities
- it will be necessary to use other change agendas to support delivery, such as the Care at Home Project, Extracare Housing project, Integration project, etc to ensure referral to service comes from the widest of possible social backgrounds

#### **Tactical**

- It is recommended that priority is given to promoting the message that the risk of developing dementia can be reduced by living a healthier lifestyle. What's good for the heart is good for the head

- It is recommended that promotion of the service should include a focus on neighbourhoods with the most concentrated deprivation: Leigh Park and Wecock Farm in Havant; Rowner and Town in Gosport; pockets of localised deprivation in Aldershot, Andover, Basingstoke, and Blackfield and Holbury in New Forest. There needs to be a focus on the diagnosis of dementia and supporting self management and lifestyle changes

### **Operational**

- It is recommended that service evaluation feeds into planning at CCG level to support priority setting and implementation planning at local level
- It is recommended that specific focus is given in local implementation plans to improving support for people with learning disabilities and dementia
- It is recommended that specific focus is given in local implementation plans to improving support for younger people with dementia
- There is a need to ensure that the delivery plans of the service take into account the information and support needs of black and minority ethnic communities

### **Impact on Crime and Disorder:**

None

### **Climate Change:**

Hampshire County covers a large geographical area. The Dementia Advisor Service provides a number of drop in sites around the county to minimise the need for Dementia Advisors to make car journey's to every individual service user's home. However, to promote access to the service, they do visit people in their own homes if they are not able to travel to the drop in sites.