Agenda Item: 11

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Wellbeing Board
Date:	25 June 2015
Title:	Joint Hampshire Commissioning Strategy for Older People's Mental Health: Refresh 2014-2017
Reference:	6751
Report From:	Director of Adult Services

Contact name: Catherine Pascoe

Tel: 01962 845649 **Email:** Catherine.pascoe@hants.gov.uk

1. Purpose of Report

1.1. The purpose of this paper is:

a) to seek endorsement from the Health and Wellbeing Board on the final version of the Joint Hampshire Commissioning Strategy for Older People's Mental Health: Refresh 2014-2017:

b) to give a brief update on progress since organisational sign off in late Autumn 2014 and outline implementation priorities for 2015-16.

2. Contextual Information

2.1. The Joint Hampshire Commissioning Strategy for Older People's Mental Health (OPMH) set a direction of travel for 2008 – 2013 for all organisations and individuals involved in older people's mental health services that reflected national good practice guidance and that we believed would improve outcomes for older people with mental health needs and their carer's.

2.2. Much has changed since the strategy was first agreed. Changes include:

a) Restructuring of the NHS, including the development of five Clinical Commissioning Groups (CCGs), resulting in the need to create new relationships and engagement arrangements

b) Introduction of the Care Act 2014, involving the most significant reform of social care and support in more than 60 years. Implementation of the Act presents many challenges but also opportunities to put people and their carers in control of their care and support.

c) Implementation of the Better Care Fund, accelerating the integration agenda

2.3. Partners have made significant progress in addressing some of the issues highlighted in the original strategy. However, population changes, growing demand for older people's mental health services and considerable pressure on resources continue to challenge. We are clear that we need to change the way

we currently deliver services to be able to effectively manage this growing demand.

2.4. Though the term of the original strategy has expired there is still a significant need for a coordinated strategic direction for older people's mental health in Hampshire. The key commissioning priorities remain current. Thus the new document is an update and refresh of the 2008-13 joint OPMH strategy and should be viewed alongside the original documentation, available at: http://intranet.hants.gov.uk/adult-services/strategies-plans.htm

2.5. 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.

2.6. The new document reflects the changing and growing need identified in the 2013 refresh of the Joint Strategic Needs Assessment for Hampshire (http://www3.hants.gov.uk/jsna-2013-refresh-executive-summary.pdf)

2.7. The refreshed OPMH strategy summarises progress made to date and identifies the further main areas for action to enable us to meet the significant challenges ahead. It has been signed off at Board level by each of the Clinical Commissioning Groups in Hampshire and by Hampshire Adult Services.

2.8. The strategy was produced to provide a framework to underpin development of services and support over the coming years. Working together across health and social care services and wider communities will provide a much more effective and coordinated response to complex needs and promote independence and inclusion in society.

2.9. The scope of the strategy is broad and reflects the care pathways for dementia and functional mental health from the promotion of health and wellbeing right through to end of life care. It not only covers health and social care services but also encompasses support from communities and universal services that can be accessed by the broader population.

2.10. The strategy seeks to ensure that older people with mental health needs are actively considered in other linked key strategic developments such as Ageing Well in Hampshire: Older People's Wellbeing Strategy, Extra care Housing Strategy, Carer's Strategy, CCG Commissioning plans, Better Care Fund projects etc and provides a cohesive framework for considering needs.

3. Future Direction

3.1. A new governance structure has been established to support implementation of the refreshed strategy. With the oversight of the Health and Well-being Board this work will initially be driven through the Better Care Fund governance. It is the responsibility of all stakeholders working in partnership to deliver improved outcomes for older people with mental health needs and their carers.

3.2. The refreshed strategy is a high level document outlining the vision for services and the priorities and direction of travel up to 2017. It does not give detailed implementation plans. These are being completed at organisational and local Clinical Commissioning Group level. These are evolving documents and summaries of progress to date and headline priorities for 2015-16 are included in the appendix to this report.

4. Recommendation

The Health and Wellbeing Board are requested to:

4.1 Endorse the strategy and to receive a further report on the implementation of the strategy in a years time.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Other Significant Links

Links to previous Member decisions:		
Title Joint Hampshire Commissioning Strategy for Older People's Mental Health http://www.hants.gov.uk/decisions/decisions-docs/080425-ascexc-R0421115505.html	Reference	Date 25 April 2008
Direct links to specific legislation or Government Directives		
Title Living Well with Dementia: A national dementia strategy The Prime Minister's Challenge on Dementia		Date Feb 2009 March 2012

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.)

Document	Location
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. 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 disproportionally low.

1.2. **Equalities Impact Assessment:**

The original OPMH strategy was 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.

The refreshed strategy was produced with input from key stakeholders and the draft version underwent a five week engagement period where the document was widely circulated for comments on progress and future actions. The final document was amended to take account of comments received.

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

The strategy specifically targets a relatively disadvantaged group with a view to promoting social inclusion and addressing barriers to accessing services and support that could potentially meet the needs of this group. Therefore, impacts around age and disability should be particularly high and should be largely positive.

The refreshed strategy is a high level document outlining the vision for services and the priorities and direction of travel up to 2017. It does not give detailed implementation plans. These will be completed at organisational and local CCG level. Any projects taken forward as part of the strategy implementation will be subject to individual Equalities Impact Assessments to ensure any specific negative equality impacts and most effective ways to tackle any inequalities are identified.

2. Impact on Crime and Disorder:

Not applicable

3. Climate Change:

a) How does what is being proposed impact on our carbon footprint / energy consumption?

Not applicable

b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

Not applicable

Joint Hampshire Commissioning Strategy for Older People's Mental Health

Refresh 2014 – 2017

- Older people in Hampshire are in control of their lives and their futures.
- Independence and control are central to this development vision.
- Support is focussed on the person, with different services and agencies joining up to meet individuals' needs and goals.

Hampshire County Council

NHS

Index

Number	Area	Page Number
1	Introduction	3
2	Other local related documents	4
3	What have we achieved so far?	5
4	Our Vision	18
5	Building Our Vision	18
6	Where do we want to be?	19
7	Strategic Priorities 2014-17	20
8	Appendices	24
	1. Development vision for improving services for older people in Hampshire - Commissioning Outline 2013 – 2018	25
	2. South of England Dementia Challenge Fund Projects	32

1. Introduction

The Joint Hampshire Commissioning Strategy for Older People's Mental Health (OPMH) set a direction of travel for 2008 – 2013 for all organisations and individuals involved in older people's mental health services that reflects national good practice guidance and that we believe will improve outcomes for older people with mental health needs and their carer's.

The scale of the challenges facing Hampshire County Council Adult Services and NHS Hampshire Primary Care Trust, as was, in terms of population changes, growing demand for older people's mental health services and pressure on resources, meant that we had to do things differently.

By developing the strategy, we believed:

- There would be improvements to the quality of life for both the older person with mental health needs and their carer
- Effective interventions would promote independence and inclusion in society.
- Early diagnosis and treatment and no artificial barriers to access services in a mainstream or specialist mental health setting would enable:
    - a coordinated response to complex needs
    - planning to avoid crises and unnecessary admissions to hospital that can lead to increased dependency
    - access to effective specialist mental health services.

Much has changed since the strategy was first agreed and we have made significant progress in addressing some of the issues highlighted. However, population changes, growing demand for older people's mental health services and pressure on resources continue to challenge and if there is no further change to the way we currently deliver services, we will not be able to effectively manage this growing demand.

The 2013 refresh of the Joint Strategic Needs Assessment for Hampshire reflects the changing and growing need (http://www3.hants.gov.uk/jsna-2013-refresh-executive-summary.pdf)

Within Hampshire it is currently estimated that 18,323, or 7.5% of the over 65 population are living with dementia. By 2020 this number is predicted to have increased by 31% to 24,042. Within the 85 and over population the increase will be almost 40%, with half the people with dementia being 85 or over (12,000). Yet currently, just under half of those expected to have dementia seem to be receiving a diagnosis.

We also know that depression, severe enough to warrant intervention, affects one in four older people living in the community, yet only one in three of these will discuss their condition with their GP and only half of those are diagnosed and treated.

Older People with a mental health need account for a significant proportion of those who use health and social care services. A conservative estimate is that around:

- 40% of people attending their GP
- 50% of all general hospital inpatients and
- 60% of care home residents have a mental health problem.

One third of people who care for an older person with dementia have depression.

The direct costs of dementia exceed the total costs of stroke, cancer and heart disease in cost of illness studies.

This document is an update and refresh of the 2008-13 joint OPMH strategy and should be viewed alongside the original documentation. The key commissioning priorities remain current. The document summarises the achievements to date and identifies the further key areas for action to enable us to meet the significant challenges ahead.

We now have 5 Clinical Commissioning Groups, (CCGs) in Hampshire. The implementation of the refreshed strategy will be taken forward at organisational and Clinical Commissioning Group level.

2. Other related local documents

The refreshed strategy needs to be considered in the context of:

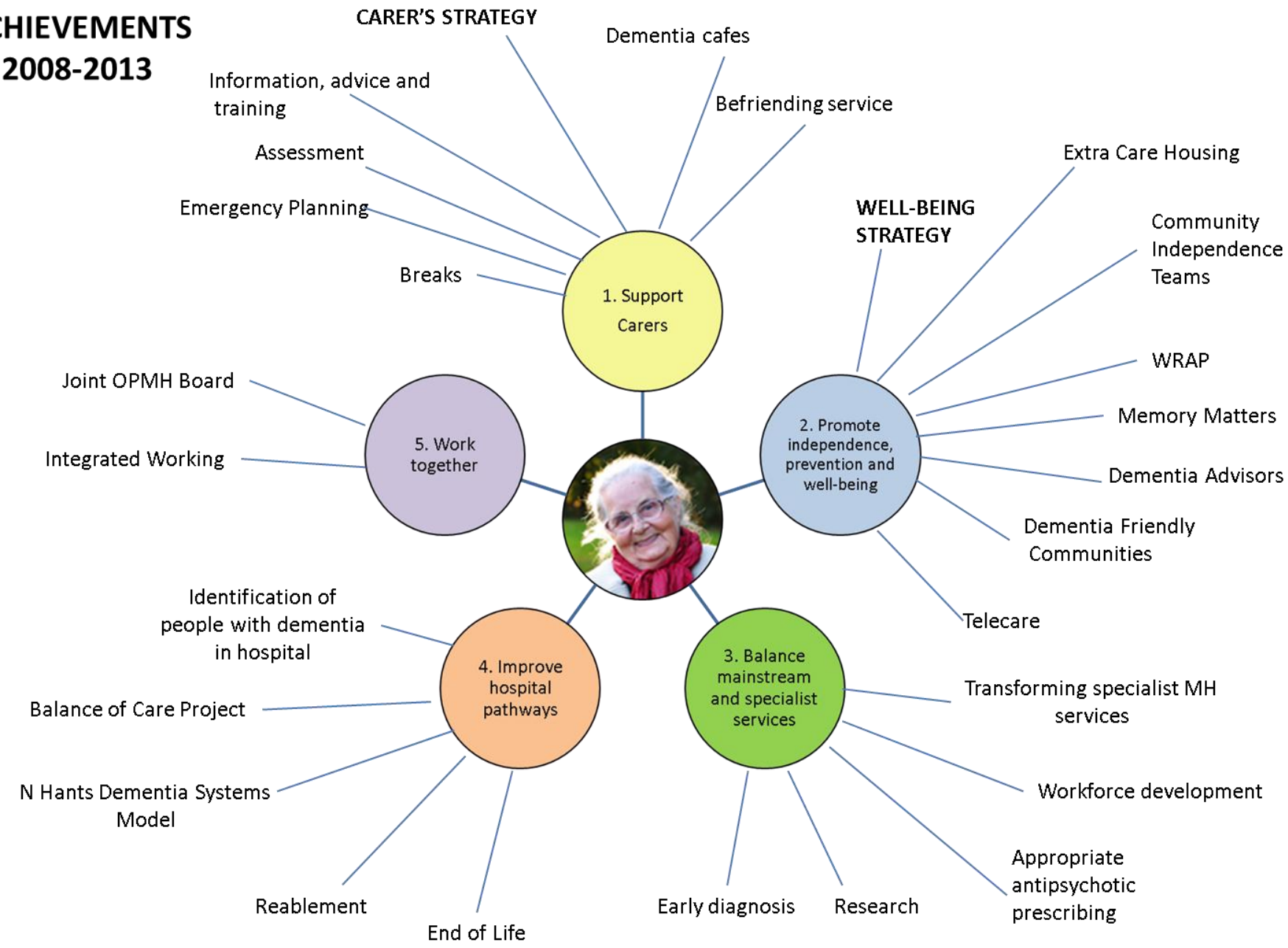
- Hampshire Joint Health and Well-being Strategy, July 2013
- Hampshire Joint Strategic Needs Assessment, refresh 2013
- Joint Hampshire Mental Health Commissioning Strategy
- Hampshire County Council Day Opportunities Strategy
- Ageing well in Hampshire, Older People's Well-Being Strategy, 2011-2014
- Hampshire Carer's Strategy, 2011
- Development vision for improving services for older people in Hampshire- Commissioning Outline 2013 – 2018
- The Frimley System Dementia Strategy, 2013

3. What have we achieved so far?

Our commissioning priorities outlined in the joint strategy are as follows:

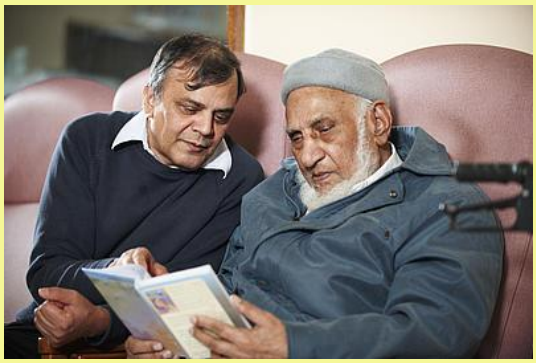
Much work has been completed under each of these priority areas and this is summarised in the diagram over the page, with more information provided in the following pages.

ACHIEVEMENTS 2008-2013



Achievements 2008-2013

1. Support Carers



The main focus of work on supporting carers has been via the implementation of the Carer's Strategy.

Of particular benefit to carers of older people with mental health needs has been the introduction of:

- the emergency planning service for carers,
- the Take a Break scheme
- the information and advice service
- promotion of carers assessment

Grant funding was specifically targeted for carers of people with dementia and was provided towards the development of Alzheimer's / Dementia Cafes in Farnborough, Andover, Gosport, Havant, Basingstoke and Winchester and the Alzheimer's Society Befriending Service.
There is also a new café in Netley, supported by Eastleigh Borough Council.
The Carers as Educators (Now 'Carers in Partnership') programme was developed. (See workforce development section.)

2. Promote independence, prevention and well-being.

The Ageing Well in Hampshire, Older People's Well-being Strategy, has been a major vehicle for implementation of this priority recognising that mental well-being is a critical part of ageing well. It has also included these specific actions:

- The following groups all receive dementia training
    - Older People's Area Link (OPAL) volunteers
    - Apetito meals on wheels drivers
    - Food and Friendship volunteers
    - New Village Agents volunteers
- Development and extensive use of the Well-being Trigger Tool
- Sing for your Life and Singing for the Brain Groups support people with dementia
- A falls prevention training/activity pack has been developed targeted at people with memory problems

Hampshire County Council has agreed to spend £45 million to develop new Extra Care Housing schemes over the next seven years. Supporting people with dementia, older people with other mental health needs and their carer's, will be an important element of these developments.

Community Independence Teams have been set up across the county and work extensively with older people with mental health needs and their carers to provide effective and timely care and support to prevent or delay the need for statutory health and social care intervention.

Memory Matters Courses are run county wide by Southern Health NHS Foundation Trust and provide information, advice, signposting and support. Specialist mental health services now also provide support for patients to develop their own Wellness Recovery Action Plans. (WRAP)

Through one of the mandated Public Health programmes, Hampshire County Council has implemented the NHS Health Check for people aged 40-74, which includes a dementia awareness raising conversation for those over 60 years of age.

As part of the implementation of the Hampshire Day Opportunities strategy, a new community based service has been established in Aldershot which offers a meeting place for older members of the Nepalese community where they can celebrate and enjoy their traditions and culture whilst also learning about and discussing aspects of life in Britain. The service also provides respite opportunities for carers and meets some of the wellbeing and social care needs of the people using it. It acts as a community connector to introduce and support participants to access other more mainstream opportunities.

Hampshire County Council and the five Clinical Commissioning Groups in Hampshire have invested in a new Dementia Advisor Service across the county. This service started on 1st Oct 2012. It assists anyone with a diagnosis of dementia or anyone with possible dementia, offering support through the diagnostic process. It:

- Offers advice, signposting and assistance to access community services and support
- Offers individually tailored information
- Is a point of continuity throughout a person's journey with dementia
- Focusses on well-being
- Supports people to come to terms with and live well with dementia, helping them to think about contingencies and plan for the future

At the end of the first year of operation the service was supporting 1,451 people.

Dementia Friendly Hampshire

Working to become Dementia Friendly 2014-2015

One off funding from the Department of Health and from the South of England Dementia Challenge Fund has been used to finance a project on developing a more Dementia Friendly Hampshire. This involves working with communities to reduce fear and stigma and to develop a greater understanding of dementia and how people can help, thus enabling people with dementia to continue to feel a valued part of their communities.
In partnership with Innovations in Dementia and the Local Government Association we have developed the Dementia Friendly Hampshire Toolkit to assist us with project implementation: http://www3.hants.gov.uk/adult-services/adultservices-professionals/dementia/dementia-friendly-toolkit.htm
A 24 month project is underway, being delivered by Andover Mind, with support from other key stakeholders, and commenced in March 2013. It focusses on:

- Engaging with people with dementia and their carers
- Raising awareness of dementia
- Tackling stigma
- Mapping and promoting the development of peer support
- Piloting Dementia Friendly High Street Schemes
- Developing the Hampshire Dementia Action Alliance
- Identifying Community Dementia Ambassadors

A report on the first year of the project can be found at: http://documents.hants.gov.uk/adultservices/mental-health/DementiaFriendlyHampshireYear1report.pdf

Further information on the project is available at: http://www3.hants.gov.uk/adult-services/dementiafriendly.htm

3. Balance mainstream and specialist services

Transforming specialist mental health services for older people
A new model of care for specialist mental health services was developed based on early diagnosis and intervention, community-based care and integrated health and social care pathways. This reflected the national and local strategic direction and was developed from initial work in the Andover, Winchester and the mid-Hampshire area. Southern Health NHS Foundation Trust is in the process of rolling this model out and transforming services across Hampshire.
The new model of care includes:

- Expert advice and support to care homes from a specialist nurse to help them with caring for older people with mental health needs
- More local rapid assessment for people with memory problems, and close working with other agencies and staff to provide person-centred care and support
- Information and signposting from a Dementia Advisor for those worried about their mental health or that of a family member
- Specialist advice and liaison support to colleagues in acute hospitals
- Improved access to talking therapies by working closely with GPs
- Admission when required to specialist mental health beds.

Workforce development

There has been much work on improving the skills of health and social care staff so they know how best to help those with mental health needs, including education and training programmes for general staff, hospital staff and GPs:

- Specialist mental health staff have delivered training and professional development for GPs, and staff in hospitals and care homes on topics including medication reviews and managing behaviours that challenge
- Delivery of the Partnership in Care Training programme (PaCT), linked to Qualification and Credit Framework (QCF) units, for staff who work in care homes and who provide care for people in their own homes, covering topics including dementia awareness, communication skills and falls prevention. This includes a 'train the trainer' programme to support sustainability.
- Targeted training for staff to make sure antipsychotic medication is used appropriately.
- Developing the 'Carers as Educators' programme, looking at how best to involve family carers' expertise in looking after a person with dementia who is in a care home. This is now called the 'Carers in Partnership' programme.
- End of Life and Dementia conference held for managers of social care services
- Adult Services Department developed a Dementia Training Pathway for staff and further mental health awareness training, including supporting people with depression, anxiety and phobias..
- Health Education Wessex Dementia Strategy and Health Education Wessex Education and Training Plan produced

Ensuring appropriate use of antipsychotic prescribing

This includes:

- Developing and disseminating the Hampshire Good Practice Guidelines for Managing Behavioural and Psychological Symptoms of Dementia, supported by awareness-raising and training for staff
- Audits of the use of antipsychotic medication and implementation of improvements based on the findings, particularly around ensuring patients with dementia have their medicines regularly reviewed
- Awareness-raising and training for staff at Care Home Forum meetings

- Making sure that the issue of antipsychotic medication for people with dementia remains high on everyone's agenda. The issue is regularly discussed at GP prescribing groups and at pharmacists' meetings
- Developing the Hampshire Health Record as a way of providing GP practices with monthly updates on the number of patients with dementia who are receiving antipsychotic medicines.

Early diagnosis

- Working with primary and secondary care services to develop early diagnosis, this has resulted in an increase in dementia diagnosis rates across Hampshire.
- More people once diagnosed have been able to access information, resources and support.
- There has been an increase in referrals to older people's mental health services including memory clinics.
- Patients have been able to benefit from timely access to treatments and plan for the future

Research

Supporting research into dementia through Southern Health NHS Foundation Trust.

The Memory Assessment and Research Centre provide support for patients who wish to take part in research trials. A large study into mild cognitive impairment started in May 2012.

4. Hospital pathways

Redesigning pathways

There has been much work focussing on understanding dementia pathways.

In 2009 a Balance of Care project was undertaken.

The Balance of Care Group was commissioned by Hampshire PCT and Hampshire County Council Adult Services to undertake a bed utilisation survey covering the Winchester area and with a particular focus on older people with mental health needs (OPMH). The aim of the survey was to identify the number and types of inpatients currently receiving hospital care (in acute, community hospital and OPMH beds) who might have:

- been treated elsewhere and avoided admission or,
- required admission, but could now be treated elsewhere

and hence support the identification of potential alternative approaches.

In addition, a separate survey of recent care home admissions from hospital in the Winchester area was conducted with the aim of determining the extent of any changes in physical or mental capacity between admission, up to three months before the survey date, and the time of the survey.

The care home survey supported the case for development of reablement services for people with dementia.

In 2011, the North Hampshire Dementia Partnership was set up to take a 'whole system' approach to the redesign of care pathways for dementia, and to review the best way to invest dementia resources.
The development of a new systems model demonstrated the:

- Financial impact of dementia
- Current costs of dementia across health and social care in north Hampshire
- Projected cost of continuing to spend in the way we do now
- Options for better use of dementia resources.

The model made the economic case for early diagnosis and intervention, and improved our understanding of dementia information and data. This analysis supported the case for investing in Dementia Advisor Services across Hampshire.

Reablement
A range of Adult Services Department reablement services such as reablement beds and the Community Response Service are now well established and offer short-term support following a crisis such as a hospital admission. They aim to help people recover as fully as they can and reconnect to their communities and support systems, staying independent for as long as possible. A pilot Community Reablement Service commenced in 2013.
Mental well-being is an important part of reablement and resilience and reablement services take a holistic approach. It is important to note that they can be beneficial for and are accessible to people with dementia. They are available for short periods and are not charged for.

End of Life Support
We have developed a training programme for staff working in hospices and care homes, for independent domiciliary care services and for specialist mental health services about how to best meet the needs of people with dementia who are at the end of their lives. This training started in April 2012

Hospital CQUINs
Performance payments were introduced for Acute Hospital Trusts to promote timely diagnosis and improvements in the quality of care.

5. Working together

Working on dementia, particularly, but also mental health issues such as anxiety and depression, requires us to address the whole system, across families, communities, and health and social care.

In 2008 we set up a Joint OPMH Board to oversee the implementation of the original strategy. To deliver the changes outlined earlier we have worked closely with our colleagues across the whole system.
Over the last couple of years there has been considerable restructuring of the NHS resulting in disruption of links and engagement arrangements.

However, the work continues and a key task now is to work with the new Clinical Commissioning Groups, plus all the other stakeholders, to implement the refreshed strategy and agree our future actions.
North East Hampshire and Farnham Clinical Commissioning Group have already worked in partnership with other Surrey Clinical Commissioning Groups to produce a local dementia plan, The Frimley System Dementia Strategy. This will form the basis of implementation planning in this locality in conjunction with the refreshed Hampshire wide OPMH strategy.

With additional impetus provided by the introduction of the Better Care Fund, work is also underway in Hampshire to develop our approach to more integrated working across the wider agenda of health and social care. From the development of Health and Well-Being Boards to working more closely at a local social care team and primary care practice level.

This new refreshed strategy is a shared strategy and will be implemented by a range of organisations from health and social care services; through third sector and community organisations; local businesses, such as banks, shops, leisure centres; local authorities, libraries; police and fire services; to individuals and families. All have a role to play.

South of England Dementia Challenge Fund (2012)

In response to the Prime Ministers Challenge on Dementia, NHS South of England made one off funding of £9 million available as an innovation fund to which Clinical Commissioning Groups (CCGs) in the south of England could submit bids for funding for projects to enhance treatment, care and support for people living with dementia, their families and carers.

The 5 CCG areas in Hampshire received funding from this scheme to support a range of local projects including developments covering:

- End of life care
- Support for carers
- Hospital environments
- Care home Forum development
- Dementia Friendly Communities
- Developing Circles of Support for People with Dementia
- Diverse Communities

For more details on these projects, please see the Appendix.

4. Our Vision

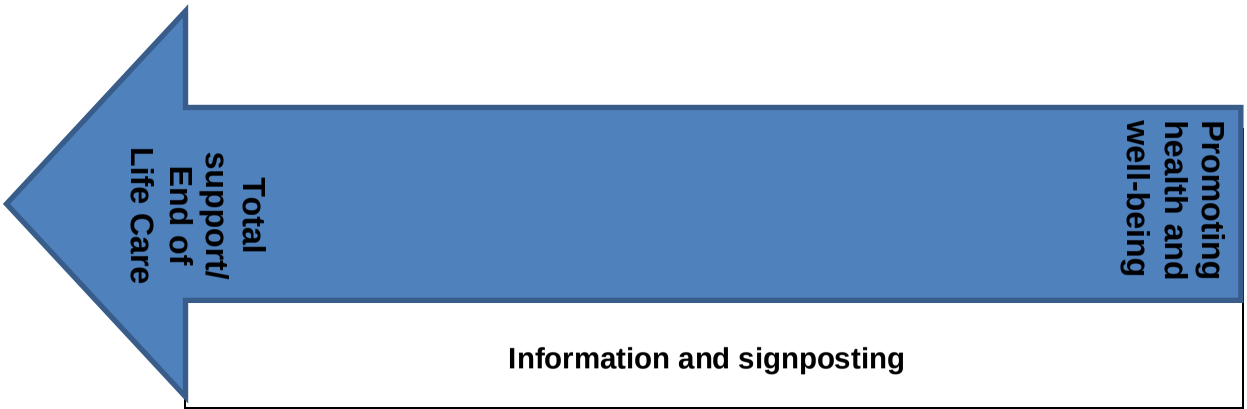
- Older people in Hampshire are in control of their lives and their futures.

- Independence and control are central to this development vision. Older people are valued as individuals with unique life experiences both to share and to lead the development of their own support arrangements.

- Support is focussed on the person, with different services and agencies joining up to meet individuals' needs and goals.

5. Building Our Vision

This refreshed strategy is underpinned by the Development Vision for improving Services for Older People in Hampshire, Commissioning Outline 2013- 2018, which was co-produced with the Older People's Voice Development Group and the wider Older People's Reference Group (see Appendix for full paper). The vision prioritises 7 outcome areas to enable improvements in services and support for older people in Hampshire. Action will be focussed on improving outcomes for people in these areas to support happier and more independent lives.



Information and signposting
Advocacy
Low level preventative services
Reablement / Recovery / Support to live Well
Leisure Activities
Connecting communities and people
Communities that understand about mental health needs and know how to help
Reduced stigma
Safeguarding from Abuse
Assessment and Diagnosis
Psychotherapeutic Interventions
Cognitive stimulation therapy
Drug Therapy
Community services
Support with Personal Care and continence
Skilled work force
Assessment and Management of Risk
Support with communication, understanding behaviour and care-planning to maximise well-being
Carers Breaks
Meaningful Relationships and therapeutic interactions
Maximising Physical Health and Well Being
Appropriate Accommodation
Telecare
Direct Payments/ Personal Health Budgets

6. Where do we want to be?

7. Strategic Priorities for 2014-2017

Priority 1 **Supporting Carers:** • Recognise the importance of the role of carers and support them • Improve information provision • Promote independence, prevention and well being • Enable carers to balance their caring roles and maintain their desired quality of life
Proposed Actions:
Refresh Carers' Strategy
Development of carers' breaks
Continued development of Carers' Emergency Planning Service
Continued development of Carers' information and support service
Build on progress of Carers as educators programme (Now renamed Carers in Partnership)

Priority 2: Promoting Wellbeing Prevention & Independence • Develop choices of places to live • Identify those at risk of losing their independence and plan with them to maintain it • Improve awareness and understanding of mental health needs and reduce stigma • Help people to stay connected to their communities, build support networks and be as resilient as possible • Enable people to manage their own support as much as they wish, so that they are in control of how, what and when support is delivered to match their needs • Ensure access to services and support regardless of age, race and gender • Promoting and supporting interventions to prevent dementia
Proposed Actions:
Continued delivery of the Dementia Friendly Communities Project.
Continued delivery of the Circles of Support project.
Develop and promote information about mental health and available services and support
Continued development and delivery of the Dementia Advisor Service
Promote recovery approaches and the development of peer support.
Further development of reablement services, including improvements for people with dementia
Develop approach to Personal Health Budgets & Direct Payment for Older People with mental health needs
Further development of Improving Access to Psychological Therapies (IAPT) programme

Continued promotion of Community Independence Teams
Further development of assistive technology
Continued development of awareness of Ageing well in Hampshire strategy and access to action plan initiatives and projects
Support the development of opportunities for people to connect with others in their community, maintain relationships and community connections, including opportunities to benefit from peer support
Commissioning a new community independence service to provide support for people on the cusp of eligibility for Adult Services support.
Promote use of 'This is me' across Hampshire
Increased uptake of NHS Health Checks
Provision and access to public health interventions that will enable better heart and vascular health.
Implementation of the Day Opportunities Strategy

Priority 3: Balancing Specialist & Mainstream: • Specialist Services support mainstream services • Mainstream services recognise that providing support to older people with mental health needs is part of their core business • People are diagnosed early to help them get well again, or for longer term conditions, to help them plan, make choices and get help, support and treatment
Proposed Actions:
Continued development of age appropriate services
Clear linkage with Mental Health (MH) Strategy
Determine Model of Extra-care Housing & dementia
Further develop approach to achieving early diagnosis
Increase dementia diagnosis rates and agree local targets in line with population prevalence
Improve access to post diagnosis support, including engagement in the work being carried out by the Mental Health, Neurology & Dementia Strategic Clinical Network
Improve awareness and skills in mainstream and physical health care services to recognise and support a level of mental health needs of older people.
On-going development of specialist services including memory clinics, to include acknowledging and meeting a level of physical health care in Older People with Mental Health needs
Further workforce development • Implementation of Health Education Wessex Dementia Strategy and Health Education Wessex Education and Training Plan • Adult Services Department (ASD) annual activity co-ordinators event with focus

on dementia care in partnership with Portsmouth City Council • ASD Reablement Coach Supported Learning Programme includes dementia to support REACT development • ASD Dementia Adventure project – a partnership between HCC residential homes and CCBS Countryside Department • Extension of the Ladder to the Moon programme to another home in ASD care homes • ASD further development of Dementia Training for social workers/community teams
Ongoing development of care home in-reach and support including: • Specialist in-reach • Care home fora
Continued work on reduction of inappropriate prescribing of anti-psychotics.
Development of reablement services, including implementation of the new REACT service
Development of domiciliary care services to improve support for people with dementia
Establish current pathways for older people with mental health needs and contribute to any reviews and developments

Priority 4 Hospital Pathways: • People only go into hospital when they really need to • Improve the experience of older people with mental health needs in acute and community hospitals • People are helped to do as much for themselves as possible when they leave hospital • People get the right help in a time of crisis
Proposed Actions:
Further development of emergency out of hours and crisis planning
Support the implementation and achievement of acute hospital National Hospital CQUINS
Further development of psychiatric liaison into hospitals
All hospitals in Hampshire will give consideration to further development of their dementia pathways
Improve the environment in hospitals for people with dementia
Implement joint training project between health and social care to support hospital discharge

Priority 5: Working Together • **People are working together towards shared goals**
Proposed Actions:
Development of new governance structure with CCGs to support implementation of the refreshed OPMH strategy
Ongoing development of Hampshire Dementia Action Alliance
Identify and increase the numbers of Dementia Ambassadors
Improve coordination of care for older people with mental health needs
Ensure that there is specialist OPMH input into Community Care Teams / integrated care teams
Ensure appropriate training, OPMH link and awareness of dementia and OPMH support services in the community for Integrated Care Team staff so that older people's mental health is considered in every aspect of integrated care.
Establish process to ensure OPMH is considered in relation to ongoing Long Term Conditions developments, including telecare and telehealth
Continued roll out of dementia training for end of life teams
Promote the development of dementia-related outcomes which can underpin new approaches to the commissioning of integrated services for dementia

8. Appendices

1. Development vision for improving services for older people in Hampshire

    - Commissioning Outline 2013 – 2018

2. South of England Dementia Challenge Fund projects

Appendix 1

Development vision for improving services for older people in Hampshire - Commissioning Outline 2013 - 2018

1 Vision

Older people in Hampshire are in control of their lives and their futures.

Independence and control are central to this development vision. Older people are valued as individuals with unique life experiences both to share and to lead the development of their own support arrangements.

Support is focused on the person, with different services and agencies joining up to meet individuals' needs and goals.

Seven outcome areas have been prioritised to enable improvements in support and services for older people with high support needs. These outcome areas lie at the heart of what older people in Hampshire have identified as being important.

Action will be focused on improving outcomes for people in these areas to support happier and more independent lives.

'It's about people having a life, not just being alive'

2 What is really important – running through everything

2.1 Information and Access

- Information is the most important issue, there are so many resources and services out there – we need to raise awareness about this.
- Professionals also need better awareness of and access to information; they need to know about the big picture.
- Obstacles which prevent people getting the information they need must be overcome, access to information and advice is vital, in a range of formats and through a variety of methods (not just electronic and not only in English etc.).
- Access to resources to maximise independence.

2.2 Involvement

- Older people are involved in all decisions (before they are made) and about all plans which affect us. People are invited to the right meetings and are really listened to.

2.3 Partnership approach

- Older people being valued as individuals and treated with equity.
- Make best use of resources; get value for money, both for individuals and organisations.
- Action will focus on improving coordination of different services so that things are joined up around the person. More joint working between different organisations and parts of 'the system'.
- A can do / problem solving approach – avoid 'that's not my job'.

2.4 Support arrangements

- Dignity, individuals need to feel secure and cared for.
- Support to be individually tailored.
- Carer's – government, society and organisations need to value and invest in unpaid and paid carer's, for example, through ensuring regular respite for live in carer's and promoting caring as a valuable career choice, starting in schools.
- Appropriate, good quality training needs to underpin all support services.
- Quality of support arrangements needs to be assured with clear lines of responsibility and accountability.
- Thinking creatively where necessary, promote innovation and common sense approaches.

3 Outcome Areas

3.1 Relationships and connections

Older people in Hampshire maintain important relationships and friendships and make new connections.

Friends, family and social contact with neighbours and the wider community are really important. We also need to think about new forms of relationship – to replace the traditional ones and to encourage communities to volunteer and raise awareness of links and local organisations. There is a big gap between older and younger people – we need to bridge the gap and learn to understand each other

We want more of:

- Speaking to people, face to face contact.
- Personal interaction / time for chatting.
- Opportunities to volunteer and communication of how rewarding it is.
- Flexible day care opportunities.
- Cross generational projects to enable generations to mix.
- Access for all to computers, communication tools like Skype and social chat lines.

- Recognition of the importance of the individual.
- Programmes of work such as Dementia Friendly Communities and the introduction of Dementia Advisers.
- Education and training for carer's (paid and unpaid), staff and residents (e.g. of supported housing) about dementia and how we can all support people with dementia to live well.
- Recognition of the importance of relationships between older people and paid carer's – continuity is vital to support this.
- Identifying people who need befriending or other support, by professionals and voluntary groups – including through organisations and teams linking together.
- Volunteers for befriending.

We want less of:

- Tick boxes and a one-size fits all approach.
- Talking about older people as 'them' - we're all individuals

3.2 Security

Older people in Hampshire feel safe at home, in the community and are supported to manage our money safely and be protected from abuse. Communities are encouraged to play a part in safeguarding.

We want more of:

- To see feedback from clients and families about the quality of care provided in care homes / by paid carer's.
- Forward planning by individuals to manage finances, for example on Lasting Power of Attorney, and a better understanding of the consequences if this is not put in place in time, for example, for people with dementia.
- Neighbourhoods with people looking out for each other.
- Volunteers who are accessible, but also who people know have been checked and are 'safe'.
- Ways of building in safety without compromising on relationships.
- Accessible advice which helps forward planning – e.g. financial affairs.
- Shopping around – e.g. with solicitors to find best value and prices.
- Knowledge about changes happening – e.g. the introduction (from next April) about possible fines for people making mistakes on benefits forms.

We want less of:

- Complicated financial arrangements and systems used by support agencies and government.

- Attitudes (which some people have) e.g. ‘you are making yourself vulnerable because you help people’ which can prevent peer support. For example, by helping someone you may face criticism or allegations of wrong doing.
- Lists of ‘can’t do’s – e.g. those held by some staff, especially where these are far longer than the lists of ‘can do’s’.

3.3 Independence, freedom and doing what I choose

Older people in Hampshire live life to the full, supporting professions are enabling, not directing.

We want more of:

- Independence, freedom and ‘doing what I choose’.
- Being involved in decisions before they are made.
- Investment in career paths for paid carer’s, to promote it as a career and encourage quality in the workforce.
- Starting young – promoting the benefits of a career in caring in schools.
- Getting out and about without asking for help.
- Staff supporting people to achieve independence, freedom and to ‘do what we choose’ – providing practical help to do this.
- Personalisation and self-directed support – finding ways of introducing these approaches which give people more things they want, which are also affordable to them.
- Accessible Direct Payment schemes.
- People knowing more about personalisation and self-directed support – and also that you can be supported to manage direct payments and set up the support you need.
- Tailored, flexible solutions.
- HCC working to really support people’s independence and present a clear range of options.
- Support for people who don’t know and can’t articulate what they want easily.
- People getting personalised advice and support on their own entitlements.
- Hampshire influencing decisions (e.g. made by central government) which support independence, freedom and choice of older people.

We want less of:

- Being told what to do and being made to do it.
- Being ignored.
- Stressed carer’s (paid and unpaid).
- Putting people in boxes – giving them labels.

- Outdated attitudes – e.g. those which lead to situations such as Disability Living Allowance not being available to new claimants over 65.

3.4 Home

Older people in Hampshire are supported to live where we want and choose, with the support we need to do so. Information about different housing options, including types of accommodation and housing related support is easily accessible.

We want more of:

- Early recognition of problems.
- Availability of people to do small repairs, painting, tap washers etc.
- Affordable, accessible, appropriate accommodation of choice.
- The confidence to know that admitting a problem means that we will not lose control.
- Getting the time allocated for care (without travel time eating into this).
- Supported housing and care homes being more open – for example each location having an open day at least once a year to show people what is available.
- Recognition that emergency and planned respite care is vital in enabling people with one main unpaid carer to stay at home.
- Keeping the person at the centre of decisions made about them.
- Support to make difficult decisions.
- Recognition that choice of home amongst people on very low incomes can be extremely limited – and that this situation may become worse with future changes to benefits.

We want less of:

- Struggling on - this includes struggling financially, but also people struggling to cope with situations and not asking for help because of pride and fear of loss of control.
- Paid carers who fly in and out too quickly.

3.5 Health and wellbeing

Older people in Hampshire have the opportunity to access the right care services at the right time and in the right place.

Treatment should be home / community based where possible and appropriate equipment provided to help maintain independence. Early recognition of problems would help identify opportunities to stay healthy. Emergency and out of hours support should be accessible and improvements made for hospital discharges.

We want more of:

- Dignity.
- The right equipment and supplies.
- Doctors being more available, including by phone and out of hours.
- More involvement and understanding from doctors.
- Improved continuity of services post hospital discharge.
- Individuals taking responsibility for their health and life choices.
- Access to information about Continuing Health Care and how this might be made easier.
- Support for unpaid carers.
- Unification of some services – to achieve efficiencies / cut down on duplication and time needed to achieve results. Recycle these reduced costs into more services for older and disabled people.
- Direct payments – control over the money spent.
- Pooling of resources.
- One point of contact to support joined-up services - someone to stand beside you and help you to find the support you need - would be very valuable. Health Visitor type roles could work in this way – advocacy services could also make an important contribution.
- Different services being able to access the same information about individuals would also help greatly.
- Options such as taking services out to people – where this makes sense (e.g. nurses visiting supported housing schemes to see groups of people who live there).
- Recognition and understanding (amongst all of us – professionals, people who need support, carers, family) of the importance of mental health.
- Information and support to maintain good mental health.
- Skilled and informed staff (including paid carers), with strong training – which meets centrally recognised standards.

We want less of:

- Choosing services, equipment and supplies based on cost alone – at the expense of people's dignity.
- Travel time needed by paid carers.

3.6 Making a difference

Older people in Hampshire feel that we are able to make life better for others (help other people to be happy) and make a positive contribution to our communities - sharing our skills and experiences.

We want more of:

- Older people being part of the solution.
- Real involvement in all areas which affect us – from planning to delivery of resources and services, including our own support arrangements. Really being part of the solution.
- Encouraging more volunteering.
- Recognition of the individual person – skills, experience and talents.
- Forward planning regarding demography – we all know we have an ageing society, we need longer term plans.
- More doing (less talking).
- Involving older people and unpaid carers in delivering training for staff – e.g. as in the Dementia UK work training staff in Nursing Homes.
- Information about different ways to contribute and make a difference.
- More enabling – to help people take part as volunteers.
- Thinking about 'we' as a collective 'we' – including all in communities, not just specific groups of people.
- More positive and proactive ideas and plans about how we respond to changes in our ageing societies (both individuals and organisations).
- Being able to feedback about services or complain easily and to know how to do this.
- Longer term views and plans – e.g. developing age friendly communities.

We want less of:

- Older people feeling redundant.
- Assuming older people have nothing to offer.
- Generalisation.
- Thinking about demographic change (ageing society) as a problem – where are the positive opportunities?

3.7 Being able to get out

Older people in Hampshire need affordable, appropriate transport to and from home – where and when we want to go somewhere including in rural areas.

We want more of:

- Opportunities in the community, like education, and for these to be more freely available.
- Opportunities in the evenings and at weekends.
- Flexibility of support services, booking times and appointment times.
- Joined up services – for example housing associations working with transport organisations, to help make everything more accessible.

- Realisation that getting out and about is vital to health and wellbeing – highlighting the importance of the bus pass.
- Better public transport – including operating at extended times.
- More call and go transport – including extending operating times (e.g. into the evening). We need more local groups such as Rotarians to get involved in providing this type of service.
- Buddying schemes (e.g. people at the same club or group helping others to get there).

We want less of:

- Being forced into things we would not choose (for example, really early bedtimes which can curtail our ability to take part in things during the evening).
- Rigidly following rules – such as 'you must bring a carer to this group'.
- Exclusion of people because of conditions (such as dementia).

Appendix 2

South of England Dementia Challenge Fund Projects in Hampshire

Developing Circles of Support (County wide)

Linked to a national pilot led by The National Development Team for Inclusion. The aim of the Hampshire Circles of Support project is to reduce the need for paid support and promote social inclusion and feelings of connectedness to communities. The objective of this scheme was to implement a training and mentoring package to develop community circles for people with dementia.

This scheme has been successful in training a number of Dementia Advisors, volunteers, Community Independence Team, and other third sector staff.

Developing a more Dementia Friendly Community (County wide)

This project is about establishing sustainable dementia friendly communities across the county of Hampshire, reaching as full a range of different communities as possible.

Commissioned by Hampshire County Council and delivered by Andover Mind, this is a 2-year project due to end in March 2015. (See 'Achievements' section for more detail)

Achieving excellence in end of life for people with dementia in North Hampshire (North Hampshire Clinical Commissioning Group)

This project is about achieving excellence in end of life care for people with dementia living in nursing homes. The scheme was led by a Specialist Palliative Care Nurse, working directly with nursing homes to model good practice and mentor staff.

The scheme was successful in identifying champions and working directly with 5 nursing homes, improving end of life care for those with dementia.

Diverse Communities engaged with dementia in North Hampshire (North Hampshire Clinical Commissioning Group)

The aim of the project led by Hampshire Wellbeing Services was to engage with people and their carers from diverse communities. This included raising awareness, educating professionals about cultural differences and training to develop advocacy services specifically for ethnic minority communities.

The scheme has been successful in training health and social care, recruiting befrienders and advocates and identifying the need for specialist dementia support groups.

From difficult conversations to better outcomes (North Hampshire Clinical Commissioning Group)

The aim of this project was to affect behaviour change amongst health and social care staff so they are better equipped to support people with dementia and their carers to achieve their care preferences to the very end of their lives. The scheme involved implementation of a variety of training methods to develop dementia specific communication skills and embed core principles of good end of life care.

The scheme has been successful in engaging with GP practices, providing training and awareness. It is also intended that more patients with dementia will have their 'This is me' leaflet sent to hospitals before admission as a result of this work.

Supporting the carers of people with dementia through GP surgeries (North Hampshire Clinical Commissioning Group)

This project led by The Princess Royal Trust for Carers involved engaging with practices, providing face to face support to GPs and facilitating specialised dementia clinics for carers at their local surgeries.

The scheme has been successful in providing advice to GPs working with dementia and the setting up of a number of carer clinics across the North Hampshire CCG.

Understanding Dementia – A training course for Carers (North Hampshire Clinical Commissioning Group)

This project led by The Princess Royal Trust for Carers involved the roll out of the Department of Health approved 'Understanding Dementia' course. The scheme was specifically aimed at carers and the aim was that carers will become better informed and will be able to implement strategies for them and their loved ones to live well with dementia.

The scheme has been successful in the promotion and engagement with carers and there are plans to run the courses during 2014.

Frimley System Care Home Forum. (NE Hampshire and Farnham Clinical Commissioning Group)

This is for all nursing and residential homes in the northeast Hampshire and western Surrey areas. It provides them with an opportunity for education on key topics, such as dementia care, falls prevention, hydration and end of life care. It also provides the opportunity network and share best practice, including working with the local acute hospital, Frimley Park, to improve communication and relationships during the admission and discharge process.

Frimley Park Hospital Dementia Friendly Ward Project (NE Hampshire and Farnham Clinical Commissioning Group

Headline progress and priorities for 2015/16

Hampshire wide implementation

Support Carers (Hampshire County Council lead commissioner)	
Progress	**15/16 plans**
Carers strategy	The work on developing a new Joint Health and Social Care Carers Strategy was put on hold and is due to commence in June 2015. The strategy will be written in partnership with carers including carers of older people with mental health needs and dementia and launched in 2016 (timetable for plan and launch date tbc)
Carers Breaks Review of the Carers Take a Break Scheme has been completed. This is used by a majority of carers of OP and people with dementia. http://documents.hants.gov.uk/adultservices/publications/ASpublicationsCarersTakeaBreakFeb2015.pdf Take a Break is now provided by Hampshire Care at Home providers. Eligible carers can now have the option to access direct payments as an alternative provision.	The offer of direct payments to carers for a carers break will also be developed as part of the carers strategy work.
Carers Emergency Planning Service Quarterly monitoring of contract in place – 1000 new plans developed in 2014/15.	Existing contract planned to continue through until 2017/18 – carers assessment and support to be reviewed in line with Care Act requirements for 2017/18.
Carers information and support service Quarterly monitoring of contract in place New Carers Hubs now up and running in Alton, Basingstoke and Farnborough.	Existing contract planned to continue until 2017/18 – carers assessment and support to be reviewed in line with Care Act requirements for 2017/18 Additional Hubs planned for Aldershot, Farnborough and Yateley later in 2015

Additional Carers Clinics in GP surgeries. Carer Aware course has been reviewed to meet Care Act requirements - license has been renewed for a further 3 years for carers and staff to access directly via Hantsweb http://www.hants.gov.uk/adult-services-carers/carer-aware-2014/launch_nolms.html Update of Hantsweb information and advice for carers including the Carers Information Pack	6 new carers assessors posts commencing from June/ July 2015 to work in partnership with contracted provider and other third sector agencies to carry out carers assessments and provide support plans to support carers across Hampshire including carers of OP and people with dementia.
Carers in Partnership Course has been reviewed - now a one day course which includes Care Act legislation with direct input from a carer and case studies which include caring for OP and people with dementia.	New carers courses to be developed with carers by PaCT – consultation with carers and third sector providers to be scheduled for later in 2015
Promote independence, prevention and well-being (Hampshire County Council lead commissioner)	
Progress	**15/16 plans**
Dementia Friendly Hampshire Project: • Highly successful 2 year project delivered by Andover Mind- project completed. • End of project report can be found at: http://www3.hants.gov.uk/adult-services/dementiafriendly/whats-happening • Independent evaluation from Oxford Brooks University will be available shortly. Very positive report. • Hampshire Dementia Action Alliance is now well established and at the end of the project had 440 members covering all sectors, making it one of the largest and most diverse alliances in the country. This number continues to grow rapidly. • The DFH team carried out 348	• Phase 2 of Dementia Friendly Hampshire (DFH) work underway. • Hampshire Dementia Action Alliance to continue. • Secretariat provided by Andover Mind, supported for one year by Adult Services Department grant. • DFH will then set up as an organisation in it's own right. • Local Dementia Action Groups (DAGs) to become more established and increase in numbers, with support from many local councils.

dementia awareness sessions and created over 3400 'Dementia Friends', this does not include all the activity by volunteers. The Dementia Action Groups created as a result of the project have at least 67 Dementia Friends Champions who are all delivering awareness sessions. • During the course of the project there were 10 local Dementia Action Groups established, with a further 7 close to being established and 9 in talks with DFH. • Dementia Friendly High Streets have been established in Fareham, Lyndhurst, Fleet, Romsey, Alton, Winchester, Eastleigh, Lymington, Milford on Sea, Andover, Basingstoke and Hythe and there are more launches planned for 2015 • DFH Conference was held in February to celebrate successes and as a further call to action. Over 200 people attended. • Sustainability plan in place. • Public Health funding is supporting a dementia awareness raising initiative in partnership with local councils in the west of Hants.	• Web pages to be updated to provide resource for local DAGs • New project about to commence + Public Health funding. To work on Hants CC corporately becoming a more dementia friendly organisation.
Dementia Advisor Service: • At end of March 2015 there were 3,632 Service Users. The service acts as a point of continuity along a person's journey with dementia, so case loads continue to grow. • Referrals to service for Jan-Mar 2015= 431, a 15.9% increase on figs for this quarter in 2014. • Agreement secured as part of Better Care Fund to renew contract for further	• Dementia Advisor Service due to be retendered early in 2016 for post Oct 2016 contract. • Funding agreements will need to be in place. • Service specification to be reviewed and new one agreed • New service outcome measures being introduced for

year through to end Sept 2016 • In addition, all 5 Hants CCGs have agreed to invest further funding in the Dementia Advisor Service.	15/16.
Public Health	Through public health leadership and commissioned programmes continue to reduce vascular risk factors for dementia including smoking, physical inactivity and alcohol Increase the uptake of NHS Health checks which help to identify risk factors and raise awareness of dementia
Reablement	• Reablement and dementia trial planned for New Forest across HCC reablement services. • Wellbeing coaching programme in planning. To be linked to OT Transformation and reablement
Telecare Argenti, the HCC contracted telecare provider organisation, are in Year 2 of their 5 Year contract and are now offering a funded telecare service to Older People with dementia on diagnosis Products like medication reminders and GPS-enabled personal safety device can help people with dementia to manage their condition while maintaining personal independence. Telecare can enhance quality of life for carers by helping them manage their care responsibilities. Telecare solutions have provided carers greater freedom and peace of mind – confident that they will be informed if an emergency occurs.	From June 2015 the **Early Intervention Dementia Pathway project** will focus on supporting People with dementia with Telecare at the time of diagnosis. By intervening with telecare as early as possible, we aim to prolong the independence of people living with dementia, and improve their quality of life and their carers. On going monitoring, tracking and analysis of pathway project. Continued provision of Telecare and sourcing innovative telecare technology as it is developed which supports people with dementia and carers. Argenti is collaborating with My Life Films to offer a small number of our service-users a My Life Films package as a pilot. My Life Films is a charity

	that creates personalised biographical films for people living with dementia. The films act as an emotional stimulus and aid for the person and their carers during all stages of dementia. at the end of 6 months these will be evaluated and analysed to evidence impact . Supporting discharge from hospitals with Telecare. To extend and develop Dementia Pathway project with CCGs
Balance mainstream and specialist services	
Progress	**15/16 plans**
HCC lead commissioner **Workforce Development** • ASD PaCT team have developed a Workforce Development Dementia Strategy that has been shared with the Hants OPMH Delivery Group	• Implementation of the strategy
CCG Lead Commissioner • Primary care QOF now encourages GP practices to more actively manage patients with dementia	This work will continue into 15/16 to achieve the national target of 67% diagnosis rate against disorder prevalence. This work will include identifying and supporting people in care homes.
Improve hospital pathways	
Progress	**15/16 plans**
CCG Lead Commissioner • A CQUIN scheme to identify individuals with a potential diagnosis of dementia has been in place and will have ensured a number of people received a diagnosis. • A recent event to highlight dementia has taken place at the Royal Hampshire	• CCG's are planning to extend the hours of psychiatric liaison services in Hospitals serving the county. CQUIN schemes will remain in place to ensure referral for dementia diagnosis from acute care when potential dementia is identified.

Hospital. • Commissioners have put in place psychiatric liaison services for older people with mental health needs at hospitals across the county	
Work together	
Progress	**15/16 plans**
All CCG areas now have local OPMH Delivery Groups in place. SE Hants and Fareham and Gosport have a joint group.	
Workshops have been held in all areas involving local stakeholder representation, in order to identify local priorities for action and next steps for 2015/16	CCG local priorities for action to be progressed.
Overarching Hampshire-wide OPMH Delivery Group established.	
Overarching Hants wide strategy implementation plan produced, set against the 5 priorities	Task and finish group established to identify overarching performance measures for strategy.

Local Delivery Groups

Local OPMH Deliver Groups (aligned to the Clinical Commissioning Groups or CCGs) have been established to support the implementation of the strategy. The Hampshire wide plan has been disseminated to these groups. The plan identifies actions that are driven at a Hampshire-wide level and actions that are deliverable at a local level allowing for local variation for each CCG.

Each local steering group has facilitated workshops to engage with a wide range of stakeholders including primary care, secondary mental health, third sector organisations, service users and carers. The groups have identified areas where progress has been made, gaps and priorities for delivery.

A summary of the output from the workshops and strategy implementation groups is as follows;

North Hampshire CCG (Basingstoke, Dean and Alton)

Significant progress has been made via the dementia friendly communities' project led by Andover Mind and practice is now embedded in the community. This work has been supported locally by the district council. Basingstoke Dementia Action Group (BASDAG) has been established and is successfully engaging with the town centre and local communities. Future plans for this group include the development of a webpage on the council website to include local information and signposting. The Malls at Basingstoke has now become one of Hampshire's Dementia Friendly High Streets. A new drop in service for people with dementia has been launched at the Viables Centre.

The Wessex Academic Health Science Network supported the creation and evaluation of the region's first dementia-friendly GP surgery at the Oakley and Overton Partnership. This was launched by the National Clinical Director for Dementia in the NHS, Dr Alastair Burns. The learning from this work is being disseminated widely and further surgeries are now working to become more dementia friendly, including 5 practices in North Hants area..

Gaps identified at the local workshop included contingency planning for crisis and the availability of out of hours services, awareness of sensory impairment services and health checks for older people with mental health needs.

The priority for 2015/16 will be to support better integration with physical health services, communication between agencies including carers and proactive contingency and crisis planning.

West Hampshire CCG (Winchester, Eastleigh and Southern Parishes, Test Valley, New Forest)

Implementation has progressed well in many areas, progress has been reviewed by the strategy group and the gaps in delivery have been set as priorities for action going forward. Progress includes the development of Alzheimer cafes, the carers call to action and memory matters courses. West Hampshire CCG have been working to establish a redesigned dementia pathway across primary, secondary and adult social care and have developed a "Dementia Friendly Practice" toolkit identifying how guidance can be put in place to improve patient experience in primary care. A West Hampshire Dementia "roadmap" has been established to bring together national and local information into a single point for people with dementia, carers and professionals.
http://dementiaroadmap.info/westhampshire/

Gaps identified included ensuring the needs of carers of older people with mental health needs are addressed in the developing carers strategy. In West Hampshire

only 60% of people who may be diagnosed with dementia have been identified and access to treatment for depression and anxiety should be improved.

Over the coming year the priority will be improving independence and well-being, integrating the community health and OPMH teams, increasing resources available through the dementia road map and ensuring that dementia friendly communities are established throughout the whole of West Hampshire.

West Hampshire CCG is developing a dementia pathway pilot which looks to facilitate an increase in capacity to diagnose dementia by up-skilling primary care staff to diagnose dementia in the community and in care homes

South Eastern Hampshire CCG and Fareham and Gosport CCG, (Havant, Fareham, Gosport, East Hampshire)

A workshop was held on the 24th April with third sector, GPs and community teams to review the strategy priorities. The workshop reviewed what has already happened and what we consider to be the priorities going forward.

Some great work was identified within GP practices having a "surgery signposting service" whereby volunteers work within the practice to signpost patients and carers to useful resources. Fareham's Dementia Friendly High street is working very well along with the Dementia Advisory Service and other schemes such as

- Medication management scheme to review 85 + patients on medications that affect cognitive impairment
- Saturday Friendship Clubs initiated

There are several gaps highlighted from the workshop including communication between services, better information sharing with emergency services, Training for third party services and volunteers.

The next OPMH board meeting is scheduled for the end of June where we will discuss the output and the priorities, using this information the board will develop an action plan.

North East Hants & Farnham CCG (Hart and Rushmoor)

Support Carers	
Progress	**15/16 plans**
The CCG will be investing the Dementia Advisor service	Financial uplift in line with Hampshire 5

The CCG will be supporting local Alzheimer's café	Invest in the café to ensure sustainability
Promote independence, prevention and well-being	
Progress	**15/16 plans**
Delivered dementia awareness training to primary care staff in 14/15 creating lead nurses and also training to non clinical staff	Further roll out of dementia awareness training to Primary care in 15/16 including GP'S
Nurse now in post	Development of case finding out reach nurses to care homes and housebound elderly
	Will be investing in local Alzheimers café
Balance mainstream and specialist services	
Progress	**15/16 plans**
Investing in dementia advisor service	This funding will be recurrent
Investing in secondary Mental Health OPMH provision	This funding will be recurrent
Invested in OPMH Liaison services now 7 days per week	This service is established and now embedded
Diagnosis rate 62% of prevalence	Target of 70%
Improve hospital pathways	
Progress	**15/16 plans**
Nurse now in post and working with care homes and linking with community nursing and primary care	Case finding outreach nurse to support care homes and housebound elderly to promote appropriate early diagnosis, upskill care home staff in managing patients living with dementia and avoid inappropriate hospital admission

Embed 7 day OPMH liaison psychiatry services	Improved early discharges from hospital
Work together	
Progress	**15/16 plans**
	Working with secondary mental Health provider and IAPT service to develop integrated community hubs

Wessex Strategic Clinical Network

Balance mainstream and specialist services	
Progress	**15/16 plans**
Wessex Strategic Clinical Network A regional research project was completed with the aim of gauging the views of GPs, service users and carers regarding better ways of making a dementia diagnosis, and making that diagnosis genuinely worthwhile. The result of that research was the development of a Care Home Dementia Toolkit, which assists primary care staff in reaching a high quality diagnosis and then providing the post-diagnostic support which improves the experience of care home residents. This Toolkit is currently being piloted, with a view to wider roll-out once commissioners have had the opportunity to consider the evaluation of this pilot.	Provided the Toolkit pilot proves itself to be of value, the intention is that it could be used in care homes wherever commissioners and providers wish to do so. A subsequent development would be to introduce a similar Toolkit for general use in wider community settings.