

Position Statement

The Dementia Expert Reference Group (DERG) was stepped down July 2022 and new Dementia Programme Board (DPB) was launched in September 2022.

As agreed, and governed by the Mental Health, Dementia, Learning Disability and Autism (MHDLDA) executive, the new Lincolnshire Dementia Programme Board role is to both realise and, with cross organisational collaboration, develop, drive, and coordinate the delivery of the Lincolnshire Dementia Strategy. Herein, the primary objective of the Board is to deliver the programme implementation and work collaboratively, across statutory and non-statutory commissioners, providers and with people with dementia and their families and carers. To do this within the broader Health and Care system to address health inequalities and social determinants of dementia within a population health management framework. Key milestones to date include:

DPB Governance structure/Terms of Reference (ToR) completed/ratified

- Alignment under/accountable to MHJDG > MHDLDA
- Membership reviewed and expanded – to ensure inclusion of all key partnerships (expansion still in progress)
- Co-production working group/input, Every-One commissioned to support and supply
- Engagement plan to be developed

The System Responsible Officer (SRO) for Dementia is now Steve Roberts, Associate Director of Operations for Older People and Frailty Division, Lincolnshire Partnership Foundation NHS Trust (LPFT). Funding was secured for the Dementia Transformation Programme Lead, funded, and hosted by LPFT, but will be system facing lead for the DPB working to the SRO. The post has been successfully recruited to as of March 2023 and represents a new full-time resource, working in partnership with organisational leads, to lead on the DPB aligned strategy including service development and delivery.

Dementia Diagnosis Rate (DDR)

The DDR is an NHSEI Nationally reportable target currently set at 66.7% of people over 65 they estimate to have dementia to have a formal diagnosis of dementia. As has been the picture both Nationally and Regionally, DDR rates declined during the pandemic. Lincolnshire DDR for February 2023 was 61.7%, comparable with the National average of 62%. From October 2022 NHS England have provided a new data set for DDR and this has affected the data and publication dates.

There are a few reasons for the fall in the number of people being diagnosed during the pandemic, these include:

- Reduced capacity in/access to Primary Care due to vaccination programme and pandemic restrictions.
- Difficulty accessing patients/services due to isolation/health risk management
- Reduced deliverable service capacity (due to access restrictions, staffing impacts of pandemic with subsequent backlog of referrals in secondary care)
- Reduction of people leaving home/going to their GP with memory concerns with associated 'post-pandemic' referrals beyond service capacity.

Prior to the pandemic Lincolnshire has struggled to meet and sustain the overall Lincolnshire DDR. However, attainment within county has evidenced locality specific variation seen across 'CCG localities',

Joint Local Health and Wellbeing Strategy for Lincolnshire Annual Assurance Report 2022/23

(now Integrated Care Board (ICB)) with the former West CCG (Clinical Commissioning Group) attaining the DDR with the other 3 sectors falling below target to differing degrees. **DDR recovery plan and action log is in place for 23/24 with a key aim of both moving towards overall DDR attainment but to attain greater equity of attainment across all Lincolnshire Primary Care Networks (PCNs).**

What we said we would do in 2022/23

Implementation of the recommendations of the CCG (now ICB)/LCC Dementia Service Review (DSR) 2021.

Engagement on the priorities from the Dementia Service Review completed in 2021 has been undertaken with people affected by dementia and stakeholders across the system and the key themes have been highlighted. The refresh of the Joint Dementia Strategy for Lincolnshire has recently begun and will take account of these. The new Strategy will set out how the Integrated Care System (ICS) [health, social care, and the voluntary and third sector] will work collaboratively to improve the lives of people with dementia and families and carers. A Dementia Strategy action plan with clear deliverables will be produced alongside the strategy to ensure that it is a 'living document' with clearly auditable actions and associated outcomes. Importantly, due to the developments in terms of the creation of the DPB and its alignment within the system governance systems, there is now a clear route via which the new Dementia Strategy (encompassing the DSR recommendations) can be progressed in terms of system prioritisation (and associated risk ownership) and delivery (in terms of cross organisational change and required funding).

Digital Self-Service Portal

The Digital Memory Assessment and Management Service (DMAMS) pilot funded by NHSE/I DDR Recovery Funding was completed and its outcomes used to inform a substantive business case that was recently supported and funded for 10 new Memory Assessment Practitioner posts (MAP). These dedicated posts, learning from the DMAMS pilot, will work digitally and in clinic-based settings (to enable real-time inputting of assessments) and target across countywide waits and referrals (postcode agnostic) with an initial aim of addressing locality-based variance in wait times. These posts are currently supported by dedicated Consultant time to undertake the diagnosis element. In addition, the development of an Artificial Intelligence (AI) assisted 'Virtual Assistant' self-service portal for the DMAMS 'front-end' continued to be developed throughout the year in partnership between LPFT, Access UK and EBO Ltd.

What's Working Well – key Achievements 2022/23

Development of a Lincolnshire Dementia Programme Board: ICS agreement to recognise the formation of a Lincolnshire Dementia Programme Board and alignment within the MHLDA governance and reporting structure. Identification of an SRO and then funding and appointment of a Programme Lead and identification of leads from all key organisations and stakeholder on the new DPB.

Incorporating 'D' to acknowledge Dementia as part of the Mental Health Learning Disability and Autism Board (MHLDA): MHLDA agreement to formally recognise the parity and importance of the dementia agenda in Lincolnshire with all other agendas under its remit and add an additional 'D' to the executive group title – now the MHLDA.

Reduce Antipsychotic (AP) Prescribing in Dementia: In line with the National priority, a cross organisational task and finish group (LPFT, ICS, Primary Care, Arden & GEM) has been running and has reduced AP prescribing in dementia back to the targeted pre-pandemic levels.

Joint Local Health and Wellbeing Strategy for Lincolnshire Annual Assurance Report 2022/23

Public Health/Prevention agenda: In line with current research, prevention identified as key DPB priority following December prioritisation meeting. Public Health (PH) team (led by Lucy Gavens: Public Health consultant/ Strategic Lead) have been/are working as key members of the DPB presented at/to March DPB > to identify/agree key PH priorities/focus to progress in the next 12 months. Based on current National Institute for Clinical Excellence/World Health Organisation (NICE/WHO) identified dementia modifiable risk factors/dementia risk reduction policy (see attached).



ModRiskFact.docx

We have established a task and finish group to work collaboratively as a system to look at what this means for Lincolnshire.

Dementia Home Treatment Team (D-HTT): ongoing work to implement the approved extension and expansion of the D-HTT to provide 'Hospital at Home' alternative for avoidable admissions. The D-HTT continues to support people home and has reduced dementia-related admissions for complex needs by over 50%.

Digital MAMS: DMAMS pilot completed. Identified the value of digital as an *additional* service access and provision option. Subsequent business case to increase the number of remote practitioners to support access to timely assessment, diagnosis and support for the MAMS service approved and currently recruiting.

Young Onset Dementia: Whilst not included in DDR statistics, development of a LPFT specialist Young Onset Dementia (YOD) pathway is underway; to address the specific needs of this complex patient group. Lincolnshire has a higher-than-average YOD population. Younger people with dementia experience a range of challenges, which are often different to those that older people face.

Parkinsons Disease Dementia (PDD): established joined up referral and support pathway for direct access and co-working between LCHS (Lincolnshire Community Health Services) Parkinson's Specialist Nurses and LPFT MAMS's. Further pathway development underway involving neuropsychology and pharmacy leads.

Digital Self-Service Portal (Virtual Assistant): The Digital MAMS Virtual Assistant, this is now at the final testing phase and will go-live very shortly. The VA is an AI driven 'clinical front end' that will support people able to do so to directly start their assessment and access information and will initially link in with the MAP workers to develop the proficiency of the system and provide user feedback and adjustments.

System Working: as part of the DPM remit and development, commencement of cross cross-system/organisational working to join up clinical pathways and workstreams for enhanced bi-directional outcomes. Discussions underway between dementia services/DPB and Frailty agenda, Enhanced Health in Care Homes (EHCH) agenda, Virtual Wards agenda. Also, key engagement with Voluntary and Community Social Enterprise (VCSE) to look at development of aligned working.

Joint Local Health and Wellbeing Strategy for Lincolnshire

Annual Assurance Report 2022/23

What is the outcome?

Lincolnshire Dementia Service System Review:

As part of the Dementia Services Review July – November 2021 commissioned by Lincolnshire County Council and Lincolnshire Integrated Care Board (ICB) (former CCG), a survey was taken across Lincolnshire on peoples experience of the services being provided across the system – work is being undertaken to revisit and build on this feedback and its associated recommendations as part of a more comprehensive Lincolnshire Dementia Strategy.

‘Every-One’ have been funded for a period to undertake work for the ICS. Every-One are an organisation who have expertise and are committed to engagement and coproduction. They are working across Lincolnshire to develop an expert reference group and to facilitate meaningful engagement and support people affected by dementia to be involved in coproducing, developing and the implementation of the new Lincolnshire Dementia Strategy and action plan.

Establishment of DPB and incorporating ‘D’ to acknowledge Dementia as part of the Mental Health Learning Disability and Autism Board (MHLDA):

Having the new governance and structure has brought dementia into parity with other key delivery boards (e.g., MH Transformation, Learning Disability & Autism). For the first time has provided a singular recognised platform from which the agenda can operate and be held accountable, and in-turn be supported by the broader ICS. Following this achievement/agreement a formal request was made by the new DPB to the MHLDA that it also incorporates Dementia into the executive groups title. This was approved with the MHLDA which is now subsequently titled the MH’D’LDA. This represents a key commitment being made to dementia in terms of parity and focus within and under the MHLDA umbrella. Within this new structure several substantive investments in secondary dementia care have been achieved (first investment in over 15 years). This has included additional investment in Memory Assessment Services, older adult psychology, and additional medical support for the D-HTT. Current cases of need to support the delivery of VCSE delivered support functions are underway.

Reduce Antipsychotic (AP) Prescribing in Dementia:

As a result of the T&F Group we have seen a reduction in AP prescribing to pre-pandemic levels via review and development across prescribing, review requirements, service user information, GP information at discharge and updating and training of the associated clinical pathways (in primary and secondary care) for the management of challenging behaviours in dementia. Quality improvement project (potential for prescribing savings but secondary to quality improvement). Despite meeting the required target, the working group is continuing as variations in practice remain in the county and further improvements and outcomes are identified.

Lincolnshire ICS is now below pre-Covid levels and only slightly above National Average for antipsychotic prescribing for dementia patients – see tables below. The project presented to the Regional Dementia forum as a quality improvement project and received interest and positive feedback from NHSE and other systems across the region.

Anti-Psychotic Data Lincolnshire ICB

Jan 2020-Dec 2020

Locality		Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
LICB	National Average	9.4%	9.5%	9.7%	10.0%	9.8%	9.8%	9.7%	9.7%	9.8%	9.9%	10.0%	10.1%
	LICB	10.7%	10.5%	10.4%	10.4%	10.6%	10.8%	11.0%	10.5%	10.8%	11.1%	11.4%	10.8%
	Anti-Psychotics	837	824	811	808	814	829	847	813	837	861	876	837
	Dementia (all ages)	7849	7837	7828	7737	7674	7671	7733	7761	7746	7777	7713	7746

Joint Local Health and Wellbeing Strategy for Lincolnshire Annual Assurance Report 2022/23

Jan 2021 – Dec 2021

Locality		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
LICB	National Average	10.1%	10.1%	10.0%	10.0%	10.0%	10.0%	10.1%	10.0%	10.0%	9.3%	9.3%	9.2%
	LICB	11.2%	11.0%	11.2%	11.0%	11.1%	11.1%	10.7%	11.0%	11.2%	9.7%	9.5%	9.5%
	Anti-Psychotics	833	810	829	816	829	833	817	834	850	736	718	711
	Dementia (all ages)	7418	7371	7398	7413	7454	7520	7619	7604	7575	7551	7535	7497

Sharp drop between Sept and Oct

Jan 2022- March 2023

>>>> New data collection process started - all practices not submitting yet																
Locality		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
LICB	National Average	9.2%	9.2%	9.2%	8.8%	8.9%	8.9%	8.9%	8.9%	9.0%	9.0%	9.1%	9.1%	9.0%	8.9%	9.1%
	LICB	9.5%	9.5%	9.7%							9.4%		9.3%	9.4%	8.8%	9.3%
	Anti-Psychotics	712	714	730							637		682	694	674	740
	Dementia (all ages)	7498	7500	7549	5303	5440	5474	5550	5794	5943	6785	7525	7312	7416	7651	7929

No published data April - Sept 22 and Nov 2022

Audits across LPFT and primary care have been undertaken to gain a clear understanding of changes that need to be implemented to support the continued reduction of inappropriate prescribing, this has informed LPFT's review of their Behavioural Psychological Symptoms of Dementia (BPSD) protocol, the development of AP initiation, and review templates and training delivery for clinical staff. The recent development and recruitment of a new Pharmacy Lead for the LPFT Older People and Frailty Division, has also occurred with a key portfolio around further progression of AP review and management, interfacing with Primary Care partners. Discussions are also underway regarding what education is required for Primary, Secondary Care and Care Homes to complement the work to date.

The recent successful funding and recruitment of specialist psychology (Consultant Psychologist) due to commence end of May 2023 will also have a key remit in the development, training, and provision of non-pharmacological approaches (I.e., 'first-line' alternatives to AP's) for people with dementia presenting with complex behaviours that challenge. An additional 7 psychology posts have also been recruited to start to bring OP/dementia services into parity with working age adult resources that will further enable the development and delivery of psychologically focused support for people with dementia and their carers.

Public Health/Prevention agenda:

The task and finish group are currently developing the action plan for the offer/resources that can be used across all our health on reducing the risk factors of getting dementia and delaying the onset of dementia, encouraging people to age well, and have targeted campaigns to raise awareness of risk of dementia, disability, and frailty. For the resource to support to health and care professionals to promote and have evidence-based conversations with people on reducing the risks of dementia. Access to support for people to make lifestyle changes to reduce their risk of frailty and dementia. A business case to secure funding to support dementia specific Public Health activity is currently underway.

Dementia Home Treatment Team (D-HTT):

Expanded model agreed and key specialist roles to expand clinical remit underway. This will expand the team's capacity in terms of both total caseloads, but also its ability to care for and manage more complex cases and work across organisations and other teams to do so (e.g., Virtual Wards, Frailty Services etc.). This will further enhance patient outcomes and support key admission avoidance (and earlier step-down) to both LPFT and ULHT beds. It will also enable closer working with EMAS and community services to support potential escalations

Team expansion progressing well with several successful recruitments as below:

- Lead Consultant Psychologist – to lead on development and training for non-medical approaches to dementia care and management appointed (pending start date)
 - Once in post will enable recruitment of B7 clinical psychologist

Joint Local Health and Wellbeing Strategy for Lincolnshire Annual Assurance Report 2022/23

- Lead OT – to expand capacity to assess functional capacity and support in rehabilitation - in post
- Lead pharmacist – to provide expert medicines management appointed: commences 01/02/23
- Physicians Associate – to enhance/provide more specialist physical health care.
- RGN's – to enhance physical health care support – appointed/awaiting commencement
- Physician's Associate (PA): JD completed, about to progress to advert
- Band 4 Transitional workers (x2) – to support transitions into and out of team - recruited
- Additional SAS (specialty and specialist) doctor (see LPFT/ICB BP Round below) - dedicated medical support
- Advanced Clinical Practitioner - to provide senior clinical leadership and training -aligning to pathway
- Additional core staff: registered practitioners and support workers

Digital MAMS:

Following successful business case (see above) recruitment has been completed with 10 additional Memory Assessment practitioner posts and x2 Consultant psychiatrist posts funded and coming online to expand service capacity and support those on the waiting list for access to Memory Assessment Services.

The Division has built on the original D-MAMS project into phase two taking the success of the digital work but recognising that not everyone wants to access an online memory assessment. An extension of this work has been to recruit staff into Memory Assessment Practitioner Posts which offers a county wide service. The practitioner posts have started to support teams where there are longer waits (countywide variance) and provide assessment and diagnostic service with transfer back into Community Mental health Team for ongoing support with titration of medication and monitoring. Though not yet at full recruitment, this is starting to positively impact waits and service access and has seen a reduced time from first appointment to diagnosis. The service model will continue to develop through the coming year with discussions planned with NHSEI to look at the modelling of a 'dedicated Memory Assessment Service' in-line with other regional providers.

Young Onset Dementia:

A core working group has been established, to specifically look at memory assessment and management for people with suspected young onset dementia (YOD). The work will include the development of a YOD specific clinical pathway and associated post diagnostic support.

The group has so far worked with Nottingham to look at how they have developed their young onset dementia pathway and associated resources this will support the development of the pathway for Lincolnshire. Co-working with LPFT neuropsychology services for specialist input, the alignment of a dedicated Consultant psychologist to the pathway and co-working with the Alzheimer's Society to align some dedicated YOD support (in terms of information, resource access and an aligned support worker). The aim of having a specialist YOD pathway for Lincolnshire would be to ensure timely and appropriate diagnosis, it will also support the development of age-appropriate support and care for people including information, resources and advice on the issues specifically faced by working age adults, that can help them remain active and living well in the community.

Digital Self-Service Portal (I.e., Virtual Assistant):

The Virtual Assistant project aims to enable service users and carers who chose to use this additional service access route (I.e., digital) to commence their assessment immediately upon access; with self-completion of certain assessments and information, assisted by an AI assistant, that will reduce the assessment time and enable co-produced completion of the patient information and associated care-plans. It will also support early screening to enable timelier signposting to other services and or to a more appropriate clinical pathway if/as indicated. Following extensive work over the past year the VA is now in its

Joint Local Health and Wellbeing Strategy for Lincolnshire Annual Assurance Report 2022/23

final stages of completion and will be piloted within the DMAMS team in the coming quarter. If successful and following further work this could lead to the development of enhanced digital resources and potential self-referral routes.

Joint Local Health and Wellbeing Strategy for Lincolnshire

Annual Assurance Report 2022/23

DEMENTIA JHWS PRIORITY - PLANS FOR 2023/24

Action	How will we know it's working?	Relevant Strategy / Action Plan	To be delivered by	Lead Organisation	Lead Officer
<p>To have a new Joint Dementia Strategy and action plan with staged and deliverable goals. Key focus of the new strategy will be;</p> <ul style="list-style-type: none"> • Prevention of avoidable cases of dementia • Improving experience of people being diagnosed and living with dementia • Championing participation, innovation, and research <p>The plan will be overseen and supported by the Lincolnshire Dementia Programme Board and its constituent members.</p> <p>The goals will have assigned responsible leads for delivery and reporting to the DPB and the MHDLDA board.</p>	<p>People's experience of being diagnosed and living with dementia improved</p> <p>Reduced the number of people experiencing crisis and inappropriate hospital admissions</p> <p>Improved access to services for frail people and people with dementia in all areas of the County</p> <p>Developed Frailty and Dementia core competencies and have a workforce that feels supported</p> <p>Surveys, case studies, patient and customer feedback, and evidence-based practice/data.</p>	The new Joint Strategy for Dementia in Lincolnshire and Action Plan	DPB	LPFT/ICB/LCC	Gina Thompson
<p>To have an established DPB subgroup from the Voluntary, Community and Social Enterprise (VCSE) to support the development of the strategy and delivery of the action plan.</p> <p>To establish a cooperative cross service approach to the provision of dementia support within Lincolnshire that enables a 'collaborative network' approach.</p>	<p>Improved access to personalised pre and post diagnostic support and carer support, at the point of diagnosis to end of life care, by working in partnership with Primary and Secondary Care and Voluntary, Community and Social Enterprise (VCSE)</p> <p>Surveys, Carers</p>	The new Joint Strategy for Dementia in Lincolnshire and Action Plan	VCSE	LPFT	Gina Thompson Katie Faherty
<p>Have an established network of people with lived experience to ensure greater engagement in understanding the needs of people living with dementia, families, and</p>	<p>Having a strategy and action plan that has been coproduced by people with lived experience that identifies the needs of people and local</p>	Dementia Strategy/Action Plan	Colin Hopkirk Every-One	LPFT	Colin Hopkirk Gina Thompson

**Joint Local Health and Wellbeing Strategy for Lincolnshire
Annual Assurance Report 2022/23**

Action	How will we know it's working?	Relevant Strategy / Action Plan	To be delivered by	Lead Organisation	Lead Officer
carers, that supports the codesign and delivery strategy/action plan, and services.	communities, and that addresses the health inequalities across Lincolnshire				
Recovery of Dementia Diagnosis Rate (DDR)	Increase in DDR across Lincolnshire as recorded by dementia QoF.	DDR Plan on a page, Action log and Risk register.	Andy Rix (ICS SRO), Steven Roberts (DPB SRO and LPFT AD) and Sara Brewin (ICS MH Transformation Lead)	ICB	Sara Brewin Katie Faherty
Reduction of Inappropriate prescribing of Antipsychotics for dementia patients	Reduction in prescribing rates In line with National average Maintaining/improving rate of pre-covid level	Plan on a page, Action log and Risk register	AP and Dementia Task and Finish Group	ICB and LPFT	Katie Faherty
Prevention Strategy- to have policies and a prevention offer/resources across all our health on reducing the risk factors of getting dementia and delaying the onset of dementia. Support to health and care professionals prevent ill health and promote wellbeing	Increased number s of people being referred to and accessing support from commissioned service/s One-You Lincolnshire. Social prescriptions to encourage people identified at risk to engage in a range of social activities Targeted Resources and campaigns for people at risk of developing frailty and dementia. Case Studies and evidence-based feedback from H&C services	Prevention Action plan and Dementia Strategy	Prevention Task & Finish Group DPB	Public Health	Paul Johnson PH Gina Thompson
To develop a specialist Young Onset Dementia pathway for Lincolnshire that better supports working age adults diagnosed with YOD	Case studies, patient and customer feedback, and evidence-based practice/data Development of age-appropriate services and support	Dementia Strategy/Action Plan	DPB	LPFT T&F Group for YOD	Dawn Parker

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