



## **HEALTH AND WELLBEING BOARD: 24 FEBRUARY 2022**

### **JOINT STRATEGIC NEEDS ASSESSMENT – DEMENTIA**

#### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

##### **Purpose of report**

1. The purpose of this report is to provide to the Health and Wellbeing Board a summary of the recommendations that have arisen from the Joint Strategic Needs Assessment (JSNA) Dementia chapter.

##### **Link to the local Health and Care System**

2. The local authority and clinical commissioning groups (CCGs) have equal and joint statutory responsibility to prepare a JSNA for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.
3. JSNAs are a continuous process and are an integral part of CCG and local authority commissioning cycles. Health and Wellbeing boards need to decide for themselves when to update or refresh JSNAs or undertake a fresh process to ensure that they are able to inform local commissioning plans over time.
4. The purpose of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages. It should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities.
5. The JSNA will be used to help to determine what actions the local authority, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing.
6. The local authority, CCGs and NHS England's plans for commissioning services will be expected to be informed by the JSNA. Where plans are not in line with the JSNA, the local authority, CCGs and NHS England must be able to explain why.
7. The JSNA is a statutory document that is used by many organisations to evidence changes to the commissioning of local services. As such, if any organisation receives a legal challenge to the services, they commission based on the JSNA, the local authority could also be part of that legal challenge. It is essential that the process that is followed meets the legislation that is set out and that the JSNA is a robust document.

## **Recommendation**

8. It is recommended that the Health and Wellbeing Board supports the recommendations of the Joint Strategic Needs Assessment concerning Dementia.

## **Policy Framework and Previous Decisions**

9. The Health and Wellbeing Board received a paper in January 2018 which proposed that the JSNA would be published in subject-specific chapters throughout a three-year time period on an iterative basis, in line with CCG and local authority commissioning cycles. This approach was supported with the JSNA outputs agreed as:
- Subject-specific chapters of an assessment of current and future health and social care needs.
  - Infographic summary of each chapter
  - A data dashboard that is updated on a quarterly basis to allow users to self-serve high level data requests
10. The JSNA chapters published to date can be viewed via the Leicester, Leicestershire and Rutland Statistics and Research website using the following link

<https://www.lsr-online.org/jsna.html>

## **Background**

11. The JSNA Dementia chapter will be published alongside the other JSNA chapters (see link above) following its consideration by the Board. A summary of the recommendations arising from the chapter is provided below.

## **Summary of Recommendations JSNA - Dementia**

12. The Dementia JSNA chapter has provided an overview of the data on Dementia. The chapter also considers the relevant national and local policy and guidance context.
13. A set of recommendations have been developed in relation to Dementia with the aim of preventing Dementia (where possible) and improving help, support and quality of life for people affected by Dementia in Leicestershire. The recommendations are:

### **Prevention**

- People accessing behaviour change interventions and programmes in mid-life are advised that the risk of developing dementia can be reduced by making lifestyle changes as follows:
  - Integrate dementia prevention messages into other disease prevention strategies focussed on behaviour health improvement.
  - Integrate dementia prevention messages into health behaviour programmes related to smoking, alcohol, physical activity and healthy eating.
  - Improve NHS health check uptake to help ensure that key dementia related messages are aimed at those in mid-life.

### Diagnosis

- Call to action: improve dementia diagnosis rate to meet NHSE target (67%) – explore opportunities to address variations in diagnosis rates across the county building on GP training and other measures underway pre-COVID to support primary care in improving diagnosis rates.
- Encourage GPs to diagnose in care homes using the DiaDem tool or gain advice via advice and guidance, this needs to be evaluated and promoted to increase dementia diagnosis rates.
- Consider opportunity to ask dementia screening questions in settings other than GP consultations e.g. nurse led clinics with patients at increased risk (diabetes and hypertension clinics).
- Ongoing capacity and demand work underway by Leicestershire Partnership Trust (LPT) needs to be completed and shared with commissioners on the basis that a 6 week referral to treatment (RTT) service is considered for commissioning. Alongside this there would be a need for the pathway around brain imaging and treatment to be reviewed to determine if the pathway can be reconfigured to enable the 6 week target to be met.
- Consider addressing shortfalls in Memory assessment services to meet NICE standards, recognising challenges in workforce recruitment.

### Support services

- Variations in access to dementia related support services across county should be addressed.
- Explore opportunities to ensure a consistent level of funding for dementia related support services is available across the county e.g. where reliance on voluntary sector provision.

### Carers

- Explore further challenges and issues for families, carers, and other informal carers. Consider use of advocates to support carers (or individuals affected) to secure access to support/funding.

### COVID impact

- Work with care providers to develop guidance/support specific to needs of those with dementia. This should include areas such as Infection, Prevention and Control (IPC) and safeguarding. Consider ensuring that staff have training/awareness of the needs of this specific group.
- Implement Dementia Training provision for key workers including adult social care – link with Dementia Training Standards Framework. Develop joint

approach across Leicester, Leicestershire, and Rutland (LLR) and statutory organisations in relation to dementia learning and development.

- Seek to address maintenance of social contact for people with dementia through situations like COVID.

#### Living well

- Explore opportunities to improve frequency of care plan reviews in line with guidance (annually).
- Re-institute quality improvement scheme exploring a joint approach to quality within care settings, in relation to supporting people with dementia.
- Consideration of accommodation provision for those with dementia including those with complex needs – support existing business case.
- Support further development of ‘dementia friendly communities’ in Leicestershire and explore links with evolving neighbourhood developments around ‘mentally friendly communities’ in the County.

#### Dying Well

- Support adoption of early conversations about future planning including dying well.
- Support adoption of advanced care plans including palliative (health).
- Continue to raise awareness of impact of benefits of putting plans in place at an early stage through post diagnostic service.
- Loros have developed tools to support palliative care with dementia – there is a gold standard tool – consider adoption
- Deprivation of Social Liberties: Implement the guidance when published (April 2022).

#### Other Considerations

- People with learning difficulties: There is a need to consider additional dementia awareness and training to make sure that specific needs related to dementia can be addressed.
- Raise awareness of dementia in younger people, Veterans, those in prisons and BAME communities.

**Background papers**

<https://www.lsr-online.org/jsna.html>

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**Relevant Impact Assessments****Equality and Human Rights Implications**

14. The JSNA is subject to an EHRIA. This is being conducted on an ongoing basis in consultation with the Council's policy officers. A representative from the Leicestershire Equality Challenge Group (LECG) sits on the JSNA Reference Group and members of the LECG participate in the Task and Finish Groups which oversee the development of each chapter.

**Partnership Working and associated issues**

15. A range of partner organisations have roles to play in Dementia management and prevention which relate to the recommendations within this report. This includes health and social care providers and the community and voluntary sector. Partner organisations already meet to address the Dementia agenda as part of the LLR Dementia Programme Board Meeting (LLR) and associated strategy.

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