Birmingham and Solihull Joint Strategy for Dementia

PROGRESS UPDATE REPORT – 27TH APRIL 2021
FOR BIRMINGHAM HEALTH & SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

1. Purpose of Report

The purpose of this report is to update the Committee upon the reasons why the refresh of the BSol Dementia Strategy has been paused and superseded by the development of a one year action plan to prioritise and recover dementia services affected by the COVID-19 pandemic during 2021-22.

The report will carry on to describe the key actions that have been prioritised to help support and monitor service recovery along the full Dementia Service Wellbeing Pathway.

2. Background Context: BSol Dementia Strategy - COVID-19 Recovery Action Plan 2021-22

The direct and indirect effects of COVID-19 have had an adverse impact upon the physical and mental health of people with dementia. Self-isolation and requirements for social distancing have also meant that many services have either been paused or provided remotely. Changes to the way in which services have been offered during the pandemic are also recognised to have placed a significant burden upon carers, both in caring for their relatives and in managing their own mental health during the last 12 months.

As a reflection of this position, colleagues from BSol Clinical Commissioning Group (CCG), Birmingham City Council and Solihull Metropolitan Borough Council (SMBC) met in early January 2021 to review the previously identified priorities for dementia services within the draft strategy refresh and agreed to pause its completion. The intention of this action was to allow time to review the initial priorities that had been set through this strategy refresh to help reprioritise services so that they continued to remain responsive to the specific needs of patients and their carers during the COVID-19 pandemic and through a period of service restoration and recovery.

To help support this aim, CCG and Council colleagues worked together under the umbrella of a Dementia Task & Finish Group to produce a COVID-19 Recovery Action Plan for 2021-2022. The plan helps to highlight the actions that have already been taken as a service response to the COVID-19 pandemic and sets out the strategic direction of ongoing service delivery during 2021-22.

The longer term ambition of the action plan is to use the findings from service recovery during COVID-19 to inform the development of a refreshed dementia strategy for Birmingham and Solihull. The current draft of the paused strategy for 2021-2026 will continue to be revisited and updated during this period of service recovery so that it continues to address the ongoing

needs of people living with dementia and acts as a framework for the provision of consistent high quality services to patients, carers and wider family members following this period of service restoration.

The actions that have been set out within the recovery plan have been framed in dialogue with key stakeholders, including service leads and providers, such as the Birmingham and Solihull Mental Health Memory Assessment Service (MAS), Alzheimer's Society Care Navigator Service, Carer Services and the CCG's GP Clinical lead. It is the intention that the plan will be regularly reviewed and ongoing actions evaluated to help understand whether the desired outcomes are being achieved.

Each of the actions that have been identified to support service recovery have been aligned to the 6 key ambitions of the Dementia Wellbeing Pathway, which are detailed below:

Prevention: The risk of people developing dementia is minimised

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Diagnosing Well: Timely accurate diagnosis, care plan, and review within the first year

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Treating Well: A coordinated care plan that covers aspects of supporting well, living well and dying well, which is developed and agreed jointly by the person, their family and/or carer and their health and social care professionals/team

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Supporting Well: Access to safe high-quality health and social care for people with dementia and carers

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Living Well: Optimising the lived experience of dementia

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Dying Well: People living with dementia die with dignity in the place of their choosing

3. National Impact of COVID and Evidence Base

COVID-19 has had a significantly detrimental effect on patients/citizens and their carers and families living with dementia. Issues being faced include:

- Increased self-neglect, social isolation and loneliness and decreasing self-independence and control - Alzheimer's Society Report: Worst hit: dementia during coronavirus – 46% of people with Dementia in Survey reported that Lockdown had a negative impact on their Mental Health

- Further increase in health inequalities disparity - adverse effect on our BAME population and communities, as well as people who come from poorer socio-economic and diverse backgrounds
- Health inequalities seen in COVID cases and death figures. Alzheimer's Society Report: Worst hit: dementia during coronavirus – Largest Increase in excess non-COVID deaths was in people with Dementia. 5,049 excess deaths of people with Dementia recorded between 4th January 20 and 10th July 20, in addition to deaths attributed directly to COVID-19. In the peak weeks of the pandemic, double the number of people with dementia died compared to the 5-year average
- Peak in Deaths in April 20 with 219 deaths due to pandemic compared to the previous year of 101 deaths in April 19 – CCG BI Data
- Delayed diagnosis meaning worsening symptoms and treatment and medication delayed. Reduction in diagnosis rate across BSol during 2020/21 pandemic year and in comparison to pre-COVID diagnosis rates. Consistently underperforming against National Diagnosis Rate – Latest Feb 21 rate 57.69 against baseline of 66.7%.
- Substantial increased waiting lists for MAS referrals April 20 onwards significantly more with the average being around 22.5 weeks (for period of April 20 to Dec 20) compared to the same period in the prior year (Apr 19-Dec 19) where the average was 12.1 weeks
- Mental Health Dataset Referrals – Reduction in referral numbers with 2,440 patients (for period of April 20 to Dec 20) compared to same period in prior year (Apr 19-Dec 10) with 3,654 referrals.
- Carer stress and exhaustion due to lack of respite service
- Increased pressure and strain on Primary Care and Secondary Care due to focus on caring for COVID-19 patients and suspension of face-to-face contact at GP Surgeries.
- Adoption of virtual appointments and telephone consultations may be missing crucial signs hindering diagnosis
- Alzheimer's Society is currently providing a remote service from the Telephone Hub using Dementia Advisers and the Community Dementia Advisers who take the more complex cases. Keeping in Touch Calls are also being offered for guidance and support. Preference still for some patients to have face-to-face contact.
- Concerns with elder patients who may not be able to use virtual technology which does not fit their needs and preferences
- Older people are at significant risk from COVID-19 and if infected they may present with or develop a delirium.
- Increase of the use of antipsychotics medication since December 2019 has been statistically higher than the 10% threshold.

4. Progress to Date

Care has been taken to support the needs of patients and still maintain current services where possible by using virtual technology.

Key Actions taken last year because of COVID-19:

- BSOL CCG Website – Page developed to provide support and resources. Includes BSOL Services and contacts leaflet produced for patients during start of COVID Pandemic
- Engagement with PCNs and GPs where diagnosis rates are underperforming against National Rate. Regular communication via GP Newsletters, follow up with individual practices
- Remote Virtual and Telephone Appointments offered via BSMHFT MAS and Alzheimer's Society – Care Navigator Service
- Suspended Dementia Cafes due to social distancing restrictions and safety rules- remote support offered as alternative

Outcomes from Previous Local Work on Improving Dementia Services:

- Access to Information: Developed Directory; simple 'dementia pack for GPs' and primary care to support diagnosis and to give out to patients and carers; training and awareness sessions to clinicians
- Pre-diagnostic/ Assessment Pathways: Promotion of NHS Health Checks via Public Health; Worked with MAS to develop 'fast track pathways' for 'non-complex' diagnoses aimed at reducing the time from identification to diagnoses; Referral Sources extended beyond GP Referral to MAS; MAS - External monitoring of Memory Services National Accreditation Programme (MSNAP) is in place
- Post-diagnostic Pathways: Dementia Navigator Service to support people with dementia and their carers with specialist advice, information and support set up, reducing waiting times; Pilots developed for Prescribing of 'anti-dementia' drugs in primary care; increased respite opportunities for carers via Dementia Activity Cafes; Training for carers provided to identify early UTIs and infections, to prevent hospital admissions where possible
- Carers Support: A carers service for Birmingham called Forward Carers
- Education: Over 100 GPs across BSOL attended education events to support the identification and management of dementia
- Stakeholder Engagement: 6 events held with people living with Dementia, their families/carers, charities, health and social care professionals to understand their experiences of services to inform the strategy and future provision
- Dementia Friendly Communities: BSOL development of dementia friendly communities by local authority wards
- NHSE/I Pilot funded Project - Integrated Dementia Care - Reducing hospital admissions and length of stay for people with dementia through STPs – Learning shared regionally and nationally

- Advance Care Planning (ACP) Project Manager with a particular focus on dementia funded from NHSE for 2019/20 and 2020/21. The post holder worked across the STP to look at good practice and gather information to improve advance care planning for people with dementia
- Birmingham and Solihull Mental Health Foundation Trust (BSMHFT) Old Age Mental Health Team were supported to increase the avoidable hospital admissions from care homes. This meant that across BSMHFT's Community Enablement and Recovery Team and Care Home Liaison services additional staff were appointed to enable them to expand its enablement work

5. Action Plan and Key Deliverables

The detailed actions list developed can be seen in Appendix 7.1

A BSol Dementia Pathways Interface Group has been set up with colleagues from various stakeholder organisations such as the CCG, Primary Care GP Lead, BCC, SMBC, BCHC, BSMHFT and Alzheimer's Society who will help deliver the short-term actions. The first meeting has been scheduled 22nd April 2021.

This will help break down the complexity of the Dementia Care Pathway and form an integrated approach across BSol dementia providers and stakeholders. This will also form part of the shared learning process

The key actions of focus for the COVID-19 Recovery Plan can be summarised as below:

- Prevention – promotion of healthy living messaging, activeness and early diagnosis utilising multi-media messages
- A COVID-19 Resource Pack to be produced and shared through CCG Communications and Engagement Team to all practices
- Education Programmes – An initial Education and Training Event has been organised and will be delivered by Alistair Burns - Professor of Old Age Psychiatry to deliver session on 29th April. Further training scheduled.
- Acknowledge reasons for reduction in Diagnosis Rates and identify and work with BSOL CCG PCNs who are underperforming and require further support needed to increase rate
- Promoting Equality and Diversity, recognising and factoring-in the vulnerability of different cohorts with protected characteristics; and inequalities in access, experience and outcomes in health and social care services. This will be carried out utilising champions working in the communities to support focused feedback and appropriate service provision that meet the diverse needs.
- Understanding the health inequalities data, including further interrogation to ascertain inequalities in access for the elderly. Selecting a pilot area to implement improvement actions working with GPs and clinicians and monitor impact

- Continue remote appointments provided by Memory Assessment Service (MAS) and understand impact of virtual and telephone appointments. Lift suspension of face-to-face MAS appointments when safe to do so
- Understand current waiting lists for Memory Assessment Service and action measures to be implemented by BSMHFT MAS to reduce waiting lists. This will be supported with non- recurrent investment in the recent spending review which has allocated £324,000 to build additional capacity into current MAS services to support an increase in confirmed diagnosis rates towards national target rate.
- Post-Diagnostic Care - Continue to provide Dementia Navigator Service which sets out an accessible local offer for people with a dementia diagnosis that covers what services and support are available to them, including benefit entitlements
- Regularly review the use and rates of anti-psychotic medication for the treatment of dementia. Promote awareness of and assess effectiveness of Shared Care Agreement of transferring control of prescribing of medication to GPs
- Review offer and provide additional carer support, focusing services immediately on avoiding carer breakdown
- Ensure equitable access to good quality end of life care for people with dementia

6. Next Steps

Dementia remains a key challenge as we respond to the pandemic, from timely diagnosis through to post-diagnostic treatment and support for people with dementia and their carers. By working together transparently and collaboratively as partner organisations, we will achieve the aims and ambitions that we have set for this year and beyond and ensure the best outcomes for our patients as well as continually striving to reduce health inequalities.

7. APPENDIX

7.1 Detailed Action Plan

Area	Actions 2021-2022
Preventing well	- Continue healthy living messaging and activeness - A COVID-19 Resource Pack for primary care - Promoting education - Promoting message of Importance of early diagnosis and measures
Diagnosing well	- Acknowledge reasons for reduction in Diagnosis Rates and identify and work with PCNs who require additional support to increase rate - Promoting Equality and Diversity - Selecting a Pilot Area with greater health inequalities, implement actions and monitor impact - Understand current Waiting Lists and Action Measures to implement - Focus on support for those awaiting assessment - Form a group of Health and Social Care providers to try to reduce the time it takes to receive a diagnosis of dementia - Plan for the anticipated surge in Dementia referrals in October 2021 once lockdown eases - Learn from the Primary Care Networks that are working well to diagnose - Work with care homes to help them understand and support the management of residents with dementia
Treating well	- Awareness training 'Antipsychotic drug use in care homes' – presented by leading expert - Continue remote appointments provided by Memory Assessment Service (MAS) and understand impact of virtual appointments - Connect with PCN Dementia Advisors to continue supporting Dementia Patients Remotely
Supporting well	- Continue to provide Dementia Navigator Service - Regularly review the use and rates of anti-psychotic medication for the treatment of dementia - Recognise that services have paused or stopped- supporting services be restored as the system recovers - Ensure dementia review/QoF is taken up and supported - Support services to recovery, working on any developments/service improvements/lessons learnt during COVID - Support to patients and carers building confidence to begin attending day services again - Additional offer of activities with OT involvement - Focus services immediately on avoiding carer breakdown - Review current assessment processes

	- Review current advice and information offer given by LA to ensure accessible and clear during pandemic including the current support services available - Support for carers: Aim to prevent carer breakdown - looking at sitting services to replace day respite - Review the day opportunities offer for dementia patients - Review the use of OTs - Review the use of the Care Act easements across key service areas - Review/encourage use of respite provision - Review current offer- Consider key need during pandemic - Refresh council support for people affected by dementia
Living well	- Increase the training offer for frontline staff in social care and health - Review care plans where there is a diagnosis of dementia - Review the availability of visits in care homes to ensure consistency of approach across Birmingham - Quick review current training of all frontline ASC staff - Set up engagement sessions with frontline staff - Increase our activity offer - Ensure our service offer, including information and advice supports people post covid, consult with people - Ensure flexible services in case of need for future restrictions - Ensure our review process allows future planning and avoids carer breakdown
Dying Well	- Councils to ensure that all care plans include advanced decisions - Training scheduled for care home staff/healthcare providers in 'managing the dying patient with dementia' by Hospice education leads - Ensure equitable access to good quality end of life care for people with dementia. – Understand Service provided during past year and see if working well - Connect with CCG EOL Co-ordination Group to ensure hospices and care home visits are in accordance with safety guidance

8. Reference Resources

- Dementia wellbeing in the COVID-19 pandemic – Wellbeing Pathway (england.nhs.uk)

- BSOL GP Diagnosis Achievement monitored against National Diagnosis Target Rate of 66.7%. Rates published – (Dementia Profile - PHE)

- BSOL CCG Internal Business Intelligence from Mental Health Trust Dataset

- Dementia in Birmingham and Solihull - Birmingham and Solihull CCG

- Alzheimer's Society Report: (Worst hit: dementia during coronavirus)