Policy Briefing: National Dementia Strategy: 2013 – 2016

Background

Scotland's first Dementia Strategy was published in June 2010 setting out the work that the Scottish Government and its partners in NHS Scotland, local government, third and private sectors were doing to improve support, care and treatment for people with dementia, their families and carers.

The Dementia Strategy Implementation and Monitoring Group produced Progress Reports at the end of Year 1 (June 2011) and Year 2 (June 2012) reporting on the progress on the implementation of the strategy.

The Standards of Care for Dementia in Scotland were developed for the benefit of everyone with a diagnosis of dementia in Scotland regardless of where they live, their age, the support needed or the severity of their illness.

The Promoting Excellence: A Framework for all Health and Social Care Staff Working with People with Dementia, their Families and Carers was developed to detail the knowledge and skills all health and social services staff should aspire to achieve in relation to the role they play in supporting people with a diagnosis of dementia, and their families, and carers.

The document contains 17 headline commitments that the Scottish Government aims to achieve across the lifetime of the strategy.

There are no mentions of the **Care Inspectorate** or Healthcare Improvement Scotland (HIS) in the strategy. The only reference to regulatory bodies is in relation to representatives sitting on the Implementation and Monitoring Group chaired by the Scottish Government.

Key outcomes identified in the strategy

Key outcomes, emerging from the National Dementia Dialogue:

- more people with dementia living a good quality life at home for longer;
- dementia-enabled and dementia-friendly local communities, that contribute to greater awareness of dementia and reduce stigma;
- timely, accurate diagnosis of dementia;
- better post-diagnostic support for people with dementia and their families;
- greater numbers of people with dementia, their families and carers involved as equal partners in care throughout the journey of the illness;
- better respect and promotion of rights in all settings, with improved compliance with the legal requirements in respect of treatment; and
- people with dementia in hospitals or other institutional settings always being treated with dignity and respect.

Scottish Government's 17 headline commitments

- Sustain and, where appropriate, improve further, dementia diagnosis rates.
- Transform the availability, consistency and quality of post-diagnostic support by delivering the new post-diagnostic HEAT target.
- Test and evaluate a range of approaches to providing better integrated care and support on the basis of the Eight Pillars model, centred on a Dementia Practice Coordinator role.
- Commission Alzheimer Scotland to produce an evidence-based policy document outlining the contributions of AHPs to ensuring implementation of the Eight-Pillar model.
- Take further action to support safe home environments and the use of adaptations and assistive technology, to maintain the independence and quality of life of people with dementia and their carers.
- Support and promote best practice in advance care planning, the assessment of capacity to consent to treatment and adherence to proper procedures for making decisions for people with dementia who lack capacity.
- Publish a report on implementation of the dementia standards to date.
- Continue to improve staff skills and knowledge by working with NHS, NES and SSSC to take forward a second Promoting Excellence training plan across the period of this Strategy.
- Work with NES, SSSC, NHS Health Scotland, NHS 24 and Alzheimer Scotland to develop and launch an innovative digital platform for dementia, which will help inform and empower people with dementia and their families and carers in being equal partners in care.
- Develop and deliver a three-year National Action Plan to improve care in acute general hospitals.
- Set out plans for extending the work on quality of care in general hospitals to other hospitals and NHS settings.
- Work with Scottish Care, SSSC, NES and others to assess the need for, and take further action on, improving service response around care homes, care at home and adult day care services. This will include attention to staff training and support for the implementation of the post-diagnostic HEAT target.
- Finalise and implement a national commitment on the prescribing of psychoactive medications, as part of ensuring that such medication is used only where there is no appropriate alternative and where there is clear benefit to the person receiving the medication.
- Take account of the expectations and experience of people with dementia and their carers in taking forward the work on outcomes for the integration of health and social care.

- Continue to support research through funding The Scottish Dementia Clinical Research Network and supporting the work of the new Scottish Dementia Research Consortium in its objective to bring together the range of dementia research interests in Scotland and maximise the impact of and funding opportunities for research capacity here.
- Undertake a brief piece of work focusing on the care pathway for people with dementia in these groups, through diagnosis and support, through treatment and care, taking account of the particular challenges for carers and family members with the objective of identifying what further actions are required to ensure that each of the key improvement areas – diagnosis, post-diagnostic support, care co-ordination requires modification to take account of the needs of different groups.
- To oversee and ensure progress on the dementia agenda and in implementing this Strategy, the Scottish Government will carry over from the first Strategy an Implementation and Monitoring Group to co-ordinate, support and monitor progress on the other commitments outlined in this Strategy.

10-Point National Action Plan

The Scottish Government has agreed a 10-Point National Action Plan to support implementation of the Standards of Care for Dementia in acute care settings.

- Identify a leadership structure within NHS Boards to drive and monitor improvements.
- Develop the workforce against the Promoting Excellence Knowledge and Skills Framework.
- Plan and prepare for admission and discharge.
- Develop and embed person-centred assessment and care planning.
- Promote a rights-based and anti-discriminatory culture.
- Develop a safe and therapeutic environment.
- Use evidence-based screening and assessment tools for diagnosis.
- Work as equal partners with families, friends and carers.
- Minimise and respond appropriately to stress and distress.
- Evidence the impact of changes against patient experience and outcomes.

Rights-based care

The Scottish Government will continue to advocate a rights based approach on the care of people with dementia and will take greater action in relation to dignity and respect, including attention to human rights and the principles and requirements of mental health and incapacity legislation. This will include:

- Earlier identification of people with palliative care needs, to promote advance care planning, to facilitate the sharing of key information across settings through the development and roll out of the Electronic Palliative Care Summary.
- Promoting best practice in advance care planning based on the wishes of the individual and taking account of carers' views in accordance with the principles of incapacity legislation.
- Promoting best practice in assessing capacity and providing care and treatment in line with the law.
- Promoting best practice on Do Not Attempt Cardiopulmonary Resuscitation decision-making and communication and supporting, with greater awareness of proper procedures for making decisions for people with dementia who lack capacity.

Alzheimer Scotland's Eight Pillars Model of Community Support

In partnership with the Convention of Scottish Local Authorities (CoSLA), Alzheimer Scotland and others will test the Eight Pillars model across a range of environments (for example, urban, rural and island) and with different hosting arrangements (for example, primary care, local government and integrated services). This will allow the Scottish Government to test and develop the approach and follows the approach taken when testing the post-diagnostic HEAT target.

Housing Support

The Scottish Government and Joint Improvement Team (JIT) have commissioned the Chartered Institute of Housing Scotland and the Dementia Services Development Centre to undertake a project to improve housing and housing services for people with dementia. Key elements include:

- A national survey and practitioner meetings, will allow the level of knowledge and awareness of dementia among housing staff to be assessed. A series of seminars and events during summer 2013, along with new training resources, will help to increase knowledge of dementia support and design among housing staff and their organisations.
- A new guide, 'Improving the Design of Housing to assist People with Dementia', which pulls together substantial guidance of housing providers on design features, will be available online without charge.

Dementia in Care Homes

A National Task Force has been established on the future of residential care in Scotland, to examine at a strategic level the key purpose and desired structure of residential care services, fit for the aspirations and needs of future generations. The Task Force will produce a report with recommendations as

to how to give effect to the reforms sought by Autumn 2013. A strategy will then be drawn up and consulted upon during late 2013/ early 2014.

Reducing inappropriate prescribing of psychoactive medications

A Joint Royal Pharmaceutical Society and Royal College of Psychiatry Old Age Faculty Pharmaceutical Care for People with Dementia Expert Working Group has been asked to agree and recommend a national commitment on the prescribing of psychoactive medications (excluding cognitive enhancers). The group will seek to ensure that such medication is used only where there is benefit to the person with dementia and where there is no appropriate alternative.

Digital Platform

During the period of the dementia strategy, the Scottish Government has indicated that it will work with partners to bring existing material together in a way that is easy to use and which enables people to find the support that they need more quickly. In addition, it will explore the resources currently available to improve the range of supports that are available, working with people with dementia, their carers and families, as well as staff, to understand their needs and expectations.

Support Activity

The Dementia Dialogue process established that local systems need further redesign, but local expertise or resources are not always available to facilitate change.

In response, the Scottish Government has developed a National Dementia Improvement Programme, drawing on the experience of the Joint Improvement Team (JIT) and The Scottish Government Quality and Efficiency Support Team, setting out a number of key improvement objectives over the next three years, including:

- Supporting the delivery of the Post-Diagnostic HEAT target across all Health and Social Care Partnerships across Scotland. Delivery of this target will require services to engage in significant redesign work.
- Testing the Alzheimer Scotland ‘Eight Pillars’ model for community based support in pilot schemes looking at different environments (urban; rural; island) and within different hosting arrangements – primary care, local government and an integrated service.
- Working with colleagues in primary care to identify specific initiatives that can be taken forward to improve primary care services for individuals with dementia and their families.
- Testing initiatives around community capacity/co-production.
- Supporting the improvement work in general hospitals.

- Working alongside the improvement work on unscheduled care and patient flow to ensure that people with dementia receive appropriate services based on their needs.
- Supporting partnerships to effectively use data to drive improvement in dementia health and social care services.

The National Improvement Programme is not designed to support implementation of the entire strategy, but will focus on certain key areas.

The Scottish Government intends to publish a dementia benchmarking framework in 2013 to enable services to compare performance around key indicators of improvement.

Providing Post Diagnostic Support

The Scottish Government has set a target 'To deliver expected rates of dementia diagnosis and by 2015/16, all people newly diagnosed with dementia will have a minimum of a year's worth of post-diagnostic support coordinated by a Link Worker, including the building of a person-centred support plan'.

This is a three year target, with services expected to deliver the commitment to everyone newly diagnosed by March 2016. While the target is primarily designed to support people in the earlier stages of the illness, it applies equally to everyone diagnosed from 1 April 2013 and in every care setting, including care homes and hospitals.

Alzheimer Scotland's Five Pillars of Support

The post-diagnostic HEAT target is informed by Alzheimer Scotland's "Five Pillars" model of post-diagnostic support which highlight key areas of activity for post-diagnostic support.

The Link Worker will operate at a minimum of 'Enhanced' level on the Promoting Excellence framework and will have had specific training in post-diagnostic support and in the Five Pillars model before undertaking this role.

National training will be available to help services to understand and deliver the commitment. Recognising the key roles of carers and families is essential in helping design and implement a person-centred support plan.

The Link Worker will keep in regular contact with every individual on their caseload (as appropriate) and the post-diagnostic support will be available for the individual to access in a manner of their choosing and which suits their individual needs and circumstances.

At the end of the 12 month period, each individual's support needs will be assessed. It is expected that people in the earlier stages of the illness will be able to move to self-management, drawing on support when needed; whilst others with complex needs may require longer term support and treatment.