Scottish Borders **Health & Social Care** Partnership

LOCAL DEMENTIA STRATEGY
2024-2029

'Our Dementia Plan'

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SCOTTISH BORDERS HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL DEMENTIA STRATEGY 2024-2029

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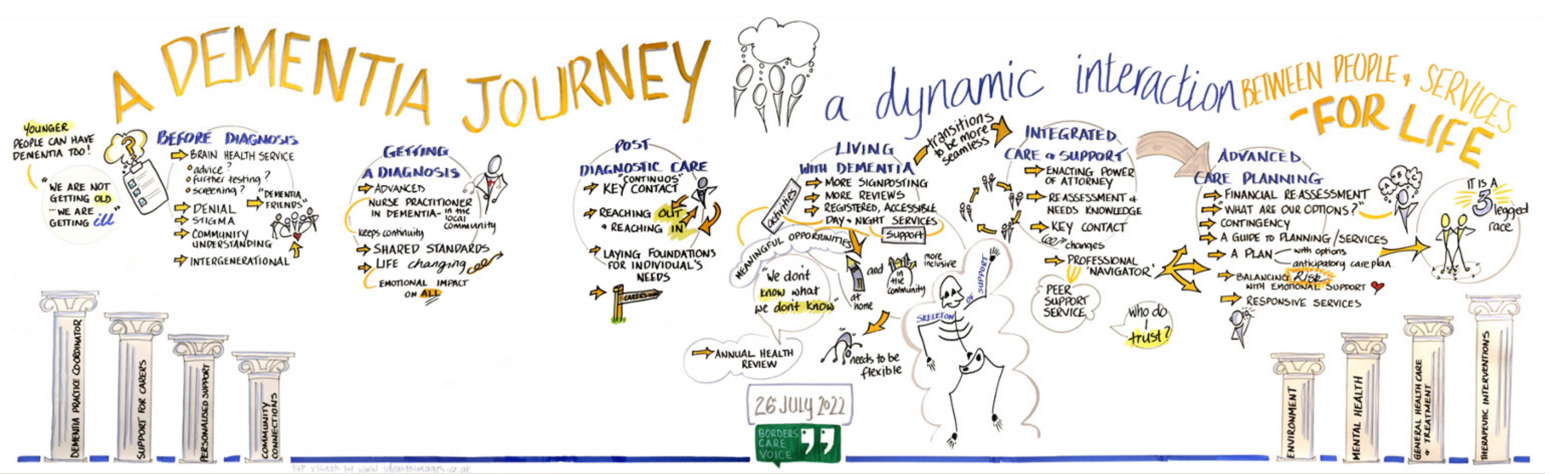
‘OUR DEMENTIA PLAN’



FOREWORD

Dementia affects a huge number of people in the Scottish Borders, including the 2,600 people with the condition, along with those who love and care for their relatives, their wider families and friends. We expect that the majority of people in the Scottish Borders will know someone who has dementia; and for those with dementia and their carers it often has significant impacts on how they are able to live their lives.

Whilst dementia affects so many people, I have heard many powerful personal testimonies outlining significant challenges in the Scottish Borders for those with dementia, and for their loved ones, who are bound to their partners as their journey with dementia progresses. People have indicated that while there are pockets of good support available, they experience significant challenges in finding and accessing support that is often not available, not easy to access, or holistic in its approach.

"We expect that the majority of people in the Scottish Borders will know someone who has dementia; and for those with dementia and their carers it often has significant impacts on how they are able to live their lives."

We must and we can do better, and I am delighted to present our Dementia Strategy to you that complements our new Health and Social Care Strategic Framework with its focus on early intervention and prevention, improving access to services, supporting unpaid carers and improving our effectiveness for people with dementia and their carers. The Outline Dementia Strategy underlines our commitment to our ways of working and 'Community Led Support' principles of co-production, focusing on people, their strengths and human rights, treating people with dignity and respect, care and compassion, and providing seamless support.

"We cannot, nor should not do this alone, and will work with people with dementia, their carers, communities, and our primary, third and independent care sector partners to innovate and implement our Strategy so that all people with dementia and their loved ones in the Scottish Borders are able to live their lives to the full."

I would like to offer my thanks to all who have been involved in the development of this Strategy including those affected by the condition, their carers, our partners in Borders Care Voice, Borders Carers Centre, Alzheimer Scotland - Borders and the wider Third Sector, and our staff who work across the Health and Social Care Partnership.

Chris Myers
Chief Officer Health and Social Care
Scottish Borders Health and Social Care Partnership
June 2024

INTRODUCTION

This five-year local dementia strategy and vision has been co-produced with the Borders Dementia Working Group (BDWG) which aims to ensure quality care is delivered at every stage of the journey:

"Reach out to us, so we know where to reach in to, if we need to"

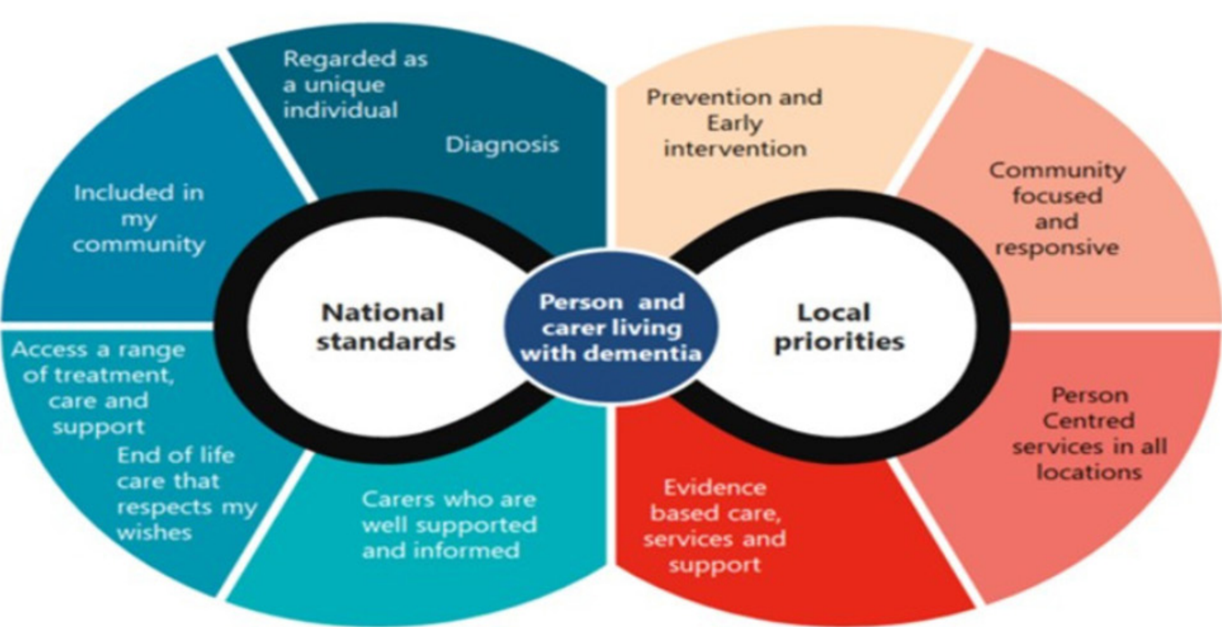
People with dementia have healthy, purposeful lives, living within communities where they are understood, valued, and able to make an active contribution.

To make this happen, people living with dementia need a framework of support which provides continuity and enables them to navigate life with a changing condition. This support is pro-active, empathetic, and flexible. The support people receive is connected across agencies, skilled and easy to access.

This support recognises the varied and progressive nature of dementia, offering regular review with additional specialist support as needed.
(**Borders Dementia Working Group, 2022**)

In line with feedback from the Borders Dementia Working Group and our new ways of working in health and social care, this Local Dementia Strategy is based on the following principles that all services are:

This dementia strategy draws on both the National Dementia Standards and Local Priorities so that people are able to live well with Dementia in the Scottish Borders at every point of their journey. Commitments will be focused on the local priorities below:



CONTEXT

What is Dementia?

Dementia is an umbrella term for a range of progressive conditions that affect the brain.

Each type of dementia stops a person's brain cells (neurones) working properly in specific areas, affecting their ability to remember, think and speak.

Dementia can affect a person at any age but it's more common in people over the age of 65.

Dementia is life-limiting, with the average person expected to live a further 8-10 years following diagnosis.

There are over 200 subtypes of dementia.

The most common type of dementia is Alzheimer's disease, which makes up 50-70% of cases, followed by vascular dementia which makes up a quarter of cases.

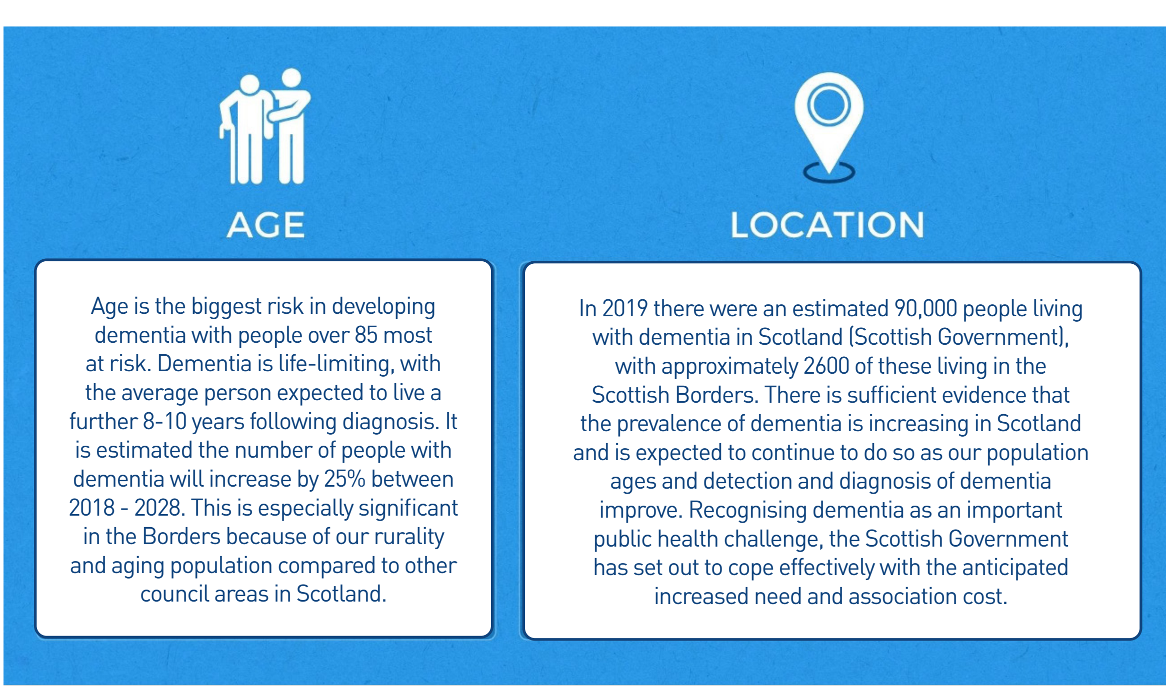
Having a relative diagnosed with dementia has a significant impact families including spouses and younger family members.

By the time the family realises that something has changed, the disease has often progressed beyond the mild cognitive impairment stage and the person eventually needs increased levels of support.As more people are living longer, dementia is becoming more common, with carers; the NHS and Health & Social Care professionals are expected to provide care provision and services.

By 2025, it's estimated that over one million people in the UK will have a diagnosis of dementia – and almost all of us will know someone living with the condition.

DEMENTIA IN THE SCOTTISH BORDERS

There is a need to continue the redesign of local dementia care services. This is reliant on collaborative working between the Health and Social Care Partnership and the Third and Voluntary Sector to support strategic planning to make best use of limited resource to deliver improved services and better outcomes for people living with dementia.



Within the Scottish Borders, the average length of stay is on average 10 days longer in hospital for those with a dementia diagnosis. Of the patients that are delayed in hospital, the delay is also longer with a dementia diagnosis.

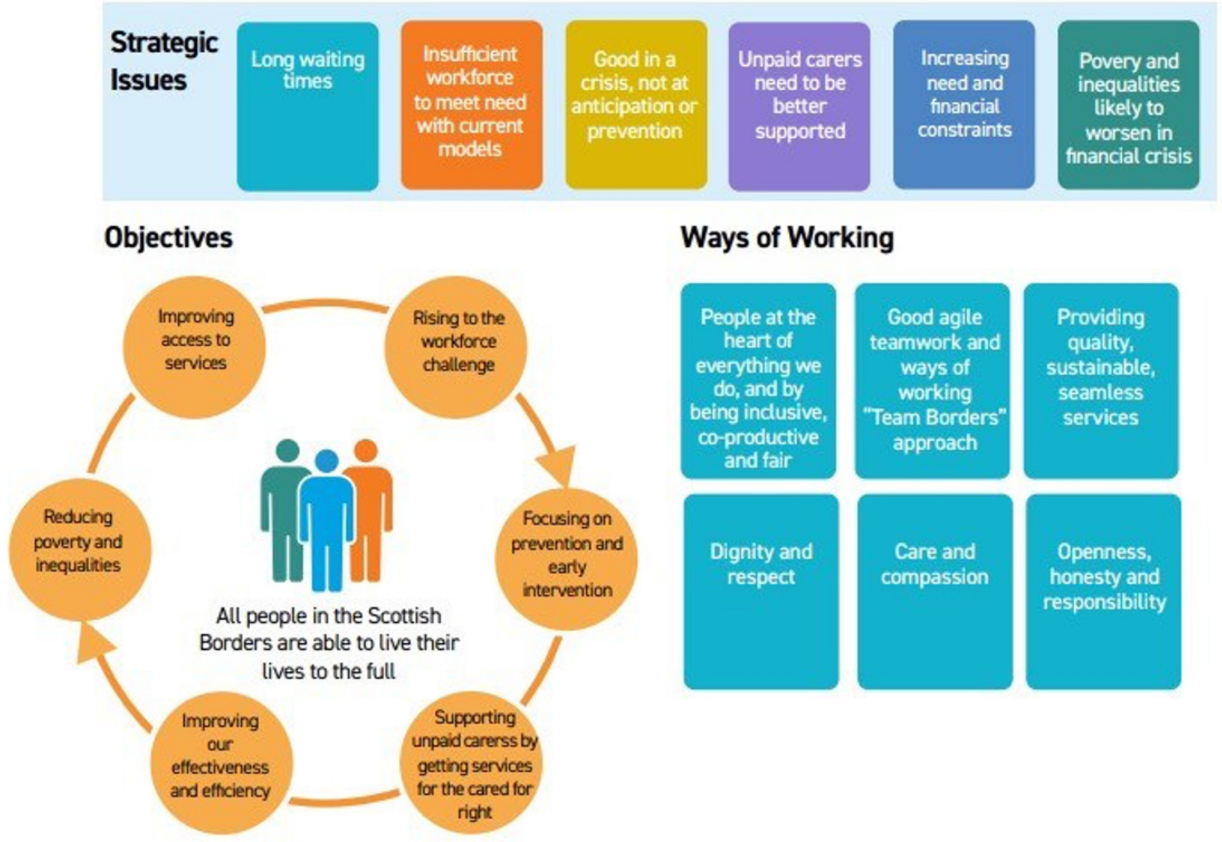
We need to make better use of available data in relation to younger onset, Post Diagnostic Support, assessment waiting times and number of re-referrals to services.

Delivering this local Dementia Strategy aligns to the objectives and ways of working outlined in the **Health and Social Care Strategic Framework 2023-26** and is one of the underpinning plans for the Strategic Framework. It is intended to improve the quality of life and services for people with dementia and their carers, and to achieve an improvement in health and wellbeing outcomes.

In 2022, the Scottish Borders Integration Joint Board (IJB) delivered a **Joint Strategic Needs Assessment** which recognised that:

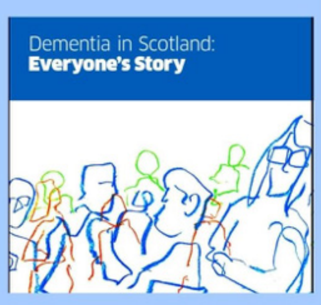
> *"Having an elderly relative diagnosed with dementia has a serious impact on spouses and younger family members. By the time the family realises that something is wrong, the disease has often progressed beyond the mild cognitive impairment stage and the sufferer eventually needs constant supervision. As more people are living longer, dementia is becoming more common, placing increasing requirements on carers, and the Health and Social Care Partnership."*

Alongside the data driven needs assessment report there was an extensive stakeholder engagement report delivered by the National Development Team for Inclusion (NDTi) and published the **"We have listened" report** which identified what communities thought of the current health and social care services and produced priorities for services, including dementia.



NATIONAL STRATEGIC CONTEXT

Background of previous national dementia strategies



Dementia was identified as a major priority by the Scottish Government in 2007 and the first Scotland's 3-year National Dementia Strategy was published in 2010. This strategy focussed on improving the quality of dementia services through more timely diagnosis and on better care and treatment, particularly in hospital settings.

The Scottish Government published the Standards of Care for Dementia in Scotland in 2011, as well as the revised Promoting Excellence Framework in 2021 which is for all health and social services staff working with people with dementia, their families and carers.

Scotland's second National Dementia Strategy, published in 2013, set out the work that the Scottish Government and its partners in NHS Scotland, local government and the voluntary and private sectors planned to improve support, care and treatment for people with dementia, their families and carers.

The third National Dementia Strategy, covering the years 2017 to 2020, was published in June 2017 following a series of dialogue events and public consultation. The strategy identified three priorities and 21 commitments and builds on the progress made since the introduction of the first and second strategies.

The current fourth Dementia Strategy 'Everyone's Story was published in June 2023 in collaboration with a newly developed lived experience panel and focuses on the following 6 priority areas:

1.
A public facing campaign that challenges the **stigma** associated with dementia, co-produced with the National Dementia Lived Experience Panel.

2.
Establish a cross governmental, cross sectorial oversight group to support learning from the Aberdeen **Brain Health** Service including from an independent evaluation of the service.

4.

Independent evaluation of Scotland's Post Diagnostic policy and delivery, including the **perspective of care partners/unpaid carers**.

3.

Establish a short life working group on **workforce** learning and development needs, now and in future.

5.

Resilient Communities Programme Board to identify priorities and allocate funding to grow a **sustainable community** sector.

6.

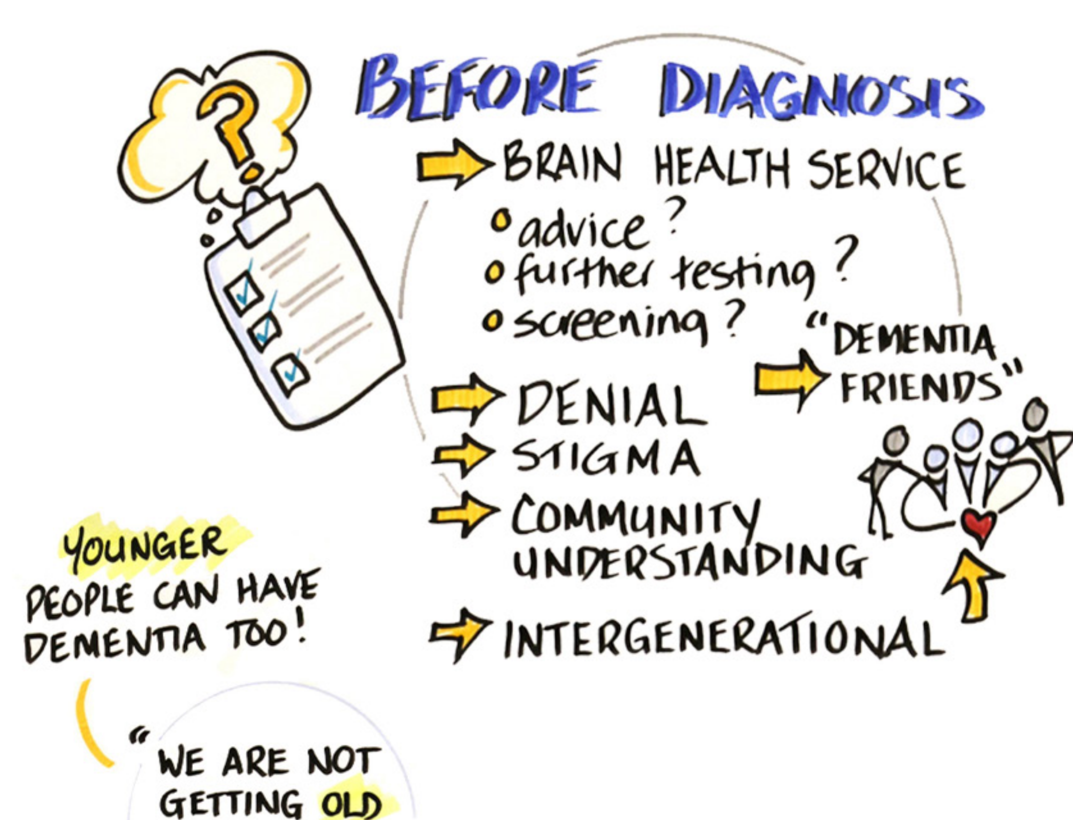
Extend the **data** collected and published on diagnosis and Post Diagnostic Support to include demographic and qualitative detail.

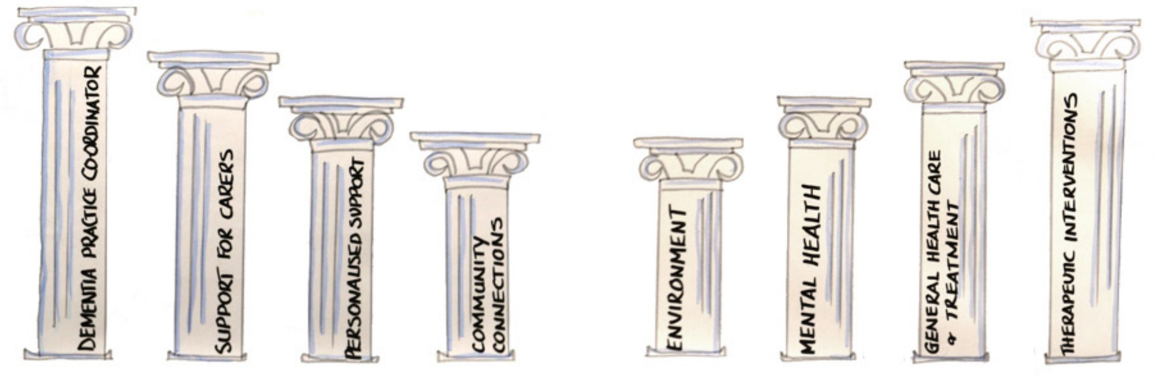
"The new national strategy is for ten years and an implementation plan for the first 2 years was published in February 2024 which will align with the local dementia strategy and local delivery plan."

BORDERS DEMENTIA WORKING GROUP VISION

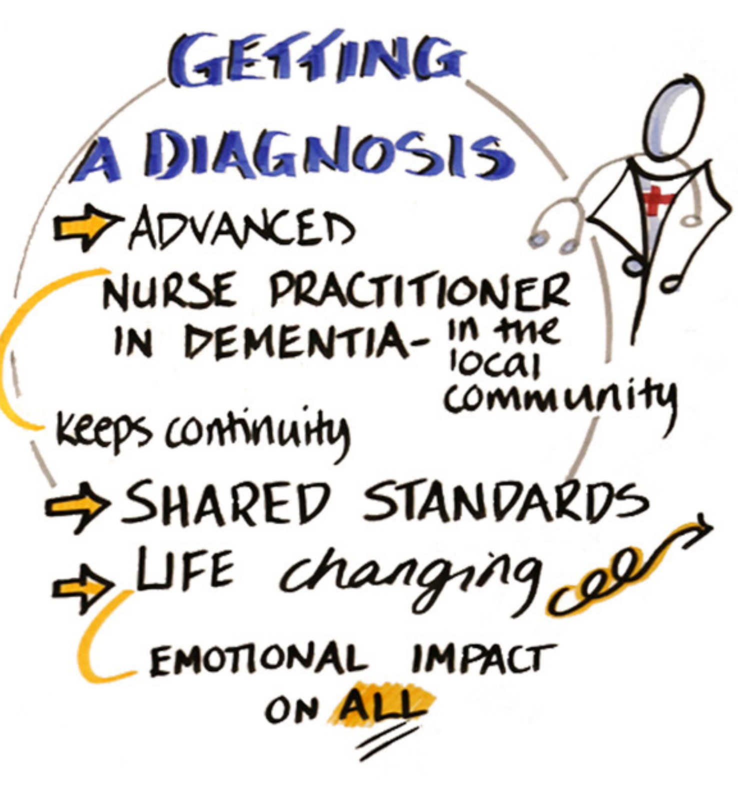
Our goals for people living with dementia and their carers are highlighted below from our co-produced vision with the Borders Dementia Working Group. Each commitment will be prioritised and form the local dementia strategy delivery plan: along themes of prevention and early intervention, community focused services, person centred services and evidence based care, treatment and support.

A DEMENTIA JOURNEY





A DEMENTIA JOURNEY



A DEMENTIA JOURNEY

A DEMENTIA JOURNEY

LIVING WITH DEMENTIA

- MORE SIGNPOSTING
- MORE REVIEWS
- REGISTERED, ACCESSIBLE DAY & NIGHT SERVICES

transitions to be more seamless

activities

support

MEANINGFUL OPPORTUNITIES

"We don't know what we don't know"

at home and in the community

more inclusive

needs to be flexible

SKELETON OF SUPPORT

- ANNUAL HEALTH REVIEW

DEMENTIA PRACTICE CO-ORDINATOR

SUPPORT FOR CARERS

PERSONALISED SUPPORT

COMMUNITY CONNECTIONS

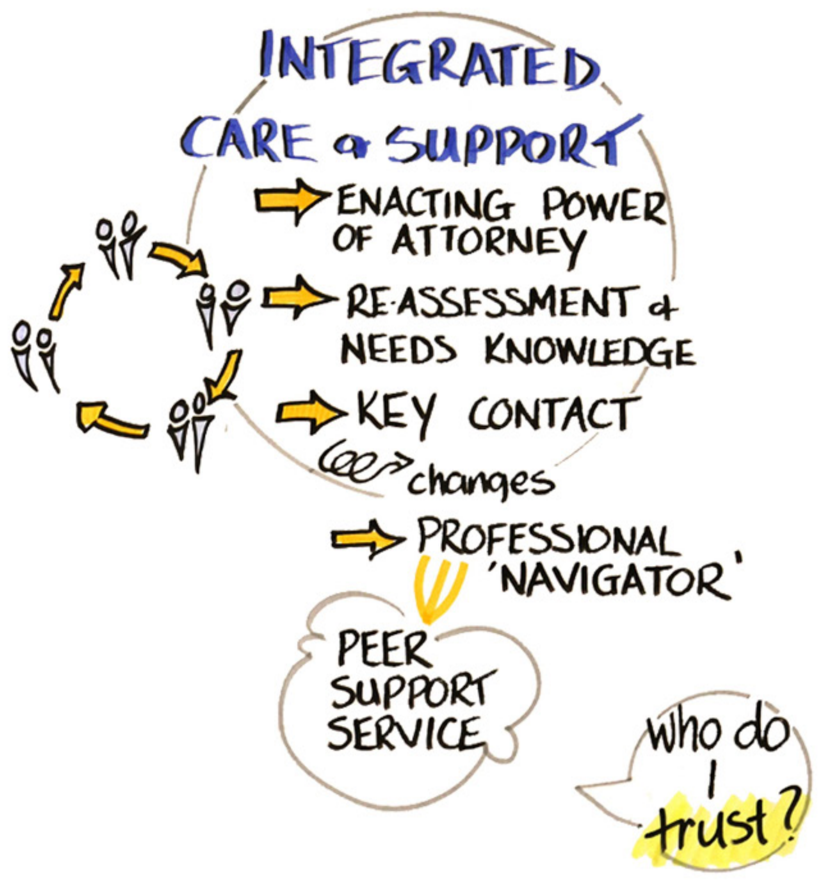
ENVIRONMENT

MENTAL HEALTH

GENERAL HEALTH CARE & TREATMENT

THERAPEUTIC INTERVENTIONS

A DEMENTIA JOURNEY



A DEMENTIA JOURNEY

ADVANCED CARE PLANNING
- FINANCIAL RE-ASSESSMENT
- "WHAT ARE OUR OPTIONS?"
- CONTINGENCY
- A GUIDE TO PLANNING / SERVICES
- A PLAN – with options – anticipatory care plan
- BALANCING RISK WITH EMOTIONAL SUPPORT
- RESPONSIVE SERVICES

A B C

IT IS A 3 legged race

DEMENTIA PRACTICE CO-ORDINATOR

SUPPORT FOR CARERS

PERSONALISED SUPPORT

COMMUNITY CONNECTIONS

ENVIRONMENT

MENTAL HEALTH

GENERAL HEALTH CARE & TREATMENT

THERAPEUTIC INTERVENTIONS

These align to the Health and Social Care Strategic Framework with its focus on early intervention and prevention, improving access to services, supporting unpaid carers, improving our effectiveness and our new ways of working.

CO-PRODUCTION OF THE STRATEGY

As part of co-production the following groups were engaged with and previous stakeholder events have supported the development of the local dementia strategy:

EQUALITY AND HUMAN RIGHTS IMPACT ASSESSMENT

An Equality Human Rights and Fairer Scotland Duty Impact Assessment, (EHRIA) purpose is to ensure that the voices of the local communities, particularly those, who represent protected characteristics are listened to. Conducting the EHRIA by engaging directing with people with protected characteristics, has really added depth to the local consultation and added an additional lens of understanding the impact of dementia on people living with dementia and their carers.

The outcome of stage 1, 2 and 3 of the EHRIA will influence and inform the local strategy and enable us to develop a diverse approach to supporting those diagnosed with dementia, their families and or those who will be caring and supporting them through their dementia journey.

RECOMMENDATION SUMMARY
All services that support people living with dementia record **9 protected characteristics** as detailed in the Equality Act 2010 at point of referral to identify and reduce inequality. Initially identify an area/service to trial recognized template to capture.
Explore a system to collate and analyze **Post Diagnostic Support** Referrals by protected characteristic to be established and implemented including early onset data in line with national dementia delivery plan.
LGBT Health and wellbeing Dementia Tool to be embedded across Dementia Services in the Scottish Borders: https://www.lgbthealth.org.uk/wp-content/uploads/2021/06/LGBT-Dementia-Toolkit-2020.pdf
Increase awareness of dementia linked with **head trauma** through contact sport and rugby communities to increase community events that enable people to live well with dementia.
People aged between 50 and 64 wll have **access to cognitive assessment** and cared for by needs not age.
People aged between 50 and 64<65 continue to have access to **employment opportunities**.
People aged 50 and 64 will feel listened to with **timely support** without prejudice.
Ensure physically disabled people with a possible or confirmed dementia are offered choice of appointment and any **physical disability identified** at point of referral.
Involvement events with Gypsy Travellers, asylum seekers and LGBTQAI+ communities to be arranged. Outcomes of which will be reported in future reports and used to influence and inform the implementation plan.
Alzheimer Scotland to advertise and make **Dementia Friends** training more accessible for communities.
Alzheimer Scotland to identify a community to conduct an environment **audit regarding accessibility** of dementia cafes.
Work with Borders Carer Centre to identify what **specific support is required for an existing carer of a neurodivergent young person** who is now caring for an adult with dementia.
Identify a local solicitor to trail making **Power of Attorney more acessible** to people who have no family or local support.
Communication of information that is timely and understandable to people with **sight and hearing loss**.
Co design and develop services that are accessible, and people have confidence in services.
Mental Health Older Adults Service ensure that **risks of and benefits to treatment** are communicated in an accessible format which is both clear and understandable.
Co-produce a joint domestic abuse policy with Authentic Voice with **clear referral pathways** which includes education for staff and including sensitive routine enquiry.
Identify a service with posters in toilets/information to identify to people that the sertvice is trauma informed to enable a trusting relationship with improved disclosure of abuse.

DELIVERING THE LOCAL DEMENTIA STRATEGY

Delivering this local Dementia Strategy requires an integrated and community approach. The Health & Social Care Strategic Framework sets a requirement to meet needs with less as one of the six strategic priorities. Rising to the workforce challenge is both a strategic priority and a key enabler to financial recovery. Use of the Best Value for Every Pound approach establishes how this will be achieved. We need to spend money more wisely.

We will use national and local strategies and policies to influence this work and will ensure the necessary activity occurs to deliver the best outcomes for people with dementia and their carers. We will develop an appropriate framework to measure the delivery of these outcomes.

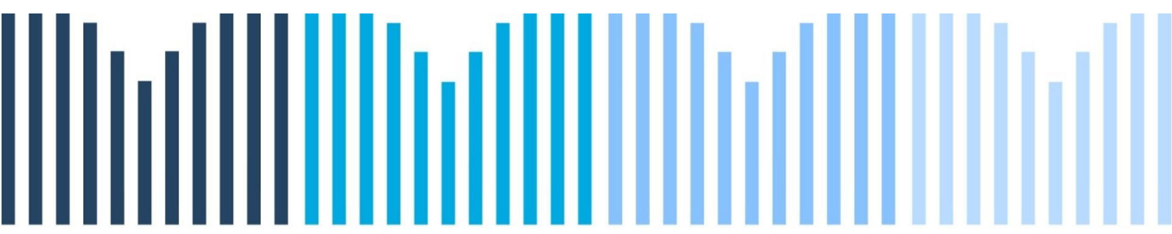
LOCAL DEMENTIA STRATEGY COMMITMENTS

This strategy is ambitious in scope and depth and is intended to explore and/or deliver on the following commitments which are based on the agreed vision and relate to care provision, educational initiatives, policy and empowering dementia friendly communities:

Local Dementia Strategy 2024-2029

Key Themes	Commitments
Prevention and Early Intervention	• Work in partnership with Brain Health Scotland to scope and develop local Brain Health clinics and increase participation in dementia research locally. • People have timely access to assessment, diagnosis, care and treatment in their community e.g access to dementia specialist nurses in any setting.
Community Focused and Responsive Services	• Agencies work collaboratively, are integrated, and deliver a seamless dementia journey to ensure appropriate support is available at any point through the meeting centre and dementia friendly community approaches. • Review and develop an integrated framework for dementia care delivery including yearly reviews, pro-active contact and reassessment of needs. • In one area, develop access to a 'one key contact' that is skilled and can navigate the various services to ensure service responses are person and relationship centred and standardise and improve access to PDS • Explore and understand what day time community opportunities are available which are enabling and promote wellbeing to identify any gaps in provision.
Person Centred Services for people living with Dementia and their carers	• Across home, community, hospital and residential care services will be person and relationship focused which enable carers as equal partners in care. • Transitions of care are proactive to avoid crisis situations, where possible and include effective advanced care planning and support. • Understand and address the impact from Covid -19 pandemic locally and apply to the strategy
Evidenced Based care, services and Support	• The public have access to Dementia Friend sessions to reduce community stigma which is commissioned. • Care is evidenced based and linked with SIGN guidance to specifically include, trauma informed practice, grief and non pharmalogical interventions. • Each service will develop a rolling training plan that includes access to educational programmes in line with promoting excellence framework. • The education sub group will explore capacity, resources and delivery of education to provide a skilled and confident workforce in all settings. • Explore access to data on incidence and prevalence of Dementia locally and link with National commitments, (including early onset dementia). • A review of all hospital and residential care services will be developed though use of the 10 dementia care actions framework to benchmark each service and identify opportunities of quality improvement. An action plan will be developed in line with external inspections and recommendations.

TURNING THE CO-PRODUCED STRATEGY INTO A DELIVERY PLAN



THE DEMENTIA JOURNEY, DEVELOPED BY THE BORDERS DEMENTIA WORKING GROUP, HAS BEEN TRANSLATED BELOW INTO KEY AREAS OF WORK THAT REFLECTS THIS VISION AND FOUNDATION OF THE OUTLINE STRATEGY. EACH AREA (MENTAL HEALTH, PRIMARY AND COMMUNITY SERVICES AND THE BORDERS GENERAL HOSPITAL) WILL LEAD ON THE WORK STREAMS BELOW AND REPORT TO THE DEMENTIA STRATEGY GROUP. THEY WILL BE PRIORITISED BASED ON SAFETY, HEALTH, WELFARE AND QUALITY OF LIFE OUTCOMES.

They will be prioritised based on safety, health, welfare and quality of life outcomes.

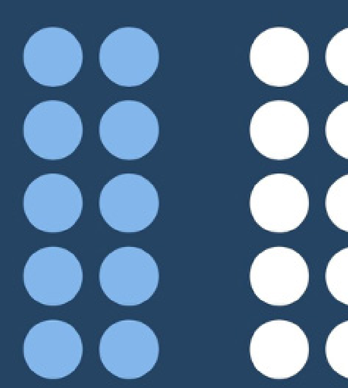
01 BEFORE AND GETTING A DIAGNOSIS; PREVENTION AND EARLY INTERVENTION

Principles:

- Community focused and enabling
- Dementia friendly
- With Carer support

Workstreams:

- Memory clinics
- Diagnostic assessment
- Learning Disabilities care pathway.
- Post Diagnostic Support (PDS)
- Brain Health Strategy
- Dementia Friends
- Public Education



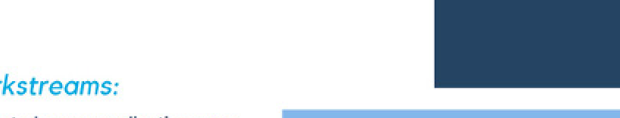
02 COMMUNITY FOCUSED SERVICES; LIVING WELL WITH DEMENTIA

Principles:

- Meaningful engagement
- Self-care
- Reduced variation
- Accessible and timely support

Workstreams:

- Integrated care coordination – one key contact
- Housing & residential care provision
- Borders Carer Centre and Alzheimer Scotland – Borders for Carer support
- Day provision and respite
- Social Prescribing which led by SBC currently and being co-produced with the community



03 PERSON CENTRED SERVICES; ADVANCED CARE PLANNING

Principles:

- Co-produced to ensure voices heard
- Proactive, integrated and accessible support to prevent crisis
- Improved outcomes
- Enabling and empowering environments & services

Workstreams:

- Community, inpatient & residential provision
- Coordinated & flexible care
- Support plan and annual review

MONITORING PROGRESS AND PROGRAMME GOVERNANCE

The strategy will be delivered through an annual delivery plan. Delivery of the plan will be overseen by the chair and deputy chair of the Dementia Strategy Group with individual streams of work being progressed by specified groups, departments or individuals.

Collaboration with stakeholders including service users, colleagues in Health and Social Services and local voluntary agencies will be to ensure the implementation plan remains relevant and appropriately prioritised in response to emerging issues throughout the lifetime of the strategy. A measurement framework will be identified to capture qualitative and quantitative outcomes and improvements, e.g., reduction in waiting times and timely access to services.

The delivery plan of the above commitments will be developed and will be reviewed monthly by the Dementia Strategy Group to reflect any changes in context and learning from local, national and international developments. This delivery plan will include specific actions, timescales and progress on delivery.

The governance and progress of this plan will be reported in 6 months to the HSCP Joint Executive Team, the Integration Joint Board Strategic Planning Group, and the Integration Joint Board.

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