

## Manchester City Council Report for Information

**Report to:** Health Scrutiny Committee – 8 March 2023

**Subject:** Dementia Developments in Manchester

**Report of:** Executive Director of Adult Social Services & Director of Public Health

---

### Summary

This update sets out recent work to invigorate the Dementia pathway and improve services for people diagnosed with Dementia and their Carers. The multi-agency Dementia Steering Group has refreshed its membership to include people and Carers with lived experience to ensure that the transformation of the post-diagnostic pathway delivers high quality, timely, equitable and effective services. The Steering Group has worked together to develop a new Vision for how Dementia care and support is progressed, and a new Action Plan ensures that key organisations and sector leads are accountable. There is recognition too of the vital role that the VCSE (Voluntary, Community and Social Enterprise) organisations – with specific expertise in Dementia support – with a proposal to develop a citywide VCSE Dementia Alliance, to lead on coproduction and ensuring the voice of citizens and their carers, with emphasis on the post-diagnostic support pathway.

### Recommendations

The Committee is recommended to:

1. To note the report; and
  2. Comment on the proposed Vision and Action Plan to provide a strengthened approach to the Dementia Pathway in Manchester.
- 

### Wards Affected: All

<b>Environmental Impact Assessment</b> - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
---

None
------

<b>Equality, Diversity, and Inclusion</b> - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments
---

The proposals outlined in this report will improve the health and care experiences of people living with Dementia and their carers to minimise the significant impact that Dementia has on the person affected, and for those who support them.
---

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS/Contribution to the Strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Manchester seeks to better support Unpaid Carers so that, if they choose, they can seek or maintain any employment opportunities, reassured by the knowledge that the cared-for person living with Dementia is safe and well
A highly skilled city: world class and home-grown talent sustaining the city's economic success	
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Manchester's aspiration is to be leader in the field of Dementia care and to better support Unpaid Carers so they can make a positive contribution to their community
A liveable and low carbon city: a destination of choice to live, visit, work	
A connected city: world class infrastructure and connectivity to drive growth	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

### **Financial Consequences – Revenue**

There are no additional financial consequences for the revenue budget. The commissioning of the VCSE Dementia Alliance will be funded through existing adult social care budgets.

### **Financial Consequences – Capital**

There are no financial consequences for the capital budget.

### **Contact Officers:**

Name: Sarah Broad  
Position: Deputy Director of Adult Social Services  
Telephone: 07966 229569  
E-mail: sarah.broad@manchester.gov.uk

Name: Zoe Robertson  
Position: Head of Commissioning (Adults – older people)  
Telephone: 07960 898459

E-mail: zoe.robertson@manchester.gov.uk

Name: Dr Leigh Latham

Position: Associate Director of Planning, NHS Greater Manchester Integrated Care

Telephone: 07415 030228

E-mail: leighlatham@nhs.net

Name: Juliet Eadie

Position: Senior Mental Health Commissioner, NHS Greater Manchester Integrated Care

Telephone: 07966 437105

E-mail: julieteadie@nhs.net

Name: Dr Jonathan Kaye

Position: GP and Co-Chair of the Dementia Steering Group

Telephone: 07980 609990

E-mail: jonathan.kaye@nhs.net

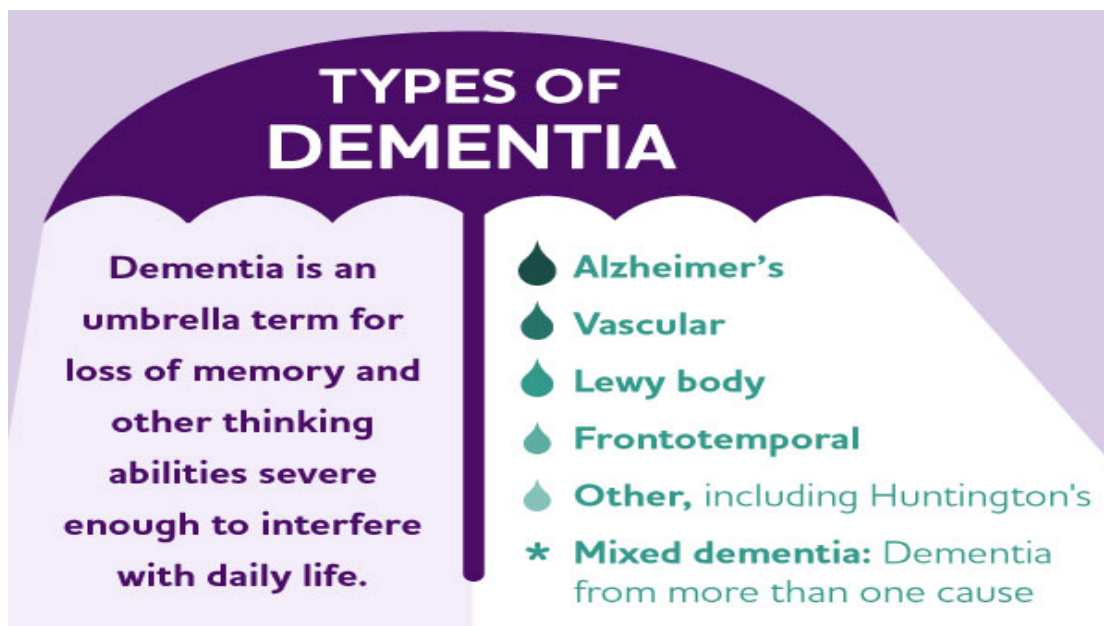
**Background documents (available for public inspection): None**

## 1.0 Introduction

- 1.1 The purpose of this report is to present recent work on the development of a refreshed vision for Dementia in the city and an associated Action Plan. Scrutiny Committee were last updated on Dementia developments (and the Dementia Strategy) in 2016.
- 1.2 A partnership multi-agency approach is in place for the existing Dementia Steering Group, with attendees from health and social care, Dementia United, Dementia United Expert Reference Group and VCSE representation. The Group is jointly chaired by Dr Jonathan Kaye, a Manchester GP and Clinical Lead for Dementia and David Regan, Director of Public Health.
- 1.3 Recent work, at the request of the Executive Member for Healthy Manchester and Adult Social Care, has focused on reinvigorating the Steering Group to refresh the Vision for Manchester and identify the required actions to deliver on that vision.

## 2.0 Background

- 2.1 According to the NHS, Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are many different causes of Dementia, and many different types as can be seen in the graphic below:



source: <https://www.alz.org/alzheimers-dementia/what-is-dementia>

- 2.2 Dementia symptoms may include difficulties with:

- Memory loss
- Thinking speed
- Mental sharpness and quickness

- Language, such as using words incorrectly, or trouble speaking
- Understanding
- Judgement
- Mood
- Difficulties doing daily activities

2.3 Although there is no cure for Dementia at present, an early diagnosis means its progress can be slowed down in some cases, so that the person may be able to maintain their mental function for longer. A diagnosis helps people with Dementia get the right treatment and support. It can also help people, and their family/carers, to prepare for the future. With the right support to both the person living with Dementia and, vitally, support to their Carers, people can still lead active fulfilling lives.

source: <https://www.nhs.uk/conditions/dementia/about/>

2.4 Dementia United is Greater Manchester Integrated Care's programme for Dementia. This work involves clinicians, charities, localities, professionals, those living with Dementia, families, friends, and care partners to make our region the best place to live if you have or are caring for someone with Dementia. The primary objectives of Dementia United is to work towards three goals:

1. Providing access to Dementia Care services for all
2. Increase independence for those living with Dementia
3. Ensuring equally high standard of care, no matter where you live.

2.5 Work in Manchester to develop improved pathways for people living with Dementia and their carers aligns to the overall aims of the Greater Manchester approach.

2.6 One in 3 people born in the UK will develop Dementia and, since 2001, the overall mortality rate for deaths registered due to Dementia and Alzheimer's disease has been increasing year-on-year. The highest mortality rate in the time series was in 2018 (123.8 deaths per 100,000 people) and in March 2021 it accounted for 10% of all recorded deaths. During Lockdown 82% of carers and people living with Dementia reported deterioration in symptoms of loved ones with Dementia.

### **3.0 Current work**

3.1 Recently, the Dementia Steering Group has refreshed membership to bring together all stakeholders together to develop a new Vision for the city in respect of Dementia Care and Support, as follows:

**We will adopt Greater Manchester's ambition of being the best place to live with dementia in the country.**

1. People will live well with Dementia and will continue to do what they have always enjoyed, by being involved activities in their preferred community;
2. The development of services will always involve people with lived experience and their Carers, and all services have mechanisms in place to receive feedback and are able to demonstrate how it was responded to;
3. To achieve this vision, Manchester will adopt a whole system leadership approach as we recognise that we are stronger when we work together. This will be underpinned by the ongoing commitment of the Dementia Steering Group;
4. All who work with the public will be able to access appropriate Dementia training and will therefore be able to deliver a Dementia-Friendly response;
5. Access to services will be seamless and equitable across the city and will be based on need, will not be dependent upon where you live and who your GP is, and services will be culturally appropriate;
6. Awareness will be raised about the opportunities of improving brain health and reducing the risk of Dementia;
7. The Memory Assessment Service will ensure a timely diagnosis and meet national waiting time targets;
8. Post-diagnostic support will be immediate and agreed with the person and their carer. All people living with Dementia and their carers will know how and where to access clear and concise information at all stages of the pathway, including knowing who their Dementia care co-ordinator is. Information will be available in a range of formats and languages and will be supported by a comprehensive training programme. This will be enhanced by an individualised wellbeing plan that will be available to other stakeholders, if appropriate and has been agreed;
9. All Carers will be able to access the carer pathway and support offer that is available across the city and will include flexible respite care;
10. Manchester will sign up to and adhere to the principles of [John's Campaign](#);
11. Manchester will promote opportunities for people to engage in research;
12. Hospital admissions will be avoided wherever possible but if admission to a medical ward is necessary, all staff will have had appropriate training and the environment will also be appropriate.

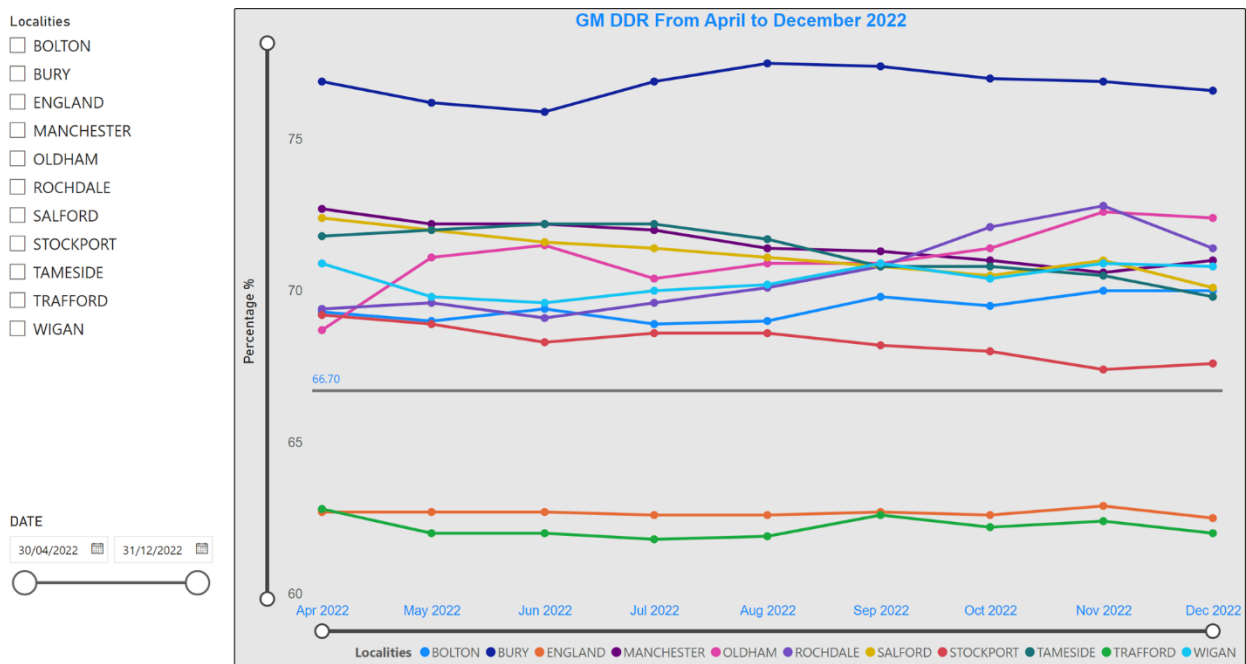
3.2 In order to deliver these aspirations, a new Action Plan for delivery has been developed with ownership across health and social care, including primary care (see Appendix 1). These actions are intended to improve the pathway for people, and their Carers, from pre-diagnosis, diagnosis, and post-diagnosis support. It requires a multi-agency joined up approach.

3.3 One of the priority actions on the Plan is to ensure that all future service developments are designed with coproduction in mind. Coproduction or co-

design ensures that professionals involve people with lived experience, and their Carers, so that everyone has an equal contribution and better outcomes are achieved. Adult Social Care's Commissioners have been identified as the lead for ensuring a coproduction approach and intend to commission specialist Dementia VCSE organisations to provide the vehicle for coproduction with citizens and carers across the city. Once this is in place, then the priority work on the post-diagnostic support pathway can be commenced, alongside other planned developments. It is envisaged that the coproduction model could be in place around April/May this year.

### 3.4 Dementia Diagnosis Rate

3.4.1 There are 6 national key performance indicators for mental health services and the Dementia diagnosis rate is one of these. The target is that two thirds of the estimated number of people with Dementia in England should have a diagnosis and the graph below shows the diagnosis rate across Greater Manchester for 2022/23 with Manchester consistently meeting the target and approximately 10% above the England average. We only have data up to December 2022 that has been accredited nationally.



3.4.2 Other data from the Memory Assessment Team Service (MATS) is:

- The caseload of MATS has consistently increased in this time period, i.e., in April it was 948 and by December it was 1357 and to manage this increase the service has put on additional sessions at the weekend
- Approximately 75% of initial assessments were carried out within 6 weeks of referral with approximately 95% of people being diagnosed within 12

weeks of the initial assessment, though by December 2022 only 64% of people had received a diagnosis within 12 weeks of referral which was a dip in performance from achieving over 80% in spring and summer

The reasons for this dip are:

- As outlined higher demand and elevated levels of acuity
- Both North and South MATS Services have been impacted by shortage of staff due to staff leaving, sickness and new starters.
- Delays in assessing patients due to cancellations due to patient illness.

3.4.3 As outlined in the action plan there is the intention to review the service to ensure it is meeting best practice and meeting the needs of a diverse city

### 3.5 Working with South Asian communities

3.5.1 It is recognised that not all the city's diverse communities access services that are for people living with Dementia and it has been highlighted that nationally this is a particular issue for South Asian communities with low uptake of the memory assessment service. The Engagement Team led on a project to undertake the following:

- Create a toolkit to support mosques and temples to become Dementia-friendly
- Co-produce awareness resources
- Deliver training sessions for South Asian communities to understand the signs and symptoms of Dementia.

3.5.2 The link below provides an overview of the work that was undertaken and completed and the resources that were created. (Once the link is accessed, scroll to the bottom of the page where there are links to the films created and the leaflets including raising awareness of the signs and symptoms, a leaflet detailing support available and the leaflet about supporting mosques and temples to make their place of worship Dementia-Friendly.)

<https://dementia-united.org.uk/manchester-increasing-awareness-of-dementia-in-south-asian-communities-in-manchester/>

3.5.3 The Steering Group recognises there is still much work to be done on ensuring equitable access to all services and this will be a thread running through all the work that is outlined in the project plan with a particular focus on the post diagnostic support offer and the review of the memory assessment service.

### 3.6 Developing the Care Co-ordinator role

3.6.1 As outlined in the action plan and NICE guidance, the aim is that all people living with Dementia should have access to a care co-ordinator who acts as their first point of contact for information and help and oversees the



maintenance of the personalised care plan. It is likely that this role will have strong links in Primary Care as this is often where people seek initial support when first diagnosed. To reflect this one of the city's 14 primary care networks (PCNs) has developed a Dementia Care Navigator post using the Additional Roles Reimbursement Scheme (ARRS) that has enabled Primary Care to expand its workforce. A Task and Finish group was set up to develop the job description and person specification and the role has been recruited to and its impact will be evaluated.

### **3.7 Working with acute hospitals**

3.7.1 One of our key partners in improving dementia services is our acute hospital provider, Manchester University NHS Foundation Trust (MFT), as it is estimated that up to 25% of acute hospital beds are occupied by a patient who has a diagnosis of dementia. The Trust now produces a bi-monthly Dementia Dashboard, and this is reported into the MFT Dementia Care Operational Group which includes data relating to audits, training, falls and safety incidents for people living with Dementia.

3.7.2 The MFT Dementia Team also aims to provide meaningful activities to enhance the patient journey across clinical areas and colleagues have access to a Dementia care bundle along with other useful information via the Dementia Intranet Page to support care delivery.

3.7.3 Wythenshawe Hospital has an established Dementia Link Practitioner support system led by the MFT Dementia Specialist Nurses to ensure colleagues are able to share lessons learnt and good practice. The Team also produces a bi-monthly newsletter to ensure colleagues are kept up to date with changes in practice and upcoming events/initiatives.

### **3.8 Attendees at Health Scrutiny**

3.8.1 The following members of the Dementia Steering Group have been invited:

- Jonathan Kaye, Co-Chair of the Steering Group and Clinical GP Lead
- Julie Taylor, Locality Director of Strategy/Provider Collaboration (Manchester), NHS Greater Manchester Integrated Care
- Juliet Eadie, Senior Commissioning Manager, NHS Greater Manchester Integrated Care
- Zoe Robertson, Head of Adult Social Care Commissioning
- Sally Ferris, CEO (Chief Executive Officer) of Together Dementia Support
- Trish Dwyer, Later Life Service Manager, Manchester Services, GMMH
- Jeff Seneviratne, Dementia Carers Expert Reference Group (Dementia United (DCERG) & Chair of the Trustees, Together Dementia Support)

### **4.0 Recommendations**

4.1 Members of the Health Scrutiny Committee are requested to comment on and note the recent improvement work on Dementia, the new Vision and ambition

for the city and resultant Action Plan, all underpinned by a strong commitment to coproduction with VCSE Dementia organisations.

## **5.0 Appendices**

### 5.1 Appendix 1: Draft Action Plan