When telephoning, please ask for: Laura Webb
Direct dial 0115 914 8511
Email constitutionalservices@rushcliffe.gov.uk

Our reference:
Your reference:
Date: Monday, 18 February 2019

Rushcliffe Borough Council

Rushcliffe Community Contact Centre
Rectory Road
West Bridgford
Nottingham
NG2 6BU

In person
Monday to Friday
8.30am - 5pm
First Saturday of each month
9am - 1pm

By telephone
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Rushcliffe Arena
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NG2 7YG

To all Members of the Community Development Group

Dear Councillor

A Meeting of the Community Development Group will be held on Tuesday, 26 February 2019 at 7.00 pm in the Council Chamber Area B, Rushcliffe Arena, Rugby Road, West Bridgford to consider the following items of business.

Yours sincerely

Sanjit Sull
Monitoring Officer

AGENDA

1. Apologies for absence

2. Declarations of Interest

3. Minutes of the Meeting held on (Pages 1 - 8)

4. Report on Diversity in Rushcliffe - Focus on Dementia (Pages 9 - 46)

5. Tree Protection and Promotion in Rushcliffe (Pages 47 - 54)

Membership

Chairman: Councillor T Combellack
Vice-Chairman: Councillor R Inglis
Councillors: B Buschman, B Cooper, J Donoghue, M Edwards, J Greenwood, K Khan and F Purdue-Horan

Meeting Room Guidance

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MINUTES
OF THE MEETING OF THE
COMMUNITY DEVELOPMENT GROUP
TUESDAY, 20 NOVEMBER 2018

Held at 7.00 pm in the Council Chamber Area B, Rushcliffe Arena, Rugby Road, West Bridgford

PRESENT:

Councillors T Combellack (Chairman), R Inglis (Vice-Chairman), B Buschman, B Cooper, J Donoghue, M Edwards, R Mallender, F Purdue-Horan and J Stockwood

ALSO IN ATTENDANCE:

Councillors

OFFICERS IN ATTENDANCE:

D Mitchell	Executive Manager - Communities
D Banks	Executive Manager - Neighbourhoods
C Taylor	Community Development Manager
Pickering	Principal Officer - Environmental Protection
Coomber	Armed Forces Covenant Development Officer (Charnwood, Melton & Rushcliffe)
T Coop	Constitutional Services Officer
Richardson	Armed Forces Covenant Outreach Officer (Charnwood, Melton & Rushcliffe)

APOLOGIES:

Councillors J Greenwood and K Khan

14 **Declarations of Interest**

There were no declarations of interest.

15 **Minutes of the Meeting held on 18 September 2018**

The minutes of the meeting held on Tuesday 18 September were accepted as a true record and were signed by the Chairman.

16 **Rural Broadband update**

The Executive Manager – Communities welcomed Ceren Clulow – Broadband Project Manager at Nottinghamshire County Council. Ms Clulow provided a presentation on the progress of fibre Broadband delivery in Rushcliffe as part of a three year Better Broadband for Nottinghamshire Programme (BBfN) in

partnership with BT Openreach.

The presentation provided an overview of the BBfN programme and provided information on the progress of contract 2 highlighting the take up of broadband services within Rushcliffe, and the future plans and aspirations for contract 3.

Ms Clulow advised the group that Broadband take up had been better than expected across Nottinghamshire as a whole, providing a greater profit share with BT which the County council would use to re-invest and progress contract 3. Ms Clulow added that BT were currently working on a model for additional coverage with the provision for additional build within Rushcliffe, details of which will be published in March 2019.

Ms Clulow highlighted the economic impact that better Broadband services provide for business start-ups, productivity, innovation and employment. She added that new housing developments were a key element for building on the existing Broadband network and by getting the fibre optic infrastructure in the ground when the utilities were being inserted was essential. She added that contract 3 would include improvements for schools and rural areas with the implementation of subsidised schemes.

Members of the Group asked several specific questions regarding the take up of Broadband in rural areas of the Borough where access to faster Broadband was limited. Members suggested that contacting ward members and Town and Parish Councils to present the Better Broadband for Nottinghamshire delivery may help to encourage a greater take up and improve network capacity. Ms Clulow welcomed support from ward members and advised that costs are generally higher in rural communities as properties are further apart, she added that residents could apply for alternative subsidised schemes depending on their location and capacity of the broadband network.

Members questioned the number of cabinets that had been installed and whether there were enough to support future demand. Ms Culow advised that in some areas demand was greater than supply, adding that lessons had been learned and that Outreach were installing larger cabinets so as to future proof any additional demand.

Members of the Group questioned the provision of Broadband for new-builds and asked the Council whether this was a condition of the planning application on new developments. The Executive Manager – Communities advised that it was not a statutory condition and could not be enforced. He did however confirm that with the larger developments, the contractors were making provision for Broadband.

It was RESOLVED that

a) The report of the Executive Manager – Communities be noted.

b) The Group be provided with additional information regarding properties where Broadband had not been provided.

17 **Armed Forces Community Covenant**

The Community Development Manager provided a report that summarised the delivery of the Armed Forces Covenant, which was adopted by Rushcliffe Borough Council in partnership with Charnwood and Melton Borough Councils' and signed at Full Council in June 2013, and subsequently re-signed in November 2018.

A presentation was given by Victoria Coomber – Armed Forces Covenant Officer for Rushcliffe, Charnwood and Melton Borough Councils' and Zoe Richardson – Outreach Officer for Rushcliffe, Charnwood and Melton Borough Councils'. The presentation focused on recent achievements, findings from a mapping/survey exercise and future work programme priorities.

Ms Coomber explained the Armed Forces Covenant is a promise from the nation to ensure that those who have served in the armed forces, and their families, are treated fairly. The Covenant encourages Councils' to support armed forces personnel and promote public understanding and awareness within their communities.

Ms Coomber provided an update on the activities delivered against the initial objectives within the action plan of 2013, these included:

- Signed the 2013 Armed Forces Community Covenant – (Re-signed the Covenant, November 2018)
- Local consortium funding award from the Ministry of Defence - £97K
- Produced & delivered local action plan
- Appointed Armed Forces Covenant Officer and Outreach Officer
- Royal British Legion 'pop-ins'
- Presented 'mapping report findings' to Parish Council Forum and Leadership Team at Rushcliffe Borough Council.
- Achieved the Silver Employer Recognition Award

Ms Coomber continued to update the Group with information received from a mapping report findings exercise and advised that there were an estimated 3052 veterans living in the Borough. She added that currently there was no one database or accurate records for locating armed forces personnel. Ms Coomber confirmed that the Borough does not provide service family accommodation, yet 75 pupils had been identified as receiving the £300 Service Pupil Premium.

Ms Coomber advised the group that work is continuing with the CCG's and the Borough's frontline staff to ask the question and encourage ex-armed service personnel to inform their GP and local authority that they are a veteran, adding that more positive actions are required to make our workplace and communities more reservist friendly and supportive to the wider Armed Forces Community.

Ms Coomber provided an update on the DMRC at Stanford Hall, advising that the facility opened to patients in Autumn 2018, adding that there was an estimated 170 service personnel working there. The Hall is able to treat up to 204 patients at any one time, 104 force generation patients and 100 complex traumas and its estimated that between 8000-15000 patients a year will attend

as an outpatient. She added that the facility provides complete ‘wrap around care’ for service personnel with the view to them returning to work.

Ms Richardson presented information on the second phase of the Armed Forces Covenant, and confirmed that funding for this phase is secured until March 2020. Ms Richardson explained that his phase was to focus on the hard-to-reach veterans across the Borough, providing service related community mobile hubs. Identifying and working with support organisations to provide specialised armed forces tailored services and working with existing networks and local community groups to link military personnel to support one another.

Ms Richardson concluded in advising the Group most members of the Armed Forces community nationally are healthy, and transition successfully into the civilian world. By undertaking this work we are aiming to reduce those who may experience difficulties and ensuring we have mechanisms in place to identify any emerging trends.

Members considered the report and presentations and congratulated the Officers on the extent of work they had achieved so far and the silver accreditation for Employer Recognition. Members asked specific questions regarding how the Council promoted the Armed Forces Covenant to the wider community and how they shared information, for example; Council website, social media. Ms Coomber advised that work with Rushcliffe Communications team is ongoing, an article for Rushcliffe Reports titled Rushcliffe Remembers this Autumn, has recently been mailed to all residents across the Borough. There was also lots of social media activity covering Armistice and Remembrance Sunday. Ms Coomber added that the next steps are to develop a media campaign and approach local GP Surgeries, charities such as Age Concern for information on those veterans that are harder to reach.

Members requested that information be shared with ward members, as Councillor’s were the ‘eyes and ears’ in the community and could provide information on veterans in their communities. Ms Coomber welcomed their support.

It was RESOLVED that

a) the Group note the report of the Executive Manager – Communities;

b) the group be provided with additional information regarding future activities and progress.

18 **Draft Empty Homes Strategy 2018 - 2023**

The Executive Manager – Neighbourhoods presented a report which provided the group with a proposal to introduce an Empty Homes Strategy. The draft strategy highlighted how resources could be best utilised to target empty homes within the Borough that would provide positive outcomes, both financially for the Council and for the community as a whole.

The Executive Manager – Neighbourhoods informed the group that around 900 properties had been identified as empty properties and around 375 of these had been empty for more than six months, while nearly 100 of these had been

empty for more than two years. It is the long term empty homes which cause most concern as they are more likely to remain empty, without intervention, and are also likely to be an increasing source of concern and complaint.

The Executive Manger – Neighbourhoods added that Empty Homes are an increasing feature of Central Government Policy, which can be seen through both the New Homes Bonus and recent changes to Council Tax. The benefits of a strategy to deal with empty properties can:

- Assist in meeting housing need;
- Improve housing conditions;
- Assist with a reduction in crime;
- Regenerate blighted areas;
- Increase Council Tax collection rates and empty homes premium;
- Generate additional income through the New Homes Bonus (NHB).

The Executive Manager – Neighbourhoods explained that additional resources would be required to fully implement the action plan and it was considered that initially this could be delivered with a part-time role working 2 to 3 days per week and advised that work is underway to explore if this could be achieved using existing internal resources that could be redirected to this area.

The Executive Manager – Neighbourhoods also explained that there would be costs arising from enforcement action, however any such costs could be reclaimed through the appropriate legal process. He added that there are also opportunities to maximise income via the New Home Bonus (NHB), debt recovery and unclaimed sales income from Enforced Sales.

Members agreed in principle to the draft strategy and supported its development. The Group asked specific questions on what the Council deemed as an empty home, and whether this included commercial properties where there was living accommodation above, which is often left empty.

The Principal Officer - Environmental Protection advised that homes can be left empty for a number of reasons and part of the research behind the strategy is to identify properties that have been empty long term and work with the owners to identify a solution. He added that sometimes ownership of properties can be difficult to identify and there may also be lengthy legal processes to resolve the issue.
Members questioned what data sources were being used to assist in identifying an empty property and whether the council had access to credit checks and credit agencies. Members also advised if Town and Parish Councils could provide information as they often had the depth and Knowledge from local councillors and residents. The Executive Manager – Neighbourhoods advised that the Council does not have access to credit agency data and that research is collected from the Council's Council Tax data and the Utilities. In respect of Town and Parish Councils providing information this was welcomed by Officers.

It is RESOLVED that the report of the Executive Manger – Neighbourhoods endorse the draft Empty Home Strategy.

19 **Work Programme**

The Executive Manager – Communities presented the report of the Executive Manager – Finance and Corporate Services requesting the Group consider its Work Programme.

The Group questioned the Arts Programme Fund which was raised from the disposal of the Borough Arts Collection and whether a decision had been made for a sculpture. The Executive Manager – Communities advised that no decision had been made as yet.

The Group requested feedback from the Council's recent Scrutiny Review. The Executive Manager – Communities advised that the Report had not been received yet. It was agreed that the Group would receive a report regarding the Council's Scrutiny Review.

It was RESOLVED that the Work Programme as detailed below be approved.

26 February 2019

- Tree Protection and Promotion in Rushcliffe Update
- Diversity in Rushcliffe
- Work Programme

ACTION SHEET

Community Development Group – Tuesday 20 November 2018

Minute Item	Action	Officer Responsible
16	All Ward Members be provided with additional information regarding properties that were not signed up to Broadband across the Borough	Executive Manager – Communities
17	The Group be provided with information regarding encouraging GP practises to provide information on veterans and armed forces personnel	Victoria Coomber – Armed Forces Covenant Officer
17	Members are provided with the number ex-service personnel employed by the Council	Executive Manager – Communities and HR
19	Members requested that the Council put pressure on National Government regarding SIPP rules on residential property to free up accommodation above shops	Executive Manager - Neighbourhoods

The meeting closed at 9.23 pm.

CHAIRMAN

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Community Development Group

Tuesday, 26 February 2019

Diversity of Rushcliffe - Equality Framework for Local Government - Focus on Dementia

Report of the Executive Manager - Communities

1. Purpose of report

1.1. At the Community Development Group meeting held on 18 September there was a presentation covering the Diversity of Rushcliffe focussing on overall health inequalities. The Group requested further information the prevalence of dementia across the Borough.

1.2. The purpose of this report is, therefore, to provide an update to the Community Development Group on the Diversity of Rushcliffe, with a focus on Dementia and actions Rushcliffe Borough Council and its partners are taking to ensure we are a Dementia friendly Borough.

1.3. The information in the report is taken from the Nottinghamshire Joint Strategic needs assessment (JSNA) and Rushcliffe Clinical Commissioning Group (CCG) annual report.

1.4. The Council's Health Development Officer Alex Julian will give a presentation at the meeting

2. Recommendation

It is RECOMMENDED that Members consider and endorse the report and the actions taken by officers to make Rushcliffe a dementia friendly Borough.

3. Reasons for Recommendation

3.1. The Rushcliffe Borough Council – Respectful Relationship Strategy 2016-2020, sets out the authority's commitment to the Equality Act 2010. The strategy commits the authority in its decision making to consider the potential impact on service delivery and policies to assess the effect on customers and communities in order to take action to improve them.

3.2. To align with equality framework objective, hence ensuring equitable access to services for residents with dementia.

4. Supporting Information

4.1. The Equality Framework for Local Government (EFLG) comprises five performance areas:

- Knowing your communities
- Leadership, partnership and organisation commitment
- Involving your communities
- Responsive services and customer care
- A skilled and committed workforce

4.2. The accompanying presentation will focus on the **Responsive services and customer care** in relation to enabling residents to live well with dementia.

4.3. The presentation will then focus on how the authority takes account of what the data tells us and provide some examples of how key decision maker's direct front-line services accordingly to meet need.

5. Alternative options considered and reasons for rejection

5.1. The Equalities Act 2010 places a responsibility on all local authorities to create an environment where we can all live in harmony with access to what is needed to play a full and active part in society, free from fear or discrimination.

6. Risks and Uncertainties

6.1. Failing to understand or consider the diversity of the community that the authority serves would have a direct impact on the delivery of services in particular the quality of life of the residents.

7. Implications

7.1. Financial Implications

There are no financial implications arising from this report

7.2. Legal Implications

No legal comments other than Council compliance under the Equalities Act 2010.

7.3. Equalities Implications

The paper considers the authority's approach to the Equalities Act 2010 and focusses on three elements of **the knowing your communities** strand of the equality framework for local government.
Collecting Information
Analysing and using information
Sharing Information between partners.

7.4. **Section 17 of the Crime and Disorder Act 1998 Implications**

An understanding and recognition of the diversity of a community has a direct correlation on community cohesion reducing the risk of crime and anti-social behaviour.

7.5. **Other implications**

There are no other implications.

8. Link to Corporate Priorities

Dementia links to the Corporate Strategy key themes of:

- Maintaining and enhancing our residents' quality of life
- Transforming the Council to enable the delivery of efficient high quality services.

9. Recommendations

It is RECOMMENDED that Members consider and endorse the report and the actions taken by officers to make Rushcliffe a dementia friendly Borough.

For more information contact:	Derek Hayden Principal Community Development Officer 0115 9148270 dhayden@rushcliffe.gov.uk
Background papers available for Inspection:	Diversity of Rushcliffe – equality framework for local government Community Development Group-18 September 2018
List of appendices:	Dementia JSNA (updated 2016) NCC Dementia Framework Action 2016-2020

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Nottinghamshire County Dementia Framework for Action 2016–2020

Contents:

1. INTRODUCTION

Dementia is a priority nationally and in Nottinghamshire. This Framework has been developed following publication of the new Prime Minister's Challenge 2020 and NHS Planning Guidance 2016/17 – 2020/21. The Department of Health has also published a detailed Implementation Plan to support the Challenge which prioritises 18 of the original 50 commitments to be addressed over the next 4 years. A new CCG improvement and assessment framework 2016/2017 CCG Assessment Framework has been developed, aligned to the NHS Planning Guidance, which identifies dementia as a clinical priority. Both sets of commitments are listed in **Appendix 1**.

The Nottinghamshire Plan has also been informed by local discussions in Nottinghamshire, including carers' groups, at Dementia Cafes and a Dementia Stakeholder event held in November 2015. A summary of local views is attached at Appendix 2. The development of the plan will be overseen by the County-wide Dementia and Older People's Mental Health Group.

The aims of the Framework are adopted from NHS England's Well Pathway for Dementia **(Appendix 3)**:

a. Preventing Well - raising awareness, understanding and knowledge about dementia
b. Diagnosing Well – ensure people get a timely diagnosis
c. Supporting Well – ensure people get appropriate advice and support
d. Living Well – enable people with dementia and their carers to live comfortably in their local communities
e. Dying Well – enable people with dementia to have a good death

The overall outcome of this Framework is to provide services which work together better to support individuals with dementia and their carers

This paper should be considered alongside the Dementia Joint Strategic Needs Assessments (JSNA) for Nottinghamshire, which set out the strategic context, NICE recommendations, current services and gaps in provision (link below).
Nottinghamshire Dementia JSNA, 2014

Key points

- 10,246 people live with dementia in Nottinghamshire. This is expected to increase to 11,546 by 2020, an increase of 12.6%
- 30-50% of people in acute hospitals have dementia, delirium or other cognitive impairment
- People live for many years after the onset of symptoms of dementia
- Dementia is overwhelming for carers and they need adequate support
- There are a range of behaviours which can increase our risk of developing dementia, including smoking, obesity and physical inactivity
- People with dementia and their carers need to be involved in formulating plans and services.

2. THE POPULATION AT RISK

The size of the population ages over 65 and predicted prevalence is set out in **Appendix 4**. **Figure 1** shows that number of people aged over 65 registered in Nottinghamshire CCGs is expected to increase by 11.8%. **Figure 2** shows the resident population by Local Authority and this is expected to increase by 10%. There is a difference between resident and registered populations due to lower increases in some Local Authority areas. The impact of population growth on expected Dementia Prevalence is calculated by CCG and is in **Figure 3**.

The population at risk therefore is people aged over 65, approximately 10,000 of whom may have dementia or mild cognitive impairment. Of these, at least two thirds, 7,126, have a diagnosis recorded on their GP's practice register. Of these:

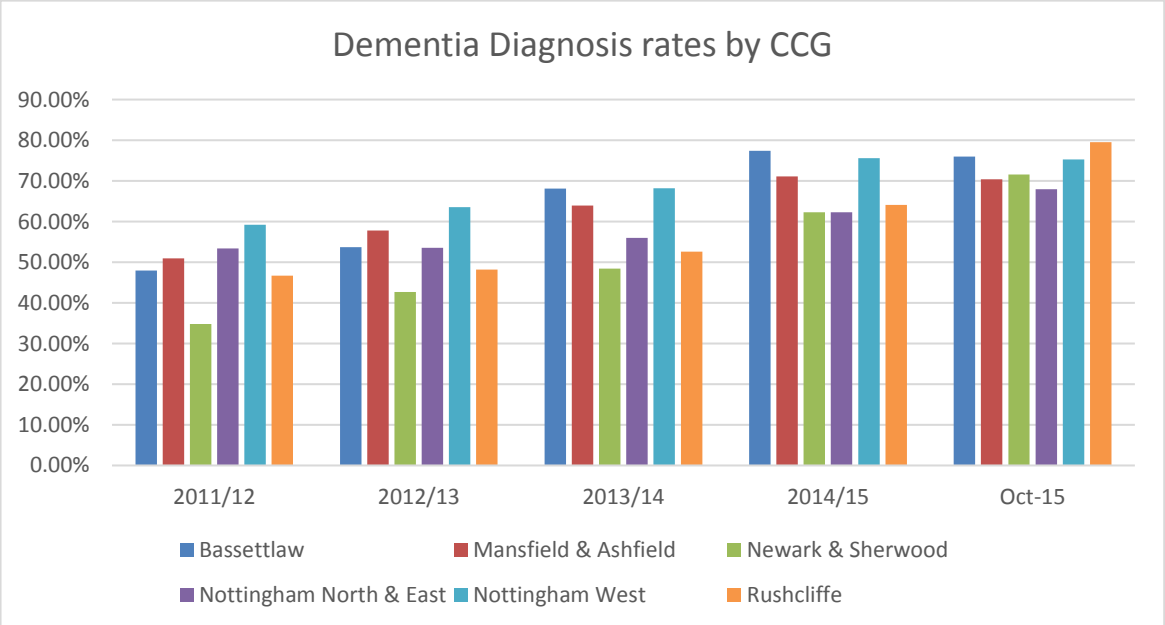
- 55.4% have mild dementia
- 32.1% have moderate dementia
- 12.5% have severe dementia
- 38% of all people with dementia live in care homes, 62% live at home
- Whilst the proportion of all older people residing in care homes has decreased from the early 1990s to the late 2000s (from 5% to 3%), the prevalence of dementia among them seems to have increased, from 56% to 70%.

All from Dementia UK Update 2014

Estimates of the prevalence of people with dementia under 65 are difficult to confirm as the numbers are low. NHS England notes that 97% of all **diagnoses** are for people aged over 65. If this ratio is applied to prevalence, the estimated number of people under 65 who may have dementia is approximately 340. The Working Age Dementia service however, receive between 400-500 referrals p.a. suggesting that actual numbers may be higher.

3. INDICATORS AND BASELINE GRAPHS

The only reliable and consistent measure giving a baseline performance in dementia is the dementia diagnosis rate which has been monitored for several



years. Diagnosis rates have risen steadily over the last 5 years, as the graph below shows. All 6 CCGs exceed the national target of 66.7%

	Bassetlaw	Mansfield & Ashfield	Newark & Sherwood	Nottingham North East	Nottingham West	Rushcliffe	Total
Prevalence	1499	2270	1601	1840	1455	1581	10246
Diagnosed	1106	1601	1149	1233	975	1060	7126
% rate	73.78%	70.53%	71.8%	67.01%	67.01%	67.05%	69.54%

Public Health England has created a Dementia Profile which provides indicators arranged into six data domains, reflecting the Well Pathway PHOF Dementia Profile:

- Prevalence (measured as % of all ages and over 65)
- Preventing well (performance across a range of risk factors e.g. smoking, weight, CHD)
- Diagnosing well (no indicator yet)
- Living well (social isolation among adult carers)
- Supporting well (rate of admissions to hospital where people also have Alzheimer's)
- Dying well (place of death of people with dementia).

The profile shows that, compared with England, Nottinghamshire has:

- a higher recorded dementia diagnosis
- higher recorded prevalence of smoking, obesity and CHD
- lower % of adult carers who have as much social contact as they would like
- similar or higher rates of hospital admission where people also have dementia
- similar rates of people with dementia dying at home, in a care home or in hospital.

4. FACTORS DRIVING THE BASELINE

The CFASII report shows that later-born populations have a lower risk of prevalent dementia than those born earlier in the past century, that is, a decrease of 1.8% (8.3% compared with 6.5%) in people aged 65 years and older CFASII report. This research has informed the prevalence rates used by NHS England from April 2015.

Nevertheless the numbers of people with dementia will continue to rise because of our increasing older population, specifically:

- Numbers of older people and as a percentage of total population
- Numbers of people aged over 80
- Numbers of frail older people with multiple co-morbidities.

The single biggest risk factor for dementia is age.

5. DATA DEVELOPMENT

Additional local information that would contribute to this plan is:

- Activity information available for dementia services, specifically, number of people diagnosed by the memory assessment service (compared to number of referrals) and including the Working Age Dementia services
- Equalities information for the local population, specifically referrals and diagnoses of people from BaME groups.

6. EVIDENCE BASE FOR WHAT WORKS TO LIVE WELL WITH DEMENTIA

a) Prevention - the single biggest modifiable risk factor is in relation to vascular dementia and this risk can be reduced by adopting a healthy lifestyle in mid-life. Specifically this means not smoking, eating healthily, being physically active and reducing alcohol consumption. These changes could prevent between 3-20% of new cases over 20 years. Blackfriars Consensus

b) Diagnosing Well – good practice in assessment and diagnosis, has identified 3 successful models Models of Dementia Assessment & Diagnosis

(i) A primary care managed service with specialist care outreach

(ii) A specialist care managed service with primary care delivery

(iii) An entirely specialist led service.

The Nottinghamshire model most closely resembles “b”, with the capacity for GP diagnosis where appropriate e.g. for patients in care homes.

There is no evidence to support population screening, however, evidence suggests most people prefer to know if they have dementia in order to access appropriate support and treatment and to plan for the future http://www.bmj.com/bmj/section-pdf/898705/12

The way in which the diagnosis is given is also important to people.

Culturally appropriate assessment screening tools and cognitive stimulation therapy are needed.

c) Supporting and Living Well - access to post-diagnostic treatment, advice and support is important but insufficient. More research is also needed to identify what are the most effective components of care that enable a person with dementia and their carer to live well and maintain independence . Key components include:

(i) Information and advice

(ii) Personal care

(iii) NHS and hospital care

(iv) Care homes

(v) Treatments for symptoms or behaviour

(vi) Living Well including:
- support for carers

- feeling included in society
- activity and spirituality

The Prime Minister's Challenge 2020 calls for the development of a solid evidence base for most of these components.

d) Dying Well – people with dementia are more likely to be admitted to hospital or at care home towards end of life. They may also receive poor care because they are unable to communicate their needs and wishes. Advance care planning and staff training are therefore important. SCIE Dementia: End of Life Care Evidence

7. RECOMMENDATIONS

Recommendations attached at **Appendix 5.** Recommendations are intended to follow through into local plans for member organisations where indicated. The plan will continue to develop over the period of the Challenge.

Appendix 1

1. 18 Key commitments from the Prime Minister's Challenge on Dementia 2020 linked to 5 themes:

a) Continuing the UK's Global Leadership Role

Commitment 1**:** An international dementia institute established in England.

b) Risk Reduction

Commitment 2: Improved public awareness and understanding of the factors, which increase the risk of developing dementia and how people can reduce their risk by living more healthily. This should include a new healthy ageing campaign and access to tools such as a personalised risk assessment calculator as part of the NHS Health Check.

c) Health & Care

Commitment 3: In every part of the country people with dementia having equal access to diagnosis as for other conditions, with an expectation that the national average for an initial assessment should be 6 weeks following a referral from a GP (where clinically appropriate), and that no one should be waiting several months for an initial assessment of dementia.

Commitment 4: Every person diagnosed with dementia having meaningful care following their diagnosis, which supports them and those around them, with meaningful care being in accordance with published National Institute for Health and Care Excellence (NICE) Quality Standards. Effective metrics across the health and care system, including feedback from people with dementia and carers, will enable progress against the standards to be tracked and for information to be made publicly available.

Commitment 5: GPs playing a leading role in ensuring coordination and continuity of care for people with dementia, as part of the existing commitment that from 1 April 2015 everyone will have access to a named GP with overall responsibility and oversight for their care.

Commitment 6: All hospitals and care homes meeting agreed criteria to becoming a dementia-friendly health and care setting.

Commitment 7: All NHS staff having received training on dementia appropriate to their role. Newly appointed healthcare assistants and social care support workers, including those providing care and support to people with dementia and their carers, having undergone training as part of the national implementation of the Care Certificate, with the Care Quality Commission asking for evidence of compliance with the Care Certificate as part of their inspection regime. An expectation that social care providers provide appropriate training to all other relevant staff.

d) Dementia Awareness and Social Action

Commitment 8: Alzheimer's Society delivering an additional 3 million Dementia Friends in England, with England leading the way in turning Dementia Friends in to a global movement including sharing its learning across the world and learning from others.

Commitment 9: Over half of people living in areas that have been recognised as Dementia Friendly Communities, according to the guidance developed by Alzheimer's Society working with the British Standards Institute. Each area should be working towards the highest level of achievement under these standards, with a clear national recognition process to reward their progress when they achieve this. The recognition process will be supported by a solid national evidence base promoting the benefits of becoming dementia friendly.

Commitment 10: All businesses encouraged and supported to become dementia friendly, with all industry sectors developing Dementia Friendly Charters and working with business leaders to make individual commitments (especially but not exclusively FTSE 500 companies). All employers with formal induction programmes invited to include dementia awareness training within these programmes.

Commitment 11: National and local government taking a leadership role with all government departments and public sector organisations becoming dementia friendly and all tiers of local government being part of a local Dementia Action Alliance.

e) Research

Commitment 12: Funding for dementia research on track to be doubled by 2025.

Commitment 13: Increased investment in dementia research from the pharmaceutical, biotech devices and diagnostics sectors, including from small and medium enterprises (SMEs), supported by new partnerships between universities, research charities, NHS and the private sector. This would bring word class facilities, infrastructure, drive capacity building and speed up discovery and implementation

Commitment 14: Dementia research as a career opportunity of choice, with the UK being the best place for Dementia Research through a partnership between patients, researchers, funders and society.

Commitment 15: Increased numbers of people with dementia participating in research, with 25 per cent of people diagnosed with dementia registered on Join Dementia Research and 10 per cent participating in research, up from the current baseline of 4.5 per cent.

Commitment 16: Cures or disease-modifying therapies on track to exist by 2025, their development accelerated by an international framework for dementia research, enabling closer collaboration and cooperation between researchers on the use of research resources – including cohorts and databases around the world.

Commitment 17: Open access to all public funded research publications, with other research funders being encouraged to do the same.

Commitment 18: More research made readily available to inform effective service models and the development of an effective pathway to enable interventions to be implemented across the health and care sectors.

2. CCG improvement and assessment framework 2016/17

- Estimated diagnosis rate for people with dementia
- Dementia care planning and post-diagnostic support

Appendix 2

Dementia Services in Nottinghamshire – feedback from people with dementia and carers

Throughout October and November 2015 discussions were held with carers' groups, and Dementia Cafes and key themes were presented at the Health & Wellbeing Board Dementia Stakeholder event. About 100 people were invited to contribute their views in face to face meetings. A request was also made on-line via http://www.dementiacarer.net/

The briefing and questions are set out below:

Consultation with carers

Dementia is a key priority within Nottinghamshire's Health and Wellbeing Strategy and is a condition that crosses health, social care, voluntary sector and other boundaries. It is particularly relevant for the population of Nottinghamshire which has an increasing proportion of older people who may be at risk. It is also important to acknowledge the immense and invaluable role that carers play in supporting people with dementia.

The Health & Well-being Board is planning a stakeholder event which will focus on dementia. This will aim to inform a Nottinghamshire-wide plan for the Health & Wellbeing Board and its partners. This will provide a local focus to address the recommendations in the Prime Minister's Challenge2 020 (link below) which sets out new recommendations for improving care for people with dementia and carers:

https://www.gov.uk/government/publications/prime-ministers-challenge

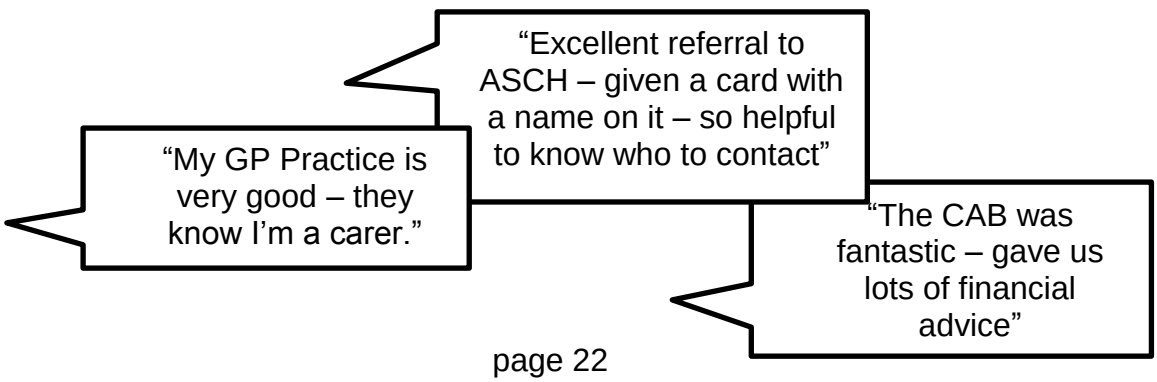
We are seeking the views of resident carers to inform and influence the work of the Council, the local NHS and 3rd sector, which will be discussed at the stakeholder event in the autumn.

Questions

What's working well?
What isn't working well?
How can we improve it?

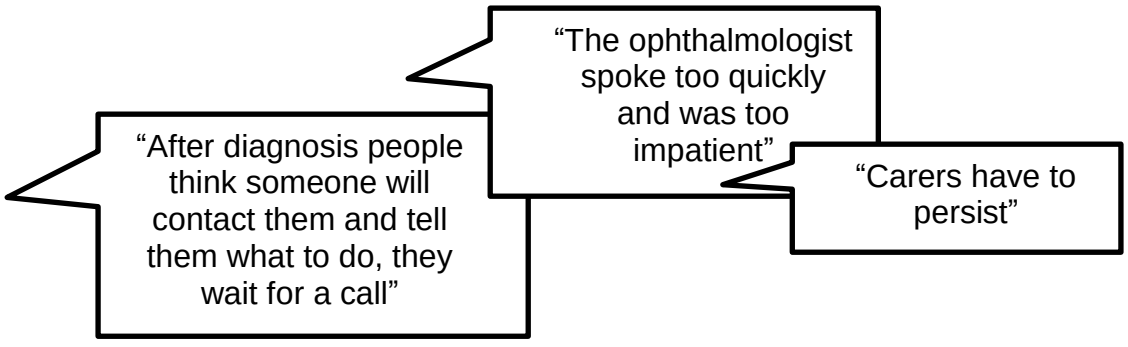
Meetings were held in:

Worksop
Newark
Stapleford
Mansfield



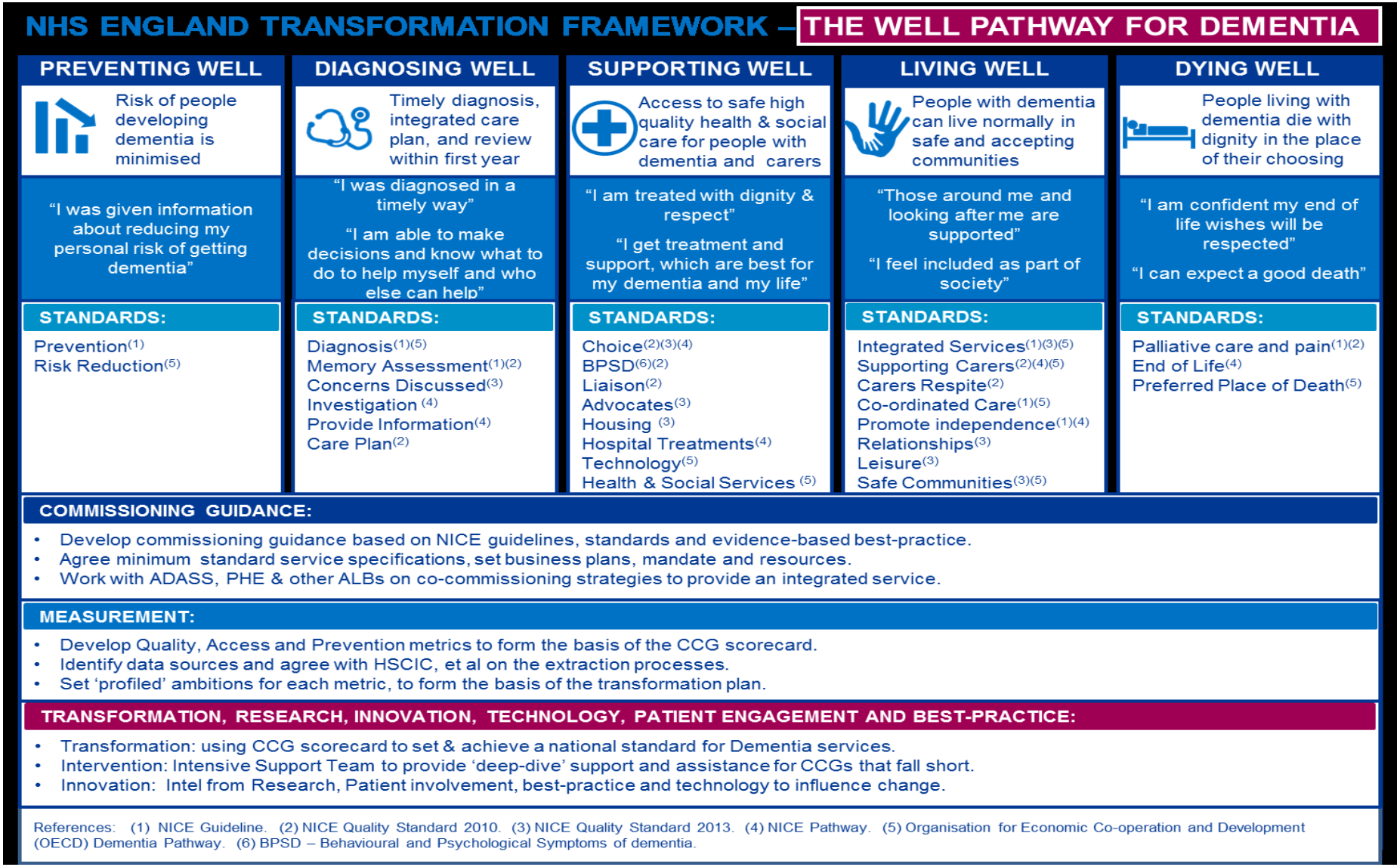
Summary of Carers' Consultation meetings

What's working well	• Individual services, once accessed, very good - Red Cross equipment service - Day care/Care home/Social worker - GP Practice/ Sheila Gibson clinic - CRISP/PRISM • Access to information - CAB • Self-help groups - Worksop group - Crossroads - Forget-me-not • Carer seen separately in clinic
What isn't working well?	• Lack of accessible local services • Lack of co-operation and co-ordination between health & social care • Lack of understanding about dementia among health and social care staff • Day care mix of clients • Layout of GP practice • Very trying to have to visit so many people with a person with dementia • Word 'carer' is off-putting • Dealing with changes to day care fees • Lack of services for people with Working Age Dementia
How can we improve it?	• Having someone to follow you through rather than time-limited services • Not having to repeat yourself many times • For assessments HCP needs to come more than once • Help for isolated carers (who do not attend groups) • Delivering the diagnosis 'kindly' • Occupational therapy advice about aids and adaptations • Annual review • More men working in care homes • Financial advice – confusion around different allowances



Appendix 3

The Well Pathway for Dementia



Appendix 4: Population figures and dementia prevalence

Figure 1 shows that number of people aged over 65 registered in Nottinghamshire CCGs is expected to increase by 11.8%.

Figure 2 shows the resident population by Local Authority and this is expected to increase by 10%. There is a difference between resident and registered populations due to lower increases in some Local Authority areas. The impact of population growth on expected Dementia Prevalence is calculated by CCG and is in **Figure 3**.

Figure 1: Over 65 population by CCG 2015 and 2020 (registered)

CCG	Bassetlaw	Mansfield & Ashfield	Newark & Sherwood	Nottingham North and East	Nottingham West	Rushcliffe	Nottinghamshire
2015	23,143	34,549	26,827	29,473	19,186	25,211	158,391
2020	26,138	38,565	30,113	32,664	21,090	28,554	177,123
Diff	2,995	4,016	3,286	3,191	1,904	3,343	18,732
% incr.	12.9%	11.6%	12.2%	10.8%	9.9%	13.2%	11.8%

Source: PH Info

Figure 2: Over 65 population by Local Authority 2015 and 2020 (resident)

LA	Bassetlaw	Ashfield	Mansfield	Newark & Sherwood	Gedling	Broxtowe	Rushcliffe
2015	24,073	22,858	19,798	24,989	23,570	22,764	23,656
2020	26,787	25,148	21,688	27,615	25,743	24,565	26,412
Diff	2,714	2290	1890	2,626	2,173	1,801	2,756
%	11.2%	10.0%	9.5%	10.5%	9.2%	7.9%	11.7%

Source: PH Info

Figure 3: Over 65 dementia prevalence by CCG 2015

CCG	Bassetlaw	Mansfield & Ashfield	Newark & Sherwood	Nottingham North and East	Nottingham West	Rushcliffe	Nottinghamshire
2015	1,499	2,270	1,601	1,840	1,455	1,581	10,246
2020	1,692	2,633	1,796	2,038	1,599	1,788	11,546

Source: NHS England planning Trajectory 2015/16 adjusted for CFASII

Appendix 5

Recommendations for Action from the Dementia Stakeholder Event

Action	Lead Responsibility
1. Raising awareness and Reducing the risk of dementia 1.1 Preventing Well a. Public Health to promote awareness of the risk of dementia to adults through lifestyle services: smoking , obesity & weight management, alcohol and substance misuse and Health Checks b. Raising awareness of the symptoms of dementia through Health Checks so that relatives and carers can identify onset c. Tackle stigma and shame about dementia in BaME communities	Public Health
2. Primary Care/General Practice 2.1 Diagnosing Well a. Maintain diagnosis rates at least two thirds prevalence b. Review Nottinghamshire Dementia Referral Guidelines (autumn 2017) 2.2 Supporting Well a. Develop local plans to improve the quality of post-diagnostic treatment and support including Annual b. Reviews (Links to 3. Below) b. Consider dementia friendly GP practices: c. Identify a Dementia Champion d. Dementia Friends for all staff e. Consider dementia friendly layout in new build/refurbishment schemes 2.3 Dying Well a.Preparation for families	Nottinghamshire CCGs
3. Meaningful Care after Diagnosis 3.1 Supporting Well 3.1.1 Provision of a care plan and appropriate information on what services are available locally and how these can be accessed e.g. DASS 3.1.2 Quality of annual reviews in Primary care 3.1.3 Better integration of health and social care; mental and physical healthcare 3.1.4 NHS & social care staff training in the community, hospital, care homes and home care 3.1.5 Housing options e.g. Extracare 3.1.6 Use of technology	Nottinghamshire CCGs HWBB CCGs & ASCHPP Provider organisations ASCHPP & DCs

3.2 Living Well a. Ensuring access to information, advice and a social care assessment	ASHPP
4 Carers 4.1 Living Well a. Carers of people with dementia being made aware of and offered: i. Information, education and training ii. Emotional and psychological support iii. Home care/respite iv. Compass workers	ASCHPP
5 Dementia Friendly Communities (DFCs) 5.1 Living Well a. Work with the local Dementia Action Alliance to promote DFC's in local areas b. Promote awareness in specific groups: BaME groups, deaf people, police schools c. Promote dementia awareness in NHS contracted services: dentists, pharmacists, opticians d. Promote dementia awareness in the workplaces (links to risk reduction)	All HWBB NHSE HWBB

Abbreviations

AHSCPP Adult Social Care, Health and Public Protection

HWBB Health & Wellbeing Board

DC District Council

Dementia

Topic information	
Topic title	*Dementia*
Topic owner	*OPICG*
Topic author(s)	*Gill Oliver*
Topic quality reviewed	*February 2014, Joanna Cooper*
Topic endorsed by	*Dementia Strategy Group, OPICG*
Topic approved by	*Approved 26th March HWIG*
Current version	*05.8.2016 amended (see pages 1, 4, 7, 13)*
Replaces version	*24.4.2014*
Linked JSNA topics	*Depression, Carers*

Note: figures presented in the JSNA have been updated since it was published – click here to open the Nottinghamshire County Dementia Framework for Action 2016-2020.

Executive Summary

Introduction

Dementia is a term used to describe a range of brain disorders that have in common a loss of brain function that is usually progressive and eventually severe. The most common types of dementia are Alzheimer's disease, vascular dementia and dementia with Lewy bodies. Some people have both vascular dementia and Alzheimer's disease.

Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. Dementia can affect people of any age but is most common in older people, particularly those aged over 65 years. The number of people aged over 65 living with dementia in Nottinghamshire is predicted to rise from 11022 in 2015 to 13138 in 2021. This represents a 19.2% increase over 6 years.

This chapter considers the health and social care needs of people with dementia. Other relevant links within the JSNA are to sections on Adult Mental Health (particularly Depression), End of Life, Older People with Long Term Conditions and Carers.

Dementia has become prominent in the last 5 years with the publication of two significant policy documents: the National Dementia Strategy in 2009 and the Prime Minister's Challenge in 2012 (links below).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf

Unmet need and gaps

Unmet needs and service gaps include:

- Supporting Dementia Friends and Dementia Friendly communities in line with national policy
- Improving diagnosis rates to meet the national target of 67% - including GP awareness, capacity in memory assessment services and using the acute hospital CQUIN, FAIR (Find, Assess and Investigate, Refer)
- Provision of post diagnosis support including:
    - Better, more accessible and timely information
    - Additional support for people of working age with a diagnosis of dementia
    - Issues of capacity in specialist mental health services
    - Crisis response and support
    - Support for carers
- Better alignment with physical health services
- Quality of acute hospital care for people with dementia and/or delirium
- End of Life Care
- Improving quality in Care homes

Awareness of dementia and support for people from BME communities and other minority groups

- Increased awareness of dementia in primary and acute care

Recommendations for consideration by commissioners

- Support Dementia Friends and Dementia Friendly communities in line with national policy
- Improve diagnosis rates to achieve 67% target
- Better alignment with physical health services including diet and nutritional advice
- Provision of post diagnosis support including:
    - Better, more accessible and timely information
    - Additional support for people of working age with a diagnosis of dementia
    - Address issues of capacity in specialist mental health services
    - Crisis response and support
    - Support for carers
- Continued development of knowledge and skills across health and social care

Full JSNA report

What do we know?

1) Who is at risk and why?

Dementia is a term used to describe a range of brain disorders that have in common a loss of brain function that is usually progressive and eventually severe. The most common types of dementia are Alzheimer's disease, vascular dementia and dementia with Lewy bodies. Some people have both vascular dementia and Alzheimer's disease.

Alzheimer's Society - Types of Dementia

Who is at risk?

Dementia prevalence is associated with a number of factors, such as:

- Age
- Gender
- Social class and educational achievement
- Learning disabilities
- BME groups

The prevalence of dementia increases with age and is higher in women than in men (as there are more older women than older men). Women also have a slightly higher risk of developing Alzheimer's disease, but have a lower risk than men of vascular dementia. The number of people with dementia in Nottingham and Nottinghamshire is therefore estimated to be greatest in those aged over 75 years, especially women, since their life expectancy is greater. The rate of cognitive problems has been found to be higher in people of lower social class and lower educational achievement[1]. People with learning disabilities are at higher risk of developing dementia at younger ages. For those with Down's syndrome, dementia may develop between 30-40 years of age. It is also noteworthy that 6.1% of all people with dementia among BME groups are early onset compared with 2.2% for the UK population overall, reflecting the younger age profile of BME communities[2].

What is the impact on health and wellbeing

The onset of dementia is gradual and many people are not formally diagnosed, yet they may live with dementia for 7 to 12 years. Early symptoms include loss of memory, confusion and problems with speech and understanding. However, over time dementia significantly affects people's ability to live independently, as a result of:

- Decline in memory, reasoning and communication skills
- Inability to carry out activities of daily living
- Behavioural problems such as aggression, wandering and restlessness
- Continence problems
- Problems with eating and swallowing

Dementia places a particular burden on carers and family members. Timely diagnosis and intervention is helpful, as it enables the person with dementia and their carer/s to come to

terms with the disease and make plans for the future. Many of those with severe dementia, especially those over 85, have a combination of mental and physical problems[3].

Many of the carers of older people with dementia are themselves elderly - up to 60 per cent are husbands or wives[4]. Carers of people with dementia generally experience greater stress than carers of people with other kinds of need; nearly half having some kind of mental health problem themselves. However carer support and education can enable more people to live at home for longer and prevent carer breakdown, which is a major cause of people needing to move into long-term care.

What are the risks of not addressing dementia?

Due to the ageing population, the predicted increase in numbers of people with dementia in Nottinghamshire is 19.2% in the next 6 years. It is estimated that in the period 2007- 2037:

- The numbers of people with dementia will double
- The costs of dementia will treble

The economic case for early diagnosis and intervention services in dementia claims that this approach is cost effective since it will reduce admissions to residential care[5].

What are the benefits of timely diagnosis and intervention?

Diagnosis excludes other, treatable conditions with similar symptoms. For Alzheimer's disease only, there are a number of cognitive enhancing medications which can help. For all dementias, timely diagnosis allows access to:

- Advance care planning encompassing: medical, financial, social, housing, driving, end of life care
- Access to information and support (dementia advisers, memory cafes, CMHTs, , Assistive Technology, Home care, intensive home support)
- Review of physical health and co-morbidities
- Access to peer and carer support

2) Size of the issue locally

Prevalence

Note: these figures have been updated since the JSNA was published – click here to open more recent report**.**

Prevalence is the number of people with dementia in the population. The rates below are derived from the Dementia UK report, 2007[2].

Figure 1: Prevalence rates for dementia in the UK by age group and gender (Source: Dementia UK 2007)

	65-69 years	70-74 years	75-79 years	80-84 Years	85+ years
Males	1.5%	3.1%	5.1%	10.2%	19.7%
Females	1.0%	2.4%	6.5%	13.3%	25.2%

These prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia by CCG by 2015. Numbers are higher in Nottinghamshire than the England average due to higher numbers of older people

Figure 1 Dementia prevalence 2015		
CCG	**over age 65**	**under age 65**
Bassetlaw	1,540	31
Mansfield & Ashfield	2,360	50
Newark & Sherwood	1,824	36
Nottingham North & East	2,050	40
Nottingham West	1,403	25
Rushcliffe	1,846	34
Nottinghamshire	11,022	215

Source: Nottinghamshire County and Nottingham City Public Health Intelligence Team

Incidence

Incidence of dementia is the number of new people with dementia each year.

Figure 2 Dementia incidence over 65	
CCG	**2015**
Bassetlaw CCG	440
Mansfield & Ashfield	673
Newark & Sherwood	520
Nottingham North & East	581
Nottingham West	395
Rushcliffe	523
Nottinghamshire	5,147

Source: Nottinghamshire County and Nottingham City Public Health Intelligence Team

Numbers of people with dementia under age 65 are small, however current referrals to the service from Nottinghamshire CCGs are approximately 170 pa. It is recognised that people with dementia under age 65 are more complex and difficult to diagnose

Other sources of information

The Department of Health has published a State of the Nation report on Dementia and an accompanying on-line map setting out information about dementia care, support and research across the country. Please note this is a work in progress. Links to the report[6] and online dementia map[7] (accessed 30 Jan 2014) are:

https://www.gov.uk/government/publications/dementia-care-and-support

http://dementiachallenge.dh.gov.uk/map/

Notable changes in need since last JSNA (2012)

1. The dementia diagnosis rate has improved over the last 2 years. All Nottinghamshire CCGs are achieving above the average diagnosis rate for England (45%) except Newark & Sherwood (39.4%)

2. The Dementia UK report based prevalence rates on an earlier study which has now been repeated. The Cognitive Function and Ageing Study[8] (CFAS) has been repeated and published suggesting that the prevalence rate has reduced from 8.3% to 6.5% in over 65s. The impact of this on rates of prevalence and incidence is being worked on and will change the rates in Figure 1 above. The number of people with a dementia will continue to rise due to the increasing older population, albeit at a lower rate.

3. Dementia is more frequently recorded as cause of death. The largest increase in both percentage and absolute terms is for dementia as the underlying cause which may partly reflect changes in underlying cause of death coding practice as well as a positive increase in number of people dying at home from 'diseases of old age'[9].

Depression vs. Dementia in the Elderly

Depression and dementia share many similar symptoms including memory problems, sluggish speech and movements and low motivation. There are some differences which can help to avoid misdiagnoses, although some people may have both conditions.

Symptoms of depression	Symptoms of dementia
Mental decline is relatively rapid	Mental decline happens slowly
Knows correct time, date and whereabouts	Confused and disorientated
Difficulty concentrating	Difficulty with short term memory
Language and motor skills are slow but normal	Writing and motor skills are impaired
Notices or worries about memory problems	Doesn't notice memory problems or seem to care
Agitation	Agitation, wandering and challenging behaviour

3) Targets and performance

Diagnosis rates

The Prime Minister's Challenge on Dementia aims to increase the diagnosis rate to 67% by March 2015. CCGs have had to submit plans to NHS England setting out trajectories for achieving the diagnosis rate. This is being monitored via the Quality Outcomes Framework (QOF) which includes:

- A register of patients diagnosed with dementia

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months
- The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of Full Blood Count (FBC), calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12, and folate levels recorded between 6 months before or after entering on to the register

Performance has improved over the last 2 years. All Nottinghamshire CCGs are achieving above the average diagnosis rate for England (45%) except Newark & Sherwood (39.4%)

Note: these figures have been updated since the JSNA was published – click here to open more recent report.

Figure 3 Dementia Diagnosis rates	**2011/12**			**2012/13**		
	Obs	Exptd	% rate	Obs	Exptd	% rate
Bassetlaw CCG	692	1372	50.4%	786	1391	56.5%
Mansfield & Ashfield	1066	2093	50.9%	1244	2153	57.8%
Newark & Sherwood	560	1610	34.8%	703	1646	42.7%
Nottingham North & East	971	1820	53.4%	1000	1870	53.5%
Nottingham West	747	1263	59.2%	823	1297	63.5%
Rushcliffe	760	1627	46.7%	797	1654	48.2%
Nottinghamshire	**4796**	**9783**	**49.0%**	**5353**	**10011**	53.5%

Source: Nottinghamshire County and Nottingham City Public Health Intelligence Team

Other mechanisms in place to improve diagnosis rates are:

- Enhanced service in 2013/14 are to encourage GP practices to:
  - identify patients at clinical risk of dementia;
  - offer an assessment to detect for possible signs of dementia in those at risk;
  - offer a referral for diagnosis where dementia is suspected; and,
  - support the health and wellbeing of carers for patients diagnosed with dementia

  Facilitating Timely Diagnosis and Support for People with Dementia
- NHS Health Check Programme introduced in April 2009, offers advice and support to help people aged 40-74 make changes that can reduce the risk of ill health, including vascular dementia. Since April 2013, people in England aged 65-74, should be given information about dementia and the availability of memory services. The NHS Health Check dementia leaflet has been developed to support the dementia information given to those aged 65-74 years of age during their appointment.
  NHS Health Check Dementia Leaflet
- Acute hospital CQUIN - Improving dementia and delirium care, including sustained improvement in Finding people with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR). People aged over 75 who are admitted

to an acute hospital as an emergency are asked the 'dementia question': 'Have you/ has the person been more forgetful in the last 12 months to the extent that it has significantly affected their daily life?' The results are available on the online map (link below)

www.dementiachallenge.dh.gov.uk/map/

4) Current activity, service provision and assets

Dementia mainly affects older people, especially people aged over 85. Therefore many people with dementia, and their carers, also experience physical health problems which require an integrated approach wherever possible. Services for people with dementia are provided by a very broad spectrum including the NHS, social care, independent and third sector provision. The section below is an overall summary of the services available

Dementia Awareness and Dementia Friendly Communities

Nottinghamshire has a Dementia Action Alliance which aims to promote dementia awareness among a wide range of agencies e.g. Police, Fire Service, shops etc. by promoting Dementia Friends training and dementia friendly practices.

www.dementiaaction.org.uk
www.dementiafriends.org.uk

Prevention and Early Intervention Services

Nottinghamshire County Council Adult Social Care, Health and Public Protection (ASCH&PP) commission a range of Prevention and Early intervention services that support people before and after diagnosis

- Advocacy, support for carers, meals service, welfare rights service, handy persons' adaptation scheme (HPAS) advice and guidance through the Customer Service Centre (CSC), First Contact and an on-line service directory "Choose My Support"

  http://choosemysupport.org.uk/

Primary Care and Community Health services

Primary care and community health services are increasingly operating more integrated, locality based models which are inclusive in caring for people who may also have dementia eg the PRISM model in Newark & Sherwood (Proactive Care, Integration, Self-Management)

Diagnosis

People seeking a diagnosis initially contact their GP who will undertake tests to exclude other causes and refer them, where appropriate, to the memory assessment service. GPs will follow the local Guidelines for the Prevention, Early Identification and Management of Dementia[10]. Services provided at diagnosis are:

- Memory Assessment Service providing assessment, diagnosis and care planning, including a working age dementia service
- Prescribing of anti-dementia medication for Alzheimer's disease where appropriate
- Alzheimer's Society attend memory clinics and give advice following diagnosis including a follow-up telephone contact if appropriate

Support after diagnosis (plus other support listed below)

- Ongoing support from GP including annual reviews
- Dementia Cafes and Carers Information sessions
- Cognitive Stimulation Therapy

Specialist dementia care

Specialist dementia care is provided by Nottinghamshire Healthcare NHS Trust's Mental Health Service for Older People (MHSOP). MHSOP provides care for those of any age with dementia and those over 65 with moderate and severe functional mental health conditions (except people with a Learning Disability who are cared for by LD services.). The focus is on managing people within the community rather than inpatient care wherever possible. Services are provided with an ethos of positive risk taking and recovery focused care. Dementia services include:

- Memory Assessment services
- Community mental health services
- Sessional day services including Cognitive Stimulation Therapy
- Specialist inpatient dementia care (acute and challenging behaviour)
- Psychological assessment and treatment
- Working Age Dementia
- Intensive Recovery Intervention Service (acute and challenging behaviour)
- Specialist dementia outreach to support care homes
- Rapid response liaison psychiatry to support acute hospitals (NUH, SFHT and Bassetlaw)

More information about specialist dementia services is available at:

http://www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/mental-health-services-for-older-people/

Carers – see carers section of JSNA for information about:

- Support for carers including Compass workers
- Carer's assessments
- Respite care

Care at Home

- Nottinghamshire County Council Adult Social Care, Health and Public Protection (ASCHPP) commission **Community Support Services** including Assessment & care management, personal budgets and direct payments, day services, home based care, supported housing, Extra Care housing including the development of some specialist provision for people with dementia in Mansfield and Ashfield, home care reablement services, Intermediate Care and Assessment Beds, occupational therapy including aids and adaptations, Assistive Technology including "Just Checking" and Supporting People
- Independent sector home care providers

- Development of community based services to support people to live at home for longer, through the Intensive Recovery Intervention Service
- Third sector provision to support people at home provided by the Alzheimer's Society, Age UK, Central Notts MIND, Crossroads and similar organisations

Care in Acute Hospitals

The role of acute trusts needs to be recognised more and services made much more dementia friendly. In particular some polices especially in relation to 'safety' issues may unintentionally make thing worse for people with dementia. Specific services are:

- Screening of people aged over 75 and admitted as an emergency
- Recognition of the needs of frail older people with dementia and physical health needs, including medical wards which specialise in caring for people who also have dementia and/or delirium
- Rapid Response Liaison Psychiatry teams to support Nottingham University Hospitals, Sherwood Forest Hospital Trust and Bassetlaw Hospital

Care Homes

Approximately one third of people with dementia live in a care home or nursing home. Nottinghamshire County Council's Adult Social Care, Health and Public Protection (ASCHPP) commission a range of services which are essential components of dementia care.

Residential and nursing home placements including high quality dementia care which is recognised by the Dementia Quality Mark (DQM). More information is available here, including the care homes achieving the DQM: http://www.nottinghamshire.gov.uk/caring/adultsocialcare/somewheretolive/care-homes/dementiaqualitymark/

Specialist dementia outreach is commissioned by the Nottingham City CCG to support care homes (provided by specialist nurses, NHCT)

Dementia activity

Dementia services are not usually separately identified since they are woven into older people's services in general, or are integrated with other older people's mental health services. It is therefore difficult to separate out specific dementia activity. Activity for older people's mental health services in 2011/12 and 2012/13 is set out below. Approximately 50% of this activity is related to dementia. Work is underway to collect dementia and other older people's mental health activity separately and this will be available in future JSNAs.

Figure 4: Activity for Specialist Older People's Mental Health Services*

Nottinghamshire CCGs (inc. Bassetlaw)	2011/2012	2012/2013	2013/14 (FOT)
Community contacts	59554	63948	80065
Number of patients	6514	6993	7331
Average contacts per patient	9	9	11
Inpatient bed days	34410	31477	24168
Number of inpatients	484	434	407
Average bed days per patient	71	72	59

Source: Newark & Sherwood CCG

FOT = forecast outturn based on April 2013 - Feb 2014

*this includes dementia and functional mental health (e.g. depression and anxiety)

The table demonstrates the shift from inpatient to community based care and reinvestment of savings into alternative intensive community support. This has also had the effect of increasing the average number of contacts per person.

5) Evidence of what works

Prevention

The evidence for preventive strategies is inconclusive. Key prevention messages, similar to those for stroke, can be of benefit for people who may be at risk of vascular dementia, including:

- Diet – eat healthily
- Body – be physically active
- Health checks – manage blood pressure, blood cholesterol, blood sugar and weight.
- Social life – participate in social activities.
- Habits – avoid tobacco smoke and only drink alcohol in moderation.
- Head – protect your head from injury.
- Brain – keep your brain active

Cause

Research is taking place into the causes of dementia and the G8 summit gave undertaking commitment to develop a cure or treatment by 2025.
http://dementiachallenge.dh.gov.uk/2013/12/12/g8-dementia-summit-agreements/

Cure

At present there is no cure for dementia. Medication can help and the following drugs are approved for use in Alzheimer's disease only: donezepil, galantamine, rivastigamine and memantine. Local clinical guidelines are available on the Nottinghamshire APC website:

http://www.nottsapc.nhs.uk/index.php/clinical-guidelines

Diagnosis & Care

There is a developing evidence base on how best to diagnose and then support people with dementia and their carers. Most of this is set out in NICE-SCIE Guideline on supporting people with dementia and their carers in health and social care published in 2007 (link below).

Timely diagnosis is recommended to allow the person with dementia and their carers to ensure they have an accurate diagnosis, access information and support, make plans for the future.

CT and MRI scans may be used in diagnosis where appropriate. PET scans are recommended for use in highly selected patients with cognitive impairment where i) Alzheimer's dementia (AD) is a possible diagnosis but this remains uncertain after comprehensive evaluation by a dementia expert and conventional imaging (usually in people aged under 65)[11]. Local GP referral guidelines have been developed and are regularly reviewed[12].

NICE guidance recommends both pharmacological treatments (see Cure above) and non-pharmacological support including e.g. Cognitive Stimulation Therapy (CST), therapeutic use of music/dancing, communication.

http://www.scie.org.uk/publications/misc/dementia/dementia-fullguideline.pdf

National Dementia Strategy, Living Well with Dementia, 2009

Due to the lack of an effective treatment for dementia, the national strategy focussed on living well with dementia i.e. how services can be organised to enable people to live well with the condition.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

Prime Minister's Challenge, 2012

The Prime Minister's challenge focuses on way to make people more aware about dementia, reduce stigma, create dementia friendly communities and promote research

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf

Research

In addition to research about the cause and possible cures for dementia, there is a fruitful area of research nationally, into the best ways to care for people with dementia. Examples include: coping with challenging behaviour, what makes a good home care service, use of assistive technology, care homes and the creative arts and dementia. Some of this research being carried out locally at the Institute of Mental Health, University of Nottingham. http://www.institutemh.org.uk/

The IMH and specialist dementia services are encouraging people with dementia to take part in research.

6) What is on the horizon?

Projected service use and outcomes in 3-5 years and 5-10 years

Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages.

Prevalence of dementia

Note: these figures have been updated since the JSNA was published – click here to open more recent report.

The number of people **aged over 65** living with dementia in Nottinghamshire is predicted to rise from 11022 in 2015 to 13138 in 2021. This represents a 19.2% increase over 6 years.

Figure 5 Dementia prevalence over 65

CCG	2015	2016	2017	2018	2019	2020	2021
Bassetlaw CCG	1,540	1,588	1,642	1,700	1,763	1,825	1,883
Mansfield & Ashfield	2,360	2,423	2,493	2,572	2,653	2,731	2,809
Newark & Sherwood	1,824	1,879	1,942	2,008	2,076	2,142	2,208
Nottingham North & East	2,050	2,103	2,168	2,232	2,301	2,364	2,425
Nottingham West	1,403	1,427	1,464	1,501	1,538	1,577	1,613
Rushcliffe	1,846	1,893	1,953	2,014	2,079	2,142	2,200
Nottinghamshire	11,022	11,313	11,663	12,028	12,410	12,781	13,137

Source: Nottinghamshire County and Nottingham City Public Health Intelligence Team

The number of people living with dementia **aged under 65** is far smaller however this will also increase by 7.44% over the same period.

Figure 6 Dementia prevalence under 65

CCG	2015	2016	2017	2018	2019	2020	2021
Bassetlaw CCG	31	32	32	33	33	33	34
Mansfield & Ashfield	50	50	51	52	53	53	54
Newark & Sherwood	36	36	37	37	38	38	39
Nottingham North & East	40	40	40	41	41	42	42
Nottingham West	25	25	25	25	26	26	26
Rushcliffe	34	34	34	35	35	36	36
Nottinghamshire	215	217	220	223	226	229	231

Source: Nottinghamshire County and Nottingham City Public Health Intelligence Team

The Dementia UK report based prevalence rates on an earlier study which has now been repeated. The Cognitive Function and Ageing Study (CFAS) mentioned above has been repeated and published suggesting that the prevalence rate has reduced from 8.3% to 6.5% in over 65s[8]. The impact of this on rates of prevalence and incidence is being worked on and will change the rates in Figures 5 and 6 above. Numbers will continue to rise due to the increasing older population but at a lower rate.

Incidence of dementia

Incidence of dementia is the number of new people with dementia. The incidence of dementia is also expected to rise and people are expected to be diagnosed earlier thus increasing the number of people diagnosed. The incidence of dementia in Nottinghamshire is predicted to rise from 3082 in 2015 to 3684 in 2021. This represents an increase of 19.5% over 6 years.

Figure 7 Dementia incidence over 65							
CCG	2015	2016	2017	2018	2019	2020	2021
Bassetlaw CCG	440	453	467	481	498	514	529
Mansfield & Ashfield	673	691	710	730	750	770	790
Newark & Sherwood	520	536	552	568	586	602	619
Nottingham North & East	581	596	614	630	648	664	681
Nottingham West	395	402	412	422	430	440	449
Rushcliffe	523	536	553	569	585	601	616
Nottinghamshire	3,132	3,212	3,308	3,399	3,495	3,591	3,684

Numbers of people with dementia under age 65 are small however current referrals to the service from Nottinghamshire CCGs are approximately 170 pa. It is recognised that people with dementia under age 65 are more complex and difficult to diagnose.

7) Local Views

A number of consultation events were held in 2010-2012 which have informed the development of new services in Nottinghamshire County, the top 3 priorities from this work were:

- Increased awareness among health and social care staff
- Increased access to memory assessment services
- Specialist dementia support at home (Intensive Recovery Intervention Service)

This section focuses on recent consultation

1. The recent Nottinghamshire County Health & Wellbeing strategy consultation found that people were concerned that, with an ageing population, consideration needs to be given to the number of people who will have dementia and how the Council will manage the support people need either in their own home (home care services or residential care). (NAVO HWBS consultation v/sector)
2. The Alzheimer's Society recently consulted with 60 service users and carers across the County attending groups run by the Society and one independent group, as part of its Personal Budgets and Dementia project. This report is available here.
3. Individual CCGs have held dementia consultation events, principally Bassetlaw and Newark.

What does this tell us?

8) Unmet needs and service gaps

Unmet needs and service gaps include:

- Improving diagnosis rates to meet the national target of 67% - including GP awareness, capacity in memory assessment services and using the acute hospital CQUIN, FAIR (Find, Assess and Investigate, Refer)
- Provision of post diagnosis support including:
    - Better, more accessible and timely information
    - Additional support for people of working age with a diagnosis of dementia
    - Issues of capacity in specialist mental health services
    - Crisis response and support
    - Support for carers
- Better alignment with physical health services
- Quality of acute hospital care for people with dementia and/or delirium
- End of Life Care
- Improving quality in Care homes
- Awareness of dementia and support for people from BME communities and other minority groups
- Increased awareness of dementia in primary and acute care

9) Knowledge gaps

Activity information available for dementia services specifically

Equalities information for local population

Evidence of effectiveness of preventative services

What should we do next?

10) Recommendations for consideration by commissioners

- Support Dementia Friends and Dementia Friendly communities in line with national policy
- Improve diagnosis rates to achieve 67% target
- Better alignment with physical health services including diet and nutritional advice
- Provision of post diagnosis support including:
    - Better, more accessible and timely information
    - Additional support for people of working age with a diagnosis of dementia
    - Address issues of capacity in specialist mental health services
    - Crisis response and support
    - Support for carers
- Continued development of knowledge and skills across health and social care

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Community Development Group

Tuesday 26 February 2019

Tree Protection and Promotion in Rushcliffe

Report of the Executive Manager - Communities

1. Purpose of report

1.1. This report is to update the Community Development Group on the progress made on initiatives for tree protection and promotion in Rushcliffe.

1.2. The work on initiatives for tree protection and promotion in Rushcliffe was previously considered by the Community Development Group on 21 November 2017 and Cabinet on 9 January 2018 and Members approved the initiatives.

1.3. A presentation on the delivery of the action plan will be provided by the Environmental Sustainability Officer

2. Recommendation

It is RECOMMENDED that members:

a) Endorse the work that has been undertaken to protect and promote trees in Rushcliffe.

b) Make any recommendations for future action.

3. Reasons for Recommendation

3.1. Implementation of the recommendations of members from previous meetings to protect and promote trees in Rushcliffe has commenced.

3.2. Monitoring reports on the implementation of the initiatives are required by Cabinet to be presented to Community Development Group on an annual basis for their consideration.

4. Supporting Information

4.1. Following Community Development Group on 21 November 2017 and Cabinet on 9 January 2018, a three-year revenue budget of £50,000 commencing in

April 2018, has been allocated, to initiatives for tree protection and promotion in Rushcliffe, as per the actions agreed with members at those meetings.

4.2. Work has progressed on initiatives for tree protection and promotion in Rushcliffe and a monitoring report is attached as Appendix 1.

4.3. The Rushcliffe Free Tree Scheme for residents, in 2018/19 has issued 391 Field Maple and 457 Wild Cherry, which were successfully distributed via three events held across the borough.

4.4. The Parish tree scheme is still ongoing but is expected to plant / deliver in 14 parishes, with a total in excess of 221 trees during 2018/19.

4.5. The planting schemes are expected to continue in 2019/2020. From the first year learning, it is planned to include a smaller tree (perhaps holly) in the planting choices for the residents free tree scheme and work with the parish councils to promote the residents free tree scheme.

4.6. The schemes were popular with residents and received the following comments:

- 'Thank you for this great idea. I always feel sad when households cut down trees often with the reason "to create light" and do not replace them. I always notice their absence'.
- 'Brilliant idea. Will encourage more birds'.
- 'What a fantastic idea'.
- 'Desperate for a tree in a sunny spot in my garden but 30 meters is just too tall!'
- 'I'm all for the addition of more trees with the serious lack of gardens generally nowadays. We need to be doing more to help the wildlife in general seeing as most people opt to pave over their gardens to make driveways etc'.

5. Risks and Uncertainties

5.1. Some of the actions contained within this initiative require delivery by partner organisations including parish councils and by volunteers. A risk exists that this delivery will not be achieved. A proactive approach is being taken to encourage delivery for example promotion at the Town and Parish Conference and by public media.

6. Implications

6.1. Financial Implications

An allocation of £50,000 has been made from reserves for the Tree Protection and Promotion scheme. This allocation covers the three year period 18/19 to 21/21.

During 2018/19, £12,500 has been spent of the £50,000 budget.

6.2. **Legal Implications**

Supports the duty of the council in exercising its functions, to have regard, so far as is consistent with the proper exercise of those functions, to the purpose of conserving biodiversity, enacted by the Natural Environment and Rural Communities Act 2006.

6.3. **Equalities Implications**

This work is being delivered across the Borough, there are no known equality implications.

6.4. **Section 17 of the Crime and Disorder Act 1998 Implications**

This work will help local communities to develop greater support for their environment, including protection mechanisms and therefore should strengthen community safety, if delivered sensitively. Consideration of planting sites should be made on a site by site basis to ensure these do not lead to isolation of public areas.

6.5. **Other implications**

No other implication are foreseen.

7. Link to Corporate Priorities

7.1. This supports two of the priorities of the Council's Corporate strategy:

- Delivering economic growth to ensure a sustainable, prosperous and thriving local economy
- Maintaining and enhancing our residents' quality of life

8. Recommendations

It is RECOMMENDED that members:

a) Endorse the work that has been undertaken to protect and promote trees in Rushcliffe.

b) Make any recommendations for future action

For more information contact:	Paul Phillips Environmental Sustainability Officer Tel. 0115 9148595 pphillips@rushcliffe.gov.uk

Background papers available for Inspection:	Minutes of the Meeting of the Community Development Group on Tuesday 21 November 2017 Minutes of the Meeting of Cabinet on 9 January 2018
List of appendices:	Appendix 1 - Tree Promotion Monitoring 17 Jan 2019

Appendix 1

Tree Promotion Monitoring 17 Jan 2019

Enforcement		Target Date	Progress
TPO	a) Training in TPO for councillors / parishes	1/3/17	Training delivered at the November 2017 Parish Forum
	b) Councillors and Parishes to notify suitable trees to RBC (could be supported by Tree Wardens, see below)	From 1/3/17	Ongoing
Planning	Include policies in Local plan part 2 e.g. "All planning applications will be considered with reference to the Rushcliffe Nature Conservation Strategy"	Summer 2018	Tree policy included in the Rushcliffe Local Plan Part 2: Land and Planning Policies Publication Draft
Community Infrastructure Levy	Establish a Community Infrastructure Levy to provide funds for tree planting / ecological enhancements, via planning gain from development sites that are unable to mitigate their ecological requirements on site.	Summer 2018	Green Infrastructure including Tree Planting has been deemed not suitable at this time for inclusion on the Regulation 123 list, therefore CIL cannot be used to fund tree planting / ecological enhancement.
Promotion			
General Publicity			A web page has been set up at www.rushclife.gov.uk/trees A news article has been published at http://www.rushcliffe.gov.uk/aboutus/newsandpublications/latestnews/stories/name,46704,en.php Article in the Spring 2018 Rushcliffe Reports at https://www.rushcliffe.gov.uk/media/1rushcliffe/media/documents/pdf/newsandpromotions/RushcliffeReports_Spring2018_WEB.pdf Article in the Summer 2018 Rushcliffe Reports at https://www.rushcliffe.gov.uk/media/1rushcliffe/media/documents/pdf/aboutus/news/RushcliffeReports_Summer2018_WEB.pdf Article in the Summer 2018 Rushcliffe Reports at https://www.rushcliffe.gov.uk/media/1rushcliffe/media/documents/pdf/aboutus/news/RushcliffeReports_Autumn2018_WEB.pdf Plus frequent social media postings which attracted a lot of interest – reaching 39,900 users and having 3345 engagements with users.
Specimen trees / gateway trees	Establish scheme details	March 2018	Scheme established as a Parish Tree Scheme, with invitations for parishes to participate sent in Summer 2018 Further sites recommended by members are to receive planting where possible
	Trees i) Order Trees ii) take delivery of trees iii) care for trees	Summer / Autumn (2018, 2019 and 2020)	
	Establish ordering system	May 2018	

	Deliver trees as required or Plant trees as required	Autumn (2018, 2019 and 2020)	Planting has commenced in Jan 2019. It is expected to plant / deliver in excess of 211 trees in 2018/19 under this scheme Invitations for planting during the 2019/20 season will be sent to Parishes during summer 2019
Rushcliffe Biodiversity Management Grant	b) Existing Rushcliffe Biodiversity Management Grant (will support tree planting of native trees e.g. in hedgerows or open spaces for nature conservation purposes)	Ongoing promotion	Ongoing publicity via Rushcliffe Reports, Web site, partner newsletters and websites, social media
Community Support Scheme	c) Community Support Scheme, councillors can allocate, funding from their community support scheme allocation to tree planting	Ongoing promotion	Ongoing publicity via Rushcliffe Reports, Web site, partner newsletters and websites, social media
Free tree scheme	Establish scheme details	April 2018	Free tree scheme established with sign up via the internet in Summer 2018 Ordered trees were distributed via events in West Bridgford, Bingham and East Leake in November 2018 The resident tree scheme for 2018/19 issued 391 Field Maple and 457 Wild Cherry to residents in Rushcliffe This scheme will run again in 2019, with applications beginning in June
	Trees i) Order Trees ii) take delivery of trees iii) care for trees	April 2018 Oct 2018 Oct / Nov 2018	
	Establish ordering system i) Use surveymonkey	May 2018	
	Publicity (inc. planting guide) i) design publicity ii) circulate publicity via social media, press releases, website	May 2018	
	Collection Event i) Establish date(s) ii) book venue(s) iii) Set up gazebo & banners etc. iv) Deliver trees to events	Sept 2018 Sept 2018 Nov 2018 Nov 2018	
Other Grants	Links to the Woodland Trust grants and Forestry Commission grants are given on the Rushcliffe Borough Council website. This information can also be shared at events and was published in the 'trees for life' article in the spring 2016 Rushcliffe Reports. Further publicity for these grants can be generated.		Links to other grants published on the council website
Tree Charter	Woodland Trust campaign to promote to build a future in which trees and people stand stronger together. Action can be as simple as signing up to receive free copies of the Tree Charter's newspaper "Leaf!" to gathering signatures of support, to more imaginative projects and activities around trees (e.g. apple fairs or tree days), for which funding of up to £1500 is available.		Woodland Trust contacted and initial meeting held April 2018, no further contact received from the Woodland Trust
Tree Wardens	Join Tree Council / Tree Warden Network	Feb 2018	RBC has joined the tree council Tree wardens were promoted in the Summer 2018 Rushcliffe reports at https://www.rushcliffe.gov.uk/media/1rushcliffe/media/documents/pdf/aboutus/
	Establish Scheme details	Mar 2018	
	Promote Tree warden Scheme in parishes and WB, via Town and Parish	Mar – May 2018	

	Forum, newsletters, direct emails, social media		news/RushcliffeReports_Summer2018_WEB.pdf It is planned to establish a Rushcliffe Tree Warden network in Spring 2019
	Organise and Host Tree Warden (Trees across Rushcliffe) meeting / training	June 2018 and 6 monthly thereafter	
	Produce e-newletter and circulate	July 2018 and 6 monthly thereafter	
Hedge Tree Campaign	Tree council campaign to mark saplings with easy-to-see tags, so that they can be avoided when cutting hedges. This can be promoted via publicity and volunteer schemes.	2018/19	Not yet started – intended to be taken forward by Tree Wardens
Forum	i) Parish Forum – promotion of opportunities for parishes to promote, plant and protect trees, including all the items above. Use County landscape assessment to guide opportunities for each parish.	March 2018	Item on the March 2018 Parish Forum
	ii) Landowners Forum - promotion of opportunities for landowners to promote, plant and protect trees, including all the items above, working with NFU, IDB, Small Woodland Owners Group, Rushcliffe Business Partnership etc.	2019	Not yet started
Highways trees	Discussions with Highways England and NCC about verge management. Including potential volunteer verge management	Ongoing	Discussions started and are ongoing. NCC have authorised RBC / Streetwise to plant trees with their prior approval. A spreadsheet of missing NCC highway trees has been supplied
Community Awards	Ensure there are awards for environmental actions including tree planting / promotion / protection	Nov 2018	Environmental category included in the 2018 awards

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