Anyone for tennis?

Kate Calvert
Service Planning & Integration Manager
Strategy Planning & Outcomes Team
Hutt Valley DHB
Today, our tennis match will have three sets.

Tell a story of how one simple question has enhanced the socialisation of many, who live with dementia. An example of a local contribution to attaining Sustainability Development Goal 3 - Promoting Health & Wellbeing for all ages.

Participate in the National NZ Framework for Dementia care stocktake.

Start of a conversation about the role of nurses' roles in commissioning services.
Service Planning & Integration Manager,
Strategy Planning & Outcomes Team
HVDHB

Portfolio Manager,
Health of Older People,
Planning & Funding team HVDHB
More simply described:

- **MOH**
  - Population funding/various calculations
  - More complex calculations the $$ is divided between
  - Primary health care (GP practices), via a PHO
  - The hospital/s also called 'the provider arm.'

- **DHB**
  - Managed by a group of Portfolio managers
  - E.g. Maternity & Child health /1st 1000 days

- **Funding to services in the community**
  - Pharmacy
  - Screening services
  - Maori & Pacific providers but thread through all

- **Services**
  - Health of older people
  - Mental health
Successfully attained a new role

Programme of work

• Contracts in aged residential care &
• Home & Community Support Services, NGO’s.
• Projects such as Live Stronger for Longer (falls prevention)
• Dementia friendly Hutt Valley
• Reducing unnecessary admissions to ED from Aged Care

The Healthy Ageing Strategy (MoH 2016)
World Health Organisation
Dementia

**Risk factors**
- **Modifiable** so may reduce the prevalence by 10-20% (PHE 2016)
  - Lack of physical activity
  - Smoking
  - Excessive alcohol consumption
  - A diet high in saturated fat

**Forms of dementia**
- Alzheimer’s disease
- Vascular dementia
- Lewy Body Disease
- Fronto-temporal dementia

**Risk factors**
- Age
- Head injuries
- Pre-existing conditions including Parkinson’s disease, Stroke, type-2 diabetes, high blood pressure

**What are the symptoms?**
- Difficulties with everyday tasks
- Confusion in familiar environments
- Difficulty with words and numbers
- Memory loss
- Changes in mood and behaviour

**Who is affected?**
- Heavily 10 million new cases every year
- One every 3 seconds
- 20 million people worldwide
- Set to triple by 2050

**What is the cause?**
Conditions that affect the brain, such as Alzheimer’s disease, stroke or head injury

**What does it cost?**
- $81.8 billion: estimated costs to society in 2015
- $2 trillion
- Majority of people who will develop dementia will be in low- and middle-income countries
- Families and friends provide most of the care
- Carers experience physical, emotional and financial stress
Percentage of NZ population in the older age group; MoH

The number of people in New Zealand with dementia is growing rapidly

More than 170,000 people are forecast to have dementia by 2050

62,287
2016

102,015
2030

170,212
2050

These latest forecast estimates are significantly higher than previous estimates

The impact of Dementia in New Zealand

Prevalence and severity graphs sourced from TAS 2017
Living with dementia in New Zealand

• **Early/Mild stage**
  Difficulties in several areas, still able to function with minimal assistance.

• **Middle/Moderate**
  Difficulties are more obvious, need help with most tasks.

• **Late/Severe** – fully dependent on others

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**Severity of dementia in the NZ population aged 65+**

- *Mild (55%)*
- *Moderate (30%)*
- *Severe (15%)*

- **2017:**
  - Mild: 32,022
  - Moderate: 17,467
  - Severe: 8,733

- **2027:**
  - Mild: 46,463
  - Moderate: 25,343
  - Severe: 12,672

- **2037:**
  - Mild: 66,946
  - Moderate: 36,516
  - Severe: 18,258
Anyone for tennis?
The First Serve
September 2017

Sarah, who was living with dementia just wanted to play tennis.
Jim told his story of the difficulty of finding an appropriate socialisation programme for his wife, Sarah.

Jim suggested a ‘club house style of socialisation programme’ the supporter had read about a range of models worldwide that were enabling social interactions for people with dementia.

Jim had approached a range of local organisations – Hutt City council recognised the opportunity supporting their Seniors programme.

It was acknowledged that a collaborative effort amongst key community organisations / stakeholders would be needed.
First game of the first set is won!

• Good news – City Council community hubs acknowledged they had the capacity to promote dementia friendly & provide socialisation space

• Dementia Wellington has a training and awareness raising contract remit and can support dementia friendly activities

• Wesley Community Action were planning a social space for older adults with cognitive impairment in their facility in Lower Hutt
Ideas for a Hutt Valley-wide socialisation programme were developed by asking...

- What could a socialisation programme look like?
- What would success look like?
- What resources can your organisation bring?
- What role would you anticipate your organisation having?
Ways to be a Voice to Lead as an...
Hutt Valley’s Socialisation Group

Terms of reference for group:

- Provide a forum for people living with dementia & their care partners to co-design the development of socialising opportunities
- Facilitate communication between service providers to share knowledge, expertise and resources
- Provide each other with support and guidance with socialisation projects
Hutt Valley’s Socialisation Group Focus

People in the early stages of dementia who do not meet criteria of are the ‘right fit’ for current day care programmes.

Co-designing activities will include:
- Physical activity
- Social engagement
- Purposeful contribution

The spirit of collaboration and partnership are key.

Remember not to lose why we met in the first place –

Sarah, who is living with dementia just wanted to play tennis.
Key to maintaining the health & wellbeing of people living with dementia are activities that:

- Mental wellbeing
- Physical activity
- Social engagement
- Spiritual wellbeing
- Health of Supporters
- Primary Care relationships
- Culturally appropriate
- Purposeful contribution to the community
Programme ideas

- Walks
- Lawn bowls
- Tennis
- Golf
- Place to meet
- Kitchen to cook in
- Community gardens & planting projects
- Sewing
- Skilled volunteers
- Time Bank
- Current Health Navigator roles
What makes good dementia day care?
Feedback from dementia workforce, PLWD, their Carers and Supporters.

Living Well Clubs
(alternative name for day care/Respite)
Living Well Clubs can be in Aged Residential Care Facilities or at community locations

Dementia workforce
- 9 to 5 provision to support working families caring for PLWD
- Culturally appropriate
- Small groups

People Living with Dementia
- Enjoy social activities
- Meet people
- Support that is organized
- Meaningful activities
- Physical activity

Cares & Supporters
- Provide care to support the working day.
- Flexible respite options that include ‘in home respite.’
- Easier planned respite options
- Transport
- Reassurance over quality of care
Good day care has

- Social contact & stimulation
- Purposeful activity
- Physical activities

From Effectiveness of day services Age UK October 2011
Hutt Valley’s Socialisation Group

- Funding applications submitted for a volunteer buddy pilot, dementia friendly Hutt valley, Ageing Well group
- Ageing well group pilot commenced
- Use of day care funding and carer support
- Action – use knowledge of community activities in HV to find three to be dementia friendly, provide a booklet of advice to support families to maintain social activities for PLWD
- Cog’ cafes with supporters at Mitre 10
- Tennis Clubs and golf club awareness raising to support friends with living with dementia
Hutt Valley’s Socialisation Group

What next?

The NZ framework for dementia care (2013)
# Age Friendly Hutt Valley, focus on Dementia

<table>
<thead>
<tr>
<th>Whole Community</th>
<th>Primary Care</th>
<th>Healthy Ageing Sector, ARC, NASC, NGOs</th>
<th>Specialist Healthy Ageing Services. OPRS, OPMH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia Friendly Hutt Valley</td>
<td>Dementia Friendly workforce</td>
<td>Publicly available awareness raising information provided through social media, leaflets, presentations</td>
<td>Workforce knowledge development</td>
</tr>
<tr>
<td>Health Navigator Access to Carer support services. Advance Care Planning</td>
<td>Use of Cognitive Impairment &amp; Dementia Healthcare pathway. Access to Carer Support services.</td>
<td>Flexible funding packages support individualised Living Well Plans include Young Onset Dementia</td>
<td>Oversight of Living Well plan</td>
</tr>
<tr>
<td>Current leisure &amp; community activities are Dementia friendly</td>
<td>Individualised client owned Living Well Care Plans. Access to Carer support services.</td>
<td>Provision of specific therapeutic programmes Including Young Onset Dementia</td>
<td>Timely access, advice &amp; guidance supporting Living Well plan. Living Well Clubs reflect Dementia Framework</td>
</tr>
<tr>
<td>Access to specialist advice</td>
<td>Review Living Well Care Plans</td>
<td>Review of Living Well Plan to support change in health status</td>
<td>Timely access, advice &amp; guidance supporting Living Well plan.</td>
</tr>
<tr>
<td>Access to palliative care planning</td>
<td>Support in palliative care planning. Review Living Well plan.</td>
<td>Review of Living Well Plan to support change in health status</td>
<td>Timely access to appropriate experts</td>
</tr>
</tbody>
</table>
Maori and pacific people living with dementia

There have been local conversations to acknowledge;

- Maori & Pacific People want to support their elders at home. But those supporters are often the bread winners too
- Day programmes that have succeeded for Pacific people have been provided through Pacific providers, pacific languages, food, music and faith are important
- Focussed support to whanau to understand the issues of wandering, changes in behaviour and managing and home safety
- Supporter stress can be very high and the feeling of isolation when caring, not knowing where to go
- The inclusion of Maori medicine to help maintain spiritual wellness is often overlooked

Source; Central Region Services programme, Supporting Older Maori & Pacific Peoples in the Central Region 2012
| Membership broadened to include clinicians, aged residential care day programme providers and links into older the people's mental health team |
| Meet quarterly with a focus on the implementation of the framework when the stocktake provides the priorities for localisation |
| Feeds into regional dementia group via Health of Older People portfolio manager |
| Many of the organisations continue their day to day work plans that started as a result of the Socialisation Group |
| Don’t lose sight of why we came together |
| Sarah, who is living with dementia just wanted to play tennis |
Stocktake of activities that are progressing the elements of the NZ Framework for Dementia Care

Five years since the framework was released

Key elements

<table>
<thead>
<tr>
<th>Awareness and Risk Reduction</th>
<th>Assessment, diagnosis, early intervention and ongoing support</th>
<th>Living well</th>
<th>Meeting the challenges to maximise wellbeing</th>
<th>End of life</th>
</tr>
</thead>
</table>
Stocktake contribution

**Awareness & Risk Reduction**

Does your employer provide education & training to you that includes healthy lifestyle messages to reduce dementia?

Record the best ways in which this education can be provided to you?

**Living Well**

Can you discuss examples of services that meet the social participation and support needs of:

- Young onset dementia
- Intellectual disability & dementia
- Pacific People with dementia
- Maori People who have dementia

Record the service and the key characteristic that makes it different from other services.
Stocktake contribution

Assessment, diagnosis, early intervention & ongoing support

Does the clinical team in your organisation develop care plans for people with dementia and their families and whanau?

Record a good practice example.

Can other providers also see the care plan?

Meeting challenges to maximise wellbeing

Can you share an example of support for the Supporters, of people living with dementia? Is there specific support for any of the groups below?

- Young onset dementia
- Intellectual disability & dementia
- Pacific People with dementia
- Maori People who have dementia

Record the service and the key characteristic that makes it different from other services.
Nurses as commissioners of services
Clinical nursing colleagues asked

‘HOW COME YOU ARE ‘HERE’ IN A PLANNING & FUNDING ROLE – AND YOU’RE A NURSE?’

‘HOW IS IT ON THE DARK SIDE?’
Nursing process
• Assessment
• Diagnosis
• Planning
• Implementation
• Evaluation

Commissioning process
• Assess population health needs
• Plan services
• Implement & deliver services
• Evaluating outcomes

McCann et al (2014) Nursing Times 110;48, 15-17

Nurses as Commissioners of services
UK has recognised that an experienced nurse who participates in executive leadership position will provide;

- Care
- Compassion
- Dignity
- Quality
- Safety

Following a series of high-profile cases around poor care, Dept of Health’s Chief Nursing Officer responded with a strategy where;

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Would be embedded as values in health service
Nurses as commissioners of services

Are we devaluing our profession by being part of commissioning processes?

I really hope we have moved away from historic patterns of behaviour that then marginalise nurse's situation where the clinical credibility of Nurses is rebuffed by medical colleagues.
‘Nurses have a grounded understanding of finance. Nursing service are always delivered under budgetary constrains yet every day nurses see the practical consequences of social inequality and understand why resources need to be allocated according to long-term impacts.’
Nurses as commissioners

Credible leaders
- Vision
- Presence
- Senior profile

They bring
- Leadership
- Knowledge of the quality agenda
- Governance
- Skills in relationship building
- An understanding of the patient perspective
Anyone for tennis?

Sarah, who is living with dementia just wanted to play tennis.
'Tennis uses the language of life. Advantage, service, fault, break, love, the basic elements of tennis are those of everyday existence, because every match is a life in miniature.'

Andre Agassi
Global, regional, and national burden of Alzheimer’s disease and other dementias, 1990–2016: a systematic analysis for
The Global Burden of Disease Study 2016


Supporting older Maori & Pacific People in the Central Region 2012, Regional Service programme Central TAS

Nurses’ role in achieving the sustainable development goals. International Council of Nurses 2017

Are senior nurses on Clinical Commissioning Groups in England inadvertently supporting the devaluation of their profession?: A study of literature. Allen et al Nursing Inquiry 2016 23(2) 178-187

**Nurses Role in commissioning services** McCann et al (2014) Nursing Times 110;48, 15-17