



Health and Care Partnership Group

2nd Quarterly Meeting

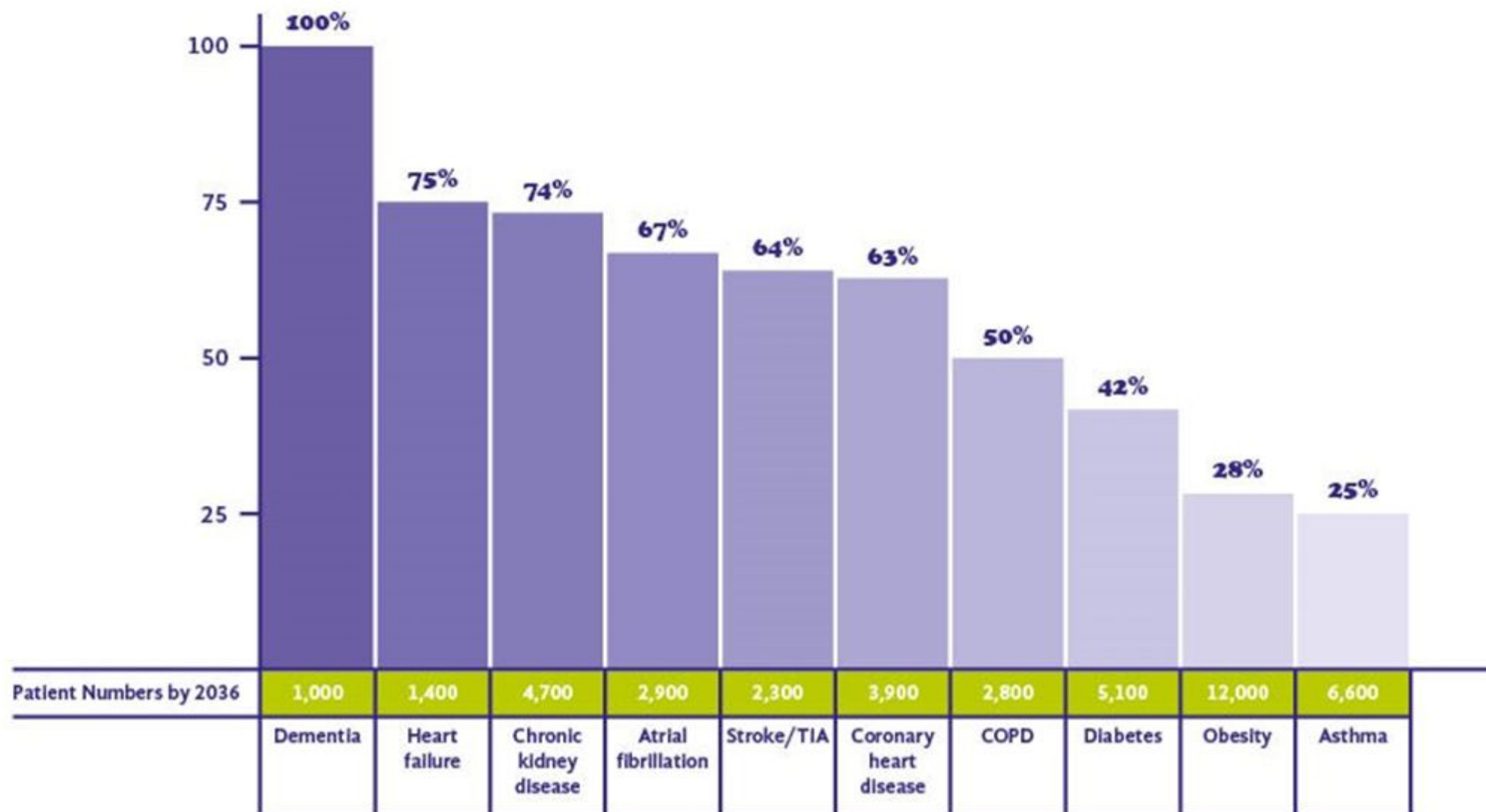
‘a platform where opportunities to join up health and community care can be explored as we seek to increase the health and wellbeing outcomes for all Islanders’

Improving health outcomes for Jersey's ageing population through the lens of dementia

Rosemarie Finley
CEO Family Nursing & Home Care

Wendy Buckley
Op Manager Dementia Jersey

Forecast % increase in numbers of patients with specific conditions by 2036



ALZHEIMER'S

is a specific brain disease that accounts for **60-80%** of dementia cases.

↳ Alzheimer's Is A Type Of Dementia ↳



DEMENTIA

is a general term for symptoms like decline in **memory, reasoning or other thinking skills.**

↳ Alzheimer's Is A Cause Of Dementia ↳

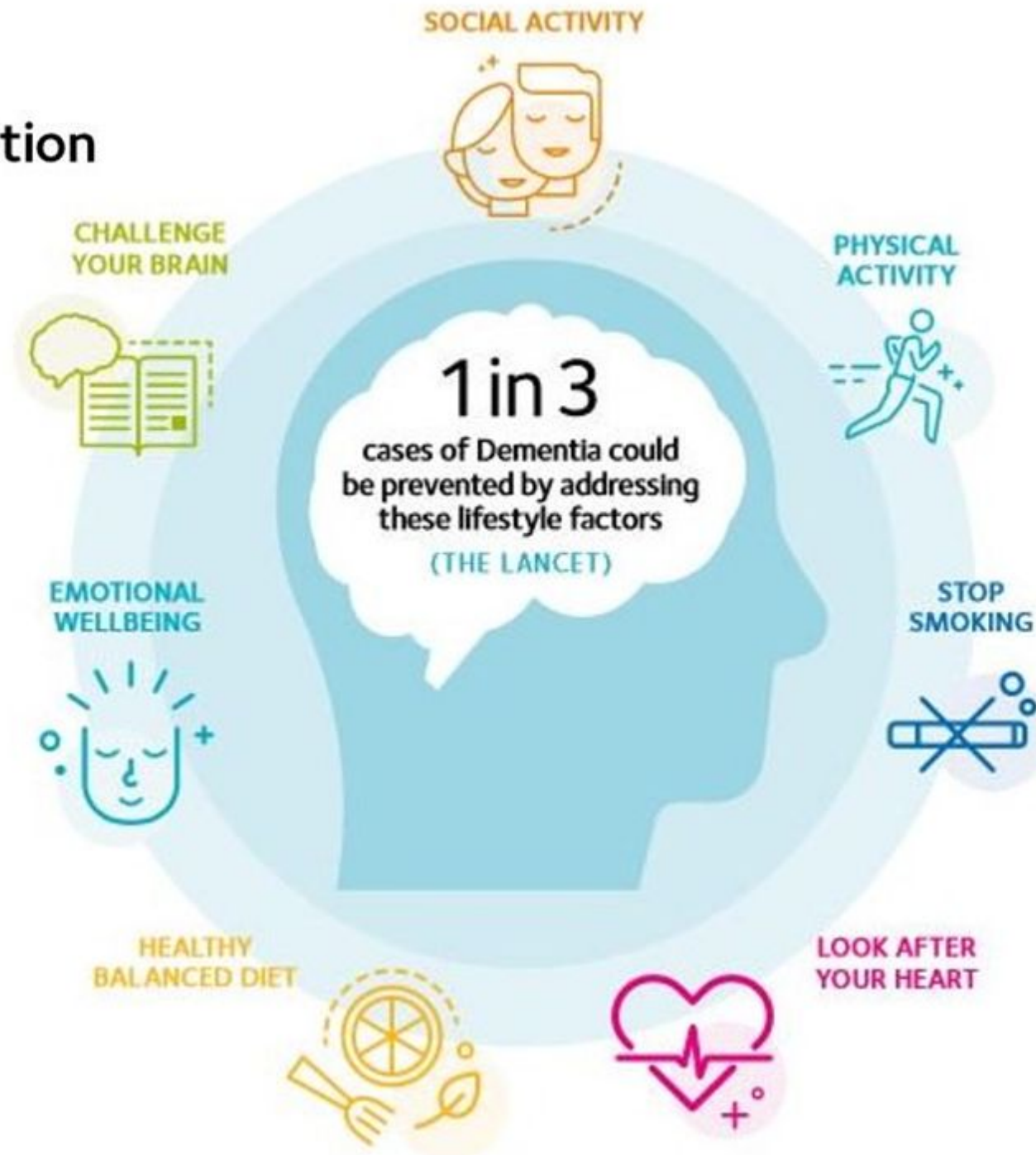
Dementia, Not a Normal Part of Growing Old



...so, if you talk about
me with the doctor,
don't call me Demented.
the name is Ted.



Dementia Risk Reduction



Patient story

[Dementia Jersey Peter Berry living well 3 mins - YouTube](#)

Ageing well



- **An estimated 1/3 of people with dementia live on their own in the community.**
- **Research shows that only 23% of people think it is possible for people with dementia to live on their own.**
- **Research shows that approximately 38% of people with dementia feel lonely.**
- **We need to understand what people with Dementia living on Jersey want to support living well.**
- **We need to understand what their carers want in order to provide best support to their loved ones. And how they themselves can stay well.**
- **We need policy makers and care providers to understand what a diagnosis means. And how we can design services to meet the needs of islander.**



Priorities for all of us...We need to move the dial



- **Focus on early intervention and prevention**
- **Ensure easier access to Support**
- **Facilitate independence in the community for longer**
- **Promote social model of health**
- **Encourage systemic partnership approach across public, private, third sector**

What can we do to support living well on island and reducing illness? Priorities for all of us...We need to move the dial

Provide a clear message of 'What's good for your heart is good for your head' is needed throughout preventative public health interventions and campaigns to improve public understanding of how people can avert or delay LTC's.

People in lower socio economic groups are more likely to have LTCs.

Health inequalities are not inevitable..a comprehensive multi-faceted approach can make a difference.

Studies of the very old show that many feel a deep sense of loneliness, tiredness, an inability to express their individuality by taking part in activities that are important to them, and a hatred of dependency.



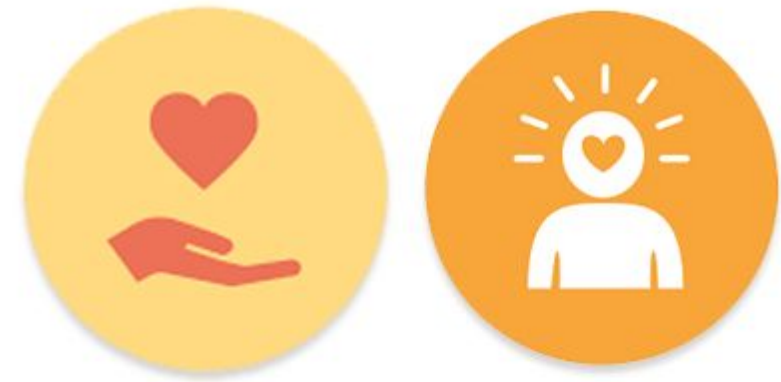
How we address both:

- Develop a pan-island Healthy Ageing Challenge.

What is Jersey's investment into healthy ageing?

- Help support health inequalities.
- Design aspects of healthy ageing into social and behavioural solutions.
- Bring the communities together to deliver projects. These will reduce social isolation, hospital admissions and improve individuals' ability to be independent.

What can you do to help?



You can:

- **Pledge to make support for people with older age-related diseases like dementia and their carers fit for purpose.**
- **Support the commissioning and delivery of a Dementia Strategy for Jersey.**
- **Support the development of best practice, community health services.**



Jersey Public Health Strategy

Prof Peter Bradley (Director of Public Health)

July 2022



Public health priorities – where we are today



- Lead management of the pandemic (vaccination, policy, contact tracing)
- Work in partnership to improve mental wellbeing
- Develop ways for people to avoid hospital stays
- Improve children and young people's health and wellbeing
- Protect islanders from infectious and other threats to health (implementing findings from a recent 'health protection' review)
- Work with underserved communities to identify and reduce health inequalities
- Develop and implement strategies for key lifestyle risks: drugs and alcohol, physical activity, healthy food



Integrated service for promoting health and wellbeing

How will we do this? Public health intend to

- i. Set priorities for improving health
- ii. Co-ordinate services so they achieve defined health goals
- iii. Add value through core skills: data, evidence, strategy
- iv. Define and deliver early wins
- v. Consult widely

Ways of working



1. Assets-based (building on the good things we've got: organisations, community leaders, venues etc)
2. Involve populations of interest when we design approaches: "Nothing for me, without me"
3. Working across government departments to improve health : "Health in All Policies"
4. Gradually build up our approach over time to address core challenges

Jersey Health Assets



- High average life expectancy
- Small, beautiful island with huge potential
- Community spirit (3rd of 41 in OECD Better Life Index)
- Low levels of unemployment and crime
- Highly engaged voluntary and charitable sector providing key services and great engagement with communities
- Committed, ambitious, skilled government colleagues
- Many potential sectors for promoting health: communities, clubs, parishes, schools, colleges, workplaces, primary care, hospital, residential homes
- Some excellent public health outcomes: e.g. high immunisation rates

What have we heard?



- Repeated requests by stakeholders for more ‘joined-up’ provision
- Assessment of wide variety of international models
- Starting to develop practical ideas:
 - Directory of Services
 - Signposting via various routes (online, in-person, healthcare workers etc)

Jersey Integrated Health Improvement Service: an emerging vision for the future



What is already planned

- Can we innovate or design things better? For example, there's a current pilot for 'social prescribing'
- What needs to improve? We will talk directly to the community about their barriers to better health
- Can we join services up? How can islanders get the help they need at the time they want it? "No Wrong Door"
- What else will still be needed? What services are needed to fill "gaps"

Public health will support so we

- Improve health
- Get value for money (use existing assets)
- Develop appropriate services co-designed with the communities (impactful)
- Evaluate new service design and learn (continual Improvement)

Partnerships in Mental Health

Andy Weir

Director of Mental Health &
Adult Social Care

Alex Huelin

Peer Support Worker



Partnership working with service users & carers

Proactively seeking out experiences

Gather themes and key issues

Action & feedback

Levels of partnership, including

- Consultation
- Co-production
- Co-delivery
- User & carer led developments

Aim to develop & strengthen all of these levels



Peer Support roles

- Using personal experience to support others
- Relate to the persons experience
- Different perspective to professionals in team
- Informal problem solving based on experience (eg benefit system)
- Reduced isolation – building open & honest relationships and networks
- Promoting self management & active participation
- Creation of hope

Alex – new role with focus on physical health, part of HCS team



Need to create a coherent Mental Health System



Partnerships between agencies

Increases coordination, capacity & ability to meet a range of needs in a joined up way

Improved service user & carer experience and reduced duplication / fragmentation of care

Potential to jointly tackle 'wicked issues' – eg work with the police

New models of partnership delivery of services, such as new Perinatal model

But.... effective partnerships require time, effort & resilience



Wider partnerships ?

Potential to increase social networks and social inclusion

Doing something - opportunities for employment / education / leisure?

Mental health promotion & prevention

Collectively consider & challenge stigma,
discrimination & inequalities

