

Subject:	Joint Dementia Plan		
Date of Meeting:	20 February 2012		
Report of:	Geraldine Hoban, Chief Operating Officer, Brighton and Hove Clinical Commissioning Group		
Contact Officer:	Denise D’Souza, Director of Adult Social Care/Lead Commissioner People		
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	Key Decision:	No	
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 There are about 750,000 people in the United Kingdom with dementia and this number is expected to double over the next 30 years. The prevalence of dementia increases with age so this increase in numbers is expected as a result of an aging population. As the number of people with dementia increase there is a knock on effect in terms of health and social care costs. The estimated costs of dementia care in England will rise from £14.8 billion in 2007 to £34.8 billion by 2026, a rise of 135% (Kings Fund, 2008)¹.
- 1.2 A National Dementia Strategy (NDS) was published in 2009 and updated in September 2010. The NDS identified four priority areas to improve the quality and outcomes of care for people with dementia and their carers. The four priority areas are:
 - i. Good quality early diagnosis and intervention for all
 - ii. Improved quality of care in general hospitals
 - iii. Living well with dementia in care homes
 - iv. Reduced use of antipsychotic medication
- 1.3 The 2011-12 NHS National Operating Framework set out a requirement for each local area to make improvements and changes to services against the four priority areas. The 2012/13 NHS National Operating Framework requires Health and Social care commissioners in each area to publish a Joint Dementia Plan setting out local progress in terms of implementation of the NDS. The purpose of this paper is to present the Joint Dementia Plan for Brighton and Hove for approval by the JCB.

¹ Kings Fund (2008) Paying the Price: the cost of mental Health in England to 2026 London: Kings Fund.

2. RECOMMENDATIONS:

- 2.1 That the JCB approve the actions in the Joint Dementia Plan. .

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 National Context

A *National Dementia Strategy* (NDS) was published in 2009 and updated in September 2010. **The NDS aims to increase awareness of the condition, ensuring early diagnosis and intervention as well as improving the quality of care for people with dementia and their carers.**

The *National Operating Framework 2011-12* identified four priority areas from the NDS as likely to have the biggest impact on improving the quality of care outcomes for people with dementia and their carers. These are:

- Good quality early diagnosis and intervention for all
- Improved quality of care in general hospitals
- Living well with dementia in care homes
- Reduced use of antipsychotic medication

The *National Operating Framework 2012/13* builds on this by prioritising action on dementia within a system approach to improve basic standards of care for elderly and vulnerable patients in areas such as nutrition, continence and communication. There is also a requirement for PCTs to:

- reduce inappropriate antipsychotic prescribing for people with dementia by two-thirds;
- improve dementia diagnosis rates;
- introduce a CQUIN² on improving diagnosis of dementia in hospitals; and
- work with local authorities to publish dementia plans setting out local progress against delivery of the NDS.

As the numbers of people with dementia increase a key component of improving the whole system of care for people with dementia will be the development and skilling up of more generic care workers across the whole care sector from general practice, to care homes to general hospital. Whilst specialist dementia services are important part of the care system the tailoring of more generic services to meet the needs of people with dementia is key.

3.2 Local Context

The Brighton and Hove Older People Mental Health (OPMH) Planning Framework 2009 – 2012 set out the vision for future development and commissioning of services to support older people with mental health needs and their carers in Brighton and Hove. Since then the strategic direction for mental

² The Commissioning for Quality and Innovation (CQUIN) payment is a tool to enable commissioners to reward excellence by linking a proportion of providers' income to the achievement of quality improvement goals.

health services is to move towards an ageless service and subsequently a revised Dementia Planning Framework was produced in 2010.

The 2010 Dementia Planning Framework set out a plan to implement a range of service improvements including action against the 4 priority areas in the NDS. The intention was for these developments to be pump-primed in terms of funding from South East Coast Strategic Health Authority Regional Transformation Fund with the expectation that ongoing funding of services would be sustained as a result of changes to service usage and configuration across the whole care system. The key assumption was that funds could be diverted from reduced use of hospital beds to fund dementia care in the community. During 2011 the financial position of the local health economy changed and the RTF funding was withdrawn prior to most of the new dementia services outlined in the Dementia Planning Framework being established.

A process of identifying alternative funding sources took place during 2011 and this has therefore affected the pace of delivery on the service development described in the framework. The Brighton and Hove Joint Dementia Plan sets out how priority areas for service development will be delivered within a revised financial envelope and to a revised timetable. The attached plan sets out the local implementation of NDS in an integrated 'long-term conditions' approach which where possible aligns dementia services with physical health services so that people with dementia and their carers receive holistic assessment and support for their needs.

3.3 Local Need

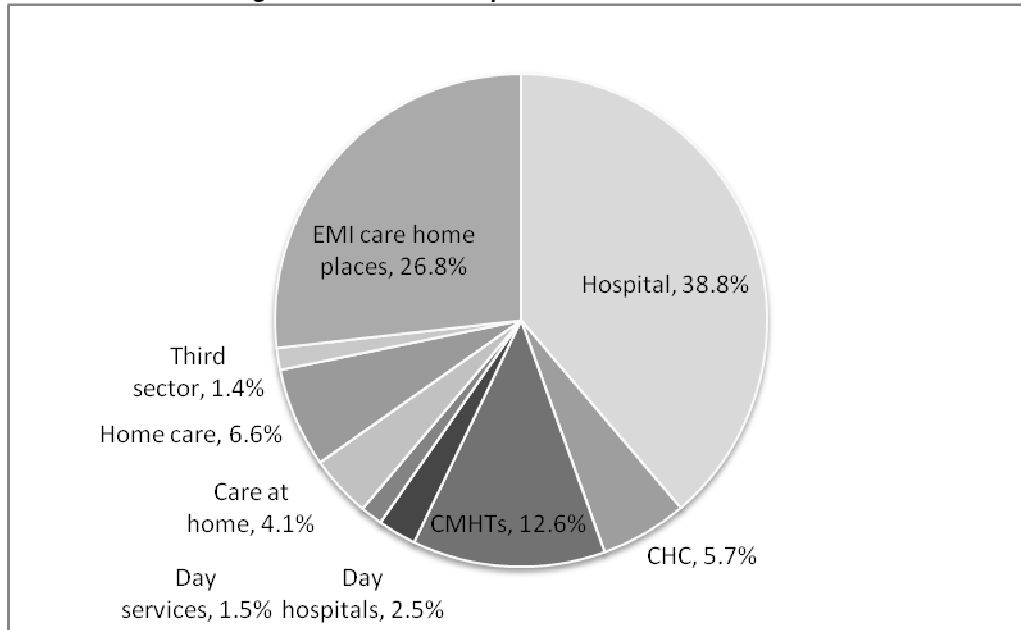
There are approximately 3,000 people in Brighton and Hove with dementia. Whilst the age profile of Brighton and Hove differs from the national average in that we have a younger population and we are not expecting the rate of increase in terms of an ageing population to be as significant as other parts of the country including East and West Sussex there is still the need to ensure that we develop and improve services in line with national best practice. Within Brighton and Hove we are expecting an increase of dementia prevalence of about 30% by 2030.

3.4 Financial Context

The cost of care for people with dementia is embedded across the whole of the system including acute hospitals, mental health services, residential and nursing homes. It is therefore difficult to determine the precise costs of dementia care. As part of the 2010 Dementia Planning work it was estimated that the total cost of older people with mental health needs in Brighton and Hove was £21 million per annum³. A breakdown of expenditure by service is detailed below in Chart 1.

³ This figure is likely to be an over-estimate of expenditure on dementia as it includes expenditure for older people with functional mental health conditions.

Chart 1 – Percentage breakdown of spend on OPMH services



Source: Revised Dementia Planning Framework for Brighton and Hove, 2010

A House of Commons All Party Parliamentary Group on Dementia reported in July 2011 that given the interconnectedness of dementia care system it is essential to consider a whole system approach when considering cost-effectiveness. A framework modelling report has been commissioned for Brighton and Hove on the whole system implications of implementation of key aspects of the NDS. The modelling was based on a number of assumptions but in essence it indicated that whole system cost avoidance would accrue if the priority areas of the NDS were implemented compared to the “do nothing” position. This modelling has informed the priority areas for development of the Brighton and Hove Joint Commissioning Plan which are:

- memory assessment and ongoing community support (including carers),
- mental health support in general hospitals,
- crisis home support and
- support to care homes to care for people with dementia.

3.5 Governance

The Sussex Dementia Partnership (SDP) provides strategic direction for the implementation of the NDS at Sussex level, and has senior representation from all key partners including NHS commissioners, voluntary sector, local authorities, mental health, community and acute trusts, and primary care. The partnership is accountable to NHS Sussex.

Brighton and Hove Clinical Commissioning Group has a GP Clinical Commissioning Lead for dementia who chairs the Brighton and Hove dementia implementation group has membership from the voluntary sector, local authority, mental health and acute trusts. The implementation group reports to the SDP.

3.6 Brighton and Hove Priority Areas

3.6.1 Good quality early diagnosis and intervention for all

The 2012-13 NHS Operating Framework identifies improving diagnosis rates in the geographical areas with the lowest current performance. Only 32% of people in Brighton and Hove with dementia are identified as having a formal diagnosis. This is in the bottom 20% in the country in terms of diagnosis rates and therefore is a priority area for development. Lack of diagnosis is a key factor that prevents people seeking the treatment they need and being offered support earlier enough. There is evidence that investing in services for people at earlier point in the care pathway can improve the well-being of people with dementia and carers, prevent crises and the need for costly, intensive services such as acute hospital beds, as well as delay the need for residential and nursing care.

Improving the rate of diagnosis is the cornerstone of the Joint Dementia Plan. We intend to procure a community based integrated memory assessment service during 2012 for service commencement in April 2013. The model was informed by local consultation and best practice and is intended to offer a more accessible and holistic service for a person going through the process of diagnosis and their carers.

Alongside an integrated memory assessment service we will increase support to carers. Nationally £10 million additional funding to support carers was allocated in September 2011. In Brighton and Hove this equated to around £48,000. This funding will be used in 2012-13 to provide direct support to a dementia support worker through the Carers Centre and other support to people with dementia and their carers. From April 2013 this function will form part of the new memory assessment service.

3.6.2 Improved quality of care in general hospitals

Nationally 40% of people in general hospital have dementia and the excess cost is estimated to be £6 million to the average general hospital (Alzheimers Society, 2009). There is evidence that people with dementia have worse clinical outcomes than people with the same conditions without dementia. This contributes towards longer length of stay in general hospitals and “excess” costs.

National research, for example Report of the National Audit of Dementia Care in General Hospitals 2011 shows wide variation in the quality and approach of care for people with dementia in general hospitals. Lack of formal diagnosis can prohibit appropriate care being provided within an acute hospital setting. At the time of the 2011 national audit:

- only 6% of hospitals had a care pathway for people with dementia;
- access to specialist input such as liaison psychiatry was generally available in “office hours” and
- less than a quarter of Trusts regularly reviewed information about delayed discharges of people with dementia.

Locally the Royal Sussex County Hospital (RSCH) has established a clinically led dementia group to oversee the development of a dementia implementation plan to provide a strategic framework to the improvement of dementia care. RSCH is in the process of undertaking more detailed audit work to establish the number of

people at any one time with dementia. The lack of formal diagnosis of dementia presents data challenges. However local data available to date shows:

- An estimated 1,034 admissions for B&H residents with a diagnosis of dementia in 2010-11
- 44% of patients on medical wards had a diagnosis of dementia (results of a local snap-shot survey)

The RSCH dementia plan includes:

- recruitment to a one – year dementia champion post and roll out of training and education programmes
- development of dementia nursing care plans
- development of a dementia care pathway
- development of regular dementia audits

From April 2012 all hospitals across England will be incentivised via a nationally mandated CQUIN to screen, risk assess and refer people to specialist diagnosis services where required in order to improve diagnosis rates. At the Royal Sussex County there are plans to introduce screening into the medical assessment unit and the Accident and Emergency Department.

Improvements to the physical environment in acute hospitals can help improve the experience of people with dementia in hospital. Plans for the new building at the RSCH site have all included design which considers the orientation of people with dementia. In addition nutritional care and management of delirium can have a direct impact on a person with dementia's health. This requires an informed workforce and there is evidence that Dementia Specialist posts are effective in terms of developing training and education to skill up the clinical workforce in general hospital. A dementia champion post at RSCH has been funded for one year from April 2012 to support improvement to the quality of dementia care. This will build on education work already begun by the nursing and medical staff working in the department of medicine for the elderly. This department

A key component of the Joint Dementia Plan is to ensure that care is provided in the most appropriate setting. This includes a plan to minimise length of stay in general hospitals. Recent evidence from Birmingham Rapid Assessment Interface and Discharge service (RAID) shows that multi-skilled team that provides a comprehensive assessment of a person's physical and psychological wellbeing in a general hospital setting is effective in terms of reducing both length of stay and avoiding re-admission.

An older people's Mental Health Liaison Service is provided by Sussex Partnership Foundation Trust based at the Royal Sussex County hospital. This service provides mental health assessment and clinical advice to in-patients. During 2011 this resource has been integrated into a multi - agency hospital integrated discharge team in line with national best practice. The aim of this redesign is to facilitate hospital discharge to a more appropriate environment and help reduce length of stay. Additional resources have been identified to increase capacity in the mental health liaison team for older people until 31 March 2013 to support the reduction in length of stay. The service will be evaluated prior to March 2013 to assess its impact.

3.6.3 Dementia Crisis Services & Community Support

The ability of a mental health liaison service to prevent admissions to general hospitals is very much dependent on the availability of alternative community based crisis services. Within Brighton and Hove there is dementia crisis support service Integrated Community Advice and Support Team (ICAST) which supports people with dementia and their carers for up to 6 weeks. A separate crisis service (Community Rapid Response Service) for people with physical health care needs exists. During 2012 we will review the crisis support arrangements.

3.6.4 Living well with dementia in care homes

Nationally it is estimated that two thirds of people in care homes have dementia and 40% of these people are not in specialist dementia care homes (CSCI, 2008). Given the increasing prevalence of dementia it is therefore a priority to improve the capability of the overall care home work force to enable quality care to be provided to people with dementia.

In August 2011 a Care Home in Reach service was commissioned in Brighton and Hove for an initial period (until 31 March 2013) to support independent sector care homes and nursing homes to develop person centred approaches to dementia care. The service provides practical support and advice to homes, expert assessment of the mental health needs of identified residents, in particular identifying interventions to manage challenging behaviour as alternatives to drug therapy and expert advice on medications management.

It is anticipated that improving the care arrangements will contribute toward a reduction in the number of unnecessary admissions to general hospital services. The service also has a specific remit to reduce the number of people in receipt of anti-psychotic medication, where alternative interventions are effective (refer section 3.6.5) It also aims to build skills in primary care and in care homes by joint working, training and skills development. The service will be reviewed during 2012 to assess its impact and identify sustainable funding as required.

3.6.5 Reduced use of antipsychotic medication

There has been increasing national concern about the over-prescribing of anti-psychotic drugs to deal with the behavioural and psychological symptoms of dementia. The evidence suggests that these drugs have a limited positive effects in treating these symptoms for 70% of patients but can cause significant harm including increased mortality and stroke. The 2012-13 NHS Operating Framework identifies a target of a two thirds reduction in antipsychotic prescribing (AP). Detailed below are key elements of the local plan to achieve this target:

- GP practices in Brighton and Hove completed AP audits during 2009/10 and 2011/12 as part of Prescribing Incentive Schemes. In 2012/13, we will work with practices and provider services to reduce prescribing and promote alternative strategies for managing the behavioural and psychological symptoms of dementia. A small amount of funding is available in SHA to support primary care education.

- RSCH and SPFT are signed up to the Dementia Enhancing Quality CQUIN Scheme, a quality improvement programme of which one clinical measure is a focus on appropriate AP in dementia. In RSCH this programme of work has included an audit of anti-psychotic medication to people with dementia in the acute hospital with a view to ensure this is done only when necessary and with frequent medical review of safety.
- SPFT is participating in the Prescribing Observatory for Mental Health (POMH) UK audit which measures compliance with the NICE guidelines on prescribing antipsychotic medication for people with dementia and is based on a baseline clinical audit in 2011 and re-audit 18 months later. It also has an action plan to support improvement in prescribing practice in this area
- The Care Home In-reach Service is also providing specific support on the prescribing of antipsychotics. The service includes a Pharmacy Adviser and provides specific support on the prescribing of antipsychotics for people with dementia with a view to reduction where appropriate. This service is auditing the numbers of people with dementia on antipsychotics to support the development of a baseline.

3.6.6 Improved end of life care for people with dementia

A bid has been submitted for dementia and end of life care to the Regional Innovation Fund. The aim of this bid is to build on existing health and social care workforce developments to support whole system delivery and sustainability of integrated working to implement the National EOLC Strategy (2008) for people with dementia and the palliative care elements of the National Dementia Strategy (2009). The work seeks to integrate end of life care across dementia care pathways and educate the workforce to ensure it can both identify when the person is at the end of life and provide dementia-appropriate end of life care.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 In 2010 Brighton and Hove PCT worked with the Department of Health's Care Services Efficiency Delivery Unit (CSED) to undertake a comprehensive stakeholder analysis of dementia services. This included extensive work with stakeholders to better understand existing services, to develop an 'ideal' care pathway and to recognise services deemed to be priorities. The outcome is a set of identified prioritised services, which could be developed to improve local services for people with dementia and the people who care for them. The following organisations were involved in the consultation.

- Sussex Partnership Foundation Trust
- Brighton and Hove City Council
- Sussex Community NHS Trust
- Brighton and Sussex University Hospital Trust
- Alzheimer's Society
- Age Concern
- MIND
- The Martlets Hospice
- People with dementia and carers via the Alzheimer's Society.

- 4.2 This consultation has been used to inform pathway development and this Joint Dementia Plan.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

The following investment areas have been confirmed and are reflected within the health budget.

Area for Development	Investment 2012/13	Investment 2013-14	Comments on Funding Source	Notes on Whole System Cost Avoidance
Memory Assessment Service		To be confirmed	Funded through redesign of resources within Sussex Partnership Foundation Trust	<ul style="list-style-type: none"> • Reduce/delay need for stepped up services
Support for carers/peer support	£48,000		National Funding	<ul style="list-style-type: none"> • Reduce/delay need for stepped up services
RSCH Dementia Champion	£40,000		Health Funding	<ul style="list-style-type: none"> • Quality improvement • Reduction in re-admission & length of stay
Mental Health Hospital Liaison	£100,000		Health Funding	<ul style="list-style-type: none"> • Reduction in re-admission & length of stay
Crisis Support			Redesign within existing resources	<ul style="list-style-type: none"> • Reduction in bed usage – general and dementia hospitals
Care Home in Reach	£180,000		Health Funding	<ul style="list-style-type: none"> • Reduction in admissions • Delayed admission to EMI care homes
Total	£368,000			

The Adult Social Care budget 2012/13 planning assumes growth of 40 Older People with mental health service users in community based services and an additional investment of £397,000 is assumed. A proportion of this growth that relates to Dementia has not been separately captured. The budget will be prioritised to support the Dementia Action Plan. The net 2011/12 budget for Social Care in respect of Older People Mental Health (including those with

Dementia) is £5,845,000 covering S75 arrangements and a further net budget of £1,450,000 for services at Wayfield Avenue and Ireland Lodge.

5.1 *Finance Officer Consulted: Anne Silley/Debra Crisp Date: 07/02/2012*

Legal Implications:

5.2 This Report sets out in comprehensive detail the requirements of central government via the National Operating Framework and National Dementia Strategy to prepare for and meet the needs of dementia sufferers. Both the Local and Health Authorities have statutory health and community care duties in respect of this group of the local community and JCB is the responsible body for overseeing the commissioning and delivery of appropriate services to ensure those duties are met. In considering the commissioning and delivery of services JCB and the service providers must have regard to Human Rights Act 1998 implications for the individuals affected in particular but not exclusively the Right to Privacy and Family Life.

Lawyer Consulted: Name Sandra O'Brien Date: 07/02/2012

Equalities Implications:

A full Equalities Impact Assessment has not yet been carried out on the Joint Dementia Plan. This is planned for completion by May 2012.

As part of the scoping work a number of equalities issues have been identified which the Joint Dementia Plan seek to address:

- Increasing number of people accessing service provision compared with current numbers as a result of increased diagnosis.
- People with Downs Syndrome are up 50% more likely to suffer early-onset dementia. The new memory assessment service will be able to provide diagnosis and support for this client group.

5.3 Sustainability Implications:

Discussed in the main report.

5.4 Crime & Disorder Implications:

Nil

5.5 Risk and Opportunity Management Implications:

There are risks around sustainability of service development due to use of short-term funding. The risks would materialise if the anticipated whole system cost avoidance wasn't achieved.

5.6 Public Health Implications:

Brighton and Hove currently under-diagnoses people with dementia. Evidence suggests not having a diagnosis leads to increased reliance on higher levels of care and early admission to residential care.

Corporate / Citywide Implications:

5.7 Not applicable

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 During the consultation process alternative service options have been considered. Brighton and Hove is implementing a NDS at a local level. The exact configuration of services reflects local need and consultation while retaining general alignment with the national strategy.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 It is a Department of Health requirement that the Health and Social Care commissioners develops and publishes a Joint Dementia Plan.

SUPPORTING DOCUMENTATION

Appendices:

1. Joint Dementia Plan

Documents in Members' Rooms

1. None.

Background Documents

1. Older People's Mental Health Framework 2009-2012

2. Revised Dementia Planning Framework 2010

