

Subject:	Update on the implementation of the Joint Dementia Plan		
Date of Meeting:	28 January 2013		
Report of:	Geraldine Hoban, Chief Operating Officer CCG		
Contact Officer:	Name:	Jo Matthews	Tel: 01273 574685
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Key Decision:	No		
Ward(s) affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 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 identified in the National Dementia Strategy. The 2012/13 NHS National Operating Framework required 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. For Brighton and Hove this plan was published in February 2012 and the purpose of this paper is to the JCB on progress implementing the plan.

2. RECOMMENDATIONS:

2.1 That the JCB note the contents of the report

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

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

- 3.2 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.**
- 3.3 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
- 3.4 The *National Operating Framework 2012/13* built 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.

3.5 **Local Context**

A Joint Dementia Plan was approved at the Joint Commissioning Board in February 2012 setting out local implementation of the NDS in an integrated 'long-term conditions' approach aligning many dementia services with physical health services so an holistic approach is taken to the care of people with dementia. The Plan sets out how priority areas for service development will be delivered within a revised financial envelope and to a revised timetable. The Plan with updates is attached as Appendix 1.

The shadow Health and Wellbeing Board has identified dementia as a priority for the city and a Joint Health and Wellbeing Strategy has been prepared including a section on dementia, along with the other priorities, which will be ratified once the board is formally constituted in April 2013. The suggestion from this strategy is that a joint commissioning Dementia Board be established to give formal governance to future dementia developments.

3.6 **Progress against the four priority areas identified in the NDS**

3.6.1 **Good quality early diagnosis and intervention for all Memory Assessment Service**

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.

In Brighton and Hove at current rates of diagnosis prevalence of dementia is expected to remain broadly constant over the next ten years. However only 36% of people (around 1,132) in Brighton and Hove with dementia are identified as being diagnosed on GP QOF registers.

The first of the four objectives of the National Dementia Strategy is to achieve "good-quality early diagnosis and intervention for all". In 2007 the National Audit Office concluded that "early diagnosis and intervention in dementia is cost-effective" However in Brighton and Hove we only diagnose around one third of dementias. *The Prime Minister's Challenge on Dementia* states that "From April 2013 there will be a quantified ambition for diagnosis rates.... underpinned by robust and affordable local plans."

In summer 2012 we invited bids an integrated memory assessment service, which will provide diagnosis to around 80% of people with dementia. Around 20% of people will still need secondary care referral for diagnosis due to complex needs or complex presentations.

This service will be operational by 1 June 2013 and at commissioned activity rates will increase the number of people diagnosed with dementia by 10% per annum, meeting and exceeding national targets for dementia diagnosis. People will also receive a diagnosis within 10 weeks of referral from their GP, significantly speeding up the diagnostic process. The service will also offer people with dementia and their carers information support and advice for up to one year after diagnosis.

Also through routine NHS Health Checks, GPs will be expected to identify risk factors for dementia - such as hypertension, alcohol and obesity – provide information on memory clinics and refer those in need of assessment. Additional Quality Outcomes Framework points are also likely to be introduced for ongoing support to people with dementia.

3.6.2 Improved quality of care in general hospitals

A one year dementia champion post was established at the Royal Sussex County Hospital. This post was filled earlier this year and is driving improved services for people with dementia across the trust. A dementia pathway has been developed in the hospital and is being trialled on care of the elderly wards. The trust launched the national dementia CQUIN which requires a memory screen for anyone over the age of 75 who is in hospital for 72 hours or more. This was launched under the banner of "Dementia – everyone's business".

The hospital has agreed to adopt the Butterfly scheme, planned for launch in March 2013. The butterfly scheme currently operates in 50 hospitals across the UK and provides a framework for rolling out education and an approach to caring for patients with dementia trust wide. The trust has a dementia steering group leading on developments in dementia care.

A Sussex wide **audit of people with dementia in the acute hospitals** was carried out and key findings showed that on aggregate people with dementia are twice as likely to be admitted to hospital as people with the same condition without dementia and to stay in hospital four days longer. People with dementia

also go into hospital for the same reasons as people without, e.g. UTI, respiratory infections and falls, however their illnesses are often at a later stage of severity or complexity which means that admission is harder to avoid. The learning from the audit is that work at a primary care level is key to admission avoidance in people with dementia. This relates to a need for education in the workforce and families and carers of people with dementia so that illness or infection is picked up at an earlier stage. This ties in well with the future plans to align community mental health teams with the integrated primary care teams to enable them to better support people with dementia.

3.6.3 Living well with dementia in care homes

The Sussex-wide Care home in-reach team has been operating just over one year. The service provides support to care homes to improve their ability to care for and support their residents who have dementia.

The service can either work with specific patients or with the home to make systemic changes and offer training and advice to the workforce. The team has conducted around 80 individual medication reviews, with around 45 having their anti-psychotic medications either reduced or ceased. The team has worked with a number of care homes in the city influencing the care of more than 500 residents. We have included the ongoing funding of this service in our plans for funding next year.

The Local Authority and PCT have worked together on the development of a set of nursing competencies for nursing homes which includes care of people with dementia.

3.6.4 Reduced use of antipsychotic medication

In 2008, The All Party Parliamentary Group (APPG) produced a report *Always a Last Resort* which highlighted the problem of over-prescribing anti-psychotics in care homes. At that time it was estimated up to 105,000 people with dementia were given anti-psychotics inappropriately - either for inappropriate reasons or for initially justifiable reasons, but inappropriately continued. The report also estimated that 1800 people with dementia died each year due to the adverse effects of low-dose anti-psychotics.

As part of the Department of Health's National Dementia Strategy, a pledge was made to reduce anti-psychotic prescribing by two thirds by November 2011. Whilst there has been a lot of work to reduce antipsychotic prescribing in people with dementia, both locally and nationally, as there is no accepted baseline data, it is not possible to measure the extent of the reduction.

There have however, been a number of initiatives locally to address the prescribing of antipsychotics to people with dementia including:

- A prescribing audit in primary care carried out over two separate years which shows a decrease in prescribing and an increase in medication reviews. It also showed that people are as likely to be prescribed antipsychotics if they live in their own home as if they live in a care home.

- A GP resource pack has been launched across Sussex to support GPs to better manage patients with dementia, and support reducing/ceasing of antipsychotics.
- The care home in reach team has a specific remit on antipsychotics, as mentioned above
- Enhancing Quality measure for acute and mental health trusts on best practice prescribing of antipsychotics and benzodiazepines
- A Sussex Reducing Antipsychotics Sub-group of Dementia Commissioners and Heads of Medicines Management has been convened to look at audits required in Sussex.

3.7 Additional work carried out on dementia includes:

- 3.7.1 Engagement work carried out on day services for people with **young onset dementia** and we are reviewing day services as a result. This will be aligned with the review Adult Social Care is completing on Day Services in the city.
- 3.7.2 Additional resource put into the **Community Rapid Response Service (CRRS)**, which is a hospital avoidance service for people with an urgent physical need. The majority of people with dementia also have a physical health need so it makes sense to adopt an integrated long-term conditions approach to dementia care. The additional resource is to enable the CRRS to support more people with dementia. The service has also employed a mental health liaison nurse. We are also reviewing the current crisis pathway for people whose predominant need is their dementia.
- 3.7.3 Additional resource has been allocated to the older people **mental health liaison** service at the acute hospital to help reduce length of stay. This is currently being evaluated.
- 3.7.4 Commissioners are working with SPFT on the **dementia pathway** for people with complex needs to ensure there is a clear pathway into specialist dementia services from the new memory assessment service, to ensure a seven day a week crisis response and to further align dementia services with services supporting people with long term physical health needs. The proposal is to align the resource in the ICAST service with the resource in the Assessment and Treatment Service to create a specialist dementia service available 7 day a week. This will come into effect on 1 June 2013 to coincide with the launch of the memory assessment service
- 3.7.5 Regional innovation fund monies have been used to initiate a project to develop a care pathway for people with dementia at the **end of life**. This project has developed an action plan to identify and address workforce development needs and education and information, shared protocols.
- 3.7.6 Carers of people with dementia –
The CCG funds Alzheimers Society to provide ‘Singing for the Brain’ sessions and fortnightly dementia cafes. This will continue for 2013/14. The CCG and Brighton and Hove City Council have a joint Multi-Agency Commissioning and Development Strategy for Carers, which identifies our commitment to all carers across the City. There are a range of services available to all carers, from intensive respite services to leisure opportunities (via the Carers Card). Carers

have a right to request an assessment of their needs, either via a joint assessment or a separate carers assessment, and this assists in the process of identifying desired outcomes and potential support.

The specialist services commissioned to support carers of people with dementia are predominately provided by the Alzheimer's Society. These include an Advice and Information Service, Carer Support Groups, and Home Based Respite services. Additionally the Carers Centre has had funding for the past two years to provider specialist case work support for carers of people with dementia.

3.8 The Prime Minister's Challenge on Dementia

3.8.1 The Prime Minister's Challenge on Dementia is an ambitious programme of work designed to make a real difference to the lives of people with dementia. The Challenge, launched in March 2012, builds on the achievements of the National Dementia Strategy to secure greater improvements in dementia care and research so that people with dementia, their carers and families get the services and support they need.

3.8.2 One strand of the Challenge is a programme to encourage communities to become more dementia friendly. **Dementia Friendly Communities** are defined by the Alzheimers' Society as communities which show a high level of public awareness and understanding so that people with dementia and their carers are encouraged to seek help and are supported by their community. Such communities are more inclusive of people with dementia, and improve their ability to remain independent and have choice and control over their lives.

3.8.3 Brighton and Hove is working toward becoming an Age Friendly City (World Health Organisation status) and this dovetails with being a dementia friendly community. We are currently bidding for funding to support a community development worker to drive this work.

3.8.4 Part of the Dementia Friendly Communities work includes Alzheimers Society's Dementia Friends which aims to make everyday life better for people with dementia by changing the way the nation thinks, talks and acts. By 2015, the aim is to have a million people with the know-how to help people with dementia feel understood and included in their community.

3.8.5 Dementia friendly environments is another strand of this work. A £50m fund has been announced to support the NHS and social care to create dementia-friendly environments. This investment will deliver physical improvements and knowledge-based evidence in NHS and social care environments that provide care for people with dementia through a range of national pilot projects. It will build on work already undertaken by The King's Fund to improve knowledge and evidence about the aspects of the physical care environment which can be used to improve the care of people with dementia. There is keen interest in Brighton and Hove to submit bids for this fund.

3.8.6 There is a shortage of specialist EMI (**Elderly Mentally Ill**) beds in Brighton and Hove and people are regularly placed out of area as a result. Meetings have taken place with new prospective providers and we anticipate more capacity will come available during 2013. There are also an increasing number of people with dementia being referred into Community Short Term Services. The CCG and

Adult Social Care commissioners are currently assessing the best way to meet the needs of people with more complex needs in these services.

4. CONSULTATION

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. This consultation has been used to inform pathway development and the Joint Dementia Plan. 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 Due to the decision by Alzheimer's Society to close of the Towner Club for people with young onset dementia, the CCG asked MIND to carry out a consultation with younger people with dementia. This was conducted in the summer and as a result we are reviewing day services for people with young onset dementia.

4.3 CVSF Networks are hosting two events in early 2013 that will focus on chapters of the Joint Health and WellBeing strategy. This includes the chapter in the strategy concerning dementia. Results from these events will feed into the final draft of the Joint Health and Well-Being Strategy and aim to influence future commissioning decisions.

5. FINANCIAL & OTHER IMPLICATIONS:

Area for Development	Investment 2012/13	Investment 2013-14	Comments on Funding Source	Notes on Whole System Cost Avoidance
Memory Assessment Service		£450,000	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	£25,000	In 2012/13 this was national funding via health for LA to spend on dementia carers. In 2013/14 £25,000 has been confirmed from CCG awaiting decision on LA match funding	<ul style="list-style-type: none"> Reduce/delay need for stepped up services
Mental Health Hospital Liaison	£100,000	To be confirmed if funding demonstrates impact	Health Funding	<ul style="list-style-type: none"> Reduction in re-admission & length of stay
Crisis Support	£100,000	To be confirmed if funding demonstrates impact	Redesign within existing resources	<ul style="list-style-type: none"> Reduction in bed usage – general and dementia hospitals
Care Home in Reach	£180,000	£180,000	Health Funding	<ul style="list-style-type: none"> Reduction in admissions Delayed admission to EMI care homes
Day services for people with young onset dementia		£30,000	Additional to SPFT resource	<ul style="list-style-type: none"> Respite Reduction in admissions Delayed admission to care homes
Total	£428,000	£685,000		

The above table represents service investment plans as reflected in the commissioning intentions in the CCGs Annual Operating Plan.

- 5.1 The Adult Social Care budget 2013-14 planning assumption is growth of 10 clients with long term conditions (dementia) and an additional investment of £138,000 has been identified. The net 2012-13 budget for Social Care in respect of Older People Mental Health (including those with Dementia) is £5.737 million covering S75 arrangements and a further net budget of £1.432 million for services at Wayfield Avenue and Ireland Lodge. It is not currently possible to separate out the resources allocated specifically for dementia, although the overall budget is prioritised to help support the Dementia Action Plan.

Finance Officer Consulted: Anne Silley/Debra Crisp Date: 03/01/13

Legal Implications:

- 5.2 This Report, which is for noting only, describes 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: Sandra O'Brien Date:9/1/13

Equalities Implications:

- 5.3 A full Equalities Impact Assessment has been carried out on the Joint Dementia Plan and is published along with the plan.

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.

Sustainability Implications:

- 5.4 Discussed in the main report

Crime & Disorder Implications:

- 5.5 Nil

Risk and Opportunity Management Implications:

- 5.6 The drive to increase dementia diagnosis rates and raise awareness of dementia may create pressures in other services and increase demand.

Public Health Implications:

- 5.7 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:

- 5.8 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. The JCB requested an update on progress on implementation.

SUPPORTING DOCUMENTATION

Appendices:

1. Joint Dementia Plan – updated December 2012

Documents in Members' Rooms

1. None.

Background Documents

1. Prime Minister's Challenge on Dementia
2. Brighton and Hove Shadow Health and Wellbeing Board Draft Strategy
3. JCB Paper February 2012