

Dementia Summit

Improving Lives: A Partnership Approach to Dementia



Dementia Summit

Sir Peter Soulsby

Leicester City Mayor



Dementia Summit

Joan Lemmon, Carer



Dementia Summit

Leicester, Leicestershire and Rutland's Joint Dementia Commissioning

Tracie Rees
Strategic Director of Commissioning



National Dementia Strategy 2009



Living well with dementia:
A National Dementia Strategy

- 700,000 people with dementia in UK
- Diagnosis rate of just 30%
- £17billion a year
- 100% increase over 30 years
- Costs more to care for people with dementia than it costs to care for stroke, cancer and coronary heart conditions combined

Three key steps

- Ensure better knowledge of dementia and remove the stigma
- Early diagnosis, support and treatment
- Develop services to meet changing needs better



Putting **People** First

Making a Difference Locally

A Local Implementation Network

Involvement of key organisations, people with dementia and carers, CSED

A local strategy for LLR for 2011 - 2014

The LLR Strategy

- Key principles:
- Maximising a collaborative approach and bringing together joint arrangements for planning and commissioning, including strategic re-alignment of resources and/or investment planning.
- Developing joint commissioning in those priority areas where partnership will “add value”, and:
- Being flexible about how organisations deliver on priorities, as one size certainly does not fit all.



Predicted numbers of people aged 65+ with dementia

Area	2011	2025
Leicester	2,559	3,272
Leicestershire	8,115	12,728
Rutland	563	959
Total	11,237	16,959

BUT – we know that the diagnosis rate is only around 50%

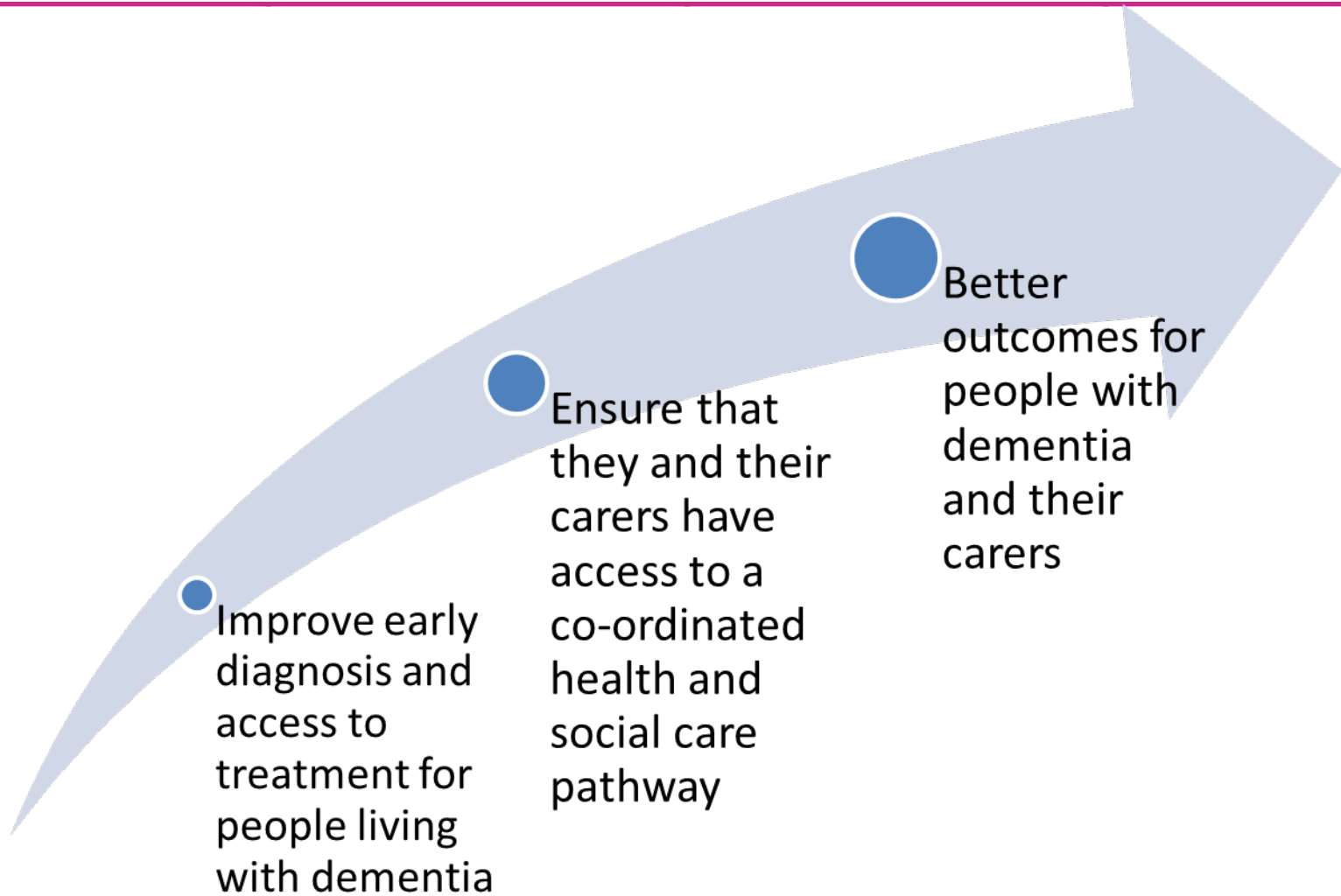


The cost of dementia



- The direct cost to LLR health and social care services is about £67 million per year, which tends to be on the more complex care needs.
- Estimated that informal care costs of £104 million are borne by family carers.
- £116 million of care home costs are also shared between families (30 per cent) and public funding (70 per cent).

Strategic Direction



23 Strategic Priorities

1. To increase early diagnosis and access to interventions for people with dementia
2. To commission a single point of contact for people living with dementia at each step of the care pathway to improve access to advice and services
3. To strategically review the pathway for memory assessment and commission a service that is integrated into a health and social care pathway
4. Improved management of causes of behavioural and psychological symptoms in dementia via a LLR wide implementation of prescribing guidelines
5. To commission a shared model of care allowing prescribing in both primary and secondary care to benefit those living with dementia and encourage service efficiency
6. To review the existing ICATs model of delivery to develop a service focused on preventing admission to the older people's mental health in-patient wards and facilitate timely discharge

23 Strategic Priorities

- 7. To review options for commissioning a joint health and social care crisis response service to support people with dementia and their families/ carers**
- 8. To commission an integrated intermediate care model across health and social care that is able to support GPs to look after the physical health care needs of people with dementia**
- 9. To commission integrated reablement services that reflects the specialist needs of people with dementia and delivers a pathway that reduces hospital admissions and reduces delayed discharges**
- 10. To develop an integrated health and social care community based pathway to reduce length of stay in hospital, reduces the need for hospital admission and is able to meet the mental and physical health care needs of people with dementia**
- 11. To ensure consistent detection of dementia within a hospital setting and the development of appropriate care pathways**



23 Strategic Priorities

12. To ensure all family carers have access to dementia support services as early as possible and to ensure that a carers assessment is completed
13. To commission a range of respite services to support carers in their caring role
14. To ensure that people with dementia are given a personal budget if eligible of support and that self funders are given appropriate advice and information about services available to them
15. To develop community based dementia services to allow people to use their personal budgets
16. To increase specialist dementia home care and ensure it is high quality and enables choice and control for the individual
17. To ensure that the use of assistive technology is embedded into care pathways across health and social care



23 Strategic Priorities

18. To ensure that housing strategies commission life time community based accommodation that can support older people and those with dementia
19. To ensure that all people diagnosed with dementia have access to advice and information
20. To ensure that all services that are commissioned meet a range of quality standards including NICE and CQC
21. LLR wide implementation of prescribing guidelines
22. Review access to specialist support and other in-reach for people living in care homes
23. Ensure that workforce is commissioned to deliver services to support the care pathway for dementia



Strategy work streams

Workstream 1

Increase early diagnosis and access to interventions for people with dementia

Lead: NHS Leicester, Leicestershire and Rutland and Leicestershire Partnership NHS Trust – Jane Thorpe

- Main tasks:
 - Development of a shared care memory assessment pathway
 - Agreement on diagnostic codes
 - Review dementia advisor projects and make recommendations

Strategy work streams

Workstream 2

Improved experience of general hospital care and the management of physical health needs

Lead: NHS Leicester, Leicestershire and Rutland and University Hospitals Leicester NHS Trust – Dr Shah

- Main tasks:
 - Implement East Midlands anti psychotic guidelines and prescribing discharge template
 - Develop and implement a model to detect cognitive impairment and improved data collection

Strategy work streams

Workstream 3

Improved quality of care in residential care homes

Lead: Leicestershire County Council – Heather Pick

- Main tasks:
 - Extend Dignity in Care programme across LLR
 - Establish a comprehensive health and social care approach to quality of care in residential homes
 - Ensure contracts reflect relevant national quality standards
 - Improve compliance on medication management
 - Work with NHS to improve prescribing contracts (CQUIN)
 - Promote NICE guidelines on review of anti psychotics

Strategy work streams

Workstream 4

Personalisation of care and living well with dementia in the community

Lead: Leicester City Council – Tracie Rees

- Main tasks:
 - Commission extra support for people newly diagnosed with dementia
 - Review the ICAT service (Intensive Community Assessment and Treatment)
 - Review access to carers assessments and respite support
 - Review and ensure access to intermediate care
 - Review and ensure access to assistive technology
 - Ensure a good supply of information and services for people with dementia
 - Ensure sufficient housing and appropriate for people with dementia

Strategy work streams

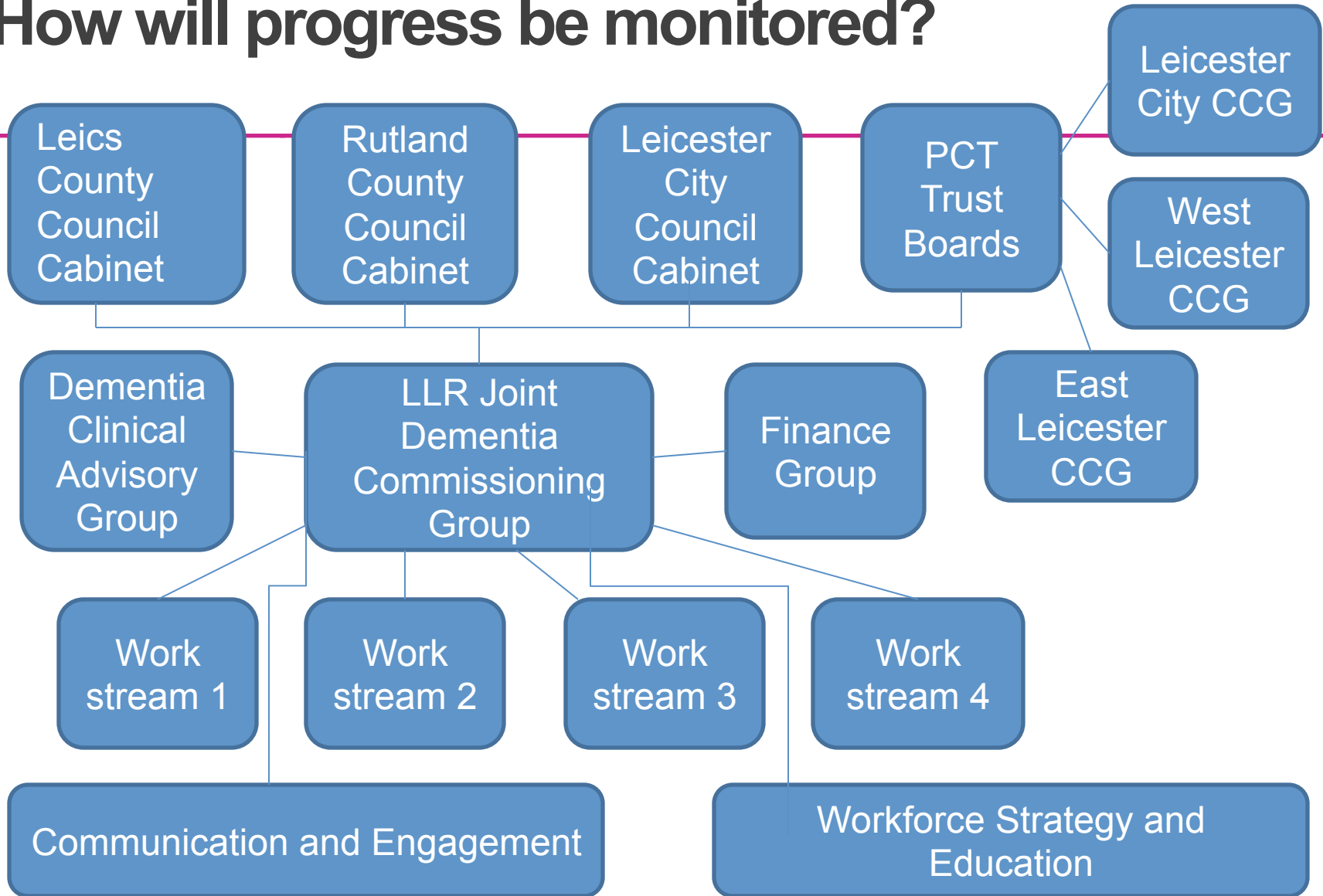
Workstream 5

A workforce fit to deliver services to support the care pathway for dementia

Lead: LLR Workforce Development Team – David Lees

- Main tasks:
 - Workforce planning
 - Training and education

How will progress be monitored?



Get involved

- **Strategy summary in packs**
- **Evaluation form**
- **Option to say which work stream you would like to be involved with**



More information?

Email: tracie.rees@leicester.gov.uk

Tel: 0116 252 8305



Dementia Summit

Cllr. Christine Emmett

**Portfolio Holder for Adult Services
Rutland County Council**



Dementia Summit

National and local priorities for action in dementia in 2012

*Dr Richard Prettyman
Consultant Old Age Psychiatrist and lately
Clinical Lead for Dementia
NHS East Midlands*



NDS timeline

- **NDS published Feb 2009 – 17 objectives**
- **Implementation plan published July 2009**
- **‘Quality Outcomes for People with Dementia’ published Sept 2010 – 4 priorities**



Living well with dementia:
A National Dementia Strategy



Those Quality Outcomes...

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



Dementia quality outcome measures retain prominence in UK Health policy...



NHS Outcomes Framework 2012/13 (published Dec 2012):

- *Within domain 2 (Enhancing Quality of Life for people with long term conditions), 2.6 deals specifically with QoL for people with dementia*



The Operating Framework for NHS in England 2012/13 (Published Nov 2012):

- ***Section 2.7 & 2.8 – Areas “requiring particular attention” includes dementia and care of older people. Eight points including –***
 - **Ensure providers compliant with NICE quality standards**
 - **Support initiatives to reduce inappropriate antipsychotic prescribing for dementia patients**
 - **Improve diagnosis rates [for dementia] particularly in poorly performing areas**



Those Quality Outcomes again...

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

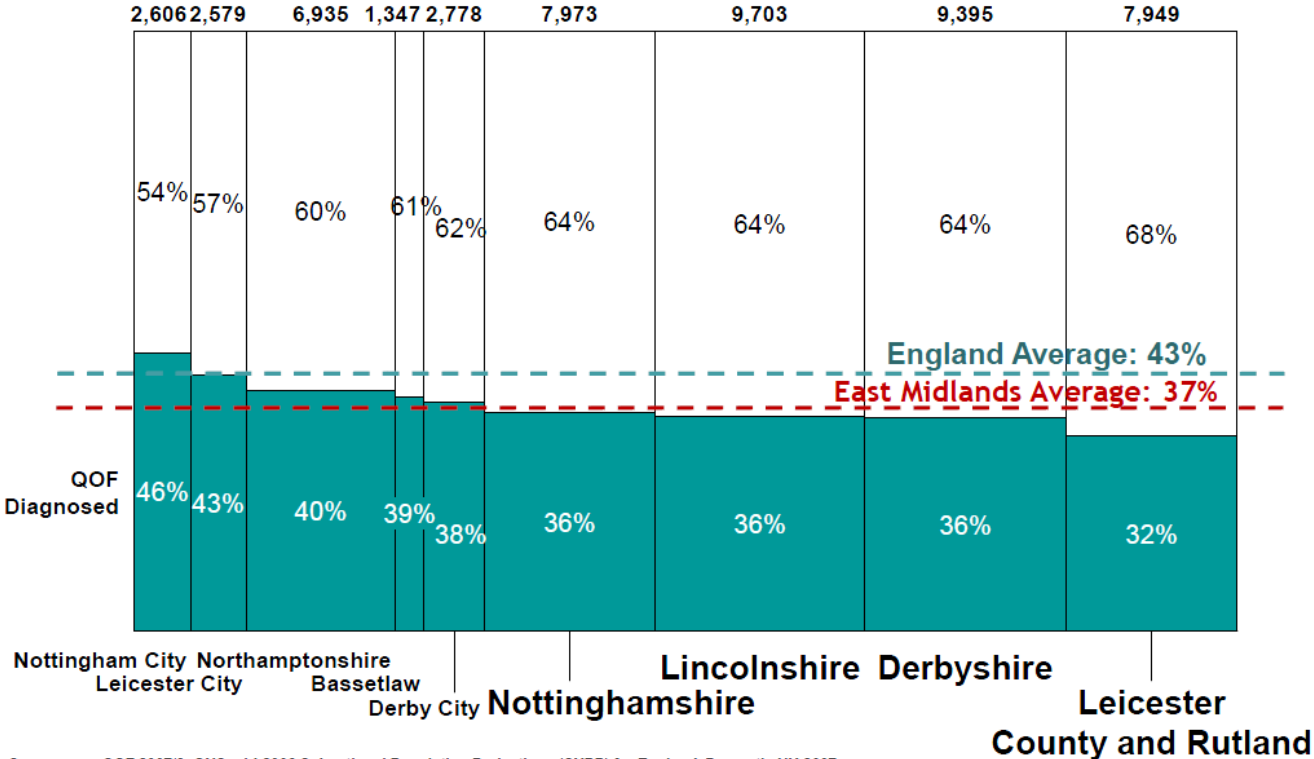


Challenges in the diagnostic pathway – bridging the gap



Challenges in the diagnostic pathway

Prevalence data suggests that only c. 37% of people living with dementia have a formal diagnosis in the East Midlands...



Source: QOF 2007/8, ONS mid-2006 Subnational Population Projections (SNPP) for England, Dementia UK 2007

Diagnostic pathway

- **Various service models for specialist assessment**
 - **‘Croydon Model’**
 - **Conventional outpatient based specialist**
 - **Community based specialist**
- **Does it always need to be a specialist assessment?**
 - **For early diagnosis? (Probably yes)**
 - **For diagnosis of established dementia?
(No)**

The diagnostic pathway – general hospitals

- **Historically problems of under diagnosis of dementia here too**
- **2012/13 CQUIN (ref 16970) to incentivise screening of over 75s for dementia in general hospitals**



Reducing inappropriate antipsychotic prescribing for people with dementia



Reducing use of antipsychotic drugs

- **The scale of the problem:**
 - **Approx 180,000 patients with dementia on this treatment currently in UK**
 - **Only a minority of patients thus treated will be benefiting (poor indications, excessive duration of treatment etc)**
- **The nature of the harm caused:**
 - **Worsening of cognitive impairment**
 - **Neurological side effects**
 - **Cardiovascular side effects**



Reducing use of antipsychotic drugs

- ..we can reduce the rate of use of antipsychotic medication to a third of its current level...over a 36 month period...

*Professor Sube Banerjee
'Time for Action' report for DH
October 2009*



Reducing use of antipsychotic drugs

- **We need to be tough on antipsychotics and tough on the causes of antipsychotic prescription**
- **Excessive reliance on antipsychotic drugs may be symptomatic of...**
 - **Lack of training and awareness**
 - **Lack of alternative therapeutic options**
 - Don't exist/haven't been evaluated
 - Limited resources
 - **Unsuitable care environments**



Reducing use of antipsychotic drugs

- **Regional initiatives**
 - **Local audits to benchmark performance – lack of detailed data is currently a significant obstacle**
 - **£26k per locality in EM to support interventions aimed at reducing prescribing**
 - **Nationally, several promising service innovations e.g.**
 - in-reach services to care homes (nursing, pharmacy etc)
 - educational interventions for prescribers



National dementia and antipsychotic prescribing audit

- **Coordinated by NHS Information Centre**
- **National roll-out of earlier limited-scope audits**
- **Primary care data to be collected either automatically by Apollo Medical Services, or by manual MIQUEST query**
- **Data collection to commence February 2012**
- **Publication of results July 2012**



What are the challenges and potential obstacles to improving dementia care in England?



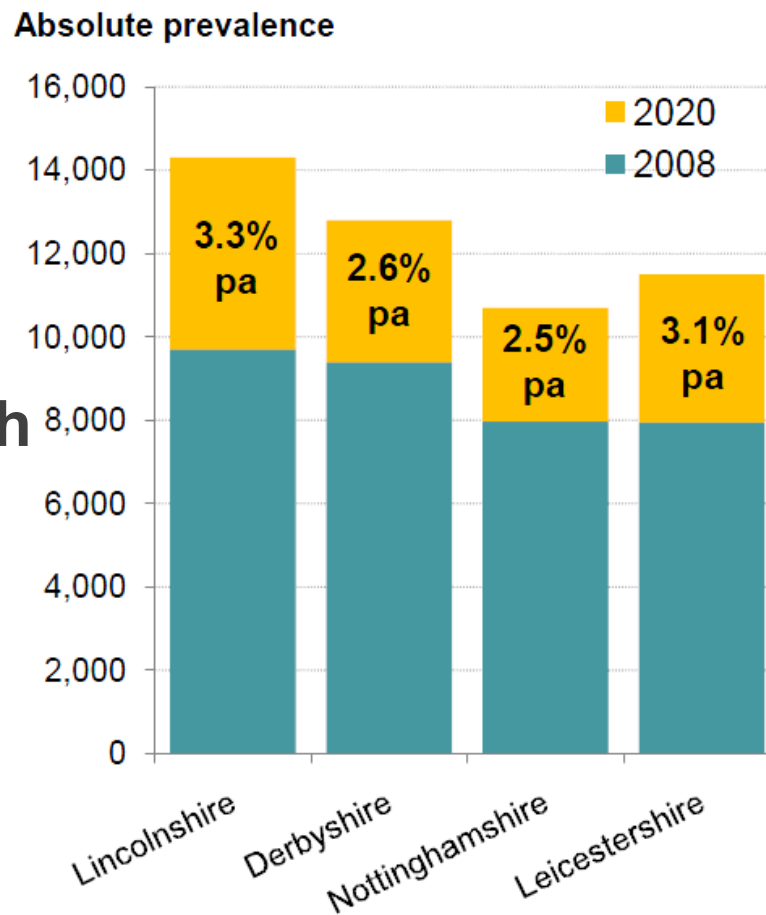
Potential obstacles

- **Historical legacy** – dementia has never been perceived as a glamorous or high priority area of health care. There is a lots work to be done to change established attitudes
- **Confused identity and ‘ownership’** – dementia care crossed health and social care boundaries to an extent that is almost unique. Not always clear where responsibility lies.
- **Pressure on public services** makes any new area of investment a challenge, especially where the emphasis is on quality improvement



Demand will rise as a function of population ageing

- **Approx 3% per annum over next 10 years**
- **Proportionately much greater rise in rural areas**



Dementia Summit

Dr Peter Cannon

GP, LOUGHBOROUGH

**West Leicestershire Clinical Commissioning
Group (WLCCG) MENTAL HEALTH LEAD**



Drivers For Change



- **Patient centred care**
- **Care closer to home**
- **The demographic time bomb**
- **Government policy NDS**
- **Restructuring of health commissioning**
- **Integration of health and social care commissioning**
- **QOF/ GP contract**

Overarching themes



- **Raise awareness**
- **Improve detection and [early] diagnosis**
- **Community based care**
- **Holistic care with integrated health and social care planning**
- **Improved patient pathways through to end of life care**
- **Crisis management**
- **Carer support**
- **Driving up standards in care homes**

The GP Perspective



- **The big picture for GPs**
- **Early Diagnosis**
- **Prescribing**
- **Ongoing healthcare needs**
- **Holistic care planning**
- **End of life care**
- **Crises**
- **Carers**

CCG Perspective



- **Strategic plan**
- **Complex commissioning involving primary care, secondary care, LA and Private sector [care homes] = ambitious!**
- **Engaging Primary Care [GPs]**
 - appetite
 - skills
 - remuneration
- **Contracting issues**
 - memory clinics – capacity
 - community services
- **Financial risks**
- **Overlap with other agendas [frail elderly, re-ablement, EOL, Proactive care]**

What needs to be done

- **Patient –centred**
- **Stakeholders**
- **Innovative commissioning**
- **New technologies**
- **Timeline for change**



Dementia Summit

Cllr. David Sprason

**Portfolio holder for Adults and
Communities
Leicestershire County Council**



Dementia Summit

Improving Lives: A Partnership Approach to Dementia

