TELFORD & WREKIN COUNCIL

HEALTH AND WELLBEING BOARD - SEPTEMBER 12th 2012

THE COMMISSIONING FRAMEWORK FOR DEMENTIA

REPORT OF SPECIALIST COMMISSIONER – COMMISSIONING CARE AND SUPPORT

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

1.1 This report provides background information on the national and local health and social care implications, (set out in the National Dementia Strategy, 2009) in supporting a person and their family carer, through their journey with dementia.

1.2 It provides a full and comprehensive up-date of progress in improving dementia services locally and is set within the context of the Commissioning Framework for Dementia, (Department of Health, 2011).

2. RECOMMENDATIONS

- Board members/members acknowledge and support dementia as a strategic priority across health and social care
- Board members/members support the proposal that the Health Economy Steering Group, responsibile for meeting expectations in the Commissioning Framework, should be accountable to the Health and Wellbeing Board and this should be reflected in the governance arrangements of the Steering Group
- Board members/members acknowledge good progress in implementing component parts of the National Dementia Strategy
- Board members/members acknowledge and support areas for accelerated improvement, specifically increasing diagnosis rates in Telford & Wrekin.

3. SUMMARY IMPACT ASSESSMENT

<table>
<tr><td rowspan="5">COMMUNITY IMPACT</td><td colspan="2">Do these proposals contribute to specific Priority Plan objective(s)?</td></tr>
<tr><td>Yes</td><td>Telford & Wrekin Council’s Medium Term Plan for 2012/13 to 2014/15

• Protect and support our vulnerable children and adults
• Improve the health and wellbeing of our communities and address health inequalities.

Telford & Wrekin Council’s Corporate Priority, Adult Social Care:

• Improve quality and range of Dementia services locally.

The Health and Wellbeing Board Draft priorities:

<u>Improve</u>

• Emotional health and wellbeing of borough residents
• People’s experience of health and care services
• Unpaid carers’ health and wellbeing.

<u>Support</u>

• People with specific health needs to live independently for as long as possible
• People with dementia.</td></tr>
<tr><td colspan="2">Will the proposals impact on specific groups of people?</td></tr>
<tr><td>Yes</td><td>Dementia is mainly a disease of people aged over 65 years but its impact on families and carers is far-reaching and can affect people of all ages.

The Dementia Deep Dive considered the needs of a range of people, which</td></tr>
</table>

		included; younger people with dementia, people with learning disabilities, people with alcohol-related dementia, people with other mental health problems (e.g. depression), people on low incomes and in poverty, minority ethnic groups, people living in isolated rural areas, disabled people and people living alone.
TARGET COMPLETION/DELIVERY DATE	The latestest policy reference point, (Prime Minister's Challenge on Dementia) advocates for quality improvements by 2015 but see Commissioning Framework (Appendix 2) for more details. Key milestone: From April 2013, there will be a quantified ambition for diagnosis rates across the country and there will be a new indicator in the NHS Outcomes Framework 2013/14.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	Within existing resources and jointly commissioned across health and social care. See costs and impact on health and social care in the full report.
LEGAL ISSUES	N/A	
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Financial risks relating to demographic increase and inappropriate crisis and use of unscheduled care, largely due to late diagnosis or no diagnosis at all. Inadequate investment aligned with raising prevalence widening the gap of unmet need. Reputational risks relating to failure to meet Prime Minister's Challenge on Dementia as performance becomes more widely publicised.
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact.

PART B) – ADDITIONAL INFORMATION

4. INFORMATION

4.1 In 2009, NHS Telford & Wrekin and Telford & Wrekin Council, in partnership with stakeholders, people with dementia and their family carers developed a Dementia Care Pathway, (see Appendix 1) which set out the vision for good quality dementia care locally. This holistic, partnership approach was deemed good practice and features in the National Audit Office Report, (2010)[1] as an example of good joint-commissioning.

4.2 Since then, a detailed analysis of population need and service user and carer feedback was undertaken in the Dementia Deep Dive and fed into, the Joint Strategic Needs Assessment to inform future commissioning decision making. An action plan, setting out local implementation of the National Dementia Strategy was written and regularly presented to the Older Peoples' Partnership Board, Professional Executive Committee, Primary Care Trust (PCT) Board and Adult Social Care Board to provide assurances about progress in improving dementia services.

4.3 In 2011, two years after the publication of the National Dementia Strategy, a pan-Shropshire, Telford & Wrekin Action Plan was developed to accelerate improvement in specific areas such as; early diagnosis, standards of care in care homes, reduction of anti-psychotics, quality of care in hospital, workforce development and post-diagnostic support. These areas for improvement are reflected in the full progress up-date, attached to this document in Appendix 2.

4.4 The progress up-date (Appendix 2) has been written in the context of the Commissioning Framework for Dementia, which came into effect in July 2011 to support Clinical Commissioning Groups. It still reflects the objectives, originally set out in the National Dementia Strategy but benefits from drawing more closely on the expected journey with dementia, matched with outcomes and NICE quality standards and this is why commissioners have revised local plans, within this context.

4.5 The national commissioning framework for dementia sets out good quality dementia care across six phases of the anticipated journey with dementia. The summary table below highlights performance against these phases.

[1] National Audit Office Report, *Improving dementia services in England – an interim report, 2010*

High level-performance summary (Red, Amber, Green) of implementation of the National Commissioning Framework for Dementia, (Department of Health, 2011)

Phase 1
When memory problems have prompted me, and/or my carer/family to approach my GP with concerns.
Phase 2
Learning that the condition is dementia.
Phase 3
Learning more about the disease, options for treatment and care, self-management and support for me and my carer/family.
Phase 4
Getting the right help at the right time to live well with dementia, prevent crises and manage together.
Phase 5
Getting help if it is not possible to stay at home, or if hospital care is needed.
Phase 6
Receiving care, compassion and support at the end of life.

The Red, Amber, Green rating correspond with progress against expectations set out in the National Commissioning Framework for Dementia and NICE Quality Standards.

Red	Falling short of expectations
Amber	Demonstrable concern in fully or partially meeting expectations
Green	Meeting expectations

- For the full, detailed progress up-date, see Appendix 2

5. INFORMATION

5.1 Policy Context

A report by the National Audit Office in 2007[2] concluded that dementia services in England cost £8.2bn per year and were not providing value for money for the taxpayer, patients or carers. This report helped to trigger the development of the National Dementia Strategy in 2009[3]. Other key guidance on how to deliver high-quality care for people with dementia and their carers include the NICE-SCIE clinical guideline (2006)[4], the Alzheimer's Association report *Dementia UK* (2007)[5], the 10 quality standards for dementia produced by NICE in 2010[6] and the Common core principles for supporting people with dementia, a guide to training the social care and health workforce, produced

[2] National Audit Office (2007) *Census of CMHTs.*
[3] Department of Health (2009) *Living well with dementia: A National Dementia Strategy.*
[4] National Institute for Health and Clinical Excellence and Social Care Institute for Excellence (2006) *Dementia: Supporting people with dementia and their carers in health and social care.*
[5] Alzheimer's Society (2007) *Dementia UK: The full report* The Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London.
[6] National Institute for Health and Clinical Excellence (2010) *Dementia quality standards*

by Skills for Care, Skills for Health and the Department of Health in June 2011[7].

More recently, in March, 2012 the Prime Minister launched the National Challenge on Dementia, to escalate major improvements in dementia care by 2015, (Department of Health, 2012).[8] This document makes 14 Key Commitments to the improvement of health and care services which includes; (relevant to this report):

Key commitment 1
Increased diagnosis rates through regular checks for the over 65s *From April 2013, there will be a quantified ambition for diagnosis rates across the country, underpinned by robust and affordable local plans.*

Clinical commissioning groups and local health and wellbeing boards will be encouraged to work with wider local partners to improve diagnosis rates. The Department of Health will incentivise improved diagnosis rates by including a new indicator in the NHS Outcomes Framework 2013/14.

Key commitment 2
Financial rewards for hospitals offering quality dementia care *From April 2012, £54m will be available through the Dementia CQUIN to hospitals offering dementia risk assessments to all over-75s admitted to their care. From April 2013, this will be extended to the quality of dementia care delivered. Also for April 2013, access to CQUIN rewards will be dependent on delivering support for carers in line with NICE/SCIE guidelines.*

Key commitment 5
Promoting local information on dementia services *The Department of Health will promote the information offer pioneered by the NHS South West, which will be launched on 28 March 2012 and rolled out across the south by the end of 2012. From April 2013, similar information will be available in all other parts of the country.*

Key commitment 6
Dementia-friendly communities across the country *By 2015, up to 20 cities, towns and villages will have signed up to become more dementia-friendly.*

Key commitment 8
Awareness-raising campaign *From autumn 2012, The Department of Health will invest in a nationwide campaign to raise awareness of dementia, to be sustained to 2015. This will build on lessons learned from previous campaigns and will inform future investment.*

[7] Skills for Care, Skills for Health (2011) *Common core principles for supporting people with dementia.*
[8] Prime Minister's challenge on dementia *Delivering major improvements in dementia care and research by 2015 – Department of Health March 2012*

5.2 Outcomes

Outcomes have been developed by NICE (National Institute for Health and Clinical Excellence) Dementia quality standards[9] and *Quality Outcomes for people with dementia: building on the work of the National Dementia Strategy* (Department of Health, 2010).

5.3 Dementia

Dementia is caused by structural and chemical changes eventually leading to the death of brain cells which causes a progressive loss of a person's mental functions which are necessary to live independently and safely. The most common form of dementia is Alzheimer's disease, (60%) with vascular dementia second most common (15-30%)[10].

5.4 Prevalence

Because many people have not received a formal diagnosis, we can only estimate the actual number of people with dementia. However, it is known that the number of people with dementia is increasing as the proportion of elderly people in the population increases. In 2007, the Alzheimer's Society estimated that there were 750,000 people in the UK with Dementia.

In 2011, it was estimated that 1,691 people were living with dementia in Telford & Wrekin. This is estimated to increase by 45% leading to 2,448 people with dementia by 2021.

Only 38.1% of people with dementia had a diagnosis in 2011, which means that 1,047 people did not receive a diagnosis. This represents Telford & Wrekin as one of the poorest performing PCTs/CCGs in the UK, ranking 134 lowest out of 176[11].

However, it is also one of the PCTs/CCGs showing the most improvement, demonstrating a 3.7% increase in diagnosis rates for 2010-11[12].

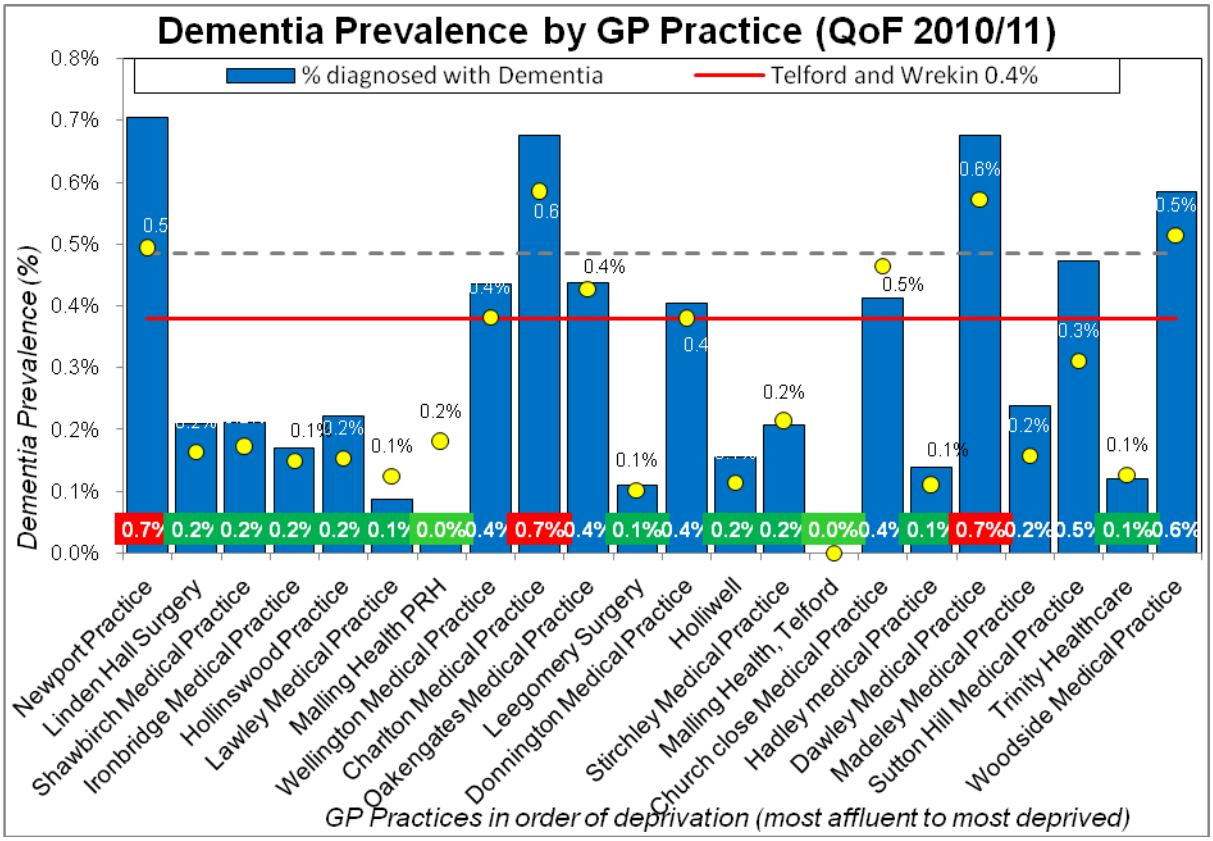
[9] National Institute for Health and Clinical Excellence, www.nice.org.uk/aboutnice/qualitystandards/dementia/

[10] Spotlight on DEMENTIA CARE, *A Health Foundation improvement report,* Health Foundation, October 2011

[11] UK ranking (1=highest 176=lowest), Alzheimer's Society, *PCT dementia prevalence and diagnosis rates*

[12] Improvement ranking of 29 (1=most improved, 163=least), Alzheimer's Society, *PCT dementia prevalence and diagnosis rates*

Table 1 Dementia prevalence and diagnosis data for Telford & Wrekin using GP QOF data for 2010/11.



5.5 Prevention

Certain risk factors have been associated with the development of dementia. Dementia can be caused by mini strokes and factors that increase the risk of stroke can also increase the risk of dementia – such as smoking and diabetes. This means that treatments that reduce the risk of heart disease and stroke also have the potential to reduce the risk of vascular dementia. Better prevention and treatment of cardiovascular disease may mean that fewer of the middle-aged people currently receiving these treatments will develop dementia as they age.

5.6 Cost of dementia care

Costs of care for people with dementia in the UK were calculated to be almost £23bn in 2008[13]. The annual cost of care for each person with dementia is higher than the median salary in the UK, and is higher than the annual cost of care for a person with cancer, heart disease or stroke combined[14].

The costs of providing dementia care are largely those required to provide support and care for activities of daily life, rather than medical treatments, so the costs associated with it, are predominantly social care[15]. 40% of the total

[13] Alzheimer's Research Trust (2010) *Dementia 2010 The economic burden of dementia and associated research funding in the United Kingdom*

[14] *Ibid*

[15] Spotlight on DEMENTIA CARE, *A Health Foundation improvement report,* Health Foundation, October 2011

costs are for long-term residential social care and 55% for informal care. Only 5% are for primary or secondary healthcare or medication costs for dementia[16].

However, dementia is mainly a disease of people aged over 65 years and older people will often have other health needs, therefore, poor coordination of health and social care services, leads to avoidable hospital admissions, prolonged length of stay as a hospital inpatient and increased need for residential care[17]. In 2008, there were 7m GP consultations for people with dementia, half of which were home visits. Almost 300,000 were visits to emergency departments and 490,000 were outpatient consultations for people with dementia. An estimated 1.5m inpatient bed-days were for dementia itself and an additional 4.2m bed-days were for other problems of people with dementia (as a secondary diagnosis), at a total healthcare cost of £1.2bn[18].

This is often compounded by care and support provided to people with dementia and their carers being inadequate because the disease goes undiagnosed.

It is nationally recognised that cost data is under-reported[19] but estimated costs in Telford & Wrekin suggest direct service expenditure in the region of £10,558,000 across Health and Social Care[20]. However, in the absence of comprehensive data related to resource deployment and activity levels, it is difficult to quantify with any certainty the resources allocated specifically to dementia by the NHS and the Council. It should also be noted that many costs are hidden. For example, most care is provided by informal carers, who have reduced earnings and make smaller tax payments and estimating the true cost of this is difficult.

With increased diagnosis rates and improved quality of care, as the national Dementia Strategy, NICE/SCIE guidelines are implemented; cost savings may be possible within several years. In the meantime, implementation is likely to add to the total cost of care.

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[16] *Ibid*

[17] National Audit Office reports of 2007 and 2010

[18] Alzheimer's Research Trust (2010) *Dementia 2010 The economic burden of dementia and associated research funding in the United Kingdom*

[19] Spotlight on DEMENTIA CARE, *A Health Foundation improvement report,* Health Foundation, October 2011

[20] Joint Strategic Needs Assessment, *Dementia Deep Dive, NHS Telford & Wrekin and Telford & Wrekin Council, 2010*

5.7 Interventions which reduce costs

Table 2 Estimated UK costs of care for people with dementia and potential savings, Spotlight on DEMENTIA CARE, A Health Foundation improvement report, Health Foundation, October 2011.

	Estimated Costs	Potential Savings
Healthcare costs	Direct healthcare costs £8bn a year in UK. Memory clinic service for early diagnosis: £220m a year in England.	Cost saving after six years if use of memory clinics for early diagnosis leads to 20% or more reduction in need for residential care.
	Anti-Alzheimer drugs: £720 per patient per year (assume £60 per month). 18 Excess bed-days in acute hospital: £1,400 per week. Clinical leader to implement dementia care pathway in every acute trust: £3m a year in UK.	12% reduction in need for residential care in people with mild to moderate dementia treated for six months or longer. £117m if length of stay is reduced by seven days for every inpatient with dementia admitted for fractured hip, chest infection, urinary tract infection or mini stroke. £700m if length of stay reduced by two days for every inpatient with dementia by providing psychiatrist-led multidisciplinary assessment, or intermediate care. Assuming 25% of people aged 60+ admitted have dementia, and excess bed cost is £200 per day. £38m from seven day reduction in hospital admissions from use of hospital at home scheme. £400 per patient whose length of stay is reduced by two days from use of psychiatrist-led assessment of all elderly patients admitted to hospital.
	Inappropriate use of medication: £84m a year for 140,000 people in England given antipsychotic drugs who are unlikely to benefit and may be harmed by them.	£84m a year from stopping inappropriate use of antipsychotic drugs (assume £600 for one year's treatment per patient).
Social care (local authority) costs	Long-term residential care: £9bn a year in UK. Community social service costs: £2.4bn. Home care: £150 per week. Day care: £90 per week. Residential care: £500 per week, £26,000 per year.	18% fewer people needing residential care after two years with care management to coordinate health and social care. £14,000 reduction in costs of residential care from psychosocial care given to carers (200 day delay in need for residential care).
Costs to the patient, family and other informal carers	Costs of informal care: £12bn a year for UK. £270 per patient per week if carer time estimated at minimum wage.	£1,280 saved per patient over three months from an occupational therapy training service for carers.

5.8 Patient Experience

Late diagnosis or at worst, no diagnosis at all, means that people with dementia and their family carers are not helped and advised in the early stages when, with that support, crisis and the subsequent need for intensive services could be avoided.

The following risks therefore impact on patient, service-user and carer experience and the costs on the NHS and social care system:

1. the high number of people who are never diagnosed, or are diagnosed late so they don't benefit from early support
2. the lack of coordinated care
3. the lack of resources to keep people safe at home and to support carers adequately
4. inappropriate care in hospitals and care homes, in particular the use of medication to sedate patients
5. inadequate training of staff and carers
6. poor quality end-of-life care.

5.9 Carers

There are around 550,000 people in England acting as the primary carers for people with dementia and they save the nation nearly £7 billion every year.

Research shows that carers of people with dementia experience greater strain and distress than carers of other older people. The Dementia Deep Dive identified that Carer 'Burn-out' represented one of the key determinants for a person with Dementia being admitted to the Redwoods Centre.

The NHS is now required to work closer than ever before with local carers' organisations and councils to agree plans, pool their resources and make sure that carers get the support and break they deserve. The Department of Health has provided an additional £400m to the NHS between 2011 and 2015 to provide carers with breaks from their caring responsibilities to sustain them in their role.

6. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

6.1 The Dementia Deep Dive considered the needs of a range of people with dementia to ensure their specific needs were met. These groups included:

- **Younger people with dementia**
  Numbers are relatively small in Telford & Wrekin rising from 44 estimated cases in 2009, to 51 cases in 2019. Small scale services currently exist.

- **People with learning disabilities**
  People with Down's syndrome are at high risk of developing dementia at a younger age; however, the Deep Dive analysis suggests that numbers in Telford & Wrekin will remain small, rising from 6 in 2009, to 7 in 2019. Joint Commissioners across Older People, Mental Health and Learning Disabilities continue to investigate good practice in models of care and local alternatives.

- **People with alcohol-related dementia**
  Work is underway by the Commissioning Substance Misuse Team to define the level of need in Telford & Wrekin.

- **People with other mental health problems (e.g. depression)**
  The service re-design model for early intervention in dementia will address functional mental health issues such as depression and anxiety.

- **People on low incomes and in poverty**
  The Older Adults Strategy, (which includes Dementia) prioritises assisting people to access benefits and entitlements and Joint Commissioning currently purchase specialist support from AgeUK Shropshire, Telford & Wrekin.

- **Minority ethnic groups**
  Joint Commissioning commissions AgeUK, Shropshire, Telford and Wrekin to provide a BME Neighbourhood Contact Officer, who has received Dementia training. Wider connectivity occurs throughout health promotion and social care, to ensure engagement and access to services.

- **People living in isolated rural areas**
  Joint Commissioning commissions AgeUK, Shropshire, Telford and Wrekin to provide a Dementia Neighbourhood Contact Officer, to identify people at risk of social isolation and support them in accessing mainstream and other services.

- **Disabled people**
  Joint Commissioning continues to lead on the transformation of rehabilitation and re-ablement services, which will provide access and support for people with dementia.

- **People who live alone**
  A range of options are being considered to support people living alone with Dementia, who want to continue to live at home. These include; specialist domiciliary care, assistive technology and investigating models of compassionate communities.

Report prepared by Kim Grosvenor, Specialist Commissioner,
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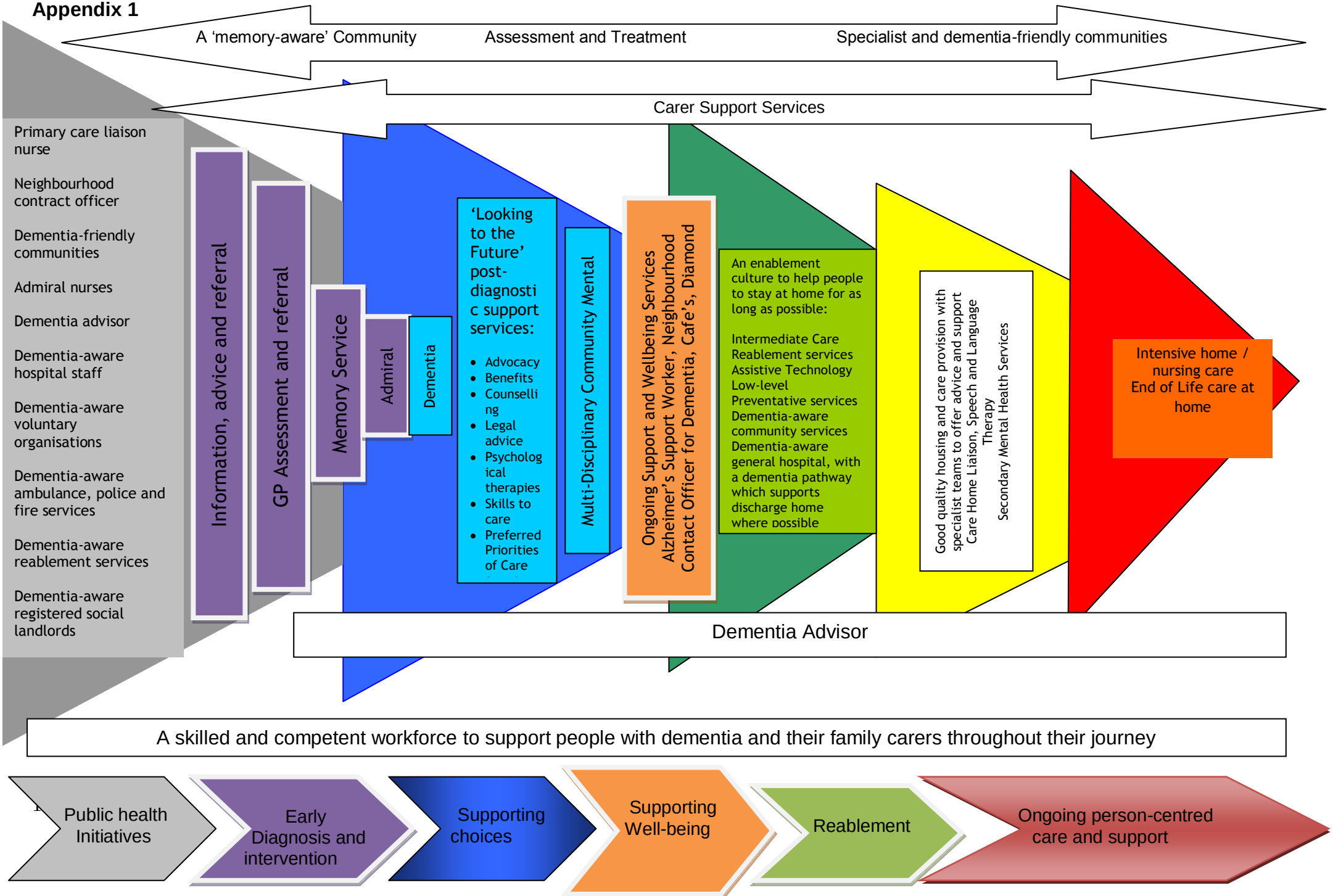
Appendix 1

Whole System Commissioning Pathway for Dementia



Appendix 2 Progress against Commissioning Framework for Dementia (2010-12)

The Red, Amber, Green ratings correspond with progress against expectations set out in the National Commissioning Framework for Dementia and NICE Quality Standards.

Red Falling short of expectations

Amber Demonstrable concern in fully or partially meeting expectations

Green Meeting expectations

Commissioning Framework Phase	**Outcomes/NICE Quality Standard**	**National Dementia Strategy Objective**	**What people should expect:**
Phase 1 When memory problems have prompted me, and/or my carer/family to approach my GP or other primary care practitioner with concerns.	Outcomes/NICE Quality Standard 1,2,3 • I am confident that my primary health care worker/GP has taken my concerns seriously. S/he understands the nature and cause of memory problems and will refer me quickly for an appropriate assessment if needed. • I can access a range of information and guidance in the community about memory problems, as well as resources to support me and my family. • My GP/primary health care worker work with me to help me to stay well and live well.	Objective 1: Improved public and professional awareness and understanding of dementia	GPs and primary health care teams: 1. Have a comprehensive understanding of memory problems and dementia – and appreciate the value of early diagnosis and are aware of the assessment and treatment options as well as the potential for living well with dementia. 2. Know how to promote living well with dementia 3. Understand and recognise the role and support needs of carers. 4. Ensure that there is prompt referral and easy access to a memory service. 5. Has access to an up-to-date directory of community services and support, which is provided in a range of media. 6. Supports dementia awareness which is actively promoted in the local community.
Achievements against outcomes (2010-12)		**RAG Rating**	**Accelerated areas for improvement:**
• Public and professional awareness-raising has been undertaken by multi-agencies and Joint Commissioning, in partnership with Corporate Communications within NHS Telford & Wrekin and Council. This has included a press campaign, linked to World Alzheimer's Day (September, 2010/11), Radio Interviews (January and August 2010), Public Events, (Town Centre and Senior Citizen's Forum) and internal communications, 'Worried about your Memory', Telford & Wrekin Council Bulletin. • Consultant Psychiatrist Dr. Sarah Lyle, South Staffordshire and Shropshire Mental Health Foundation Trust, (SSSFT) has delivered a number of sessions to GPs and Primary Care staff			1. Promoting local information on dementia services, (Key Commitment 5 of the Prime Minister's Challenge on dementia) Planned activities for 2012 include; launch of the Dementia Passport, (October, 2012) and publication of the Dementia Service Directory (November/December 2012). **Responsible Officer: Kim Grosvenor, Specialist Commissioner**

through protected learning sessions and workshops at the Redwoods Centre. • The South Staffordshire and Shropshire Mental health Foundation Trust were commissioned to deliver a programme of education and awareness raising to schools and large employers in Telford and Wrekin. (DARE Project) Specific initiatives, commissioned within the Dementia Pathway focus on sustained public and professional awareness raising, these include, but are not limited to: • Primary Care Liaison Nurse, (SSSFT) • Expansion of the Admiral Nurse Service (Shropshire Community Health Services). These two posts have a dual role of providing specialist support to carers' of people with dementia and delivering professional education. Strategic planning of professional education and delivery is facilitated through the Admiral Nurse Steering Group. • Development of Care Home Liaison, Hospital Liaison and RAID initiative within Princess Royal Hospital (South Staffordshire and Shropshire Mental Health Foundation Trust) to deliver professional education within the Independent and Acute Sector respectively. • Commissioned 30 copies of Practice Development Guide to support staff working with people with a learning disability and dementia. • Commissioned a SaTH information leaflet for public/patients and carers of people with dementia, admitted to the general hospital and professional education, (modular through Staffordshire University for key members of staff and general awareness-raising for members of staff likely to come into contact with a person with dementia). Other commissioned services will continue to deliver information, advice and professional education to public and professionals. These include; Dementia Advisors, Nurse Advisor Role within the Independent Sector and AgeUK Neighbourhood Contact Officer.		2. Reviewing the existing Primary Care Liaison Role (SSSFT) and associated GP Programme of support and education. (March 2013) **Responsible Officer: Michael Bennett, Lead Commissioner for Mental Health**

Commissioning Framework Phase	Outcomes/NICE Quality Standard	National Dementia Strategy Objective	What people should expect:
Phase 2 Learning that the condition is dementia.	Outcomes/NICE Quality Standard 3,4 • I don't have to wait long for an assessment, and I have the option of having the assessment at home. • I am confident that any tests that I have are necessary. • I have a choice about whether I receive a formal diagnosis. • If I am given a diagnosis, it is delivered with sensitivity. • I am able to discuss the condition (and possible diagnosis) with a health professional; my questions and concerns are addressed; and I receive relevant information at the right time for me and in the right way for me. • As a carer/family member, my contribution and experience inform the assessment, and next steps. My own information and support needs are considered and addressed.	Objective 2: Good quality early diagnosis and intervention for all	1. Prompt access to skilled professionals for people with advanced and/or complex presentations. 2. Assessment where required, in preferred place (including home). 3. Investigations to inform assessment. 4. Timely diagnosis delivered with respect and sensitivity. 5. Information and support to establish what the next steps will be. 6. Signposting to resources. 7. The GP to be informed and involved in continuing and longer-term review and management.
Achievements against outcomes (2010-12)		**RAG Rating**	**Accelerated areas for improvement:**
• Additional investment to increase capacity of the memory service was achieved under the Modernisation Agenda in March 2010. This has enabled the move away from a 'clinic-focused' model to a community-based Memory Service offering comprehensive assessment, diagnosis and management with a wide range of medical, psychological and social interventions. • In 2011, the Memory Service participated in the National Accreditation of Memory Services (Royal College of Psychiatrists) and achieved an accreditation of Excellent rating. • A GP Lead, Dr Mark Rousseau has been appointed as the Primary Care Lead for Dementia.			1. Increasing diagnosis rates through regular checks for the over-65s (Key commitment 1 of the Prime Minister's Challenge on dementia) This will require a revised approach to early identification and assessment and a rapid review of demand and capacity and alternative service models. (January 2013). Charlton Medical Practice is utilizing development funds to Pilot the Cambridge Cognition CANTAB Tool for early diagnosis of Dementia. The Practice will circulate the findings, following the 6-month Pilot, for wider implementation across Primary Care. Review findings of CANTAM Pilot, (November 2012) and consider agreed screening protocol by GP Practices in Telford & Wrekin.

			Responsible Officer: Michael Bennett, Lead Commissioner for Mental Health, in partnership with public health colleagues Embed the Primary Care Pathway for Dementia supported by a comprehensive programme of education for Primary Care staff. (November 2012). 2. Maximise opportunities for screening risk factors such as coronary heart disease, stroke and diabetes, during a patients' annual review. (July 2013). **Responsible Officer: Michael Bennett, Lead Commissioner for Mental Health in partnership with public health colleagues** Consider a model of service delivery which maximises use of available resources, including Public Health Screening and IAPT service provision, (Evidence-based) in the identification and management of Mild Cognitive Impairment. (July 2013). **Responsible Officer: Michael Bennett, Lead Commissioner for Mental Health in partnership with public health colleagues**
Commissioning Framework Phase	**Outcomes/NICE Quality Standard**	**National Dementia Strategy Objective**	**What people should expect:**
Phase 3 Learning more about the disease, options for treatment and care, self-management and support for me and my carer/family.	Outcomes/Nice Quality Standard 4,5,6 • My personal circumstances, and my needs, preferences, strengths and assets are acknowledged and understood. • My carer's/family's needs and concerns are considered and advice, support and help are available to them. • I am helped to understand what I need to know and want to know about the disease, treatment options, and support available to me and my carer/family.	Objective 3: Good quality information for those diagnosed with dementia and their carers Objective 4: easy access to care, support and advice following diagnosis	1. A knowledgeable, skilled practitioner will assess people's needs, strengths and aspirations. 2. A care plan based on this assessment will be developed collaboratively with the knowledgeable practitioner, the person with dementia and the family, and the care plan will be shared with the GP. 3. GPs and primary health care teams: a. are aware of and involved in the assessment and treatment plans and in longer-term review and management; they

	• I know who to contact for more information, guidance and support as my needs change. • I feel confident that effective help and support is available to me now and as my condition develops, to help me live life as fully as possible. • I know what the next steps are; and I have a care plan that reflects my strengths, wishes, preferences and lifestyle, as well as my needs. • I understand the range of issues I need to think about and plan for and what to do to ensure that my wishes for future care options are respected. • My GP is informed about my condition, s/he contributes to my care plan, and we review my needs regularly to help me to stay well and live well.	facilitated by a dementia advisor	know how to promote living well with dementia b. understand and recognise the role and support needs of carers. 4. Carers' needs will be assessed, including the need to stay in employment and the time, availability and other constraints that employment might involve. 5. There is a single point of access to specialist help and advice when needed, with clear contact details using a variety of methods (email, internet, phone etc) and help is available 24/7. 6. Access to up-to-date information about community services and support, provided in a range of media. 7. Dementia awareness is actively promoted in the local community. 8. Signposting to resources and community activities/groups. 9. Carers have access to education and support.
Achievements against outcomes (2010-12)		**RAG Rating**	**Accelerated areas for improvement:**
• The Alzheimer's Society has been commissioned to deliver a Dementia Advisor Service encompassing salaried workers and a pool of volunteers to deliver information and advice, pre and post-diagnosis. • Specific initiatives, commissioned within the Dementia Pathway focus on a continued programme of professional education and awareness raising, these include, but are not limited to; the Primary Care Liaison Nurse, (SSSFT), Admiral Nurse Service (Shropshire Community Health Services, Care Home Liaison, (SSSFT), Speech and Language Therapy Service, Shrewsbury and Telford Hospitals Trust, (SaTH) and the RAID (SSSFT) initiative within Princess Royal Hospital. • A model for delivering 'Looking to the future' services, as recommended by the West Midlands Pathway Development Group, has been developed with service users and providers in Telford & Wrekin. • Education and training about living with dementia for carers and people with dementia, tailored to particular groups is commissioned			1. Improve rates of identification and diagnosis Review and re-design Alzheimer's Advisor Service to focus on up-stream signposting and intervention. (November 2012) **Responsible Officer: Kim Grosvenor, Specialist Commissioner** Planned activities for 2012 include; launch of the Dementia Passport, (October, 2012) and publication of the Dementia Service Directory (November/December 2012). **Responsible Officer: Kim Grosvenor, Specialist Commissioner**

through the Alzheimer's Society, AgeUK and Admiral Nurse Service.			
Commissioning Framework Phase	**Outcomes/NICE Quality Standard**	**National Dementia Strategy Objective**	**What people should expect:**
Phase 4 Getting the right help at the right time to live well with dementia, prevent crises and manage together.	Outcomes/NICE Quality Standard 1,6,7,8,10 • I can access a range of services to enable me to remain at home as long as possible. • People who support me at home understand my condition and know how to help prevent, modify or make adjustments to manage any behaviours that challenge. • People who support me help me to live as independently and actively as possible. • I can remain involved with my friends and my community. I enjoy life. • My choices and preferences for living my life are respected and I am involved in decisions about my life. • I can access a range of information and guidance in the community about memory problems and resources to support me and my family. • My GP/primary health care worker will work with me to help me to stay well and live well. • As a carer, I can access support, including training, to help cope with the ongoing role of caring for a person with dementia. • As a carer, I have early and flexible access to different types of respite. The respite options suit me and the person I am caring for. • They enable me to live well, to continue to provide care and for the person I care for to continue to live at home. • As a carer, I know who to contact in an emergency.	Objective 5: Structured peer support and learning networks Objective 6: Community personal support services Objective 7: Services within the Carers' Strategy Objective 13: an informed and effective workforce across all services	1. GPs, primary care teams and social care services: a. have a comprehensive understanding about memory problems and dementia b. are aware of the assessment and treatment options and of the potential for living well with dementia c. know how to promote living well with dementia d. recognise the changing needs of people with dementia as the condition progresses and know how to access specialist dementia help, when required, to manage those needs effectively e. understand and recognise the role and support needs of carers as dementia progresses and can respond effectively. 2. Specialist dementia therapies and treatment options are available and accessible. 3. There is a range of practical support including respite, social care and assistive technology for people with dementia and carers. 4. There is access to an up-to-date directory of community services and support which is provided in a range of media. 5. Dementia awareness is actively promoted in the local community.

Achievements against outcomes (2010-12)	RAG Rating	Accelerated areas for improvement:
• A menu of peer support and learning networks for carers has been developed and commissioned in Telford & Wrekin including; Caring with Confidence and Looking after Me. • AgeUK, Shropshire, Telford & Wrekin has developed a 'Dementia Drop-in', from fundraising through their Diamond Appeal. These drop-in centres will offer Peer Support, as a core component of the service offer. • 'Listen, Not Label' User Led Organisation was launched in Telford & Wrekin in April 2010. • The Admiral Nurse service supports a number of community based initiatives, which encourages peer support, together with psycho-education e.g. T-4-2 at Meeting Point House. • The first Dementia Café, (Horizons) was launched in September 2010, at Lightmoor View and promotes peer support and activities which enhance wellbeing. A number of other providers also routinely promote peer support, as part of their service offer e.g. Millbrook Day Centre. • The transformation of rehabilitation and reablement services across health and social care has ensured a clear strategic focus, backed-up by operational services, in the support of people with dementia. (See Rehabilitation and Reablement Strategy and Draft Falls Prevention and Bone Health Strategy). This includes access for people with Dementia to Intermediate Care beds and a dementia-specific Intermediate Care Support Worker. • Commissioners have reconfigured existing resources to provide a Neighbourhood Contact Officer for Dementia (employed by AgeUK), to link people living at home, with their communities to maximise personal skills, independence and wellbeing. • Telford & Wrekin Council has been commissioned to deliver a 'creativity in dementia' programme and to lead on the development of a model for 'Dementia-Friendly' Communities. A full evaluation of the programme will be launched by a public event in the Autumn 2012.		1. Dementia-friendly communities across the country (Key commitment 6 of the Prime Minister's Challenge on dementia) Work with an external agency to develop a validated wellbeing tool to capture a robust evidence-base for the benefit of creativity contributing to wellbeing for people with dementia and their family carers. (January 2013) **Responsible Officer: Kim Grosvenor, Specialist Commissioner** To integrate the dementia-friendly communities model, (Piloted at The Place, Oakengates) within the wider community and to develop the 'creative-space' concept for carers and people with dementia, at the Theatre. (June 2013) **Responsible Officer: Kim Grosvenor, Specialist Commissioner** 2. To develop a 24/7 Crisis Resolution and Home Treatment Team. (April 2013) **Responsible Officer: Michael Bennett, Lead Commissioner for Mental Health** **3.** Up-date and re-fresh of the Telford & Wrekin Carers' Strategy. **Responsible Officer: Jill Tiernan, Commissioning Officer for Carers** 4. Continue to support therapeutic interventions, which may support the reduction of anti-psychotic medication. (Evaluation August 2013). 5. Review and up-date the Health Economy Action Plan for Dementia. (November 2012). **Responsible Officer: Michael Bennett, Lead**

• Specialist day opportunities offering holistic day care, carers' cafes and falls prevention programmes are currently offered at Millbrook Day Centre and Newport Cottage Care for example, together with a range of good quality domiciliary care e.g. Homeinstead and Next Generation Healthcare. • Through the modernisation of Mental Health Services and additional investment, the Memory Service and Community Mental Health Teams can now provide improved support in the community, to prevent admission and facilitate discharge from hospital. A Crisis Resolution and Home Treatment service for people with dementia, is currently being developed. • New and better housing options are being developed in Telford & Wrekin, e.g. Lightmoor View and Parkwood Extra Care Support which focus on inherent aspects of living well with dementia including, minimum transfers, avoidable hospital admissions and wrap-around care and support. This includes support from Community Nursing, Nurse Advisor post, Psychiatry-led 'Clinics' and the Care Home Liaison Service. • A Speech and Language Therapy service for people with dementia living in the community has been commissioned from SaTH. • Carer's Café's have been developed throughout T&W as part of the community model for dementia and a number of voluntary agencies are commissioned to provide generic and dementia-specific carer support services. In addition, a 24/7 Emergency Response Service has been tendered and is now available in Telford & Wrekin. *(Full details of local services can be seen in the local Carers' Strategy and Action Plan, which is currently being up-dated and refreshed.)* • Assistive Technology has been main-streamed in Telford & Wrekin Council, building on the previous pilot projects undertaken to support people with dementia, living in their own home. An initial range of equipment has been identified. Work is ongoing with teams to develop and embed provision as a mainstream service. Key strands are operational procedures, workforce development, public information and performance monitoring. • NHS Telford & Wrekin undertook an audit of anti-psychotic prescribing in 2010 and subsequently, Medicine's Management, developed		**Commissioner for Mental Health and Kim Grosvenor, Specialist Commissioner** 6. Workforce Development A full programme of education and training will be rolled out from November/December 2012 (first round) with an independent evaluation of impact on organisational practice undertaken by Staffordshire University. The competency framework and training pathway needs to be publicised and widely circulated. (June 2013). **Responsible Officer: Kim Grosvenor, Specialist Commissioner** 7. Psychological therapies Evaluation of the Cognitive Stimulation Pilot, (Alzheimer's Society) to be considered as part of prioritisation of funding for the future. (March 2013). **Responsible Officer: Kim Grosvenor, Specialist Commissioner** 8. Primary Care Management of people with Dementia living in the community, (including residential and nursing homes) Evaluation of the risk-stratification pilot to be presented to the CCG for consideration of future funding and wider implementation. (March 2013) **Responsible Officer: Michael Bennett, Lead Commissioner for Mental Health**

shared-care prescribing protocols. In 2012, the audit of anti-psychotic prescribing was undertaken again and some improvements have been made. A full action plan for the reduction of anti-psychotics features as part of the Health Economy Action Plan for accelerated improvement. • A multi-agency Dementia Workforce Steering Group has developed a health and social care competency framework for people working with people with dementia, together with a training pathway. The tender of a comprehensive education and training programme is in the process of being awarded and will begin to be rolled-out in November/December 2012, across health and social care. • The Alzheimer's Society has been commissioned to deliver 'Singing for the Brain' sessions, as an evidence-based approach to supporting wellbeing in people with dementia. The Society is also currently undertaking a pilot in Cognitive Stimulation Therapy, (as per NICE guidance) and the evaluation will be considered as part of the prioritisation of future funding. The SSSFT also provides a variety of psychological therapies to support people with dementia, as part of their contractual obligations. • A Care Home Liaison Service has been commissioned and consists of Psychiatry-led 'clinics' and nurse-led input in order to provide specialist support for people in care homes. • Wellington Road, Newport GP Practice is currently leading on a risk-stratification project, in partnership with Commissioning and the West Midlands Public Health Observatory to identify people with dementia and their family carers at risk of deterioration in the community and to intervene with a virtual model of wrap-around support services. An independent evaluation will feature as part of prioritisation for future funding.			
Commissioning Framework Phase	**Outcomes/NICE Quality Standard**	**National Dementia Strategy Objective**	**What people should expect:**
Phase 5 Getting help if it is not possible to stay at home, or if hospital	Outcomes/NICE Quality Standard 1,7,8 • I know what my options are, and I have had an opportunity to discuss this with someone who can advise me. • I know that I will be respected as a person,	Objective 8: Good quality care within general hospitals	1. Hospital care, including inpatient psychiatric care, has a clear purpose for each person with dementia admitted and is time-limited. 2. Care options are safe and high quality.

care is needed.	and that I will receive good quality care. • My rights, preferences, interests and culture will be respected. • People supporting me will understand my condition and care for me with compassion. I feel safe. • I feel understood by the people who are looking after me. • My physical and mental health needs are met; I am not taking any unnecessary medication. • I am able to return home when possible, as soon as it is possible. • Staff have the knowledge, skills and values to work with people with dementia. They understand dementia; what can help alleviate distress; how to manage different behaviours and prevent crisis. They are supported to work in this way. • Staff know how to get expert advice, and are able to access help and advice when they need it.		
Achievements against outcomes (2010-12)		**RAG Rating**	**Accelerated areas for improvement:**
• A multi-agency Steering Group, (Pan Shropshire, Telford & Wrekin) has been set-up to drive forward an accelerated programme of improvement in dementia, including quality of care in the general hospital. The group is Chaired by the Assistant Director of Patient Experience and has a membership which includes the Chief Nurse and Non-Executive Director of SaTH. • A Clinical Lead and Nurse Lead have been identified in SaTH to drive service improvement in the general hospital, while the Professor of Dignity at Staffordshire University has responsibility for leading the change agenda. • A dementia screening tool has been developed for clinicians in SaTH, as part of the CQUIN for improving quality of care in general hospital. • A dementia pathway has been developed and a 'dementia bundle of care' implemented, as part of the hourly comfort-rounds within SaTH. Further works needs to be undertaken on elements of the West Midlands 'composite model' such as the Dementia-Friendly			1. Multi-agency Steering Group for Dementia Representation from the CCG needs to be secured on this group to help drive forward accelerated improvement. Accountability of the Multi-Agency Steering Group needs to be clearly connected to the Health and Wellbeing Board. (September 2012) **Responsible Officer: Kim Grosvenor, Specialist Commissioner** 2. Improving care in hospital (Key commitment 2, Prime Minister's Challenge on Dementia) Embed Dementia Pathway and Composite Model of Care. (August 2013) **Responsible Officer: Kim Grosvenor, Specialist Commissioner**

Environment. • An information leaflet has been produced and education and training rolled-out. • The RAID model is currently being developed.			Implement RAID initiative and robustly evaluate as part of evidence-base for prioritisation of future funding. **Responsible Officer: Michael Bennett, Lead Commissioner for Mental Health**
Commissioning Framework Phase	**Outcomes/NICE Quality Standard**	**National Dementia Strategy Objective**	**What people should expect:**
Phase 6 Receiving care, compassion and support at the end of life.	Outcomes/NICE Quality Standard 1,6,9,10 • I am confident that everything will be done to ensure that I die where I want to, that I am well supported, and that my cultural needs and expectations will be respected. • My carer's/family's needs are respected and supported.	Objective 12: end of life care for people with dementia	• People with dementia have the opportunity to die with dignity at home or where they are living, if they so choose. • People with dementia and their carers/families receive support to achieve this, using advance planning where possible and appropriate. • Carers/families are involved and supported in the end of life care of the person with dementia to the extent that they chose to be. • People with dementia are kept as comfortable as possible, taking into account how discomfort and pain might be communicated and responding appropriately with treatment and care. • The cultural values and preferences of the person with dementia, and those of carers/families are taken into account, and reflected in after death care. • After-death care is in line with national guidance.
Achievements against outcomes (2010-12)		**RAG Rating**	**Accelerated areas for improvement:**
• An End of Life Strategy for Shropshire, Telford & Wrekin has been written, together with an Action Plan for implementation. • Resources have been invested in Training e.g. Care Homes and the Liverpool Pathway. • A Preferred Priorities of Care initiative has been Piloted across the County and further work continues in rolling out the Programme. This has included working with Memory Services and supporting people with their long term choices, post-diagnosis.			1. Further work needs to be undertaken in the wider awareness and implementation of preferred priorities of care. **Responsible Officer: To be identified.**