

TELFORD & WREKIN COUNCIL

HEALTH & WELLBEING BOARD – 17 JULY 2013

HEALTH and WELLBEING BOARD PRIORITY (DEMENTIA)

REPORT OF: Kim Grosvenor, Specialist Commissioner

PART A) – SUMMARY REPORT

1. SUMMARY OF MAIN PROPOSALS

- 1.1 This report and accompanying documents provides an up-date on progress against the four identified priorities for Dementia including; Public and Professional Awareness, Information, Early Identification and Diagnosis of Dementia and End of Life Care. These priorities are in line with the recommendations set out in the Prime Minister’s Challenge on Dementia and NICE Quality Standards.
- 1.2 An Action Plan highlighting how local progress has been achieved is set within the context of the Commissioning Framework for Dementia, which came into effect in July 2011 to support NHS Clinical Commissioning Groups. It still reflects the objectives, originally set out in the National Dementia Strategy, (2009) but benefits from drawing more closely on a best-practice journey with dementia, matched with outcomes and NICE quality standards. The Commissioning Framework can be found in Appendix 1.
- 1.3 A presentation accompanies this report, giving a visual representation of recent achievements, outlined within the Commissioning Framework for Dementia. This will include a ‘real-life’ case-study. This can be viewed in Appendix 2.
- 1.4 A ‘Priority Template’ containing key information about the issues and priority work-streams within Dementia has already been submitted to the Health and Well-being Board for reference. This can be found in Appendix 3.
- 1.5 The Telford & Wrekin Dementia Pathway for Dementia is included in Appendix 4 and contains issues and comments from the Health and Wellbeing Board Stakeholder Event which took place on 30th January, 2013.

2. RECOMMENDATIONS

Board Members acknowledge significant progress since receipt of the last Board Report in September, 2012.

Board Members continue to champion Dementia as a priority across the Health and Social Care Economy and to contribute to raising Public and Professional awareness.

Board Members become Dementia friends to demonstrate our commitment

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

Accelerated improvements in the identified priority work-streams will make a difference in the following ways:

- Improving public awareness of memory problems and addressing stigma will increase numbers of people visiting their GP, as the gateway for a diagnosis.
- Improving professional awareness of dementia will improve early identification of memory problems and ensure seamless transfer to appropriate services for a timely diagnosis, ensuring that people access care and support services, as early as possible. Improved professional training and awareness may also improve quality of care.
- Identifying and diagnosing people with dementia in the early stages of the disease, will prevent crisis and the subsequent need for intensive services.
- Improving consistency and quality of end of life care will improve people's experience of health and social care services.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	Dementia
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	Telford & Wrekin Council's Medium Term Plan for 2012/13 to 2014/15 <ul style="list-style-type: none"> • Protect and support our vulnerable children and adults

		<ul style="list-style-type: none"> • Improve the health and wellbeing of our communities and address health inequalities. <p>Telford & Wrekin Council's Corporate Priority, Adult Social Care:</p> <ul style="list-style-type: none"> • Improve quality and range of Dementia services locally. <p>The Health and Wellbeing Board priorities:</p> <p><u>Improve</u></p> <ul style="list-style-type: none"> • Emotional health and wellbeing of borough residents • People's experience of health and care services • Unpaid carers' health and wellbeing. <p><u>Support</u></p> <ul style="list-style-type: none"> • People with specific health needs to live independently for as long as possible • People with dementia.
		<p>Will the proposals impact on specific groups of people?</p>
	<p>Yes</p>	<p>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.</p> <p>The Dementia Joint Strategic Needs Assessment, (Deep Dive) considered the needs of a range of people, which 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,</p>

		disabled people and people living alone.
TARGET COMPLETION/DELIVERY DATE	<p>The anticipated delivery of accelerated improvement across the priority work-streams is 12 months, with completion and review by July 2014.</p> <p>By 2015, the Department of Health's aim is that two-thirds of people should have a diagnosis, with appropriate post diagnosis support.</p> <p>For a full delivery plan, see Commissioning Framework for Dementia in Appendix 1.</p>	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<p>Within existing resources and jointly commissioned across health and social care.</p> <p>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 combined¹.</p> <p>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 care². 40% of the total 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 dementia³.</p> <p>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 care⁴. With increased diagnosis rates and</p>

¹ Spotlight on DEMENTIA CARE, *A Health Foundation improvement report*, Health Foundation, October 2011

² *Ibid*

³ *Ibid*

⁴ National Audit Office reports of 2007 and 2010

		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.
LEGAL ISSUES	Yes	It is a key responsibility of the Board to promote joint commissioning in areas such as health and social care for people with dementia. Moreover, the Board's monitoring and involvement of the work in this area helps the Board to meet the responsibilities contained in its terms of reference.
EQUALITY & DIVERSITY	Yes/No	See above in Community Impact.
IMPACT ON SPECIFIC WARDS	No	Borough-Wide Impact but with higher prevalence rates anticipated in the West of Telford and in the central area around Telford Town Centre. Lowest numbers of anticipated prevalence is in the South East of Telford.
PATIENTS & PUBLIC ENGAGEMENT	Yes	Health and Wellbeing Stakeholder Event 3 rd July, 2012. Dementia Dissemination Event, (The Place, Oakengates Theatre), 26 th February, 2013. Health and Wellbeing Stakeholder Event, 30 th January, 2013. The Admiral Nurse Steering Group takes place quarterly and has Carer representation in attendance. The Health Economy Steering Group for Dementia takes place monthly, has patient representation in attendance and connects with a variety of patient and service user panels.
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	<ul style="list-style-type: none"> Financial risks relating to demographic increase and inappropriate crisis and use of unscheduled care, largely due to

		<p>late diagnosis or no diagnosis at all.</p> <ul style="list-style-type: none"> • 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.
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PART B) – ADDITIONAL INFORMATION

1. INFORMATION

1.1 BACKGROUND

Dementia is one of the biggest challenges for health and social care that we face today. In recognition of this, the Health & Wellbeing Board in Telford & Wrekin has designated Dementia as a priority area.

We have made some good progress since the launch of the National Dementia Strategy (2009), but there is still a long way to go, as signalled in the Prime Minister's challenge on dementia, 'Delivering major improvements in dementia care and research by 2015'.

People with dementia, their families and carers have told us what is important to them and recent Health and Wellbeing Board Stakeholder Events have confirmed work-streams needing focused attention for improvement. These priority work-streams are:

- Public and Professional Awareness of Memory Problems
- Information
- Early Identification and Diagnosis
- End of Life.

For more detailed information about Dementia in Telford & Wrekin, see Appendix 3, Health and Wellbeing Strategy Priority Position Statement for Dementia.

1.2 ISSUES

- Under diagnosis of dementia remains the norm with only 44% of people in Telford & Wrekin having a formal diagnosis, compared with the National England Average of 57%. (***Dementia Prevalence rates by GP Practice - QOF 2012/13 provisional***).

- The provision of information and advice and the quality of support for people following a diagnosis, in their own homes and communities is variable.
- Too many people with dementia are not being supported to have early discussions about their wishes and make plans for the end of life care and some care settings are struggling to provide the high quality care needed to meet the needs of people with dementia. (*Prime Minister's Challenge on Dementia, delivering major improvements in dementia care and research by 2015: Annual Report on Progress, May 2013*)

To see more issues, as agreed in the Health and Wellbeing Stakeholder Event on 30th January, 2013, please see Appendix 4.

1.3 PROGRESS AGAINST ACTION PLAN

Significant progress has been made since the last report to the Health and Wellbeing Board in September 2012. For a detailed over-view, please see Commissioning Framework for Dementia in Appendix 1.

For a visual representation of recent achievements, please see Presentation in support of this report in Appendix 2.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

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. Commissioners working across specialities of 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 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 Age UK Shropshire, Telford & Wrekin.
- **Minority ethnic groups**
Joint Commissioning commissions Age UK, 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 Age UK, 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.

3. **PREVIOUS MINUTES**

Health and Wellbeing Board – September 12th, 2012.

4. **BACKGROUND PAPERS**

Health and Wellbeing Strategy Position Statement – May, 2013

http://www.telford.gov.uk/downloads/file/5469/priority_10-dementia_pathway_heath_and_wellbeing_priority_workshop

Report prepared by Kim Grosvenor, Specialist Commissioner, Telford & Wrekin Council. Telephone: 01952 telephone extension 88916.