Bath & North East Somerset Council	
MEETING:	Wellbeing Policy Development and Scrutiny Panel
MEETING DATE:	21/09/2012
TITLE:	Joint Strategic Needs Assessment (JSNA) – Dementia
WARD:	ALL
AN OPEN PUBLIC ITEM	
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1 THE ISSUE

1.1 This report covers a summary of data held in the Joint Strategic Needs Assessment on the subject of dementia. This is following an explicit request from Wellbeing PDS Panel to keep the JSNA as a standing agenda item on a subject-by-subject basis

2 RECOMMENDATION

The Health and Wellbeing Policy Development & Scrutiny Committee is asked to:

2.1 Note the findings of the briefing

2.2 Consider whether the format/layout/content of the briefing is suitable

2.3 Consider the broader implications/impacts of these findings on the work of the panel

3 FINANCIAL IMPLICATIONS

3.1 The JSNA has been produced by re-tasking existing council and NHS resources.

3.2 The JSNA underpins the Clinical Commissioning Groups Plan and the emerging Health and Wellbeing Strategy which will both have an impact on long term budget setting and prioritisation. Findings will also be used to support the Equalities Impact Assessment of council service and financial plans.

3.3 Projected increases in the number of people with long term health conditions, such as dementia, will place increased pressure on local services; a separate report has been commissioned to investigate the likely financial pressures of this increase.

4 THE REPORT

Background

4.1 The requirement to conduct a Joint Strategic Needs Assessment has been placed on local authorities under the Health and Social Care bill, however the requirements on exactly what a Joint Strategic Needs Assessment is are quite broad. As a result, a local approach has tried to take best practice from elsewhere and take the local audience into account. As a result it is not a static, many-page document, but instead a process covering a range of topics, issues and is available in a range of documents.

4.2 At the HWPD&S meeting on 27 July 2012 a request was made for more in-depth presentations on JSNA data to be made to the panel to support their policy development and scrutiny role. At the request of the chair the topic of dementia was chosen to trial this process

Content

4.3 The JSNA contains a wide range of local statistical data gathered from national sources and local databases; local opinions gathered from existing consultations and engagement exercises and also data gathered from performance management systems. It is designed to highlight positive features of the area as well as more traditional medical ‘needs’.

4.4 The summary document provided as Appendix 1 covers the current JSNA content on the subject of dementia and includes input from local commissioners.

4.5 Full JSNA documents and underlying materials are currently available through the council web-site at www.bathnes.gov.uk/jsna

4.6 The JSNA is an ongoing project and we are always looking for new intelligence about our communities, if you feel we should be told about anything, please contact research@bathnes.gov.uk

5 RISK MANAGEMENT

5.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

6 EQUALITIES

6.1. Dementia is a condition which specifically affects the older population and due to the profile of older people it is seen more in women than in men, however when age is taken into account the rates are similar.

6.2 There is a small relationship between hospital admissions for dementia and socio-economic inequalities, suggesting areas with lower incomes have a greater number of admissions. However there is a lower level of diagnosed cases, this may suggest that there is an issue of under-diagnosis in some of these communities.

6.3 For many of the data sources used in the JSNA data is not available with regards other equalities characteristics, particularly ethnicity.

CONSULTATION

6.1 Cabinet Member; Staff; Other B&NES Services; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Monitoring Officer

6.2 Information gathered from public engagement is a critical element to the JSNA, and the new Healthwatch engagement member will have a statutory responsibility to input. As the JSNA process develops we will be investigating more ways of getting existing public engagement information fed into the process. In addition, an aim of the web-portal is to ensure that local information can reach the communities who have need of it.

7 ISSUES TO CONSIDER IN REACHING THE DECISION

7.1 Social Inclusion; Older People; Human Rights; Corporate; Other Legal Considerations; Wellbeing

8 ADVICE SOUGHT

8.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

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Background papers	www.bathnes.gov.uk/jsna
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset JSNA Topic Summary: Dementia

V1.2

This document contains a summary of the content included in the Joint Strategic Needs Assessment relating to the topic of dementia and is accurate as at 04 Sep 2012.

Introduction

The aim of the JSNA is to provide the big picture of need in Bath and North East Somerset. It is produced between Public Health and the Policy and Partnerships division. It covers a wide range of data (from health trends, to crime, employment and the natural environment), includes a review of data from local community engagement activity and a review of performance data to assess the extent we're doing what we said we'd do.

The term 'dementia' describes a set of symptoms that include loss of memory, mood changes, and problems with communication and reasoning. There are many types of dementia; the most common are Alzheimer's disease and vascular dementia[i]. Dementia is mostly a disease of older age with the majority of cases found in over 65 year olds (although early onset dementia can occur before this), the chance of having dementia doubles every 5 years over the age of 65[ii].

Local and National Strategic Context

The National Dementia Strategy

The National Dementia strategy (2009) [iii] recognises the increasing prevalence of dementia and sets out 21 objectives in a 5 year strategy address issues. More recently the Prime Minister's Dementia Challenge (2012)[iv], put forward three key themes to improve dementia care including; driving improvements in health and care, creating dementia friendly communities, and better research.

B&NES Dementia Care Pathway Group

The Dementia Care Pathway Group in B&NES oversees the delivery of the local action plan with the Associate Director for Unplanned Care & Long Term Conditions and the Associate Director for Mental Health having dual commissioning responsibility for the delivery of the plan and care pathway.

The local plan has 8 dementia challenge priorities including: better diagnosis, improved care in hospitals, Improving standards in care homes & domiciliary care, Better information for people with dementia & their carers, Better support for carers, providing support in the community, supporting people with dementia at end of life and reducing use of antipsychotics. Progress towards these goals is being monitored.

What the data says

Current situation

- In B&NES 867 people are registered as having dementia on GP practice records (0.4% of the adult population). This is lower than the national average (0.5%) [v]
- Nevertheless, estimates of expected levels suggest that rates recorded in GP practices are lower than the rate of people experiencing dementia in the community, both in B&NES and nationally. In B&NES the actual number of people experiencing dementia is estimated to be nearer 2,400 (2008/09) [vi]
- The diagnosis of dementia (the match-up between the numbers expected and the numbers recorded) varies widely between GP Practices, suggesting that some are much better/poorer than others at identifying people with this condition.

    - In particular, practices in lower income areas are shown to have lower rates of dementia identified but higher rates of hospital admissions for dementia, suggesting an inequality in diagnosis (although as the data on identified dementia is not age specific this result may be confounded by the age profiles of practice populations.)[vii]
- Practices with higher prevalence are distributed throughout the area with no obvious correlations [viii]
- Aerobic physical activities which improve heart and lung fitness is beneficial for cognitive function in healthy older adults and can interrupt the disease processes of dementia [ix]
- Evidence suggests that residents in nursing homes have multiple complex medical needs and over 50% have dementia or other mental health needs as the primary clinical need or in addition to complex physical disabilities [x]
- Vulnerable groups identified by Clinical Commissioning Group consultation.
    - People living alone with dementia
    - Black & Minority Ethnic (BME) groups where uptake of services are variable (There are lower levels of awareness of problems such as dementia within BME communities)[xi]

Future projections

Dementia cases are expected to increase by 23% for females and 43% for males between 2010 and 2025 in B&NES (34% and 58% respectively nationally) [xii]

Table 1. Projected dementia cases in women and men

Projection Year	Population		Dementia cases	
	Women	Men	Women	Men
2010	17700	13900	1549	853
2015	19100	15400	1608	955
2020	20000	16400	1715	1075
2025	21300	17600	1916	1225

What the community says

The South West Care Services Improvement Partnership's regional consultation on dementia brought out three themes from carers, users, and the general public.

- Improving information and raising awareness
- Promoting early diagnosis and intervention
- Improving care for people with dementia [xiii]

All respondents with dementia responding to the Long Term Conditions survey 2011 suffered from another long term condition. Further accurate understanding of multiple conditions has been identified as an area for further research.

Quality and Performance

The majority of people with a dementing illness are not cared for by specialist services but managed in primary care and by generic social work teams.

The Health and Well-Being Partnership has identified that engagement with people with dementia and their carers is an area of weakness and needs to be strengthened going forward [xiv]

Medication for Alzheimer's disease, if it is effective, on average delays progression by about 6 months. For the patient this may mean being able to live independently for longer (which is what most patients want to do), but does not stop the inevitable progression of the disease, and therefore the need for services and ultimately care home admission [xv]

Implementation plan for the NHS covering four priority objectives as follows:

- 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

All staff working with older people in the health, social care and voluntary sectors should be trained for dementia care. Mental health services and substance misuse services need integrating better
It is unlikely that the NICE Clinical Guideline for dementia is being followed fully for all patients[xvi]

Enabling communities

NICE guidance

Need to assess the gaps against the NICE Guidance. Specifically for dementia suffers and their carers:

- Non-discrimination: people with dementia should not suffer discrimination
- Securing valid consent
- Carers should have their needs assessed and met
- Health and social care should be coordinated and integrated and delivered accordingly
- Memory services should be the single point of referral for all people with a possible diagnosis of dementia
- Structural imaging for diagnosis should be used in the assessment of people with suspected dementia
- Behaviour that challenges should be helped early and systematically
- All staff working with older people in the health, social care and voluntary sectors should be trained for dementia care
- Acute hospitals should ensure the mental health needs of dementia users are catered for. **Error! Bookmark not defined.**[xvii]

www.bathnes.gov.uk/jsna
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References

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[v] Network of Public Health Observatories (2011) APHO GP Profiles - Dementia: QOF prevalence (all ages) http://www.apho.org.uk/PracProf/Profile.aspx

[vi] NHS Comparators (2008/9) Bath and North East Somerset PCT - Dementia Reported vs Expected Prevalence

[vii] Dementia and Deprivation (2009-2011) in house analysis.

[viii] Network of Public Health Observatories (2011) APHO GP Profiles - Dementia: QOF prevalence (all ages) http://www.apho.org.uk/PracProf/Profile.aspx

[ix] Milner, P. & Morgan, K. (2008) Health Needs Assessment for Older People with Mental Health Problems in Bath and North East Somerset, Bath and North East Somerset Council and PCT http://www.B&NES.nhs.uk/SiteCollectionDocuments/About%20Us/Strategies%20and%20Plans/JSNA%204.Older%20People%20with%20mental%20health%20problems%20180608.pdf

[ix] SUS data (2004-2011) Hospital admissions for self-harm, in-house analysis

[x] Wellbeing Policy Development and Scrutiny Panel (November 2011) Update on Dementia, Bath and North East Somerset Council http://democracy.bathnes.gov.uk/documents/s8494/Dementia%20update.pdf

[xi] Wellbeing Policy Development and Scrutiny Panel (November 2011) Update on Dementia, Bath and North East Somerset Council http://democracy.bathnes.gov.uk/documents/s8494/Dementia%20update.pdf

[xii] North East Public Health Observatory (2008-2025) Estimating the future number of cases of dementia in PCTs and local authorities in England (downloaded 14/3/2012) http://www.apho.org.uk/resource/item.aspx?RID=77391

[xiii] Network of Public Health Observatories (2011) APHO GP Profiles - Dementia: QOF prevalence (all ages) http://www.apho.org.uk/PracProf/Profile.aspx

[xiv] Bath and North East Somerset Health and Well-being Partnership (November 2011) Local Action Plan – Implementation of the National Dementia Strategy (NDS) – November 2011 Update, Bath and North East Somerset Council http://democracy.bathnes.gov.uk/documents/s8495/BNES%20Dementia%20Local%20Action%20Plan%20Update%20Nov%2011.pdf

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