

Bath & North East Somerset Council

MEETING/ DECISION MAKER:	Wellbeing Policy Development and Scrutiny Panel	
MEETING/ DECISION DATE:	13th March 2015	
TITLE:	Dementia Work Programme Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: None		

1 THE ISSUE

- 1.1 Improving the quality of life for people with dementia is a priority for the Health and Wellbeing Board and the dementia work programme links to two of the CCG's strategic priorities for the next 5 years: 'Long Term Condition Management' and 'Safe, compassionate care for frail older people'. The purpose of this paper is to update the Health and Wellbeing Policy Development and Scrutiny Panel on the dementia work programme.

2 RECOMMENDATION

- 2.1 The Panel is asked to note the work undertaken to date and support the delivery of the work programme.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 3.1 The delivery of the dementia work programme involves a range of commissioning and provider staff. The BaNES Dementia Care Pathway Group meets bi-monthly and the member organisations are requested to send representatives to this meeting.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

- 4.1 Following the publication of the National Dementia Strategy – *Living Well with Dementia* (NDS) in February 2009, the Prime Minister's Dementia Challenge was published in March 2012. The dementia work programme also contributes to the delivery of the following domains of the NHS Outcomes Framework:

- 1) Preventing people from dying prematurely
- 2) Enhancing quality of life for people with long term conditions
- 3) Helping people to recover from episodes of ill health or injury
- 4) Ensuring people have a positive experience of care
- 5) Treating and caring for people in a safe environment and protecting them from avoidable harm.

5 THE REPORT

Background

- 5.1 The Prime Minister's Dementia Challenge, published in March 2012 to build on the National Dementia Strategy, identified three key areas:
- 1) Driving further improvements in health and care including timely diagnosis and improved care in hospital and in the community;
 - 2) Creating dementia friendly communities that understand how to help; and
 - 3) Better research to improve treatments for people with dementia and if possible, prevent it from occurring in the first place or at least slowing it from progressing beyond a very early phase.
- 5.2 An annual report was published in May 2014 by the Department of Health setting out the progress made against the Prime Minister's Challenge and setting out the aims for the third and final year.
- 5.3 The key priority areas are continuing to support improvements to the number of people with dementia being diagnosed and receiving high quality post-diagnosis support; increasing the number of communities and sectors that are working towards becoming dementia-friendly; and focusing on progressing research in the fight against dementia.
- 5.4 As set out in the Joint Health & Wellbeing Strategy, improving services for people with dementia and their carers remains a priority for the CCG and the Health & Wellbeing Board.

Work Programme Update

- 5.5 Over the past 12 months, the dementia work programme has focused on the first area for action identified in the Dementia Challenge - driving improvements in health and care services. This can be further broken down to the delivery of:
- Improved dementia diagnosis rates.
 - The mobilisation of the Dementia Support Worker service.
 - The evaluation of the Dementia Challenge Fund Projects and future commissioning of these services.

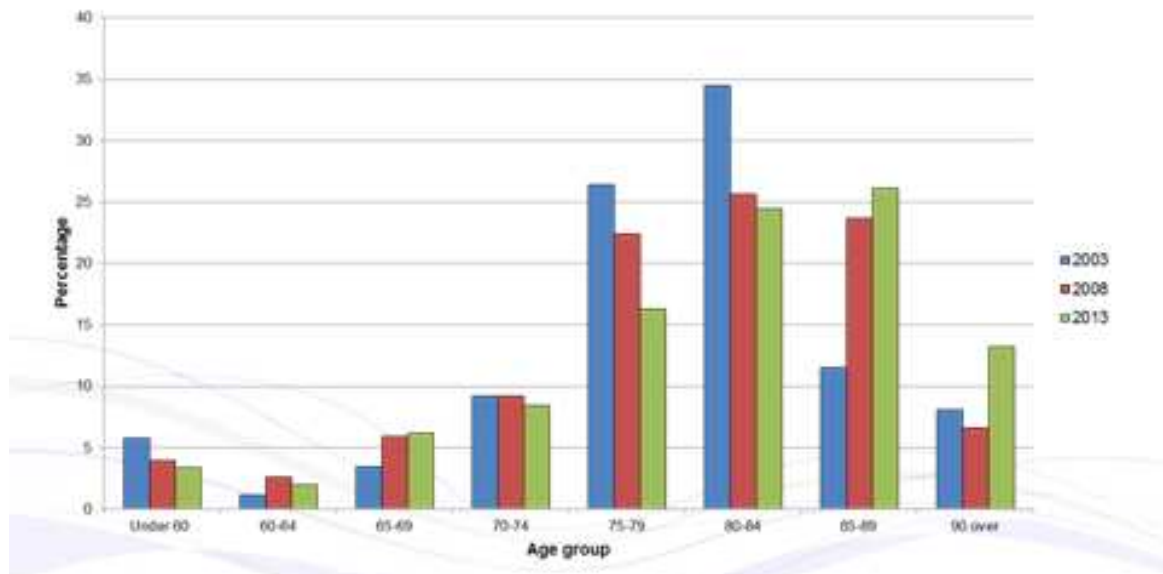
Dementia Diagnosis Rates

- 5.6 The national focus on dementia diagnosis rates has continued throughout 2014/15 and NHS England, in parallel with the Prime Minister's Challenge on

Dementia, set the ambition that two thirds (67%) of the estimated number of people with dementia should have a diagnosis by 31st March 2015.

- 5.7 This target was chosen because nationally the number of people with a dementia diagnosis seemed low; there was significant variation across CCGs which could not be accounted for by the profile of the local population; and some areas were achieving this rate.
- 5.8 Although the dementia diagnosis rate in BaNES has been steadily increasing since 2010/11, it seemed unlikely from the outset that the 67% target would be met locally and therefore a local ambition of 60% was agreed.
- 5.9 Aside from general awareness raising, the following specific initiatives have been undertaken to increase the dementia diagnosis rate:
- Implementation of the Dementia Support Worker service. High quality support and information is essential for people with dementia and their carers but the service also gives health care professionals confidence that after diagnosis, the person can access information, advice and support which is tailored to their needs.
 - Practice Support Pharmacists have been checking that all patients who are prescribed dementia drugs have the correct dementia code recorded in their medical notes.
 - NHS England introduced an Enhanced Service to incentivise GP practices to increase their dementia diagnosis rate and produced two tools for practices to use to help identify patients who may have memory problems and would benefit from a review.
 - Practices were asked to check that all patients diagnosed by the RICE memory assessment service were coded correctly.
- 5.10 As at January 2015, the diagnosis rate in BaNES is 57.3% compared to 54.02% in the South of England.
- 5.11 Only one of the 50 CCG's in the South of England has achieved the 67% target and locally, despite best efforts to improve the diagnosis rate, there are three key reasons why the 67% target is unlikely to be achieved.
- 5.12 Firstly, the estimated prevalence may not be accurate. The number of people who are expected to have dementia is based on the 2007 Alzheimer's Society Dementia UK report which uses the Expert Delphi Consensus approach based on studies from 1986-1993 in a limited number of areas in the UK and not including any sites in the South West. No allowance has been made for the type of area (e.g. inner city, rural, small town) or any other health factors.
- 5.13 Secondly, most of the diagnosis rate increase over the last six months has been due to coding corrections and not new people diagnosed with the disease.
- 5.14 Thirdly, and most importantly, there has been a considerable increase in referrals to RICE over the past few years. This indicates a greater awareness of dementia but the number of new diagnoses is not increasing at the same rate as referrals. This is because over the last decade the patients presenting are older but their memory problems are considered milder as judged by the Mini Mental Score Examination and therefore they are not being diagnosed as having dementia. The chart below shows how the patient profile at RICE has changed.

BaNES patients referred to RICE (2003, 2008, 2013)



Mean MMSE score: 19 in 2003; 21 in 2008; 21 in 2013

NHS
Bath and North East Somerset
Clinical Commissioning Group

5.15 The increase in older patients with milder memory problems may be due to the lower rates of smoking, obesity and diabetes than other areas of the country. It is known that smoking, obesity and diabetes are all risk factors for developing dementia and the table below shows that BaNES has significantly lower rates of smoking and diabetes than the England average and the obesity rate is lower than neighbouring areas.

Area	Smoking Prevalence (%)	Obese Adults (%)	Diabetes Rate (%)
England	19.5	23	6.0
Wiltshire	17.2 [#]	22.3	5.4 [#]
Swindon	21.5 [*]	22.6	6.4 [*]
South Gos	17.5	21.1	5.2 [#]
N. Somerset	14.8	22.7	5.5 [#]
Gos	17.5	22.9	6.1 [*]
Bristol	21.3	23.8	4.7 [#]
BaNES	16.7 [#]	19.2	4.6 [#]

[#]Significantly better than the England average

^{*}Significantly worse than the England average

Source: Health Profile Statistics (2014)

Dementia Support Worker Service

- 5.16 The CCG commissioned the Dementia Support Worker Service as locally there was insufficient post-diagnostic support available. A restricted tender process was undertaken at the end of 2013 and the contract was awarded to the Alzheimer's Society. The service launched in February 2014 and four Dementia Support Workers plus a Befriending Manager are employed across BaNES.
- 5.17 The service offers personalised information, support and advice to people with dementia and their carers and helps people to develop a support plan in accordance with their needs. A Dementia Support Worker is regularly based at RICE in order to provide support to the people attending the memory assessment clinics.
- 5.18 People are able to self refer to the service and a wide range of health and social care professionals are referring into the service as well. Referrals continue to increase and the results of a recent service user and carer survey have been positive.

Dementia Challenge Fund Projects

- 5.19 The NHS South of England Dementia Challenge Fund was launched in 2012 to provide funding for pilot projects for 12 months. Three of the five bids were successful and although the other two were not successful, the CCG recognised the value of implementing them and therefore agreed to fund them on a 12 month non-recurring basis. The five projects are as follows:

1) *Avon & Wiltshire Mental Health Partnership Trust (AWP): Care Home Support & Assessment Service*

- The provision of advice, education, training and information to care home staff and carers on how they can support people with dementia.

2) *The Carers' Centre & Age UK B&NES: Home from Hospital*

- The provision of a Discharge Liaison Co-ordinator to support people with dementia when returning home following a hospital admission.

3) *Curo: Rural Independent Living Support Service*

- The provision of a rural dementia co-ordinator to help people in rural areas to receive a timely diagnosis of dementia and access appropriate information and support post-diagnosis to help maintain their independence.

4) *RUH CQUIN PLUS: Integrating Hospital & Community Care Pathways*

- The provision of dementia co-ordinators on the wards to improve the pathway between hospital and community services as well as the expansion of the mental health liaison service.

5) *Sirona Care & Health: Memory Technology*

- The provision of memory technology (e.g. orientation clocks, talking tiles) to support people with dementia to maintain their independence.

5.20 Following a review in Autumn 2013, the CCG found that it was difficult to evidence the success of the projects after only six months but concluded that all seemed beneficial and agreed a further 12 months funding from April 2014 to March 2015. A second evaluation of the five projects was concluded in October 2014 and found that there was strong evidence demonstrating the positive impact of three of the projects. Consequently, the CCG has agreed to fund these projects on a recurrent basis. These projects are:

- AWP: Care Home Support & Assessment Service
- The Carers' Centre & Age UK B&NES: Home from Hospital
- Curo: Rural Independent Living Support Service

5.21 With regard to the other two projects, the RUH CQUIN Plus demonstrated some positive impact but not all targets were achieved. The reasons for this are unclear but given that the project has achieved several of the performance measures, including fewer ward moves and increased mental health liaison so 90% of patients are receiving mental health reviews within 24 hours, the CCG has approved funding for a further 12 months funding and a further evaluation will take place.

5.22 The Memory Technology project which is part of the telecare service provided by Sirona was found to be underutilised and therefore no further funding was approved by the CCG for 2015/16. However, the project had a small budget underspend and the CCG has agreed that Sirona can carry this funding forward to enable the telecare service to continue to support people living with memory loss and dementia.

Other Work

5.23 In addition to the above three areas of focus, there are many community groups to support people with dementia and their carers such as Singing for the Brain, Memory Cafes and the Peggy Dodd Day Centre. Guideposts Trust also continue to host the 'Dementia Web' website which provides a range of information and produce the BaNES specific 'Information Prescription'.

5.24 Although the dementia work programme in BaNES has focused on making improvements to health care services over the last 12 months, work on the other two areas for action – building dementia friendly communities and increased research – has progressed.

5.25 A Dementia Friendly Community is one that shows a high level of public awareness and understanding so that people with dementia and their carers are encouraged to seek help and are supported by their community. The Dementia Friends campaign was launched in May 2014 to support the development of dementia friendly communities and the Dementia Friends sessions aim to raise awareness of dementia and improve attitudes towards the condition in order to create a more dementia friendly society. Dementia Friends sessions have been made available for CCG and Council staff based at St Martin's Hospital and Sainsburys (Odd Down) supermarket. Sessions are also planned for staff working in the Council's 'One Stop Shop' and libraries and material has recently been developed nationally to facilitate the delivery of the sessions in schools. The Alzheimer's Society and BaNES Carers Centre are also working with Radstock Town Council to help Radstock become a dementia friendly community.

5.26 With regard to dementia research, BaNES is involved in a six centre research trial 'Goal-Oriented Cognitive Rehabilitation in Early-Stage Alzheimer's Disease' (GREAT) which is being led by RICE. This is a multi-centre single-blind randomised controlled trial which will involve mild dementia patients being recruited and randomised to a cognitive rehabilitation therapy or not with the aim of establishing whether cognitive rehabilitation is successful. The trial is due to end in summer 2016.

Next Steps

5.27 The BaNES Dementia Care Pathway Group will continue to meet on a bi-monthly basis to deliver a work programme which focuses on:

- Better information for people with dementia & their carers
- Improving diagnosis rates
- Improving post-diagnostic support in the community
- Support the development of dementia friendly communities
- Improving care in hospitals
- Improving standards in care homes & domiciliary care
- Supporting people with dementia at end of life

6 RATIONALE FOR RECOMMENDATIONS

6.1 The Health and Wellbeing Policy Development and Scrutiny Panel is receiving this update because the dementia care work programme sits within theme two (Improving the quality of people's lives) of the Joint Health and Wellbeing Strategy, linking to priority seven (Enhanced quality of life for people with dementia).

7 OTHER OPTIONS CONSIDERED

7.1 Not Applicable

8 CONSULTATION

8.1 This report was prepared by the CCG's Commissioning Manager for Long Term Conditions but the member organisations of the BaNES Dementia Care Pathway Group are involved in the delivery of the dementia work programme.

9 RISK MANAGEMENT

9.1 This work programme is managed in line with the CCG's risk management guidance.

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Background papers	<i>None</i>
Please contact the report author if you need to access this report in an alternative format	