

## HWOSC Update – December 2012 Dementia

### 1. Purpose of the Report

The purpose of the report is to provide the HWOSC with an update on developments in dementia services in Brighton and Hove.

### 2. National Context

2.1 There are about 750,000 people in the United Kingdom with dementia and this number is expected to double over the next 30 years. The prevalence of dementia increases with age so this increase in numbers is expected as a result of an aging population. As the number of people with dementia increase there is a knock on effect in terms of health and social care costs. The estimated costs of dementia care in England will rise from £14.8 billion in 2007 to £34.8 billion by 2026, a rise of 135% (Kings Fund, 2008)<sup>1</sup>.

2.2 A *National Dementia Strategy* (NDS) was published in 2009 and updated in September 2010. **The NDS aims to increase awareness of the condition, ensuring early diagnosis and intervention as well as improving the quality of care for people with dementia and their carers.**

2.3 The *National Operating Framework 2011-12* identified four priority areas from the NDS as likely to have the biggest impact on improving the quality of care outcomes for people with dementia and their carers. These are:

- 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

2.4 The *National Operating Framework 2012/13* builds on this by prioritising action on dementia within a system approach to improve basic standards of care for elderly and vulnerable patients in areas such as nutrition, continence and communication. There is also a requirement for PCTs to:

- reduce inappropriate antipsychotic prescribing for people with dementia by two-thirds;
- improve dementia diagnosis rates;
- introduce a CQUIN<sup>2</sup> on improving diagnosis of dementia in hospitals; and

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<sup>1</sup> Kings Fund (2008) Paying the Price: the cost of mental Health in England to 2026 London: Kings Fund.

<sup>2</sup> The Commissioning for Quality and Innovation (CQUIN) payment is a tool to enable commissioners to reward excellence by linking a proportion of providers' income to the achievement of quality improvement goals.

- work with local authorities to publish dementia plans setting out local progress against delivery of the NDS.

### **3. Local Context**

- 3.1 A Joint Dementia Plan was approved at the Joint Commissioning Board in February setting out local implementation of the NDS in an integrated 'long-term conditions' approach aligning many dementia services with physical health services so an holistic approach is taken to the care of people with dementia. The Plan sets out how priority areas for service development will be delivered within a revised financial envelope and to a revised timetable. The Plan with updates is attached as Appendix 1.
- 3.2 The shadow Health and Wellbeing Board has identified dementia as a priority for the city and a Joint Health and Wellbeing Strategy has been prepared including a section on dementia, along with the other priorities, which will be ratified once the board is formally constituted in April 2013. The suggestion from this strategy is that a joint commissioning Dementia Board be established to give formal governance to future dementia developments.

### **4. Progress against the four priority areas identified in the NDS.**

#### **4.1 Good quality early diagnosis and intervention for all - Memory Assessment Service.**

- 4.1.1 In Brighton and Hove at current rates of diagnosis prevalence of dementia is expected to remain broadly constant over the next ten years. However only 36% of people (around 1,000) in Brighton and Hove with dementia are identified as being diagnosed on GP QOF registers. Although Brighton and Hove is not facing the same population increase as elsewhere in Sussex and nationally, best practice would dictate that we improve diagnosis rates.
- 4.1.2 The first of the four objectives of the National Dementia Strategy is to achieve "good-quality early diagnosis and intervention for all". In 2007 the National Audit Office concluded that "early diagnosis and intervention in dementia is cost-effective" However in Brighton and Hove we only diagnose around one third of dementias. *The Prime Minister's Challenge on Dementia* states that "From April 2013 there will be a quantified ambition for diagnosis rates.... underpinned by robust and affordable local plans."
- 4.1.3 During this summer we invited bids an integrated memory assessment service, which will provide diagnosis to around 80% of people with dementia. Around 20% of people will still need secondary care referral for diagnosis due to complex needs or complex presentations.
- 4.1.4 This service will be operational by 1 June 2013 and at commissioned activity rates will increase the number of people diagnosed with dementia by 10% per annum, meeting and exceeding national targets for dementia diagnosis. People will also receive a diagnosis within 10 weeks of referral from their GP, significantly speeding up the diagnostic process. The service will also offer

people with dementia and their carers information support and advice for up to one year after diagnosis.

## **4.2 Improved quality of care in general hospitals**

4.2.1 One of the RTF developments was a dementia champion post for the Royal Sussex County Hospital. This post was filled earlier this year and is driving improved services for people with dementia across the trust. A dementia pathway has been developed in the hospital and is being trialled on care of the elderly wards. The trust launched the national dementia CQUIN which requires a memory screen for anyone over the age of 75 who is in hospital for 72 hours or more. This was launched under the banner of “Dementia – everyone’s business”.

4.2.3 The hospital has agreed to adopt the Butterfly scheme, planned for launch in March 2013. The butterfly scheme currently operates in 50 hospitals across the UK and provides a framework for rolling out education and an approach to caring for patients with dementia trust wide. The trust has a dementia steering group leading on developments in dementia care.

## **4.3 Living well with dementia in care homes**

4.3.1 One of the RTF developments which we had committed to prior to the funding being withdrawn was a Sussex-wide Care home in-reach team. This service has now been operating just over one year. The service provides support to care homes to improve their ability to care for and support their residents who have dementia.

4.3.2 The service can either work with specific patients or with the home to make systemic changes and offer training and advice to the workforce. The team has conducted around 80 individual medication reviews, with around 45 having their anti-psychotic medications either reduced or ceased. The team has worked with a number of care homes in the city influencing the care of more than 500 residents. We have included the ongoing funding of this service in our plans for funding next year.

4.3.3 There is a shortage of specialist EMI (Elderly Mentally Ill) beds in Brighton and Hove and people are regularly placed out of area as a result. Meetings have taken place with new prospective providers and we anticipate more capacity will come available during 2013.

## **4.4 Reduced use of antipsychotic medication**

4.4.1 In 2008, The All Party Parliamentary Group (APPG) produced a report *Always a Last Resort* which highlighted the problem of over-prescribing anti-psychotics in care homes. At that time it was estimated up to 105,000 people with dementia were given anti-psychotics inappropriately - either for inappropriate reasons or for initially justifiable reasons, but inappropriately continued. The report also estimated that 1800 people with dementia died each year due to the adverse effects of low-dose anti-psychotics.

4.4.2 As part of the Department of Health’s National Dementia Strategy, a pledge was made to reduce anti-psychotic prescribing by two thirds by November

2011. Whilst there has been a lot of work to reduce antipsychotic prescribing in people with dementia, both locally and nationally, as there is no accepted baseline data, it is not possible to measure the extent of the reduction.

- 4.4.3 There have however, been a number of initiatives locally to address the prescribing of antipsychotics to people with dementia including:
- A prescribing audit in primary care carried out over two separate years which shows a decrease in prescribing and an increase in medication reviews. It also showed that people are as likely to be prescribed antipsychotics if they live in their own home as if they live in a care home.
  - A GP resource pack has been launched across Sussex to support GPs to better manage patients with dementia, and support reducing/ceasing of antipsychotics.
  - The care home in reach team has a specific remit on antipsychotics, as mentioned above
  - Enhancing Quality measure for acute and mental health trusts on best practice prescribing of antipsychotics and benzodiazepines
  - A Sussex Reducing Antipsychotics Sub-group of Dementia Commissioners and Heads of Medicines Management has been convened to look at audits required in Sussex.

#### **4.5 Additional work carried out on dementia includes:**

- 4.5.1 Engagement work carried out on day services for people with **young onset dementia** and we are reviewing the services as a result.
- 4.5.2 Additional resource put into the **Community Rapid Response Service (CRRS)**, which is a hospital avoidance service for people with an urgent physical need. The majority of people with dementia also have a physical health need so it makes sense to adopt an integrated long-term conditions approach to dementia care. The additional resource is to enable the CRRS to support more people with dementia. The service has also employed a mental health liaison nurse. We are also reviewing the current crisis pathway for people whose predominant need is their dementia and who are already know to secondary dementia services.
- 4.5.3 Additional resource has been allocated to the older people **mental health liaison** service at the acute hospital to help reduce length of stay.
- 4.5.4 A Sussex wide **audit of people with dementia in the acute hospitals** was carried out and key findings showed that on aggregate people with dementia are twice as likely to be admitted to hospital as people with the same condition without dementia and to stay in hospital four days longer. People with dementia also go into hospital for the same reasons as people without, e.g. UTI, respiratory infections and falls, however their illnesses are often at a later stage of severity or complexity which means that admission is harder to

avoid. The learning from the audit is that work at a primary care level is key to admission avoidance in people with dementia. This relates to a need for education in the workforce and families and carers of people with dementia so that illness or infection is picked up at an earlier stage. This ties in well with the future plans to align community mental health teams with the integrated primary care teams to enable them to better support people with dementia.

4.5.5 Regional innovation fund monies have been used to initiate a project to develop a care pathway for people with dementia at the **end of life**. This project has developed an action plan to identify and address workforce development needs and education and information, shared protocols.

4.5.6 Commissioners are working with SPFT on the dementia pathway for people with complex needs to ensure there is a clear pathway into specialist dementia services from the new memory assessment service and to further align dementia services with service supporting people with long term physical health needs.

