

## HEALTH AND WELLBEING BOARD

9 SEPTEMBER 2014

<b>Title:</b>	<b>Dementia Needs Assessment</b>
<b>Report of the Director of Public Health</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected: All</b>	<b>Key Decision:</b>
<b>Report Author:</b> Zoë Garbett Head of Public Health Commissioning	<b>Contact Details:</b> Tel: 020 227 2311 E-mail: zoe.garbett@lbbd.gov.uk
<b>Sponsor:</b> Matthew Cole, Director of Public Health	
<b>Summary:</b> <p>In March 2012 a national challenge was set, by the Prime Minister, to improve dementia diagnosis and care. In 2013, an estimated 1537 people in Barking and Dagenham had dementia, of these, 669 were diagnosed and recorded on GP registers. Locally, the number of people with dementia is predicted to increase by 10% over the next decade.</p> <p>London Borough of Barking and Dagenham's Public Health service commissioned the Office of Public Management (OPM) to deliver a Dementia Needs Assessment to gain a local picture of need, services and areas for improvement in order to plan for current and future need. OPM presented a final report in April 2014.</p>	
<b>Recommendation(s)</b>	
The Health and Wellbeing Board is recommended to: (i) Endorse the recommendations and action plan. (ii) Task the Integrated Care Subgroup, with support from the Mental Health Subgroup, to lead and review progress against the action plan and provide updates in line with the Better Care Fund.	
<b>Reason(s)</b> <p>The Dementia Challenge was launched in March 2012 by the Prime Minister to improve diagnosis and care in hospitals for people with dementia. The Dementia Needs Assessment was completed to understand the local picture including prevalence, services and stakeholder opinion.</p>	

## **1. Background and Introduction**

- 1.1. Central to the Prime Minister's challenge is to improve diagnosis (currently only 42% of people with dementia have a formal diagnosis) and improve care in hospitals where a quarter of all beds are occupied by someone with dementia.
- 1.2. The Dementia Needs Assessment was considered necessary to better understand the local picture and aimed to—
  - Understand the prevalence of dementia in Barking and Dagenham and patterns of future need.
  - Consult with key stakeholders including carers to obtain a wide range of views on current services and unmet needs.
  - Produce an agreed set of recommendations and supporting actions that can be used to improve the state of dementia care in the borough.
- 1.3. Dementia support is a key scheme within our Better Care Fund plan within which the following priorities were established:
  - Building on systems and processes already in place, particularly ensuring that integrated cluster teams and adult social care's market development and personalisation efforts continue to lead demonstrable benefits for people with dementia and their carers
  - Responding to the appetite for more joint working and better integration across the dementia pathway and between health and social care systems; using the momentum around integration and personalisation to improve care.
  - Planning for new patterns of demand, particularly the expected high levels of vascular dementia and the increasing diversity of the dementia population.
  - Changing the relationships and ways of working between mainstream and specialist services. This involves specialist services- who hold the core knowledge and experience in the system- working to up-skill mainstream services so that they can do more themselves and make fewer, and more appropriate, referrals.
  - Ensuring that training and capacity- building activities use the right approaches and mechanisms to ensure that staff have the appropriate, referrals.
- 1.4 In April 2013, London Borough of Barking and Dagenham's Public Health service invited agencies to tender to deliver a Dementia Needs Assessment. The Office of Public Management (OPM) was commissioned and completed a final report in April 2014.

## **2. Methodology and consultation**

- 2.1. OPM worked closely with the Public Health service and used the Joint Strategic Needs Assessment (JSNA) as well as other service representatives to access relevant demographic, epidemiological and service data.
- 2.2. Telephone interviews were conducted with 18 stakeholders, representing managers, providers and commissioners of dementia services in the borough.
- 2.3. The OPM project team visited two specialist dementia care homes in Barking and Dagenham to speak with service users, relatives and staff and held a focus group with recent and former carers in the borough.

- 2.4. On 10 October 2013, a stakeholder workshop was held, attended by 20 stakeholders. The workshop involved small group discussion on the quality of care and services along the care pathway, and a whole group exercise which generated specific recommendations for improving services.

### **3. Local prevalence and report highlights**

- 3.1. Key findings in terms of the situation and needs of the current and predicted future dementia population in Barking and Dagenham:

- In 2013, an estimated 1537 people in Barking and Dagenham had dementia. Of these, 669 were diagnosed with dementia and recorded on GP registers (figures from August 2013).
- Overall, it is expected that the number of people with dementia in Barking and Dagenham will rise by approximately 10% over the coming decade; however, this increase is much steeper in the 90+ age group, with the number of people with dementia in this age group increasing by nearly 50% in this time.
- Barking and Dagenham's poor general health and high levels of risk factors for vascular dementia, such as heart disease, diabetes and smoking rates, may result in a more rapid increase in dementia prevalence than is predicted in the figures above.
- Diagnosis rates of dementia have improved in the borough (currently standing at an estimated 43%-46%) but further work is needed to reach the 60% target. Combined with the expected prevalence increase, if diagnosis rates are successfully increased to this level by 2023, over 1,000 people in the borough will be diagnosed with dementia (compared to a current 669), increasing service demand.
- It is important to take into account the specific needs of people with dementia who live on their own, as more than a third of people aged 65+ in Barking and Dagenham currently live alone.
- The ethnic diversity of the dementia population in Barking and Dagenham is expected to increase substantially over the coming years, services and awareness raising programmes will need to adapt to the different needs of these groups.

- 3.2. Key feedback about services in Barking and Dagenham:

- The integrated cluster team approach is working well and the borough has made good progress in taking forward the personalisation agenda.
- The Memory Service plays a core role in supporting people through assessment, diagnosis and treatment of dementia. Memory Service capacity needs to be monitored. The Memory Service contributes to service improvement such as feedback on inappropriate referrals and visiting care homes to improve the way they manage challenging behaviour and use medications.
- The recruitment of a Dementia Advisor from the Alzheimer's Society was welcomed by stakeholders because it has helped to introduce good practice and ways of working into the borough. Carers of Barking and Dagenham play a central role in delivering a range of services and support for people with dementia and their carers.
- Barking, Havering and Redbridge University Hospitals NHS Trust have placed a greater emphasis on training. Commissioning for Quality and Innovation (CQUIN)

framework has led to dementia screening for all over 65s admitted. A buddy system at meal times is proposed.

- There is growing awareness of dementia in the borough and this means that more people are being assessed and diagnosed in the early stages. This is giving service users greater scope to exercise choice and control over their lives and future care.

3.3 Following the recommendations and findings an action plan (attached Appendix 1) has been developed by Local Authority and CCG with key partners including Care City and the Alzheimer's Society.

#### **4. Recommendations**

4.1. Recommendations put forward by OPM in the Dementia Needs Assessment have been considered by the Integrated Care Subgroup and the Mental Health Subgroup. The Health and Wellbeing Board is recommended to:

4.2. Endorse the recommendations and action plan are appropriate (attached Appendix 1).

4.3. Task the Integrated Care Subgroup, with support from the Mental Health Subgroup, to lead and review progress and provide updates on the implementation of recommendations in line with the Better Care Fund.

#### **5. Mandatory Implications**

##### **5.1 Joint Strategic Needs Assessment (JSNA)**

The needs assessment uses the analysis from the JSNA and offers new information that will be embedded in the refresh.

The needs assessment also reviews the recommendations made in 2012 includes and builds on these where these were identified as outstanding –

- Commissioners should monitor and support increase in diagnosis by GPs.
- Commissioners should consider exploring means of achieving reductions in hospital stay to assess their cost effectiveness, e.g. liaison nurses.
- Commissioners should lead and monitor progress in reducing anti-psychotic medicines.
- Findings of the audit into Memory services should be implemented.

##### **5.2 Health and Wellbeing Strategy**

If agreed and taken forward, the recommendations from the report will contribute to a number of the Health and Wellbeing Strategy outcomes -

- Residents are supported to make informed choices about their health and wellbeing to take up opportunities for self help in changing lifestyles such as giving up smoking and maintaining a healthy weight. This also involves fostering a sense of independence rather than dependence.
- Every resident experiences a seamless service
- Service providers have and use person centred skills across their services that makes every contact with a health professional count to improve health.
- More older people feel healthy, active and included.

- Early diagnosis and increased awareness of signs and symptoms of disease will enable residents to live their lives confidently, in better health for longer.

### **5.3 Integration**

The implications for integration are highlighted in the report and will be taken forward by the Integrated Care Subgroup.

### **5.4 Financial Implications**

There are no financial implications directly arising from the recommendations in this report as they are to generally be met from within existing resources. However, there are a number of actions in the Action Plan where a further report may be needed to set out the potential costs and how these are to be funded, unless these are from within existing budgets from which savings will be sought. For example, the recommendation to consider increasing the capacity of hospital dementia liaison teams, Admiral Nurses and the Memory service.

Implications completed by: Roger Hampson, Group Manager Finance (Adults and Community Services)

### **5.5 Legal Implications**

There are no implications from this report which intends to implement recommendations from the OPM report finalised in April 2014, which I have not seen. It is noted that elements of the Care Act 2014 have been incorporated into the Action Plan.

Implications completed by: Dawn Pelle, Adult Care Lawyer

## **6. List of Appendices:**

**Appendix 1:** Dementia Action Plan