

BRIEFING NOTE

TO: **HEALTH SCRUTINY PANEL**
DATE: **4 January 2010**

RE: DEMENTIA CARE

Purpose

To advise the Panel on the progress made in respect of the local implementation of the National Dementia Strategy – ‘Living Well with Dementia’

Progress to date

Walsall appointed a Dementia Care Programme Manager (Michael Hurt) to the Joint Commissioning Unit in September 2009.

Since his appointment Michael has completed a health needs assessment, gap analysis, mapped the current dementia services in the borough and planned the next steps.

As a result, six areas for priority have been identified as starting points for the Walsall strategy:

- Early Intervention and Diagnosis
- Community and Carer Support
- Acute Hospital Care
- Living Well With Dementia in Care Homes
- Prevention and Health Promotion
- Planning for and End of Life Care

Much of what is needed can be provided by service redesign and improved partnership working. Key Stages & time line of local dementia strategy:

- Providing information on dementia (Commenced & in by April)
- Providing training on dementia (planning stage & in by April)
- Service re-design – Memory Service/Home Care (Aiming for Spring)
- Dementia Advisors (new posts if Local Delivery Plan (LDP) successful: summer)
- Strategic Carer Commissioner – across all client groups but very beneficial for dementia (new post if LDP successful – summer)
- Providing training for care homes by Community Mental Health Teams (CHMT) (Aiming for Spring)
- Acute Hospital care / Health Promotion (already started work)

Work in progress regarding end of life – meetings with end of life commissioner

Recommendations

The Panel receives the information and presentation at Scrutiny on 4 January 2010 and receives further updates in anticipation of a Walsall wide conference by the summer of 2010.

Author

Margaret Willcox, Assistant Director – Adult Services

 01922 658219, willcoxmargaret@walsall.gov.uk



The journey to improved dementia services in Walsall

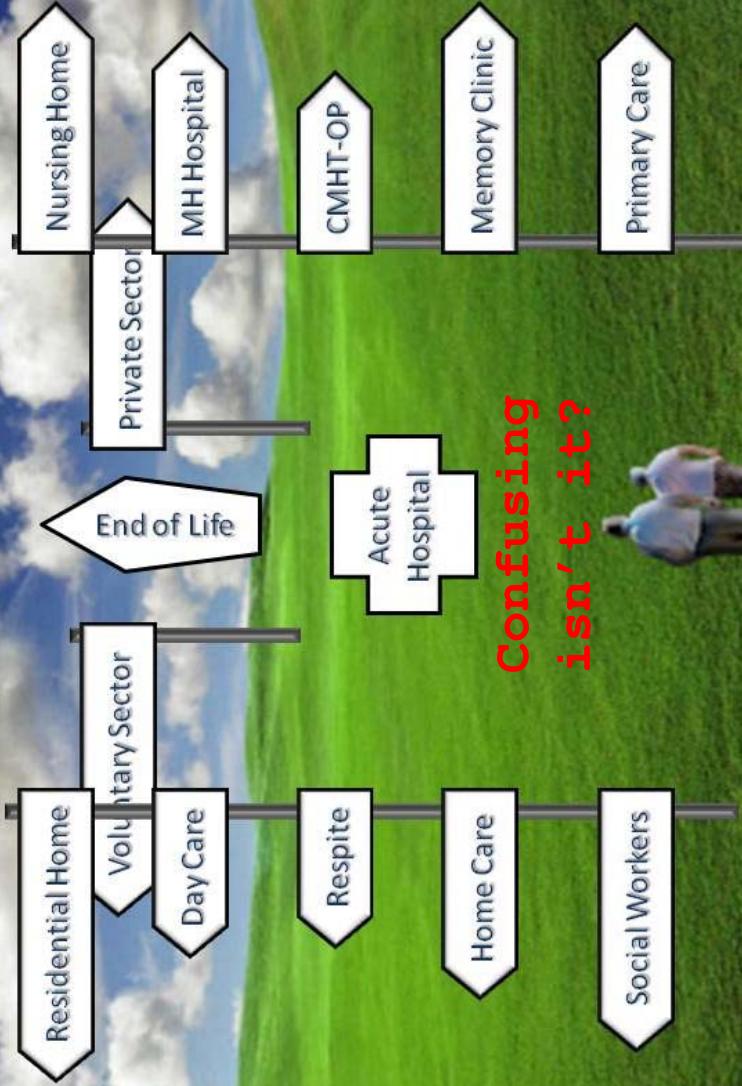
Documents for Walsall Completed

Dementia Matters: a health needs assessment

Gap Analysis

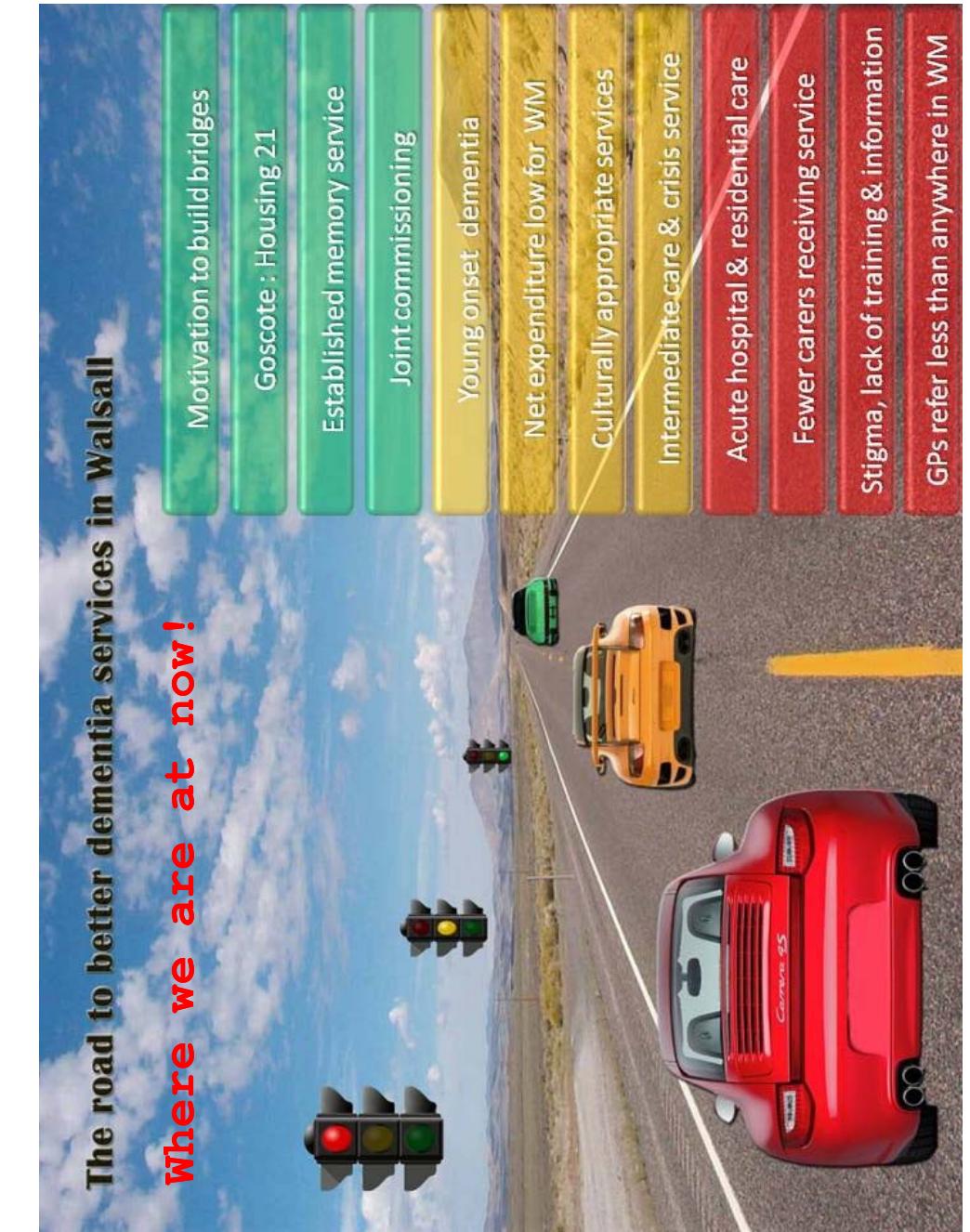
Mapping of dementia services

Walsall Pathways for people with dementia

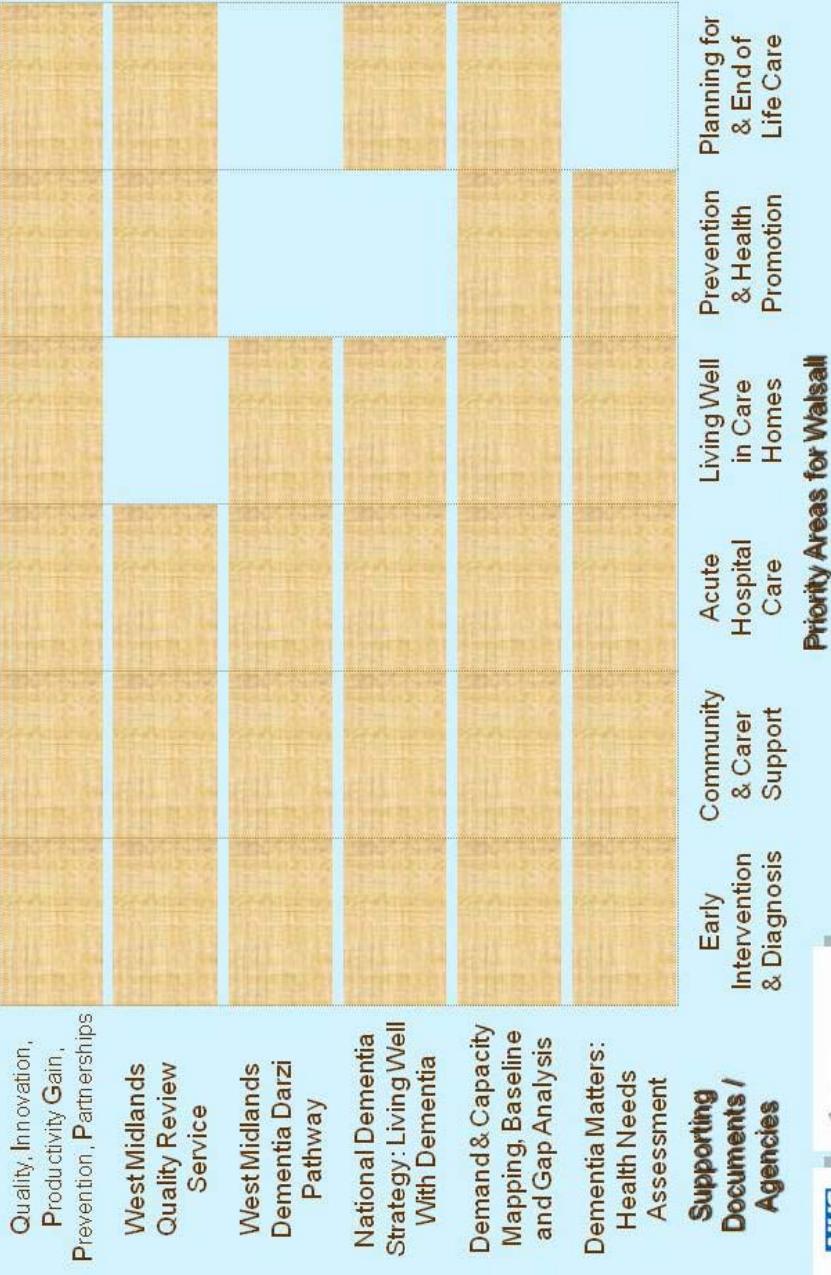


The road to better dementia services in Walsall

Where we are at now!



Walsall Dementia Strategy: Priority Areas



Walsall Council

Dementia Statistics for Walsall in 2009

Expected prevalence of people with dementia **3245**
Diagnosed on GP registers **882**
People on anti-dementia drugs **585**
People with young onset dementia (under 65 when first diagnosed) **75**
People with Down's Syndrome & dementia **30**

Main types of dementia and local numbers

	%	2007	2012	2017
Alzheimer's disease	62	1945	2112	2479
Vascular dementia	17	533	579	680
Mixed dementias	11	345	375	440
Lewy bodies	4	125	136	160
Fronto temporal dementia	2	63	68	80
Parkinson's disease dementia	2	63	68	80

Early Intervention & Diagnosis



- Less than 28% of prevalence of dementia on GP dementia lists
- 80% people in the West Midlands do not know about dementia (MORI poll)
- People diagnosed usually have had dementia for three years
- More than half of people with dementia never diagnosed
- GP dementia lists growing by only 3.4% at present (need 12% increase)
- Social workers report difficulty in getting GPs to assess and refer on
- Currently takes more than 12 weeks to receive a diagnosis of dementia
- Memory service only keeps on people suitable for anti-dementia drugs
- Medically orientated service is the main reason for delay
- Several Pathways into service



- My NHS Walsall Parliamentarians looking at how to get people from home to their GP for assessment e.g. Life Channel campaign
- GP training could improve detection
- Training of practice nurses in screening for dementia & depression in older people would seem to be the most likely to improve detection
- Training for social workers in dementia and possible use of screening tool to improve confidence of social workers in dealing with GPs
- Introduction of New Ways of Working would allow more capacity e.g. non-medical diagnosis
- Health provider willing to provide training
- Single point of access to services needed & joined up working

Community & Carer Support

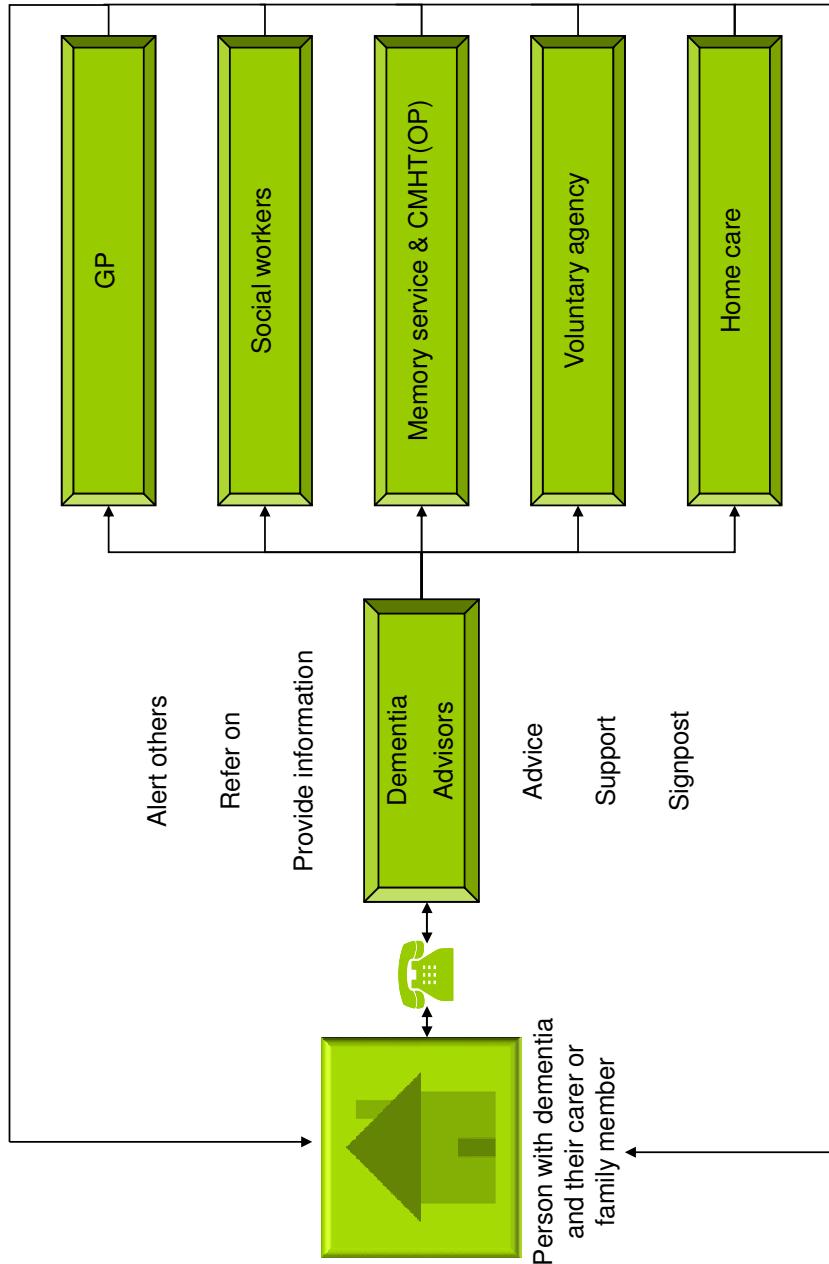


- Less than 10% of carers receive their own care package in the WM
- Stress on carers leads to increased risk of hospital admissions or the need for urgent respite
- Services often close/discharge people when care package is in place or stable but carers view this negatively (because of ongoing decline)
- Most support currently from statutory services which places a burden on resources when others could provide this
- Home care service discharge after 6 weeks if diagnosis of dementia not made in time but it currently takes over 12 weeks to receive a diagnosis
- No overarching carers strategy
- Reducing numbers of intimate carers - down by 30% in 2010 in WM
- 15,000 older people live alone in Walsall: potential for carer crisis

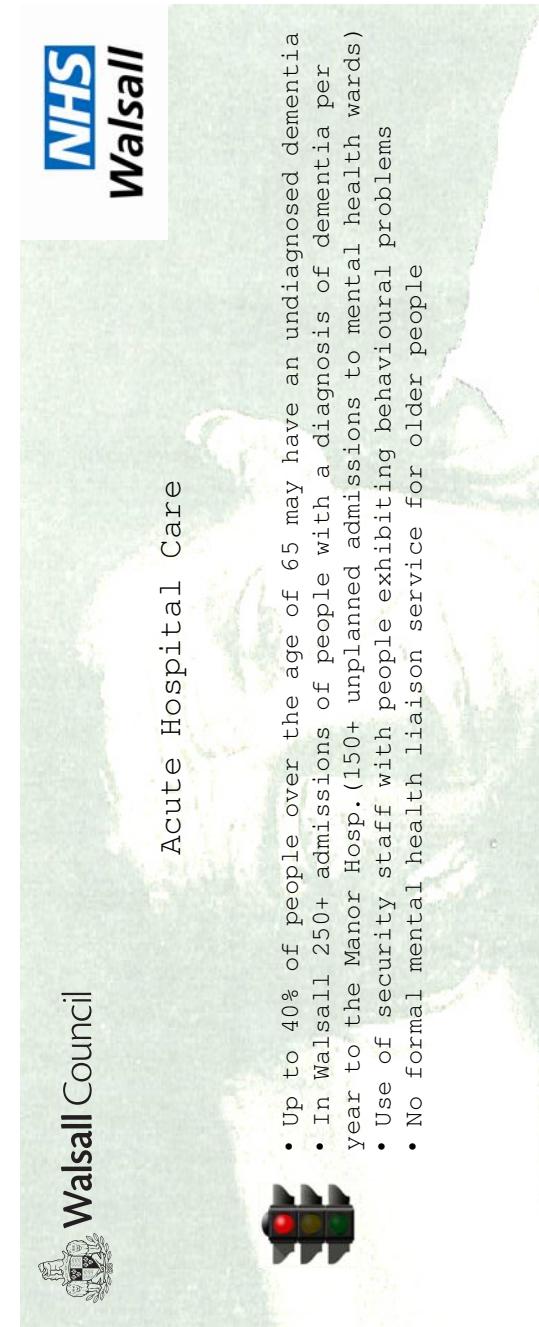


- Rapid Access, Assessment & Treatment Team (RAATT) : crisis, intermediate care, 7 days a week, 08.00-20.00 hours planned
- Local development plan bid for strategic carers commissioner
- Local development plan bid for dementia advisors (see next page)
- Review of services provided by Age Concern & Alzheimer's Society
- Service redesign of home care: Development of 'gold' standard service specification for people with a diagnosis of dementia
- Increase in use of personal budgets
- Training for staff in the use of assistive technology

Dementia Advisors are new posts described in the National Strategy. There are two pilot areas in the WM



Dementia Advisors are non qualified staff and could be provided by voluntary agencies but sit anywhere



Living Well in Care Homes



- There are 22 residential homes in the Walsall area with a total of 374 beds specifically for people with dementia. There are 4 nursing homes in the Walsall area with a total of 92 beds specifically for people with dementia. However 73 of these beds are located in one home which has had difficulties maintaining their quality of care
- The Adult Protection Unit do not currently hold specific data on safeguarding cases related to people with a diagnosis of dementia. Therefore, having an understanding of the scale of the problem with this client group is impossible at present.
- The use of antipsychotic medication in care homes is a concern
- The limited provision of activities for people in care homes
- Lack of formal training from health provider



- Adult Protection Unit will collect data on people with dementia from April 2010
- Community Mental Health Team service specifications now include formal training for care homes
- Health provider staff now make recommendations for improved quality of care in care home notes
- Medicines management conducting an audit of antipsychotic medication
- Care homes could be encouraged to use a protocol for behavioural problems in people with dementia, before contacting their GPs



Prevention & Health Promotion



- Unhealthy lifestyles increase risks of dementia in later life
- Lack of health promotion activities aimed at older people
- Where there is activity, it seems to be based on physical ill health prevention rather than psychological
- Emphasis on treating ill health rather than preventing it or delaying the deterioration of it



- More collaboration with health promotion & prevention activity aimed at younger people
- Healthy minds initiative contracted for residential homes to prevent depression
- Applying for SHA innovation funds to use with people with young onset dementia in doing 'normal' activities or semi therapeutic activity
- Use of housing support from People First for young onset dementia sufferers when first diagnosed
- Encourage use of personal budgets
- Use of mental stimulation for people with mild cognitive impairment

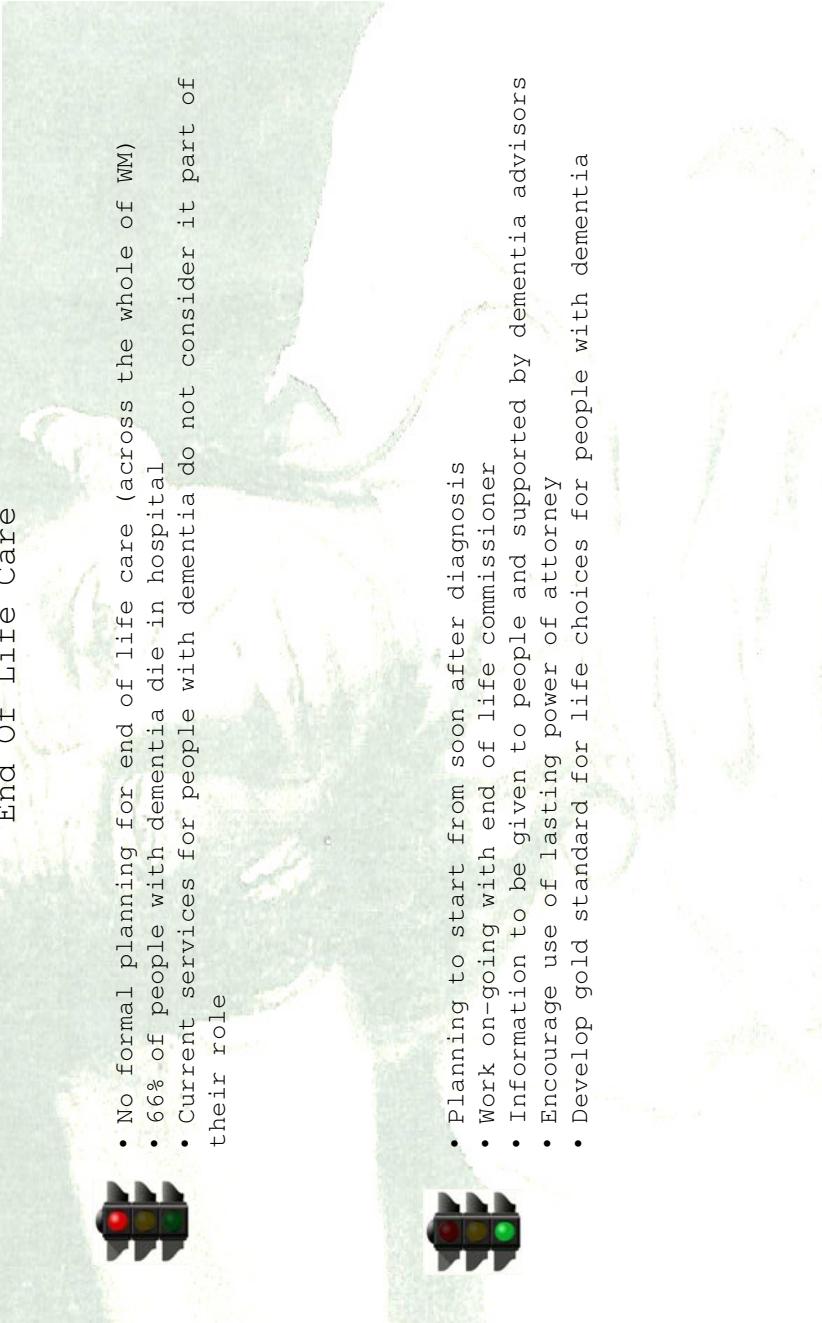
End Of Life Care



- No formal planning for end of life care (across the whole of WM)
- 6.6% of people with dementia die in hospital
- Current services for people with dementia do not consider it part of their role



- Planning to start from soon after diagnosis
- Work on-going with end of life commissioner
- Information to be given to people and supported by dementia advisors
- Encourage use of lasting power of attorney
- Develop gold standard for life choices for people with dementia





Walsall Council

NHS
Walsall



The journey to improved
dementia services in Walsall

Documents for Walsall Completed

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Gap Analysis

Mapping of dementia services

Walsall Pathways for people with dementia



The road to better dementia services in Walsall

Where we are at now!



Motivation to build bridges

Goscote : Housing 21

Established memory service

Joint commissioning

Young onset dementia

Net expenditure low for WM

Culturally appropriate services

Intermediate care & crisis service

Acute hospital & residential care

Fewer carers receiving service

Stigma, lack of training & information

GPs refer less than anywhere in WM

Walsall Dementia Strategy: Priority Areas

Quality, Innovation,
Productivity Gain,
Prevention, Partnerships

West Midlands
Quality Review
Service

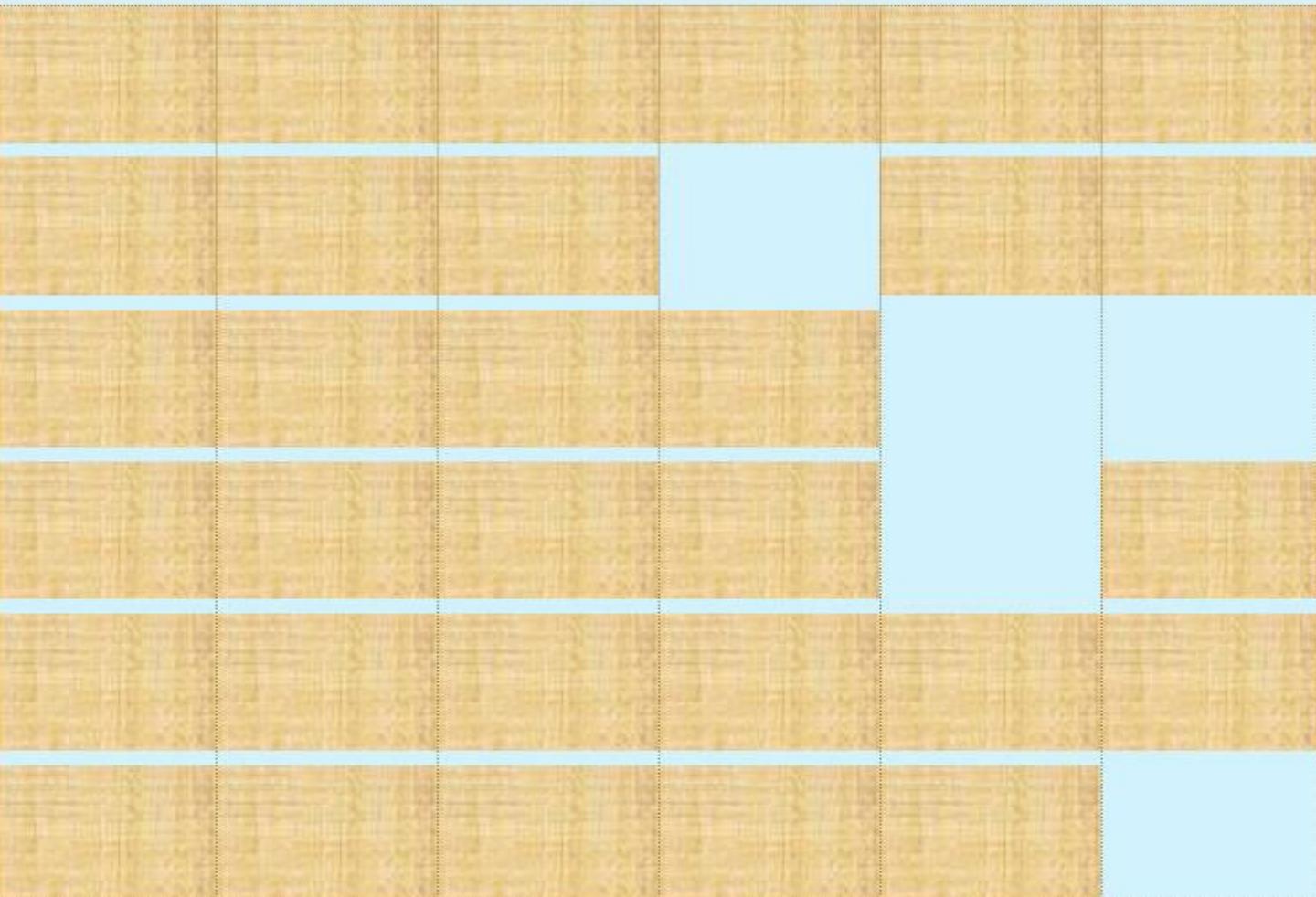
West Midlands
Dementia Darzi
Pathway

National Dementia
Strategy: Living Well
With Dementia

Demand & Capacity
Mapping, Baseline
and Gap Analysis

Dementia Matters:
Health Needs
Assessment

**Supporting
Documents /
Agencies**



Priority Areas for Walsall



Walsall Council

The priorities were drawn from the above documents



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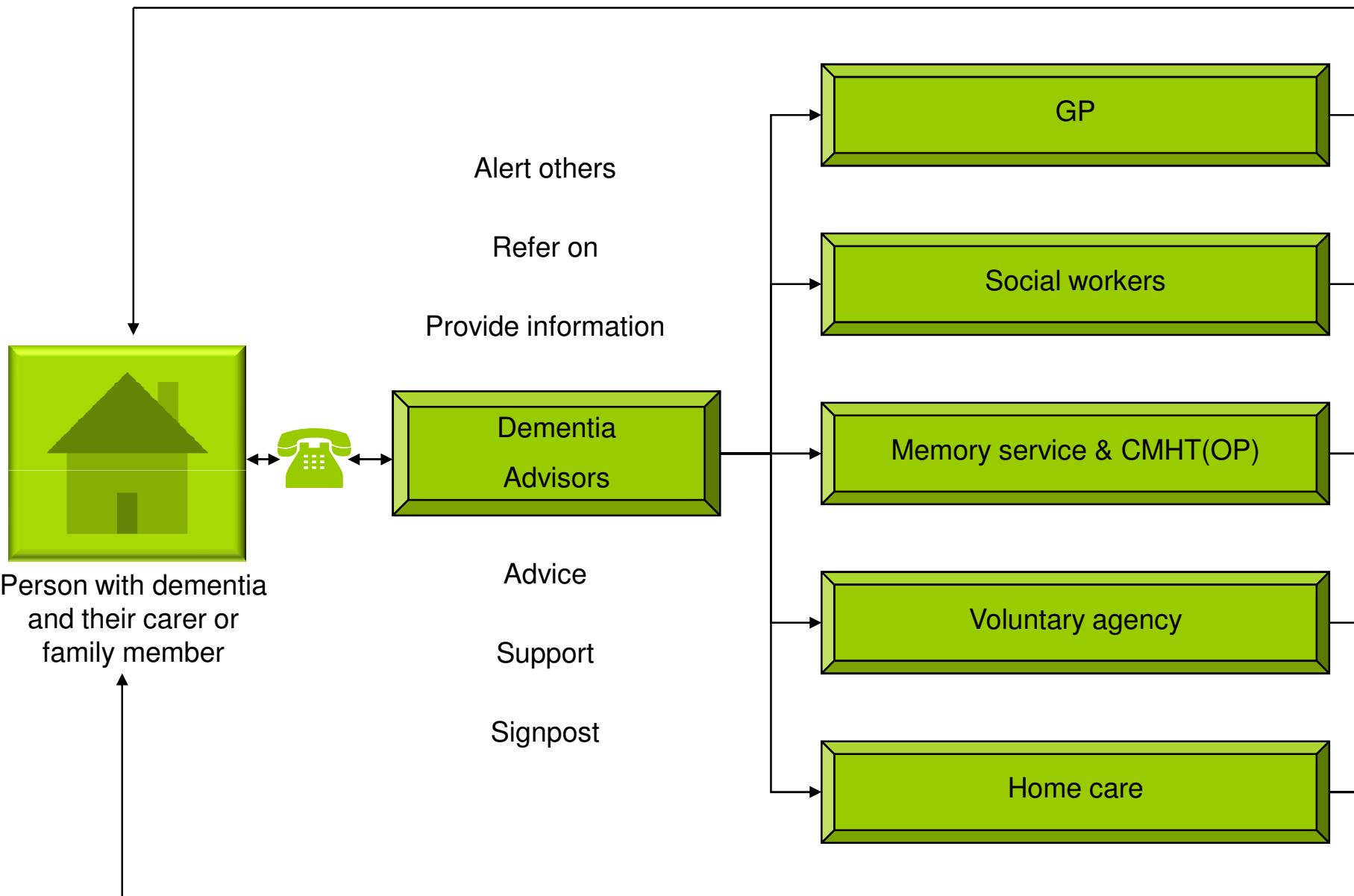


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Acute Hospital Care



- Up to 40% of people over the age of 65 may have an undiagnosed dementia
- In Walsall 250+ admissions of people with a diagnosis of dementia per year to the Manor Hosp. (150+ unplanned admissions to mental health wards)
- Use of security staff with people exhibiting behavioural problems
- No formal mental health liaison service for older people



- Training on dementia is now mandatory
- Level 3 (degree) module on dementia care for nurses developed with Wolverhampton University
- Development of protocol for people exhibiting behavioural problems
- New Cross Hospital developing package of care for SHA
- Dementia Care Programme Manager working with hospital managers re developing a liaison team



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Dementia Care Programme Manager
December 2009