

HEALTH AND WELLBEING BOARD

18 SEPTEMBER 2013 at 1.30PM

SUBJECT: DEMENTIA SERVICES IN HERTFORDSHIRE

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1. Purpose of Report

- 1.1. To present an outline of the current demographics, work programme and performance indicators relating to services in Hertfordshire for people living with dementia and their family carers – and to seek the support of the Board in driving forward this agenda to ensure people with dementia live well.

2. Summary

- 2.1. The number of people living with dementia is projected to double by the year 2020. Dementia has been chosen as a priority in Hertfordshire's Health and Wellbeing Strategy for 2013-16. Demographic changes within the county mean that some districts will have more families affected by dementia than others.
- 2.2. In order to meet future needs within reducing resources, health and social care services will need to:
 - Identify and diagnose people with dementia early, providing the best advice and information to support them and their families to live well independently for as long as possible;
 - Ensure that every interaction with the health and social care workforce is respectful of the person, their family and the issues they face; and
 - Change the services that are currently offered so that each one can be personalised for every individual's changing needs.
- 2.3. Health and social care partners must focus on developing this new approach for people living with dementia and take action within their organisations to achieve the objectives set out in the Health and Wellbeing Strategy.

3. Recommendations

- 3.1. That each organisation represented at the Hertfordshire Health and Wellbeing Board examines their contribution to the agreed strategy targets and takes positive action to ensure these are achieved.
- 3.2. That each organisation commits to review the support their organisations

provide for families and carers of people with dementia to ensure they are given the best information, advice, support and access to services to assist them in continuing in their caring role as long as they are willing and able.

3.3. That the Board adopts the following principles to instil dementia friendly communities throughout Hertfordshire:

- (i) We will encourage local communities to recognise the part they can play to help people with dementia and their carers to live well.
 - We want to increase the number of organisations signing up to the Dementia Alliance, to include all local NHS Trusts and CCGs, Hertfordshire County Council, District Councils and large providers/organisations of services to people with Dementia as a starting point by January 2014.
- (ii) We are committed to educate people in understanding that dementia is not just part of the ageing process and in some cases is preventable by promoting healthier lifestyles.
 - We want to introduce a public health programme targeted to those at risk to promote healthier living in identified districts.
- (iii) We will ensure that clinicians are confident in identifying people at risk so that they are diagnosed and receive interventions as soon as possible.
 - We want to prepare and offer a range of training solutions of varying levels to suit clinicians' requirements.
- (iv) We are committed to keeping people well and independent in their own home as long as it is safe to do so.
 - We want people to be informed and enabled to access a wide range of services in a timely and managed way to maintain their wellbeing and safety thereby avoiding crisis and emergency hospital admissions
- (v) We will achieve the same outcomes for people with dementia who are admitted into hospital as those without dementia.
 - We want to audit hospital admissions for people with dementia to identify the difference in outcomes and from this develop and agree a local plan to reduce this inequality.
- (vi) We are committed to ensuring that family carers of people with dementia feel supported and cared for.
 - We want to analyse the surveys being undertaken by local trusts in conjunction with Carers in Herts to improve carers' experiences.

4. Background

- 4.1. Primary care, in particular GP practices, refer people suspected of having dementia to a specialist early memory diagnosis and support service. GPs can identify and support family carers by signposting them to local services and by undertaking health checks to help maintain their well being. GPs will generally use a screening assessment tool to determine which people to refer and will undertake diagnostic tests to rule out any physical symptoms which may impair someone's cognition. GPs in Hertfordshire do not prescribe anti-dementia medication. This is currently prescribed within secondary care by HPfT.
- 4.2. HPfT is the specialist mental health provider and runs the Early Memory Diagnosis and Support Service (EMDASS). This service will confirm a diagnosis of dementia and provide support to the family including information and advice on dementia and on the range and type of local services available including those from the voluntary sector. The EMDASS service will initiate the prescribing of anti-dementia medication where appropriate and will monitor the progress in the early stages. After 38 weeks, care is delivered by the local specialist dementia community teams who will continue to prescribe and monitor the medication for on-going mental health needs along with the Intensive Outreach Teams (IOT). The IOT will provide home assessments and therapeutic interventions as required. HPfT also provide support to care homes and also directly provide 96 acute hospital beds for those people who have reached an advanced stage of dementia, with demanding or challenging behaviours and/or meet the NHS' Continuing Health Care (CHC) criteria.
- 4.3. For people with dementia, a hospital stay can be very disturbing. Local hospitals have introduced dementia champions and training to support clinical staff in better identifying people with dementia and meeting their needs. In addition HPfT provide a Rapid Assessment and Interface and Discharge (RAID) team within Lister and Watford hospitals based within their A&E teams to liaise and support hospital teams to identify and provide therapeutic interventions to support people with dementia and their carers.
- 4.4. Adult social care within the county council assesses people's needs in line with the principles of fair access to care eligibility criteria and will make available a range of services to meet these eligible care needs. This will typically include care within the home, getting people back home after a stay in hospital, supporting mobility and independence, using new technologies to keep people well and safe such as telecare, devices to switch off appliances, sensors and timers. Social care will provide a range of day services and transportation which people may wish to purchase or will provide funding through personal budgets for people to choose and purchase services themselves. In addition social care will also provide support to family carers and give information and advice on care, money issues, housing, keeping safe and well, emergencies and contingency planning. Social care will also provide information and support on residential and nursing care homes where staying in the family home is no longer safe.

5. System wide Challenges

- 5.1. The ageing population along with the increase of older people living with dementia presents a significant future challenge for the health and social care economy. It is estimated that the average cost of caring for a person with dementia is around £25,500 per year. 36% of these costs fall on family carers, 41% on accommodation based support, 19% on social care in the community and 8% on the NHS. Two thirds of people with dementia live in their own homes with many being supported by their family.

Table 9: Increase in people with dementia by district in Hertfordshire

District	2013	2014	2015	2016	Total	Growth %
St Albans	1,614	1,671	1,677	1,761	147	9%
East Hertfordshire	1,657	1,718	1,749	1,799	142	9%
Broxbourne	1,095	1,151	1,203	1,226	131	12%
North Hertfordshire	1,763	1,781	1,824	1,886	123	7%
Three Rivers	1,274	1,279	1,342	1,397	123	10%
Dacorum	1,823	1,866	1,873	1,941	118	6%
Hertsmere	1,388	1,409	1,447	1,490	102	7%
Welwyn Hatfield	1,435	1,427	1,445	1,525	90	6%
Stevenage	892	913	917	953	61	7%
Watford	884	884	901	938	54	6%

- 5.2. The areas of particular interest are St Albans, East Hertfordshire, Broxbourne, North Hertfordshire and Three Rivers – which will see the largest increase over the next 3 years and will require particular targeting of services.
- 5.3. The five priorities for action detailed in the Hertfordshire Dementia Strategy are set out below and the current gaps which exist are identified:

1. Raising Awareness:

- 3 Reducing vascular dementia (which accounts for 20% of cases) by identifying those at risk and focusing on changing their lifestyle. Adults aged 40-74 will be invited every five years for a health check to identify vascular risk factors as part of the Public Health programme. As part of the health checks for those aged 65-74 they will be offered advice and where appropriate referred to local memory services.
- 4 Increase the number of organisations signed up to pledges set out in the Dementia Alliance.

2. Early Diagnosis:

- 5 To help GPs better identify people at risk of dementia through increased training and use of toolkits.
- 6 To maximise the throughput of the EMDAS service by increasing the referral to diagnosis rate conversion ratio from 40%.

3. Improved Quality of Care in a Hospital Setting

- 7 To improve identification of people with dementia in hospital and ensure that people with dementia have the same outcomes as everyone else.
- 8 The hospital workforce is trained appropriately.

4. Living well with dementia in the Community and within Care Homes

- 9 To understand the diverse range of needs and how they affect people.
- 10 To ensure that a person centred approach is maintained with individualised care plans in place, moving away from diagnosis /labelling.
- 11 To reduce the over reliance of short stay residential care as an alternative to a community clinical assessment
- 12 To be able to offer valuable respite in people's own homes to reduce anxiety, provide better care and reduce the risk of residential care.
- 13 To challenge the public and care professional's perception that residential care is the only option.
- 14 To develop the dementia enablement model, with better management of need and support for carers which reduces dependence.
- 15 To better support of informal carers and understanding of their role working with adults with dementia. Projects such as 'Carer Friendly Community / Hospital' should support new ways of working with people.
- 16 A more robust and wide ranging Flexicare Housing service that is accessed at the right time as an alternative to residential care homes.
- 17 To improve the take up of direct payments with people with dementia and their carers, to offer more choice as real alternative option to day care.
- 18 To promote the use of Telecare and new technologies.

5. Reduce anti-psychotic prescribing

- 19 GPs to be offered extra training on how to review the use of anti-psychotics, particularly those attached to care homes.

6. Dementia and the Health and Wellbeing Strategy

- 6.1. The Hertfordshire Health and Wellbeing Strategy includes 'living with dementia' as one of its key priorities. The following indicators were originally agreed as measures of overall performance.

Table 1: HWBB Performance Indicators

Description	Target	Rating
1. Dementia Diagnosis Rates	To achieve 60%-70% Diagnosis Rate by end 2015.	On track
2. Anti-Psychotic Prescribing	To achieve a 10% reduction (with 2011/12 as baseline) for the next 3 years	On track
3. End Of Life Care	That 80% of people diagnosed with dementia offered an Advanced Care Plan	88%

- 6.2. **TARGET 1 - Dementia Diagnosis Rates:** The Hertfordshire target is that 60%-70% of people projected to have dementia are diagnosed by end of 2015. The current diagnosis rates given are based on data held on GP practice registers. That patient data has been collated as part of GP's Quality Outcomes Framework (QOF) for 2012/2013.
- 6.3. Hertfordshire sits just below the England national average in terms of its performance overall - however there is a difference between the two Clinical Commissioning Groups: East and North Herts CCG diagnose and record more

people on their practice registers currently that Herts Valleys CCG area.

Table 2: Hertfordshire Dementia Diagnosis Rates 2011/2012

Estimated Dementia Cases	E&N Herts CCG	Herts Valley CCG
People living in the community	4,559	4,289
People living in residential care	1,633	2,143
Total on the dementia register	2,782	2,693
% Diagnosis Rate 2011/2012	45%	39%
National Average Rate	46%	46%
Ranking out of 211 CCGs	123 / 211	190 / 211

- 6.4. These are based on QOF national figures and are published annually in October. The data for 2012 / 2013 will be published in October 2013. Tables 3 and 4 set out the trajectory for each CCG to achieve the maximum target diagnosis rate of 70% by the end of 2015.

Table 3. Herts CCGs The Estimated Position on Diagnosis Rates for 2011/12 are given below. This will be confirmed once the annual data is published nationally in October 2013

Area	2012 Prevalence	Estimated Dementia Register	Diagnosis Prevalence Rates
ENHCCG	6340	2961	46.7%
HVCCG	7144	2805	39.3%
Hertfordshire CCGs	13484	5766	42.8%

- 6.5. HPFT are reporting significant increases in the number of people being diagnosed this year compared to last year.
- 6.6. For East and North Herts CCG, the Early Memory and Diagnosis Support Service has made 249 diagnosis this year to date compared to 307 in total last year. The projected number of diagnosis for E&N Herts CCG for 2013/2014 is estimated at 617 which will mean an achievement of a Dementia Diagnosis Rate of 51% if the diagnosis feed through to practice dementia registers.
- 6.7. For Herts Valleys CCG, 240 diagnosis have been made to date compared to 253 for the whole of 2012/13. The projected number of diagnosis for Herts Valleys CCG for 2013/2014 is estimated at 594 which will mean an achievement of a Dementia Diagnosis Rate of 42%.
- 6.8. **TARGET 2 - Reduce prescription of anti-psychotic drugs:** The Hertfordshire target is that drugs prescriptions are reduced by 10% for the next 3 years. Psychosis is relatively rare in dementia compared with the absolute level of prescribing and it is clear that these medications are being prescribed to deal with BPSD (Behavioural and Psychological Symptoms in Dementia) in a more general sense, for behaviours including agitation, aggression, wandering, shouting, repeated questioning and sleep disturbance as opposed to the psychosis itself. Anti-psychotics can also have significant side effects which can lead to complications further reducing an individuals' quality of life.

- 6.9. In early 2012 the Primary Care Trust PRIMIS facilitator teams went into GP practices in Hertfordshire to gather information on the prescribing of anti-psychotics to people with dementia. All participating practices were subsequently written to about the findings. The survey has been repeated in 2013 enabling a comparison of the two years activity.

Table 5: Hertfordshire CCGs - % of people with dementia prescribed Anti Psychotics by GPs

	2012			2013		
	No with dementia	No receiving anti psychotic in the last 12 months	%	No with dementia	No receiving anti psychotic in the last 12 months	%
East & North Herts CCG	2239*	361	16.1%	2840*	430	15.1%
Herts Valleys CCG	1602	364	22.7%	2315	489	21.1%

- 6.10. **TARGET 3 - End of Life Care:** The Hertfordshire target is that 80% of people diagnosed with dementia are offered an advanced care plan. As at April 2013, 88% of people diagnosed were offered an advanced care plan.

- 6.11. In order for people with dementia and their carers to make meaningful and informed choices about planning for end of life requires decisions to be made whilst people still have capacity and capability to do so. This is a very sensitive and emotive subject which. Soon after diagnosis is considered the optimal time to sensitively offer people and their families the chance to begin to have these discussions, supported by HPFT and the Alzheimer's Society.

- 6.12. Other Key Performance Indicators: In addition to the Health and Wellbeing Strategy indicators, additional indicators are in place across health and care.

Description	Target	Rating
EMDASS Waiting Times	90% of people seen within 6 weeks	
E&N Herts Trust CQUIN 1	Screening of Patients over 75 for Dementia	
E&N Herts Trust CQUIN 2	Named Dementia Champion and Training	
E&N Herts Trust CQUIN 3	Carers Feel Supported	
West Herts Trust CQUIN 1	Screening of Patients over 75 for Dementia	
West Herts Trust CQUIN 2	Named Dementia Champion and Training	
West Herts Trust CQUIN 3	Carers Feel Supported	
HCT CQUIN 1	Named Dementia Champion and Training	
HCT CQUIN 2	Carers Feel Supported	
Care Homes	60 Care Homes to be dementia accredited	
Nursing Homes	4 Nursing Homes to be dementia accredited	
Home Care	Avoid use of 15 minute calls for dementia	

- 6.13. **Nursing Homes and Care Homes:** At present 55 Care Homes have been accredited. There have been a number of care homes who have lost their accreditation to which has led to the target not being achieved. Increased training and monitoring of care homes and nursing is being stepped up. Three Nursing Care Homes are currently accredited and further training is being

identified. Alongside the above Hertfordshire has received a £420K grant. Projects have been set countywide to improve the living environment for people with dementia within care homes using this grant.

- 6.14. **Care and support in the home:** The council has an ambition to reduce the number of 15 minute homecare calls for people with dementia. The following year on year targets have now been set to ensure that the use of 15 minute calls for dementia care are eliminated by 2015.

Current Q1 2013/14	March 2014	Target 2014/15	Target 2015/16
36% of calls	25%	15%	0%

- 6.15. It is encouraging that the overall trend for use of 15 minute calls for people with dementia has been decreasing. By the end of Q4 2012/13, 41% of homecare calls for dementia care were 15 minutes. This has reduced to 36% at the end of Q1 2013/14. Telecare solutions are also being tested as an alternative for some 15 minute calls along with increased use of voluntary sector for non personal care visits.
- 6.16. **Specialist enablement service for people with dementia:** The council is working with the existing provider of the countywide enablement service to pilot a specialist service for people with dementia in North Hertfordshire. The aim of this pilot is to test out a more flexible model to enable care and support for people with dementia to be provided in a more responsive and person centred way – using workers who have specialist dementia training. The model will enable the provider to work with the service user and their families to review and plan care, this may include varying the time and nature of the care visits. Focus will be on the overall outcomes desired, rather than traditional tasks that need to be achieved. The pilot will commence in October 2013, with an initial cohort of 20 service users.

