

Improving Outcomes for People with Dementia in east Kent

Purpose of Paper

This paper provides Members with a first briefing of a number of proposed changes to services in east Kent which will increase access to community support for people with dementia and their carers and has the aim of delivering care as close to home as possible and reducing the need for a hospital admission.

The proposals outlined in the paper are consistent with the National Dementia Strategy and the work being undertaken by Kent County Council's Dementia Select Committee.

Introduction

Dementia is one of the main causes of disability in later life it has a huge impact on capacity for independent living. Dementia is estimated to cost £17 billion per year in the United Kingdom. It is predicted that there will be a doubling, possibly trebling of the number of people who have dementia in the UK over the next 30 years. Dementia costs the health and social care economy more than cancer, heart disease and stroke combined. (Dementia UK: Full report, Alzheimer's Society, 2007, London)

Dementia has a devastating impact on those affected and their family carers. Because of the human impact, the growing numbers and increasing costs, dementia presents a significant and urgent challenge for both health and social care.

This increasing demand is set in the context of a health and social care community which is seeing its resources increasingly under pressure. There is therefore the need to find opportunities to drive up productivity in the services available in addition to looking to improve quality outcomes for individuals by lengthening the time people maintain their independence so delaying and reducing the need for health and social care intervention.

It is estimated that there are currently 9,200 people in east Kent with dementia. This is expected to rise to 15,300 by 2026 with the greatest increase occurring in the over 85 age range. This will mean that a significant number of people with dementia will be frail older people who are also likely to have one or a more physical illnesses or disabilities, eg arthritis, diabetes, etc.

Approximately two thirds of people with dementia live in the community, with or without a carer and one third live in care homes. In the survey, "Support, Stay, Save" (Alzheimer's Society, 2011), 83% of carers and people with dementia said that being able to live in their own home was very important to the person with dementia.

Familiar environment, familiar carers and established daily routines are critical in supporting a person with dementia to keep their independence and to help them to be happy and free from stress or anxiety. Hospital wards in particular are busy clinical environments with lots of different people and set ward routines and procedures. Removing someone with dementia from their familiar environment, whether this is their home or a care home, very often increases their confusion and their levels of anxiety both of which have a direct effect on their wellbeing and their recovery. People with dementia are also much more likely to be discharged to a care home following a hospital admission rather than return to their own home as they are likely to lose some of their independence or ability to do things for themselves and are not given the opportunity to undergo a period of rehabilitation.

Our vision in east Kent is:

- To ensure that people with dementia receive timely diagnosis and support that promotes their independence and helps them to 'live well' with dementia, and that all services and support are provided to the highest possible standards; promoting dignity, choice and respect.
- To increase awareness of dementia, improve early detection and diagnosis and support people to live well with dementia.
- To ensure that there is sufficient capacity in community based services so that people with dementia and their carers are well supported and independence is maximised for as long as possible

Current Service Provision and Performance

The Kent and Medway Partnership Trust (KMPT) is currently the main NHS provider of dementia services in Kent and Medway and provide the following inpatient and community services in east Kent.

| | District | | | | | |
|---------------------------|--|----------------------------|--|---------|-------|---------------------|
| | Ashford | Canterbury | Dover | Shepway | Swale | Thanet |
| Acute and Assessment Beds | 20 beds (WHH site) | 30 beds (St Martin's site) | No beds located within these localities. | | | 26 beds (QEQM site) |
| Community Services | Each district has a community mental health team for older people (CMHTOP) which also includes a Home Treatment Service whose aims are to keep people in their own homes and avoid hospital admission where possible and to help facilitate discharge. | | | | | |

In comparison to west Kent and Medway there is a higher ratio of mental health inpatient beds for older people in east Kent:

| | East Kent | West Kent | Medway |
|--|----------------|----------------|----------------|
| Population | 748,000 | 680,000 | 272,000 |
| Number of beds (NB both organic and functional beds) | 76 | 32 | 10 |
| Beds per 10,000 pop | 1.01 | 0.47 | 0.36 |

The introduction of the home treatment service in 2007/08 and improvements in the admission and discharge processes within KMPT has meant that performance data

for this financial year has shown occupancy rates of between 84-87% (target 85-90%). This has resulted in a number of vacant beds across all units. As a first step towards the delivery of an enhanced community model, it is proposed to consolidate the vacant inpatient beds to reflect the current activity and usage of the beds which has been sustained for a considerable period. This will mean that 15 beds, (Edmund ward, St Martin's), will remain out of use. This will also allow staff to be redeployed across the remaining wards enhancing the staffing levels on these wards and therefore reduce the need for agency and bank staff. The consolidation of these vacant beds on the Canterbury site will not have any direct impact on patient's access as a service will be retained on all of the three existing sites. Of course if it can be evidenced that this process is impacting on other parts of the health or social care system, consideration will be given to reinstating these beds.

The inpatient wards on the St Martin's site, although refurbished a number of years ago, offer a less than optimal inpatient environment. Also, planning permission was only granted for a temporary period. This adds to the argument for identifying alternatives for service delivery.

Re-focussing the Balance of Service Delivery

This paper provides an overview of the proposed next steps towards re-balancing the focus of service delivery by increasing resources for community support, and refocusing the capacity of inpatient staff and services. It is anticipated that the initiatives outlined below, will enable more people to be supported at home (whether their own home or a care home) and reduce reliance on acute inpatient care.

The three core elements in the delivery of this strategy are:

- **Dementia Crisis services.** Implementation of a 24/7 crisis response for people with dementia and their carers that supports home treatment and therefore avoids inappropriate hospital admission. This will be modelled on the service already provided in west Kent which provides support to people with dementia and their carers. The service provides support to service users and carers where an emergency response is needed, which could be to the service user or to the carer where the caring situation has broken down. The provision of this service will reduce hospital admissions, enhance management of crises and improve outcomes for service users and carers, including unnecessary admissions to both mental health and acute trust hospital services.
- **Enhanced Home Treatment Services (HTS)** for people with dementia. This service provides specialist mental health intensive care for people with dementia and their carers at the point where the care situation is breaking down or to promote timely discharge from acute mental health inpatient services to the most enabling care environment. Overall the services improve the quality of living for the service users, their family and paid carers. The proposal is to revise service eligibility criteria to enable urgent and emergency referrals to be responded to by a local HTS and will provide follow up support where the crisis service has been called out. The service will also provide improved and targeted support for residential and nursing care home providers.
- **Reconfiguration of OPMH Acute service.** The introduction of the above services will also allow for a review of the function, number and location of

inpatient beds for older people with mental health needs, to ensure optimum use of beds and ensure home treatment is considered as a first option wherever this is considered to be appropriate.

Engagement and Consultation

A stakeholder steering group has been established to oversee the implementation of the crisis service and the enhanced home treatment service. Early planning for the crisis service has been influenced by work with staff, service users, carers and the voluntary sector.

It is acknowledged that any significant changes to inpatient provision will require a period of formal consultation. If these plans are approved by the relevant committees and boards, this will commence in the New Year.

In advance of the formal consultation, work will be undertaken to develop the options for the proposed inpatient reconfiguration which will be to be used in the formal consultation process. These options will be developed in conjunction with all relevant stakeholders including service users and carers. HOSC members are invited to be part of this process.

These options will be shared with the Health Overview and Scrutiny Committee once they have been fully worked up. In the interim, Members are invited to undertake 'fact finding' visits if this would be helpful to find out more about how the current home treatment services work and to see the existing inpatient services. To arrange this or to be part of the options appraisal process, please liaise with Su Brown or Sara Warner at NHS Kent and Medway.