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To: Kent Health and Well Being Board May 2012

Subject: Progress Report and Commissioning Plans for Dementia 2012-13

Classification: Unrestricted

## **1. Recommendations**

(1) The Health and Well Being Board is asked to note the progress against the Integrated Commissioning Plan for Dementia (appendix 3) to improve the outcomes for people with dementia and their carers.

(2) The Health and Well Being Board is asked to consider what more can be done to meet the Prime Minister's Challenge in particular the challenge to develop dementia friendly communities across Kent

## **2. Introduction**

(1) Dementia is one of the main long term conditions of later life and it has a huge impact on capacity for independent living. Dementia is estimated to cost over £19 billion per year in the United Kingdom and it is predicted that there will be a doubling of the number of people who have dementia in the UK over the next 30 years.

(2) This report aims to update the Health and Well Being Board on:

- Needs analysis in relation to dementia in Kent – appendix
- Achievements to date
- Gaps identified
- The integrated commissioning plan for dementia – appendix 3

(3) The Prime Minister recently published his Challenge on Dementia, this set down a number of areas for action to make life better for people with dementia and their carers. The Challenge focused on three key areas:

- Driving improvements in health and social care
- Creating dementia friendly communities that know how to help
- Better research.

(4) This report will consider how we are addressing these areas in our commissioning plans but will also seek the views of the Health and Well Being Board to see what more we can do in Kent to meet the Challenge.

(5) Whilst considerable progress has been made in redesigning services in order to re-invest in more universal preventative and early intervention support there remains a significant challenge to ensure that the growing number of people who will develop

dementia over the coming years will be well supported and can continue to enjoy life with their dementia.

(6) The plans are in line with the National Dementia Strategy and also take account of the Kent Select Committee on Dementia.

### **3. Relevant priority outcomes**

(1) It is important for the Health and Social Care economy in Kent that plans continue to focus on prevention and early intervention as the consequence of people with dementia and their carers not being well supported leads to earlier admission to residential care and inappropriate hospital admissions which frequently lead to exacerbation of the condition resulting in earlier reliance on either residential or nursing care home provision. The impact of this cycle of events is not only distressing to families but also greater financial cost to the NHS and Kent County Council.

(2) It is also important that dementia is seen and treated as a long term condition which is managed in primary care with access to good quality universal community services with support from specialist services as needed. An integrated approach to the provision of services is fundamental to the delivery of high quality care to people with dementia. The work that is being led through the Health and Social Care Integration Board will be important to ensure integration between health and social care but equally important is joined up working with the independent and voluntary sector to ensure integrated care across all providers and all stages of the pathway of care.

### **4. Financial Implications**

(1) Both the NHS in Kent and Kent County Council will need to invest in community support to meet the challenge of the increasing demographic needs. The majority of spend in relation to people with dementia is in bed based services, i.e. residential care for the Local Authority and hospital and NHS continuing care for the NHS, in order to make the necessary investments it will be important to take action which will reduce or delay reliance on bed based services.

(2) An estimate of expenditure is given in appendix 2. Due to the low formal diagnosis rates (currently only 38% of people in Kent expected to have dementia have a formal diagnosis) and the lack of use of diagnosis codes which would identify people with dementia using services it is difficult to say with accuracy the actual current cost of services used by people with dementia in Kent. Furthermore this only represents the cost of dedicated dementia services and not the whole range of mainstream services accessed by people with dementia.

(3) Further work would be required to get a more accurate forecast of costs across the health and social care economy.

(4) The financial implications of not taking action are significant, as noted in the Prime Ministers Challenge. Whether or not we can track the costs accurately at this stage in Kent, we know from national studies that people with dementia are likely to occupy 25% of hospital beds (Counting the Cost, Alzheimer's Society) and that when they are admitted to hospital their condition is likely to be exacerbated and end up on average staying much longer than other patients. Depending on the condition being

treated, people with dementia may stay on average between 14 and 29 days longer. Significant savings could be made by reducing the length of stay in hospital. We also know that people with dementia will account for around 40 % of admissions to care homes. A key focus of our commissioning plans is early diagnosis and intervention with easy access to information, advice and range of community support to avoid inappropriate hospital attendance / admission and delay admission to care homes, thus reducing the financial impact of dementia and ensuring that our financial resources can be released to support people to live well with their dementia.

## **5. Legal Implications**

(1) Key areas of legislation that would be important in this area would be the Equality Act 2010 – ensuring that people who receive services are treated equally, currently there is evidence that some older people and particularly those with dementia do not always get treated with the dignity and respect that they deserve (Care Quality Commission – Dignity and Nutrition Inspection in Older People).

(2) Carer's legislation also places a requirement to ensure that carer's needs are assessed and access to appropriate support is available. The plans that are currently being developed jointly by KCC and the NHS for carers services aim to address these areas.

(3) Under the Mental Capacity Act (MCA) it must not be assumed that people with dementia cannot make decisions without a proper assessment of their capacity, thus it is important that services focus on maintaining independence. Organisations have a requirement to ensure their staff is fully aware of the MCA and can make assessments.

## **6. Purpose of report**

This report aims to update the Health and Well Being Board on:

- Needs analysis in relation to dementia in Kent;
- Achievements to date
- Gaps identified
- The commissioning plan
- Consider areas for further action to meet the Prime Minister's Challenge.

### **6.1 Strategic Vision**

The vision for people with dementia in Kent is *that people with dementia receive timely diagnosis and support that promotes their independence and helps them 'live well' with dementia, and that all services and support are provided to the highest possible standards: promoting dignity, choice and respect.*

#### **6.1.1 Needs analysis of dementia in Kent**

(1) An extract from the Joint Strategic Needs Assessment is given at appendix 1. This shows that over the 20 year period from 2006 to 2026 the number of people estimated to have dementia will increase from 17,400 to 30,100, a 73% increase in the number of people with dementia in the population of Kent. The largest increase will be in those people aged over 85 who are also likely to have other long term

conditions. It is expected that the >85 yrs population in Kent with Dementia will rise by more than 100% in 2030, ranging from 70% in Thanet to 140% in Swale.

(2) Those districts which will see the largest increases include: Shepway, Swale, Sevenoaks, Tonbridge and Malling and Tunbridge Wells.

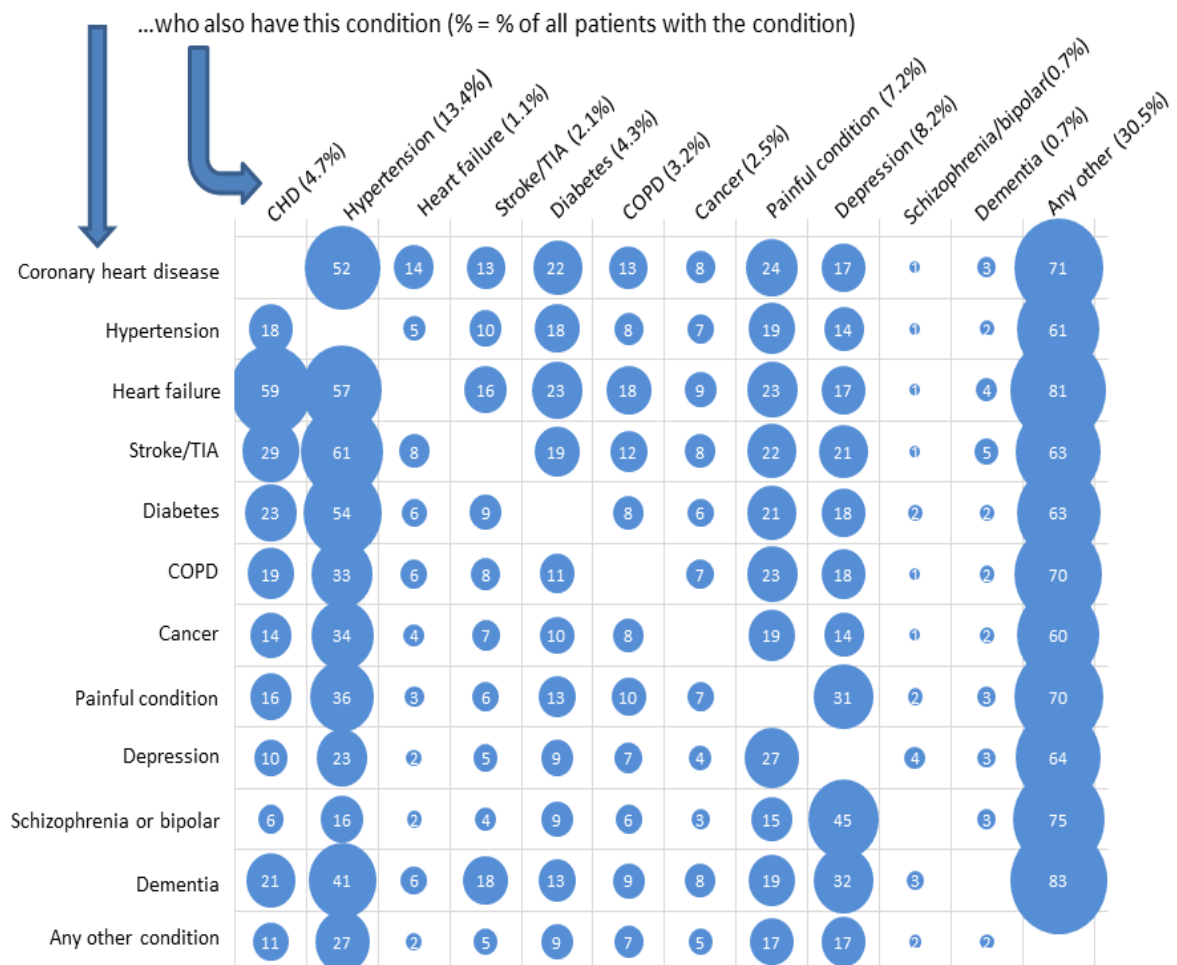
### 6.1.2 Risk stratification to support dementia mapping

(1) The rationale behind developing a methodology for risk stratification which includes patients with Dementia, is to manage long term conditions effectively and improve outcomes for patients.

(2) By managing risk of the most vulnerable people we can then predict who is at risk of emergency admission to hospital and take action to avoid unnecessary and costly secondary care episodes. Traditionally Long Term Conditions (LTC) has not included dementia but there is now a growing body of evidence that is highlighting the need to address co-morbidities rather than just single disease issues.

(3) One of the reasons for this is that the majority of people with LTCs usually have two or more rather than a single condition. For example in a recent Scottish study (Mercer, Guthrie and Wyke, University of Glasgow 2011) it was found that only 5% of people with dementia had only dementia and only 14% of people with diabetes had only diabetes.

% of patients with this condition...



(4) There is now overwhelming evidence that people with long term conditions place disproportionate pressure on current health and social care services. People with LTC (around 29% of the population) use 50% of GP appointments; 58% of A&E attendances; 59% of practice nurse appointments; 64% of outpatient appointments; and 70% of inpatient days. (LTC Conference 2012).

(5) Multi-morbidity is becoming the norm, with the majority of over 75's having three or more LTCs. It has also been forecast there will be a 60% increase in people with three or more LTC over the period 2006 – 2016. The expected growth in LTC and in the number of older people in Kent, mean our current system is unsustainable. More positively, better targeted services as a result of risk stratification is associated with improved patient outcomes especially for patients with LTCs that include Dementia. Further, enhanced targeted assessment is associated with improved mortality and physical function after 1 year.

(6) More generally, the potential for financial savings, particularly to health, from an effective LTC strategy combining risk stratification, integrated teams and self management in Kent and Medway would be significant. Thus it is important that dementia is seen and treated as a long term condition.

**6.2 Achievements to date**

A number of steps have already been taken to set the framework in place for meeting the strategic vision, these are fully documented in appendix 3 in the Integrated Commissioning Plan. Achievements of note include:

| <b>Objective</b>   | <b>Achievement</b>  |
|--|---|
| <b>To raise public and professional awareness about and reduce stigma associated with dementia in order to encourage people to seek a memory assessment.</b>         | Dementia web and 24 hour helpline in place, Web gets approx 5000 visits per month.  |
| <b>To ensure that people with dementia and their carers are well supported in the community and are able to maintain their independence for as long as possible.</b> | Investment in peer support and dementia cafes across the county – now available in every locality.  |
| <b>People feel well supported through a crisis without resorting to unplanned admission to either hospital or care home.</b>   | Establishment of crisis support service that will extend across the county. West Kent scheme has supported 260 people in a year. In first year prevented 69 hospital admissions and 92 care home placements.<br><br>Reduced reliance on acute mental health beds, East Kent beds already reduced from 91 to 61 with further reduction of 16 beds planned. West Kent beds reduced by 57 beds since 2008. |

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|---|--|
| <p><b>People feel well supported in the community through access to a range of day support and short breaks.</b></p>                                      | <p>Broadmeadows unit based in Shepway (takes referrals from east Kent). 8 bedded short stay unit and day care (open 7 days a week) helps to maintain people in the community through periods of difficulty and change. In the first 3 months of its operation 20% of the admissions were an alternative to hospital admission and 76% of people returned home.</p> |
| <p><b>To ensure that people with dementia who are cared for in care homes receive good quality care and have their privacy and dignity respected.</b></p> | <p>A range of initiatives have started to support care homes, e.g. training programmes (My Home Life, Dementia Care Mapping) and support around end of life and interventions to reduce hospital admissions.</p>   |

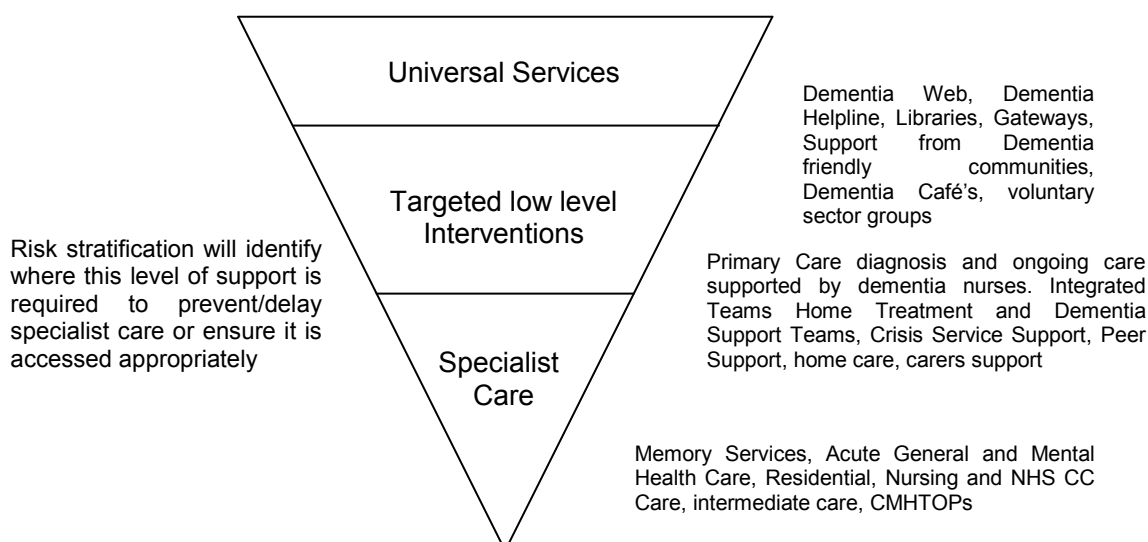
### 6.3 Pattern of current and future services - shifting the balance from specialist high cost services to universal integrated support

(1) Previously dementia services have been the province of specialist mental health services and whilst these still have an important role to play in sharing their skills and expertise and to provide specialist care for people with acute and complex needs, there is a need to shift the balance to more integrated care in the community close to primary care and care in the home which sees dementia as a long term condition. An integrated approach to the provision of services is fundamental to the delivery of high quality care to people with dementia.

(2) The diagrams in appendix 4 aim to demonstrate the shift that is required and the commissioning plans show the investment that is being made in community support to enable people to feel well supported and to live well with their dementia.

(3) The diagram below shows the alignment of our services to the inversion of the triangle of care described in appendix 4.

#### The triangle of care



## 6.4 Action taken to address identified gaps

Various approaches have been taken to gathering the views of people with dementia and their carers about their experiences and views of services:

- Consultations on change of service
- Social Innovation Lab, Kent (SILK) Co-production work
- Care Quality Commission (CQC) Dignity and Nutrition inspection in hospitals
- National Audit of Dementia in hospitals – Royal College of Psychiatrists.

| <b>What people want</b>  | <b>Gap</b>  | <b>Action</b>  |
|--|---|--|
| <b>Consultations on change have said that people want access to short term breaks and support in a crisis</b>                                      | No crisis service in east Kent<br>Lack of short term breaks   | Established a crisis support service in west Kent and plans are in hand to introduce a similar service to east Kent in 2012<br>Carers workstream to redesign and commission new support arrangements for carers in progress to tender and new pattern in place by 1.4.13.<br>Increasing access to personalised short breaks in partnership with KCC through Carers work. |
| <b>The SILK work found Some people have reported that their GPs do not understand and that it takes persistency to get referred for diagnosis.</b> | Lack of support for GPs to carry out pre-diagnostic tests in primary care. Current rate of diagnosis is 38% of people expected to have dementia across Kent and Medway. | Working with Kent and Medway Partnership Trust to Clarify the diagnosis pathway under Payment By Results and to shift support to primary care to enable easier access to early diagnosis with aim to increase diagnosis rates to 50% by 2014 and 60% by 2015.  |
| <b>SILK work identified that some people do not feel well supported after their diagnosis</b>  | Lack of ongoing support from community groups and access to carers support and guidance   | Peer support groups and dementia cafes extended to every locality across Kent from May 2012.<br>Carers education programme to be commissioned by 31.10.12.   |
| <b>The CQC inspection in 2011 found Darenth Valley Hospital in Kent was lacking in the standard of care provided to older people</b>               | People with dementia need more support in unfamiliar hospital environments and hospital routines.   | Dementia Buddy project being introduced to DVH 01.06.12  |
| <b>All acute Trusts took part in the National Audit of Dementia by the Royal College of</b>  | Not all people with dementia identified in hospital and not all their needs being met.  | All acute Trusts developed action plans, dementia champions identified, new national dementia CQUIN  |

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|---|---|---|
| <b>Psychiatry which looked at the quality of care and the use of anti-psychotic medication for people with dementia.</b>                      |   | (payment for quality and innovation) is being implemented across all Acute and Community Trusts to ensure that all people with dementia identified and referred for diagnosis.                                    |
| <b>People with dementia stay longer in acute general hospitals, people want good quality care and to be able to move on more quickly.</b>     | No shared care wards (i.e. general/OPMH), access to intermediate care limited, need extra support post discharge. | Discussions starting re shared care wards. Intermediate care review will examine barriers to ITC for people with dementia. Dementia Support Service in WK and Active Care Force in EK for post discharge support. |
| <b>The Prime Minister's Challenge identified the need for dementia friendly communities</b>   | How will we identify dementia friendly communities?   | Some work in the commissioning plan will contribute to this e.g. work with Libraries. How can the HWB support the development of dementia friendly communities?   |
| <b>A well trained workforce across all health and social care sectors who have the skills and compassion to support people with dementia.</b> | Gaps in the skills of staff are evident across all sectors, especially to support people with complex needs.      | Dementia care mapping being extended to care homes, Home Treatment Service in EK being extended to provide guidance to care homes and home care agencies. Dementia awareness programmes started in hospitals.     |
| <b>People want to stay at home for as long as possible and safe to do so.</b>   | Use of tele-technology to support people at home.   | KCC buying into tele-technology to support people with dementia at home (e.g. Just Checking) but other options as technology advances need to be considered.  |

## 6.5 Integrated Commissioning Plan

(1) The plan recognises that dementia requires a multiagency approach to ensure that people have access to a range of treatment, care and support which they need in order to live well with their dementia. Areas of joint working are included in the plan but there will be additional areas e.g. community safety, housing and dementia friendly communities which are not fully covered in the plan.

(2) The Prime Minister's Challenge set out a number of areas where further action is required. This plan includes a range of actions which seek to address these challenges. One such area is the need to increase diagnosis rates, which currently stand at 38% across Kent and Medway, the plan sets out a number of actions which will contribute towards increasing the diagnosis rates, which we are aiming to increase to 50% of prevalence rates by 2014 and 60% by 2015.

(3) The top level objectives in the plan are:

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|--|---|
| <b>What are we aiming to achieve?</b>  | How we will know when it has been achieved.   |
| <b>To ensure that our future plans are robust and take account of the impact of the future increase of dementia on health &amp; social care services and which enable the system to move away from reactive/treatment to pro-active preventive system.</b> | A methodology that will correctly estimate the amount of unscheduled health & social care spend that could be avoided with appropriate investment in primary and community services.                  |
| <b>To raise public and professional awareness about and reduce stigma associated with dementia in order to encourage people to seek a memory assessment.</b>   | There will be an increase in the number of people being referred to memory services and the number of people appearing on the GP Quality Outcome Framework (QOF) registers will increase.             |
| <b>To increase the number of people with a diagnosis of dementia and to increase the number of people receiving an early diagnosis and treatment.</b>  | Increase in number of people with a diagnosis appearing on QOF registers to 50% of prevalence rates by March 2014 and 60% by 2015.  |
| <b>To ensure that people with dementia and their carers are well supported in the community and are able to maintain their independence for as long as possible.</b>   | Reduced admissions to care homes and reduced inappropriate admissions to hospitals. Integrated health and social care teams in place supporting people with dementia as part of long term conditions. |
| <b>To ensure that people with dementia who are cared for in care homes receive good quality care and have their privacy and dignity respected.</b>   | Reduction in inappropriate hospital admissions, good reports and reviews.   |
| <b>When a person with dementia is admitted to an acute general hospital, they have their privacy and dignity respected and staff have the right skills to provide good quality care.</b>   | Excellent CQC results, CQUIN standard met and Enhancing Quality standards met.  |
| <b>To ensure that people with dementia are well supported through end of life.</b>   | Reduction in number of people with dementia dying in hospital.  |
| <b>To ensure that carers of people with dementia are well supported in their caring role and their own needs are met.</b>  | Increase in number of carers reporting that they feel well supported.   |
| <b>To ensure that services are able to meet the needs of specific groups,</b>  | Range of support options in place to meet different needs.  |

|  |  |
|--|--|
| <p>e.g.</p> <ul style="list-style-type: none"> <li>• <b>People with young onset dementia.</b></li> <li>• <b>People from BME communities.</b></li> <li>• <b>People with Down's syndrome.</b></li> <li>• <b>People with sensory loss.</b></li> </ul> |  |
|--|--|

(4) The plan has been structured to ensure a holistic and comprehensive approach is taken to addressing all the stages from awareness raising through living well with dementia to ensuring good support at end of life. The plan is consistent with the National Strategy for Dementia and the recommendations of the Kent Select Committee.

(5) The Integrated Commissioning Plan is attached at appendix 3.

## **7. Consultation and Communication**

(1) The Dementia Collaborative is well established in Kent. This forum brings together statutory partners together with the independent and voluntary sector, research and educational representatives. This forum scrutinises plans, shares best practice and developments to ensure that there is multi-agency engagement with dementia plans and developments in Kent.

(2) A range of consultations and communications have either taken place over recent times or are taking place in 2012-13:

- 2009/10 – West Kent PCT consulted on changes to in-patient services and service redesign, which resulted in fewer acute mental health beds for people with dementia and introduction of Crisis Response Service;
- Throughout 2011 – various awareness raising articles in local media;
- July, September and December 2011 – multi-stakeholder workshops preparing for the redesign of services in east Kent;
- October 2011 to Jan 2012 - SILK co-production work;
- March – April and Autumn 2012 – planned media campaign to raise awareness of dementia and support available through all stages;
- April – June 2012 – formal public consultation for the redesign of Older People's Mental Health Services in east Kent;
- Throughout 2011 – various events regarding the Kent Carers plans.

(3) Kent Link have been involved in a number of the events mentioned above and are always consulted on major developments.

(4) It is likely that a continued public awareness campaign will be required over the period of the commissioning plan to reinforce messages. A range of media will be used to gain maximum impact, e.g. news articles, radio presentations, public meetings, GP and Hospital screens, adverts on buses. In addition the Alzheimer's Society's bus has been visiting Tesco stores across Kent.

## **8. Risk and Business Continuity Management**

(1) The key risks of not going forward with the Integrated Commissioning Plan is that Kent will be unprepared for the increase in demand upon its services from the

growing number of people with dementia. Without shifting the balance from high cost bed based services to lower cost universal early intervention services the current pattern of usage and expenditure will not change leading to the risk of unaffordable services which do not meet people's needs.

(2) The Integrated Commissioning Plan attached at appendix 3 to this document offers a way forward to turn around the pattern of support in Kent and to mitigate these risks.

## **9. Sustainability Implications**

The thrust of the strategic direction is focused on sustainable early intervention services that are delivered close to home and encouraging self supporting communities. Together these will reduce reliance on specialist high cost services which are likely to be delivered in centres at a greater distance from people's homes. The longer people can be supported to be independent, e.g. through the use of technology, and remain within their own community will improve the sustainability of the delivery of care.

## **10. Conclusion**

(1) The number of people with dementia is likely to double over the next thirty years, with the greatest increase being experienced by people aged over 85 as the number of people living longer increases. These people are likely to have other long term conditions in addition to their dementia.

(2) There are a number of areas where we need to do more to ensure that people with dementia are offered an early diagnosis, have access to good support to enable them to live well with their dementia in the community, particular areas for action include:

- Diagnosis rates in Kent are low, 38% of expected prevalence – the plan outlines a number of actions which together aim to increase the rate to 50% by 2015.
- People's experience of services is varied and in some sectors e.g. some acute hospitals and care homes is poor. There is a need to increase the skills of the workforce so that the quality of care provided is improved and people have a better patient / care experience, the plan sets out actions across the care sectors to improve this.
- People with dementia stay much longer in acute hospitals than other people with the same condition – a combination of actions between health and social care are required to ensure that people receive good care in hospital, have access to intermediate care and good support on discharge.
- Nationally carers report that 52% of carers do not receive sufficient support (Support, Stay and Save) – the Kent carers plans aim to improve the support available to carers.
- The majority of carers and people with dementia (83%, reported in Support, Stay and Save) want to live in their own homes – continued investment in community support, like the crisis service and Home Treatment Service and tele-technology, is required to reduce inappropriate hospital admissions and early admissions to care homes.

(3) The Integrated Commissioning Plan is designed to address all the stages of the pathway to ensure that people have access to appropriate, timely and quality support through their journey with dementia. Many of the actions identified in the plan help to address the commitments made in the Prime Minister's Challenge, particularly in respect of those to improve health and care. The Challenge also sets out to improve research into dementia and Kent will be well placed to respond to the outcomes of this research, the Kent Dementia Collaborative has been active in including research into its remit. With regard to the challenge to create dementia friendly communities, the Health and Well Being Board is asked to consider what more we can do in Kent to achieve this ambition.

(4) The Integrated Commissioning Plan will be a living document and will be regularly reviewed and updated in the light of developments and further national advice and research evidence.

***(5) The provision of integrated care across the care pathway and across all providers of care will be critical to the success of managing the future demands, with emphasis on early intervention and maintaining independence in the community through the use of technology and supporting carers.***

## **11. Background Documents**

The following documents have been used for reference:

National Dementia Strategy

Public Health Report for Kent 2010

Joint Strategic Needs Assessment for Kent

Dementia UK – Alzheimer's Society 2007

Commission for Care and Quality – Dignity and Nutrition Inspection for Older People – an inspection of 100 hospitals

National Audit of Dementia – Royal College of Psychiatrists

The Prime Minister's Challenge 2012

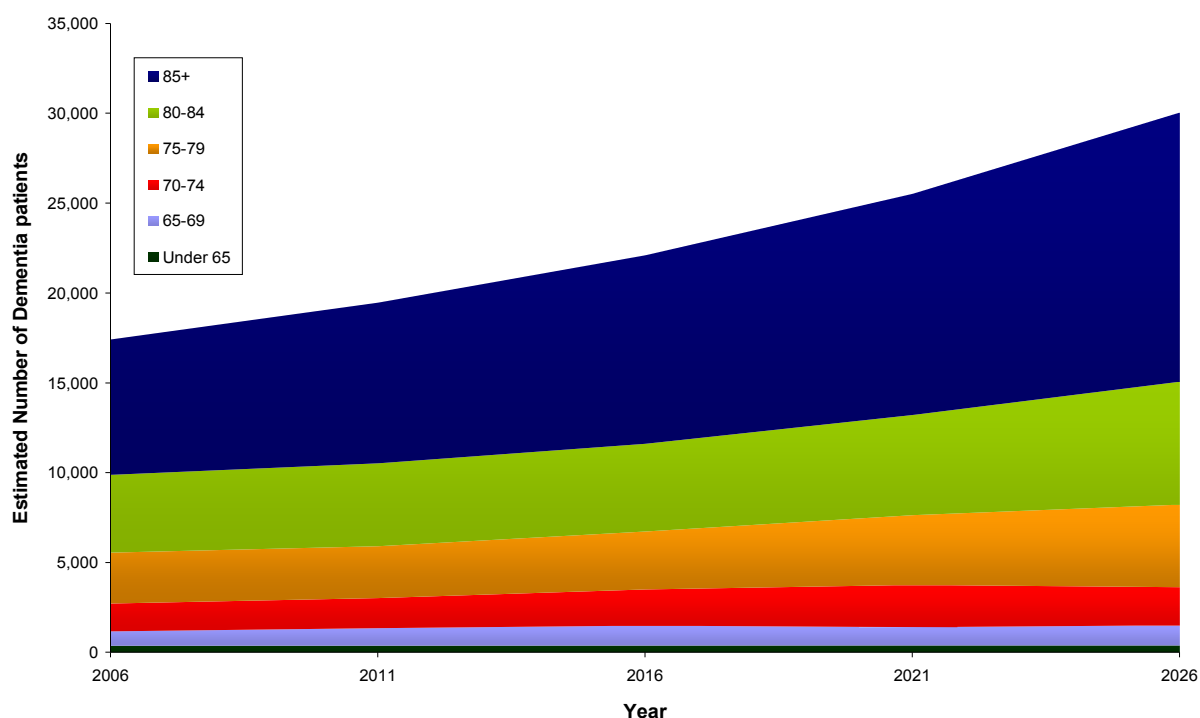
Support, Stay and Save – Alzheimer's Society 2011

Counting the Cost – Alzheimer's Society 2009

## Appendix 1 – Extract from the Joint Strategic Needs Assessment

The table below shows the predicted increase in the cases of dementia until 2026. The highest levels of increase will be in the 85 plus age range. This will bring the additional complications of that age group who are more likely to have a co-morbidity with other long term conditions, may be living alone or supported by older carers.

### Estimated change in the number of dementia patients in Kent between 2006 and 2026



Source: Dementia UK Prevalence estimates applied to South East Plan Strategy-based forecast (July 2010), Research and Intelligence Kent County Council

### Estimated prevalence of dementia in Kent between 2006 and 2026 by type with number of patients

| Type of dementia          | Est. % | Est. number of patients |
|---------------------------|--------|-------------------------|
| Alzheimer's               | 62%    | 10,800                  |
| Vascular dementia         | 17%    | 3,000                   |
| Mixed dementia            | 10%    | 1,700                   |
| Dementia with Lewy bodies | 4%     | 700                     |
| Fronto-temporal dementia  | 2%     | 300                     |
| Parkinson's               | 2%     | 300                     |
| Other form of dementia    | 3%     | 500                     |
| <b>Total</b>              |        | <b>17,400</b>           |

Source: Dementia UK Prevalence estimates applied to South East Plan Strategy-based forecast (July 2010), Research and Intelligence Kent County Council

## Estimated change in the number of dementia patients in Kent between 2006 and 2026 by Local Authority District and Primary Care Trust

|                                       | 2006          | 2026        | Difference    |             | Number        | Percentage  |
|---------------------------------------|---------------|-------------|---------------|-------------|---------------|-------------|
|                                       | Est. number   | Est. prev   | Est. number   | Est. prev   |               |             |
| <b>Kent</b>                           | <b>17,400</b> | <b>1.3%</b> | <b>30,100</b> | <b>1.9%</b> | <b>12,600</b> | <b>0.6%</b> |
| Ashford                               | 1,300         | 1.2%        | 2,500         | 1.6%        | 1,300         | 0.4%        |
| Canterbury                            | 2,100         | 1.4%        | 2,900         | 1.9%        | 900           | 0.5%        |
| Dover                                 | 900           | 1.0%        | 1,700         | 1.3%        | 800           | 0.3%        |
| Shepway                               | 1,500         | 1.5%        | 2,600         | 2.5%        | 1,100         | 1.0%        |
| Swale                                 | 1,400         | 1.1%        | 2,600         | 1.8%        | 1,200         | 0.8%        |
| Thanet                                | 2,100         | 1.6%        | 3,000         | 2.2%        | 900           | 0.5%        |
| <b>NHS Eastern &amp; Coastal Kent</b> | <b>9,200</b>  | <b>1.3%</b> | <b>15,300</b> | <b>1.9%</b> | <b>6,100</b>  | <b>0.5%</b> |
| Dartford                              | 1,500         | 1.4%        | 2,500         | 2.1%        | 1,000         | 0.7%        |
| Gravesham                             | 1,100         | 1.1%        | 1,900         | 1.7%        | 900           | 0.6%        |
| Maidstone                             | 1,600         | 1.1%        | 3,100         | 1.8%        | 1,500         | 0.7%        |
| Sevenoaks                             | 1,500         | 1.3%        | 2,500         | 2.2%        | 1,100         | 0.9%        |
| Tonbridge & Malling                   | 1,200         | 1.1%        | 2,400         | 1.9%        | 1,200         | 0.8%        |
| Tunbridge Wells                       | 1,300         | 1.3%        | 2,300         | 2.1%        | 1,000         | 0.8%        |
| <b>NHS West Kent</b>                  | <b>8,200</b>  | <b>1.2%</b> | <b>14,800</b> | <b>2.0%</b> | <b>6,600</b>  | <b>0.7%</b> |

Source: Dementia UK Prevalence estimates applied to South East Plan Strategy-based forecast (July 2010), Research and Intelligence Kent County Council

The above table shows that the estimated number of people with dementia in Kent is likely to increase from 17,400 in 2006 to 30,100 in 2026. The districts which will see the biggest increases include Shepway, Swale, Sevenoaks, Tunbridge and Malling and Tunbridge Wells.

## People aged 85+ and over predicted to have dementia, by age and gender, projected to 2030

|                       | 2011  | 2015  | 2020  | 2025  | 2030  |
|-----------------------|-------|-------|-------|-------|-------|
| Ashford               | 715   | 813   | 986   | 1,253 | 1,627 |
| Canterbury            | 1,016 | 1,145 | 1,295 | 1,596 | 1,999 |
| Dartford              | 423   | 492   | 666   | 763   | 950   |
| Dover                 | 816   | 891   | 1,075 | 1,314 | 1,637 |
| Gravesham             | 492   | 562   | 735   | 886   | 1,064 |
| Maidstone             | 824   | 938   | 1,200 | 1,539 | 1,930 |
| Sevenoaks             | 794   | 863   | 1,036 | 1,290 | 1,516 |
| Shepway               | 735   | 810   | 942   | 1,175 | 1,503 |
| Swale                 | 584   | 699   | 849   | 1,100 | 1,414 |
| Thanet                | 1,055 | 1,108 | 1,236 | 1,464 | 1,810 |
| Tonbridge and Malling | 590   | 688   | 894   | 1,117 | 1,423 |
| Tunbridge Wells       | 696   | 771   | 960   | 1,209 | 1,468 |

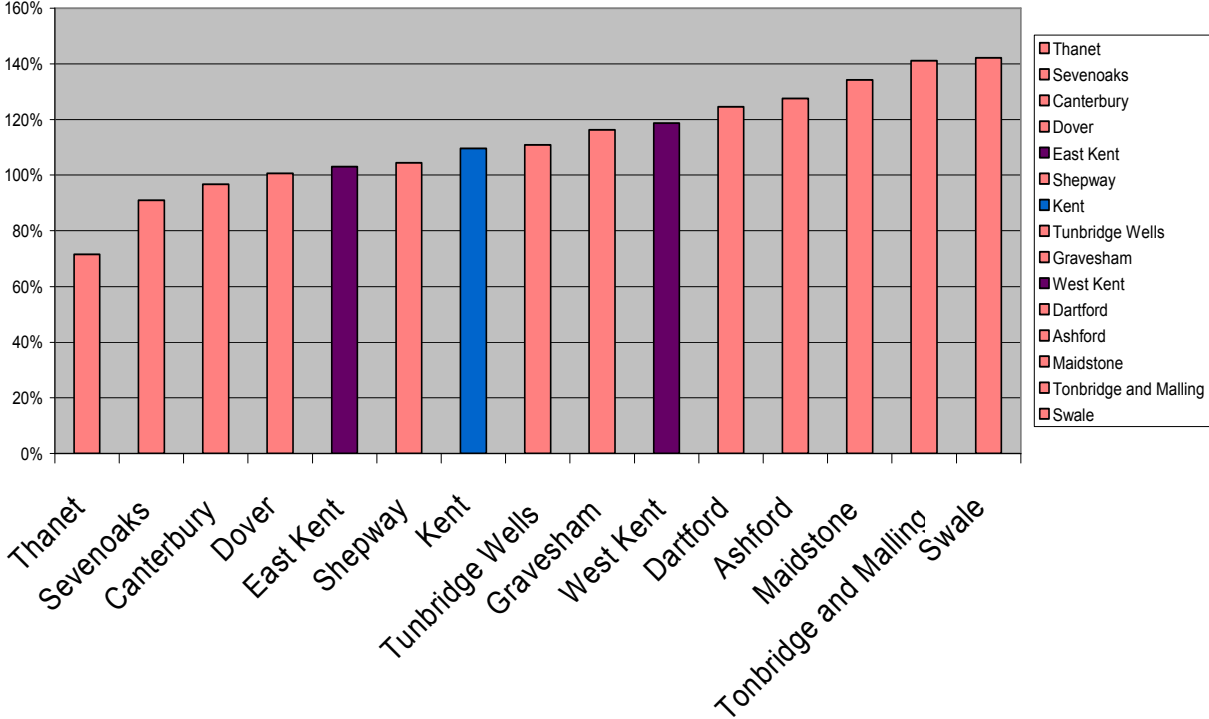
|           |       |       |       |       |       |
|-----------|-------|-------|-------|-------|-------|
| East Kent | 4,921 | 5,466 | 6,383 | 7,902 | 9,990 |
| West Kent | 3,819 | 4,314 | 5,491 | 6,804 | 8,351 |

|      |       |       |        |        |        |
|------|-------|-------|--------|--------|--------|
| Kent | 8,765 | 9,924 | 11,841 | 14,688 | 18,366 |
|------|-------|-------|--------|--------|--------|

Source: Projecting Older People Population Information [www.poppi.org.uk](http://www.poppi.org.uk) 2012

Table 2

% increase in >85yrs popn with dementia from 2011 to 2030



- The proportion of >85 yrs population with dementia compared with all age groups (with dementia) stands roughly around 43% in Kent. This is expected to increase to 50% by 2030.
- It is expected that the >85 yrs population in Kent with Dementia will rise by more than 100% in 2030, ranging from 70% in Thanet to 140% in Swale.
- This increase is similar to the forecast projections outlined in the 2010 Annual Public Health Report on Dementia from 2006 to 2026.
- The report also estimates only one third of this population will have been diagnosed.
- This implies the need for earlier diagnosis of dementia as a essential prerequisite in order to expand and improve services to meet the increase in population.

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## Appendix 2 – estimated Spend on services in Kent used by people with dementia.

### 1. KCC estimated spend

Kent County Council does not categorise service users according to their medical conditions, therefore it is difficult to accurately calculate what percentage of total gross annual budget is attributable to meeting the needs of people living with dementia. The table below takes each budget line and applies a percentage that we conservatively estimate should be attributable to meeting the needs of people with dementia. It does clearly show that the majority of spend on dementia is in the care home sector.

| Type of Service   | Gross Cost          | % of Budget attributed to people living with Dementia | Estimated cost of providing service to people living with Dementia |
|---|---------------------|---|--|
| OPMHN Residential Care  | 31,602,400          | 100%  | 31,602,400   |
| OPMHN Nursing Care  | 7,675,700           | 100%  | 7,675,700  |
| KCC in House Care Home Budget   | 12,406,600          | 40%   | 5,515,200  |
| Other P&V residential and nursing Home Care   | 73,462,300          | 40%   | 32,656,700   |
| KCC Intermediate Care Centres   | 11,302,500          | 20%   | 2,512,200  |
| Domiciliary Care Contracts  | 47,881,500          | 40%   | 21,285,100   |
| Direct Payments   | 4,981,000           | 10%   | 553,600  |
| All Other Older Peoples services including investment in Voluntary and Community Services | 19,582,100          | 40%   | 8,705,000  |
|   |                     | <b>Total estimated Dementia Spend</b>                 |  |
| <b>Total Gross budget</b>   | <b>£204,958,900</b> |   | <b>£110,505,900</b>  |

### 2. NHS estimated spend in Kent

Most services in the NHS are not dementia specific and additionally the coding of people with dementia using general services is not always complete, thus obtaining accurate costs is difficult. Dementia UK report estimated that NHS expenditure forms 8% of all costs of services and Social Services account for 15%, this would give an estimated spend of £58.7million for NHS. In Surrey it was estimated through the use

of the dementia modelling tool that the annual NHS spend on dementia was £40.2million this represented 2.4% of their total spend applying that proportion to the total spend of Eastern and Coastal Kent and West Kent PCTs this would give an estimated spend of £55.07million. Thus using these two methodologies the estimated NHS spend across east and west Kent on dementia is in the region of £55 - £58.7 million. This is likely to be an underestimate as identifying costs of all services used by people with dementia is difficult.

## Appendix 3 – Kent and Medway Dementia Plan 2012-13



Kent and Medway

**KENT & MEDWAY**

**DEMENTIA PLAN**

**2012- 13**

|                        |              |
|------------------------|--------------|
| <b>Document Status</b> | <b>Draft</b> |
| <b>Version</b>         |              |

| <b>DOCUMENT CHANGE HISTORY</b> |             |   |
|--------------------------------|-------------|---|
| <b>Version</b>                 | <b>Date</b> | <b>Comments (i.e. viewed, or reviews, amended, approved by person or committee)</b> |
| Version 1                      | 25.04.12    | First completed version   |
| Version 2                      | 26.04.12    | Added Partner involvement   |
| Version 3                      | 03.05.12    | Updated – Sue Gratton   |
| Version 4                      | 11.05.12    | Updated – Sue Gratton   |

|  |
|--|
| <b>Groups or individuals which have been consulted with in the production of document:</b> |
|  |
|  |

## **Kent and Medway Dementia plan**

### **Introduction**

This plan aims to bring together the various initiatives across Kent and Medway into one document and represents the detailed plans that sit behind the projects approved in the Integrated Strategic Operating Plan (ISOP) for 2012-13.

The plan recognises that dementia requires a multiagency approach to ensure that people have access to a range of treatment, care and support which they need in order to live well with their dementia. Areas of joint working are included in the plan but our Local Authority partners have supplementary plans for meeting other housing and social care needs of people with dementia. The plan also recognises that people with dementia are likely to have more than one other long term condition, thus it is critical that dementia is included in the planning for long term conditions.

The Prime Minister's Challenge set out a number of areas where further action is required. This plan includes a range of actions which seek to address these challenges. One such area is the need to increase diagnosis rates, which currently stand at 38% across Kent and Medway, the plan sets out a number of actions which will contribute towards increasing the diagnosis rates, which we are aiming to increase to 50% of prevalence rates by 2014 and 60% by 2015.

### **Future Planning**

Latest forecast estimates suggest the numbers of dementia patients in Kent and Medway will increase by 80% from 21,750 in 2011 to 39,400 in 2030. Our diagnosis rate in primary care stands at around 38% and so therefore needs to be improved considerably in future to meet this trend. However further work is also required to understand how the increase in population will impact on health and social care spend for the growing elderly population and how services in primary and community care (ranging from memory assessment to care home support) will improve on this. For example, unscheduled care hospital spend on dementia is expected to rise from approx £2.4 million in 2011 to £3.5 million in 2025. Thus a detailed mapping exercise is required to understand what services (for dementia patients) are available within and outside the NHS and collect the latest activity figures, explaining how many patients access in and out of these across a continuum of care. This will help build on existing modelling analysis, link into the wider Long Term Conditions Model of Care work, focusing on multiple morbidities and the complex elderly, and correctly estimate the amount of unscheduled health and social care spend that could be avoided if the necessary investment into primary and community services was provided, thus moving away from reactive / treatment system to a pro-active / preventive system and improving quality of patient care.

### **Updating the plan**

This plan is a live document and will be regularly updated through the year and will therefore inform the reporting on progress against the ISOP.

|                                    | What are we aiming to achieve?  | How we will achieve it.  | Lead Orgs      | £ Invest in 2012-13 | By when  | How we will know when it has been achieved.  | Achievements to date   |
|------------------------------------|---|--|----------------|---------------------|----------|--|--|
| 1. Future Planning                 | To ensure that our future plans are robust and take account of the impact of the future increase of dementia on health & social care services and which enable the system to move away from reactive/treatment to pro-active preventive system. | Work with colleagues across the health & Social care economy to develop effective risk stratification and modelling system for long term conditions including dementia, taking account of the increasing prevalence.     |                |                     |          | A methodology that will correctly estimate the amount of unscheduled health & social care spend that could be avoided with appropriate investment in primary and community services. |  |
|                                    |   | Implement a risk stratification tool that includes dementia  | NHS K&M / CCGs | £60k                | Jan 2013 | All organisations using a risk stratification tool.  | Engaged with LTC workstream.                                   |
|                                    | Dementia is recognised as a long term condition and services make reasonable adjustments to meet the wider health needs of people with dementia   | Ensure the wider health needs of older people with dementia and their carers are included in other local strategies, e.g. intermediate care, end of life and other workstreams – e.g. health and social care integration | NHS K&M / CCGs |                     | Ongoing  | Needs of people with dementia reflected in other health and social care plans.   | Engaged with integration agenda and Long term conditions work. |
|                                    | What are we aiming to achieve?  | How we will achieve it.  | Lead Orgs      | £ Invest in 2012-13 | By when  | How we will know when it has been achieved.  | Achievements to date   |
| 2. Awareness raising and reduction | To raise public and professional awareness about and reduce stigma associated with dementia in order to   |  |                |                     |          | There will be an increase in the number of people being referred to memory services and the number of people   |  |

|            |   |   |                                    |                            |                          |  |   |
|------------|---|---|------------------------------------|----------------------------|--------------------------|--|---|
| of stigma. | encourage people to seek a memory assessment.   |   |                                    |                            |                          | appearing on the GP Quality Outcome Framework (QOF) registers will increase. |   |
|            | Ensure people are aware of the Kent and Medway (K&M) Dementia Web site and Dementia Helpline  | Every opportunity taken to publicise its existence at any public event, media releases and distribution of leaflets. Review content of web against the SW Web   | NHS K&M / KCC/ MC/ Guidepost Trust |                            | Ongoing<br><br>31 May 12 | Continue to monitor activity on the site and usage of helpline.              | Kent and Medway Dementia Web established in 2010 and receives around 5000 hits per month. Provides information about dementia and local services. Kent 24 hour dementia helpline established, receives around 700 calls per year. |
|            | A local campaign which raises public awareness re dementia, our services available and health promoting messages timed to match east Kent consultation. | Liaise with communications department to establish a local public awareness campaign and use local media to highlight the importance of early diagnosis and to promote the message that 'what's good for the heart is good for the head'. | NHS K&M                            | £26k                       | March 2012- July 2012    | People come to consultation events.  | Articles in Health News and press releases to local newspapers, interviews given to local radio.  |
|            | <b>What are we aiming to achieve?</b>   | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>                   | <b>£ Invest in 2012-13</b> | <b>By when</b>           | <b>How we will know when it has been achieved.</b>                           | <b>Achievements to date</b>   |
|            | Use Dementia Awareness Week and national Campaigns to raise awareness   | Undertake local media campaign During dementia week and link to national campaign planned to begin in Autumn 2012.  | NHS K&M / KCC / MC                 |                            | May 2012 and Autumn 2012 | People come to events  | Events planned in dementia awareness week to raise awareness and celebrate achievements   |

|  |  |   |                                  |                            |                |  |   |
|--|--|---|----------------------------------|----------------------------|----------------|--|---|
|  | Make libraries dementia – friendly and places which raise awareness.   | Agree Action plan with Kent libraries and Kent Gateways to develop a range of resources suitable for people with dementia and also to raise awareness with other people – particularly young people.  | KCC                              |                            | 31 Mar 12      | Resources available in all libraries               | Plans agreed with Kent libraries  |
|  | People have access to a range of information in different formats and languages from a variety of locations. | Review range of information and ensure that good quality information about the signs and symptoms of dementia are readily available for individuals, families and professionals and identify opportunities to promote the dementia web and helpline and ensure that information is available in a | NHS K&M / KCC / MC / Vol. Orgs.  |                            | Dec 2012       | All literature reviewed and updated                | Kent Dementia Web in place and range of fliers and leaflets already available |
|  | <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>                 | <b>£ Invest in 2012-13</b> | <b>By when</b> | <b>How we will know when it has been achieved.</b> | <b>Achievements to date</b>   |
|  |  | Range of formats and languages. Use KCC gateways and GP surgeries to ensure that information is available on dementia.  |                                  |                            |                |  |   |
|  | All stakeholder representatives involved in planning, development  | Engage stakeholders through Kent and Medway Dementia Collaborative and  | NHS K&M / KCC / MC / Vol. Orgs / |                            | Ongoing        | People actively engaged in development of plans    | Kent and Medway Collaborative established which                               |

|  |   |                                |  |                            |                          |   |  |
|--|---|--------------------------------|--|----------------------------|--------------------------|---|--|
|  | and evaluation of services  | other specific forums.         | Universities/<br>KMPT/<br>Research<br>orgs. / KMCA |                            |                          |   | brings together key stakeholders from the statutory sector, voluntary and independent sector and academia to share plans and review progress<br>A Range of programme groups established and operational across Kent & Medway where key stakeholders including service users and carers input to the redesign of services and care pathway. |
|  | <b>What are we aiming to achieve?</b>   | <b>How we will achieve it.</b> | <b>Lead Orgs</b>                                   | <b>£ Invest in 2012-13</b> | <b>By when</b>           | <b>How we will know when it has been achieved.</b>  | <b>Achievements to date</b>  |
|  |   |                                |  |                            |                          |   | Engaged with integration agenda and Long term conditions work.<br><br>Dementia strategy groups operational in majority of Acute Hospitals.   |
| <b>3. Early Diagnosis and Intervention</b> | <b>To increase the number of people with a diagnosis of dementia and to increase the number of people</b> |                                |  |                            | Apr 2014<br><br>Apr 2015 | <b>Increase in number of people with a diagnosis appearing on QOF registers to 50% of prevalence rates by</b> | Current rate across K&M is 38%.  |

|  |  |   |                       |                            |                |  |   |
|--|--|---|-----------------------|----------------------------|----------------|--|---|
|  | <b>receiving an early diagnosis and treatment.</b>   |   |                       |                            |                | <b>March 2014 and 60% by 2015.</b>   |   |
|  | To encourage people to seek early diagnosis  | Utilise the work commissioned through Social Innovation Lab for Kent (SILK) to understand what prevents people seeking diagnosis and develop an action plan to redesign services accordingly. Introduce a checklist of questions to take to the GP.   | NHS K&M / KCC / CCGs  | £286k                      | Jul 2012       | Action plan agreed and with investment priorities identified.  | Research completed by SILK and report received.   |
|  | <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>      | <b>£ Invest in 2012-13</b> | <b>By when</b> | <b>How we will know when it has been achieved.</b>   | <b>Achievements to date</b>   |
|  | To ensure a memory assessment and diagnosis are obtained as quickly as possible.<br><br>Ensure all diagnostic pathways are compliant with NICE standards | Review of memory services pathway under the Payment by Results (PBR) cluster with view to ensuring the specialist services concentrate on the most complex cases and supporting diagnosis uptake in primary care for less complex cases. Monitor work already started in Medway and west Kent to learn and spread | NHS K&M / CCGs / KMPT | £50 EK                     |                | Revised PBR pathway agreed<br><br>Memory assessment and diagnosis taking place in a structured way in primary care with Community Psychiatrist Nurses (CPN)/Admiral nurse working in primary care. | Kent and Medway have more Admiral Nurses than any other county – 13 nurses; they are specialists in dementia care and work collaboratively with other professionals to support people with dementia and family carers in the community. |
|  |  | Best practice across Kent and Medway (K&M).   |                       |                            |                | Admiral nurse in Thanet permanently funded   | Admiral nurses receive 1500 referrals for support p.a.  |

|  |   |   |                                |                                      |                                    |   |   |
|--|---|---|--------------------------------|--------------------------------------|------------------------------------|---|---|
|  | People receive appropriate support post diagnosis.    | Elements of the pathway – eg post diagnostic counselling and support - will be commissioned in the voluntary sector where appropriate, to release capacity in the memory services to cope with likely increase in demand for their support to primary care. To be linked to SILK recommendations for post diagnostic support. | NHS K&M / CCGs / Vol Orgs      | (part of £286k investment see above) |                                    | Increased post diagnostic support available                               | Peer support and dementia cafes already in place. |
|  | <b>What are we aiming to achieve?</b>                 | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>               | <b>£ Invest in 2012-13</b>           | <b>By when</b>                     | <b>How we will know when it has been achieved.</b>                        | <b>Achievements to date</b>                       |
|  | Appropriate use of neuro-imaging to support diagnosis | Explore with East Kent Hospitals Trust (EKHUFT) and Kent and Medway Partnership Trust (KMPT) in conjunction with Clinical Commissioning Groups (CCGs) the efficacy of scans in diagnosis to ensure that neuro-imaging is used where proven to be clinically effective, to release resources and reduce diagnosis times.       | NHS K&M / KMPT / EKHUFT / CCGs |                                      | 04 May 2012 joint meeting arranged | Fewer people undergoing unnecessary scans and clarity of costs for scans. | Information on options shared.                    |
|  |   | Explore if a model can be established for roll out across K&M.  |                                |                                      |                                    |   |   |

|  |   |   |                       |                                |                |   |  |
|--|---|---|-----------------------|--------------------------------|----------------|---|--|
|  | Maximise opportunities to ensure QOF registers are regularly updated                                | Monitor Key Performance Indicator (KPI) for Community Mental Health Teams for Older People (CMHTOP)) to establish links with primary care to ensure people known to CMHTOPs with dementia diagnosis appear on QOF registers.                            | NHS K&M / CCGs / KMPT |                                | 31 Mar 13      | Number of people on QOF registers regularly checked and increase in numbers seen and tracked. | Dementia QOF registers for 2010/11 show 8266 people recorded   |
|  | <b>What are we aiming to achieve?</b>   | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>      | <b>£ Invest in 2012-13</b>     | <b>By when</b> | <b>How we will know when it has been achieved.</b>  | <b>Achievements to date</b>  |
|  |   | Ensure discharge letters from Acute Trusts and MH Trusts include details of diagnosis and onward actions required.  |                       |                                |                |   |  |
|  | CCGs own the action plan to increase diagnosis rates and plans modified to meet local circumstances | Work with CCGs by the establishment of a dementia reference group to increase GP awareness of dementia and the need to increase diagnosis rates and the support available to their patients. Encourage GPs to ensure that QOF registers are up to date. | CCGs / NHS K&M        |                                | July 2012      | GP reference group established. CCGs regularly reviewing QOF rates.                           | Plans in progress to seek membership.<br><br>Programme management group established to develop whole systems best practice pathways across primary, community, secondary care and social care. |
|  | Ensure that people who meet the criteria of the NICE guideline TA217 receive appropriate drug       | Through reference group, develop Shared Care Guidelines for Acetylcholinesterase  | NHS K&M / CCGs / KMPT | £1.6m gross – excludes savings | Sep 2012       | Shared care guidelines agreed between secondary and primary care and                          | Currently meet NICE guidelines on prescription and follow up of drugs by   |

|                                     |   |  |                               |                            |                |  |   |
|-------------------------------------|---|--|-------------------------------|----------------------------|----------------|--|---|
|                                     | therapy   | Inhibitors in the Treatment of Alzheimer's   |                               |                            |                |  |   |
|                                     | <b>What are we aiming to achieve?</b>   | <b>How we will achieve it.</b>   | <b>Lead Orgs</b>              | <b>£ Invest in 2012-13</b> | <b>By when</b> | <b>How we will know when it has been achieved.</b>   | <b>Achievements to date</b>   |
| <b>4. Living well with Dementia</b> | To ensure that people with dementia and their carers are well supported in the community and are able to maintain their independence for as long as possible. |  |                               |                            |                | Reduced admissions to care homes and reduced inappropriate admissions to hospitals. Integrated health and social care teams in place supporting people with dementia as part of long term conditions | Various workstreams started   |
|                                     | People feel well supported post diagnosis and have a range of support to call upon  | Ensure that peer support is available in each locality and can be accessed following early diagnosis<br><br>Ensure people with dementia and their carers have access to dementia cafes (already commissioned in Kent). | NHS K&M / KCC / MC / Vol Orgs | £90K<br><br>£90K           | 2012           | Peer support and dementia cafes available in each locality, steering group established to review and monitor quality of services.  | 8 peer support groups and 11 dementia cafes established across Kent and Medway, peer support groups support 10 people at each session and cafes vary in size and support between 30 – 50 people. Contracts awarded 1.4.12 to increase coverage of peer support and dementia cafes in every locality across Kent |
|                                     | <b>What are we aiming to achieve?</b>   | <b>How we will achieve it.</b>   | <b>Lead Orgs</b>              | <b>£ Invest in 2012-13</b> | <b>By when</b> | <b>How we will know when it has been achieved.</b>   | <b>Achievements to date</b>   |
|                                     |   | Extend Advocacy service  | KCC / Vol                     | £100k                      |                | Advocacy service   | Independent Advocacy  |

|  |  |  |  |                            |                |   |   |
|--|--|--|--|----------------------------|----------------|---|---|
|  |  | across Kent.   | Org  |                            |                | established in East Kent  | established in West Kent, 50 people supported with over 100 issues ranging from safeguarding, financial to place of care.   |
|  | People feel well supported in the community through access to a range of support and short breaks.   | Review range of social opportunities, use of direct payments and short breaks available (also see work under carers support)                     | KCC / MC / NHS K&M                         |                            | 31 Mar 13      | Range of pattern of support reviewed and meeting people's needs   | Broadmeadows unit based in Shepway (takes referrals from east Kent). 8 bedded short stay unit and day care (open 7 days a week) helping to maintain people in the community through periods of difficulty and change. In the first 3 months of its operation 20% of the admissions were an alternative to hospital admission and 76% of people returned home. |
|  | <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>   | <b>Lead Orgs</b>                           | <b>£ Invest in 2012-13</b> | <b>By when</b> | <b>How we will know when it has been achieved.</b>  | <b>Achievements to date</b>   |
|  | To avoid admission to either acute general or acute mental health hospital unless it will be clinically effective. Avoid or delay admission to a care home where | To ensure that community services are available to support each part of the dementia pathway.<br><br>Enhance home treatment service in east Kent | NHS K&M / KCC / MC / KMPT / MCH / Vol Orgs | £250k                      | 31 May 12      | There will be a reduction in the number of people with dementia who are admitted to mental health and acute trust beds. | Home Treatment Service (east Kent only) provides enhanced support at periods of change, crisis or difficulties to help maintain people either   |

|  |  |  |   |                                |   |   |  |
|--|--|--|---|--------------------------------|---|---|--|
|  | possible.  |  |   |                                |   |   | living at home or in care homes and avoid unnecessary hospital admission, also supports discharge. The service supports 376 people per year with a further 120 people with additional investment in team.  |
|  | People who are admitted to acute mental health services receive appropriate care and are discharged as soon as clinically effective. | Review and redesign mental health inpatient provision and redirect investment into community support.  | NHS K&M / KMPT                          | £750k Savings to be reinvested | 31 Oct 12   | KMPT are achieving their KPIs in relation to: <ul style="list-style-type: none"> <li>• Occupancy rate.</li> <li>• Length of stay.</li> <li>• Delayed discharges.</li> </ul> | Consultation underway proposed redesign of EK OPMH services  |
|  | <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>   | <b>Lead Orgs</b>                        | <b>£ Invest in 2012-13</b>     | <b>By when</b>                                    | <b>How we will know when it has been achieved.</b>  | <b>Achievements to date</b>  |
|  | People feel well supported through a crisis without resorting to unplanned admission to either hospital or care home.                | Ensure 24/7 crisis support is available which supports people with dementia and their carers (already commissioned in west Kent and currently being commissioned in east Kent and Medway). | NHS K&M / KCC / MC / Independent sector | £300k EK<br>£194k Med          | Interim service by 01 Jun 12<br>Full by 01 Jan 13 | There will be a reduction in the number of people with dementia who are admitted to mental health and acute trust beds, reduction in unplanned admissions to care homes.    | Crisis service established in west Kent with evidence of providing effective support in a crisis which has prevented hospital admission or early admission to residential care. West Kent scheme has supported 260 people in a year. In first year prevented 69 hospital admissions and 92 care home placements. |

|  |  |  |                            |   |  |   |  |
|--|--|--|----------------------------|---|--|---|--|
|  | People with dementia have access to intermediate care where clinically effective for rehabilitation  | Link with intermediate care reviews across K&M to ensure intermediate care services have the skills to manage people with dementia   | NHS K&M / CCGs             | £20k (share of PM costs)                    | 01 May 12<br><br>31 Mar 13                                   | Project Manager in post<br><br>Number of people with dementia accessing intermediate care.  | Project Manager appointed for Intermediate Care review   |
|  | <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>   | <b>Lead Orgs</b>           | <b>£ Invest in 2012-13</b>                  | <b>By when</b>   | <b>How we will know when it has been achieved.</b>  | <b>Achievements to date</b>  |
|  | Care pathway in Medway provides a range of support through stages of acute, intermediate care, discharge and continuing care   | Redesign of pathway in Medway to reduce reliance on acute OPMH beds. Provide access to specialist intermediate care support for people with complex needs.<br><br>Extend Dementia Support Team.<br><br>Spot purchase continuing care provision.  | NHS K&M / MCG / MCH / KMPT | -£545k<br>£290k<br>Savings to be reinvested | 31 Mar 13<br><br>01 Apr 12<br><br>01 Apr 12<br><br>01 Jul 12 | KMPT are achieving their KPIs in relation to:<br><br><ul style="list-style-type: none"> <li>• Occupancy rate.</li> <li>• Length of stay.</li> <li>• Delayed discharges</li> </ul> Darland House services available through NHSCC spot purchase  | Dementia Support Service in Medway provide short term home treatment and support for people with dementia and carers at risk of crisis. The service became operational mid 2011 and to date has received 97 referrals and carried out 160 interventions. |
|  | To ensure that people with dementia who present with behavioural problems are managed with the use of non pharmacological interventions wherever possible.<br><br>To achieve the national target of a review of people with dementia | Develop action plan in partnership with CCGs to address reduction in anti-psychotic usage, key action points include:<br><ul style="list-style-type: none"> <li>- audit of usage of these drugs</li> <li>- support to GPS to undertake reviews</li> <li>- care plans reviewed to ensure appropriate support</li> </ul> | NHS K&M / CCGs / KMPT      |   | 31 Mar 13<br><br><br><br><br><br><br><br>2014                | All people with dementia in receipt of anti-psychotic medication have been reviewed<br><br><br><br><br><br>A reduction in the number or people with dementia receiving anti psychotic drugs national target 2/3 <sup>rd</sup> reduction by 2014 | Action plan in discussions with CCGs<br><br><br><br>Audit undertaken in Medway, plans in discussion with other CCGs  |

|  |   |   |                                   |                            |                |   |   |
|--|---|---|-----------------------------------|----------------------------|----------------|---|---|
|  | who are being prescribed anti psychotic drugs and reduce prescribing by two thirds by March 2014.   | in place  |                                   |                            |                |   |   |
|  | <b>What are we aiming to achieve?</b>   | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>                  | <b>£ Invest in 2012-13</b> | <b>By when</b> | <b>How we will know when it has been achieved.</b>  | <b>Achievements to date</b>   |
|  |   |   |                                   |                            |                |   | Medway audit identified that 160 patients of 1054 on the dementia register were taking low dose antipsychotics. Of these, 84 had complex mental health issues and reviewed by KMPT. New guidance to assist withdrawal developed between KMPT/GPs – 33 patients withdrawn. Clinical Learning events held across Kent & Medway. |
|  | To ensure that health and social care services are provided in an integrated way to reduce duplication of assessment and services and ensure that people with dementia and their families receive a seamless service and the physical needs of people with dementia are also met. | Include OPMH services in the Kent health and social care integration programme, to develop integrated health and social care teams.<br><br>Develop fully Integrated Health and Social Care teams across Medway. | NHS K&M / CCGs/ KCC / KCHT / KMPT |                            | 31 Mar 12      | Integrated health and social care teams in place that include support for older people with mental health problems, including dementia. | Engaged with Health & social Care Integration Board.  |

|                      | <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>   | <b>Lead Orgs</b>     | <b>£ Invest in 2012-13</b>     | <b>By when</b> | <b>How we will know when it has been achieved.</b>  | <b>Achievements to date</b>   |
|----------------------|--|--|----------------------|--------------------------------|----------------|---|---|
|                      | People have access to appropriate teletext technology to support them with their care and managing their long term conditions                      | Link with assistive technology programme across Kent & Medway to encourage use for people with dementia.   | NHS K&M / KCC        | £250k                          | 31 Mar 12      | Increase in the number of people with dementia being supported by assistive technology.                       | Options for investment being considered   |
| <b>5. Care Homes</b> | <b>To ensure that people with dementia who are cared for in care homes receive good quality care and have their privacy and dignity respected.</b> | Expand 'My Home Life' programme across K&M. 60 more managers planned to participate in 2012 across Kent.   | KCC / NHS K&M / KMPT | £100k                          | 31 Mar 13      | <b>Reduction in inappropriate hospital admissions, good reports and reviews.</b>                              | 39 home managers have participated in the first phase of training in west Kent –                  |
|                      | To ensure that care home staff have the right skills and support to care for people with dementia.   | Establish a programme of dementia care mapping in care homes across Kent – a process to actively engage residents in everyday activities.<br><br>Carry out a survey of training needs in care homes in Medway. |                      | £50k                           | 30 Jun 12      | Training programmes completed and evaluation shows staff have applied learning.                               |   |
|                      | <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>   | <b>Lead Orgs</b>     | <b>£ Invest in 2012-13</b>     | <b>By when</b> | <b>How we will know when it has been achieved.</b>  | <b>Achievements to date</b>   |
|                      | To prevent inappropriate hospital attendance and admission wherever possible.  | Enhancement of Home Treatment Service in east Kent to undertake training for care homes and provider support guidelines.   | NHS K&M / KMPT       | (cost shown above in section3) | May 2012       | Reduction in hospital attendances/admissions from care homes. Reduction in prescribing of antipsychotic drugs | Agreed extension to Home Treatment Service in east Kent partly with view to supporting care homes |

|  |   |                      |                            |                |  |   |   |
|--|---|----------------------|----------------------------|----------------|--|---|---|
|  |   |                      |                            |                |  |   | in managing people through difficult transitions to avoid hospital admission. |
| An integrated approach to quality and performance management of care homes.                                  | Development of an integrated quality dashboard with Kent County Council which highlights those homes who require some form of intervention.<br><br>Develop an integrated quality dash board with Medway Council to identify and prioritise homes that require intervention. | NHS K&M / CCGs / KCC |                            | 01 Oct 12      | Reduction in number of incidents when homes are closed to admissions due to Adult Protection alerts.       | Steering group established  |   |
| <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>     | <b>£ Invest in 2012-13</b> | <b>By when</b> | <b>How we will know when it has been achieved.</b>   | <b>Achievements to date</b>   |   |
| Care Homes have clear guidelines on what course of action to follow to support residents with health issues. | Develop, update and publish simple pathways for all care homes across K&M to help them to manage common medical issues, eg urinary tract infections.  | NHS K&M / CCGs       |                            | Sep 2012       | Reduction in hospital attendances/admissions from care homes.  | West Kent Care Home project has achieved 523 fewer non-elective admissions from care homes from 2010-11 to 2011-12. |   |
| Care homes know how to access general medical support  | Review and evaluate the various current arrangements for medical support to care homes across Kent and Medway to build upon best practice   | NHS K&M / CCGs       |                            | 31 Mar 13      | Reduction in hospital attendances/admissions from care homes. Patients' health well managed in care homes. |   |   |

|                              |  |   |                                     |                            |                |  |  |
|------------------------------|--|---|-------------------------------------|----------------------------|----------------|--|--|
|                              | A coordinated approach to supporting care homes to deliver good quality care, particularly through end of life.  | Through the project funded by the Regional Innovation fund bring together work programmes that are working with care homes across Kent to share best practice, particularly around end of life care for people with dementia. Appoint project manager to coordinate programme.    | NHS K&M / CCGs/ KMCA/ Hospices      | £200k                      | 31 Mar 13      | Reduction in hospital attendances/admissions from care homes. Reduction in number of people from care homes dying in hospital.         | Regional Innovation funding secured for care home programme across Kent and Medway with aim of ensuring people with dementia are well supported in care homes at end of life and are not admitted to hospital unnecessarily. |
|                              | <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>                    | <b>£ Invest in 2012-13</b> | <b>By when</b> | <b>How we will know when it has been achieved.</b>   | <b>Achievements to date</b>  |
|                              | Improve access to expert advice to care homes by use of technology.  | Link pilot care homes through web cams to A&E departments and possibly out of hours GP services.<br><br>Initiate 'My Clinic' telehealth in nursing homes in Medway to support VMOs  | NHS K&M / Acute Trusts / CCGs/ KMCA | (part of RIF funding)      | 31 Mar 13      | Reduction in hospital attendances/admissions from care homes. Reduction in number of people from care homes dying in hospital.         | As above   |
| <b>6.Acute Hospital Care</b> | <b>When a person with dementia is admitted to an acute general hospital, they have their privacy and dignity respected and staff have the right skills to provide good quality care.</b><br><br>Ensure people admitted as an emergency who | Support acute and community trusts to implement and monitor progress with the new national CQUIN which requires anyone over the age of 75 who is admitted as an emergency to be screened for dementia.<br>This is a 3 post CQUIN:<br>1)Screening question to identify everyone at | NHS K&M / Acute Trusts / KCHT / MCH | £1.4m CQUINS               | Apr 2012       | <b>Excellent CQC results, CQUIN standard met and Enhancing Quality standards met</b><br><br>An increase in the number of people with a | CQUIN included in acute and community contracts.   |

|  |   |                                       |                            |                            |   |   |
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| have a cognitive impairment are appropriately assessed.  | risk of dementia.<br>2)Risk assessment to identify people who require a memory assessment.<br>3)Referral to GP for further diagnosis.                             |                                       |                            |                            | diagnosis of dementia and an increase in the number of people recorded on QOF registers.  |   |
| <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>                      | <b>£ Invest in 2012-13</b> | <b>By when</b>             | <b>How we will know when it has been achieved</b>   | <b>Achievements to date</b>   |
| Length of stay in hospital for a person with dementia should be no longer than that for other people with similar physical conditions.<br><br>People supported to return home post discharge.  | Ensure intermediate care review supports discharge arrangements for people with dementia.<br><br>Enablement services support people with dementia post discharge. | NHS K&M / KCHT/ MCH / CCGs / KCC / MC |                            | 31 Mar 13<br><br>31 Mar 13 | Reduction in length of stay for people with dementia.<br><br>Reduction in the number of people admitted to a care home following discharge. | Dementia Discharge Support (west Kent only) – provides enhanced support upon discharge to settle people home where risks of going home without support may have led to residential care. 50 people supported and 75% enabled to return home |
| To support people who present challenges through the use of non pharmacological interventions when possible and ensure that if anti psychotics are prescribed their use is reviewed on a regular basis and their review is included in the discharge plan. | Review outputs from the enhancing quality programme in relation to the reduction of anti psychotic drugs.   | NHS K&M / Acute Trusts / KMPT         |                            | 31 Mar 13                  | Reduction in the use of anti psychotics in acute hospital settings.   | All general hospital and mental health providers are participating in the Enhancing Quality Programme to be able to demonstrate the improvement in dementia care and reduce anti-psychotic drugs.   |

|  | <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>              | <b>£ Invest in 2012-13</b> | <b>By when</b> | <b>How we will know when it has been achieved.</b>  | <b>Achievements to date</b>   |
|--|--|---|-------------------------------|----------------------------|----------------|---|---|
|  | All hospitals have a lead for dementia and a group to address quality of care for people with dementia.    | Commissioners to participate in dementia strategy groups established in the acute trusts.   | Acute Trusts / NHS K&M        |                            | Ongoing        | Dementia Lead identified, action plan in place.     | All hospitals now have action plans to address issues as result of Royal College of Psychiatry Audit to ensure that dementia is recognised and reasonable adjustments are made in the delivery of care. |
|  | Liaison psychiatry services or similar mental health support in place in all acute hospitals               | Mental health support to be provided by KMPT to West Kent to provide advice and guidance on managing people with mental health problems including people with dementia. | Acute Trusts / NHS K&M / KMPT | Through KMPT CQUIN         | 31 Mar 13      | Reduction in admissions from emergency attendances. | Liaison service already in place in East Kent and Medway.   |
|  | People with dementia are well supported in hospitals, particularly with feeding, drinking and befriending. | Implement and monitor agreed dementia buddy pilot scheme in Darenth Valley Hospital.<br><br>Implement 'Red Tray' initiative   | DVH / KCC / NHS K&M           | £30k                       | 01 Jun 12      | Improved reported patient experience                | Plan prepared<br><br>Initiative introduced in MMFT to identify patients that require support with feeding and drinking.<br><br>Increased use of volunteers that are trained to assist with feeding.     |



|                   |  |   |  |   |                |   |  |
|-------------------|--|---|--|---|----------------|---|--|
| <b>for Carers</b> | <b>people with dementia are well supported in their caring role and their own needs are met.</b> |   |  |   |                | <b>carers reporting that they feel well supported</b>   |  |
|                   | Carers are offered education programme to assist with their caring role.                         | To commission carer's education packages to be provided by the voluntary sector.  | NHS K&M / KCC / MC/ Vol Orgs                     | (part of £286k in 2 above)  | 31 Oct 13      | Number of carers receiving carer's education sessions.  | Specifications agreed for education programme.   |
|                   | To commission a range of support for carers  | To continue work with KCC and Medway Council to jointly commission a range of carer's services: <ul style="list-style-type: none"> <li>Information and guidance – including carers helpline for emotional support and Kent link to DH carers web</li> <li>Increase Short breaks.</li> <li>Carers assessments and support</li> </ul> | NHS K&M / KCC / MC/ Vol Orgs/ Independent sector | Share of carers investment: <ul style="list-style-type: none"> <li>£372k WK</li> <li>£527k EK</li> <li>£322k Med</li> </ul> | 31 Oct 13      | Number of carer's short breaks, assessments and respite. <p>Admission to a care home is part of a care plan; reduction in admissions due to crisis carer breakdown.</p> | Booklets developed by Carers Support on the range of support available in east Kent, 5000 distributed <p>Dementia Web, Dementia Cafes, Admiral Nurses, Crisis service all provide support to carers.</p> |
|                   | <b>What are we aiming to achieve?</b>  | <b>How we will achieve it.</b>  | <b>Lead Orgs</b>                                 | <b>£ Invest in 2012-13</b>  | <b>By when</b> | <b>How we will know when it has been achieved.</b>  | <b>Achievements to date</b>  |
|                   |  | Ensure that respite services are flexible and can be provided in and away from the home.  |  |   |                |   |  |
|                   |  | Extend use of payment for carers to increase personalised support available to carers.  |  |   |                | Number of payments to carers  |  |

|                                 |  |   |   |      |           |   |  |
|---------------------------------|--|---|---|------|-----------|---|--|
| <b>9. Cross cutting themes.</b> | <b>To ensure that services are able to meet the needs of specific groups, eg</b> <ul style="list-style-type: none"> <li>• <b>People with young onset dementia.</b></li> <li>• <b>People from BME communities.</b></li> <li>• <b>People with Down's syndrome.</b></li> <li>• <b>People with sensory loss</b></li> </ul> | Build on work already undertaken in relation to people with Down's syndrome and BME and develop specific action plans to support these areas.<br><br>Further training sessions for LD support providers | NHS K&M / KCC / Independent sector / KCHT/ Vol Orgs | £20k | 31 Mar 13 | <b>Range of support options in place to meet different needs.</b><br><br><br><br><br><br><br><br><br><br>KPI for screening people with Downs syndrome at age 30 met | Dementia pathway agreed for people with LD<br><br>KPI agreed for community LD teams to screen people with downs syndrome at age 30 for dementia<br><br>Dementia Awareness training sessions held for people working with people with LD. |
|---------------------------------|--|---|---|------|-----------|---|--|

### Key to lead Organisations

|         |                                   |
|---------|-----------------------------------|
| NHS K&M | NHS Kent and Medway               |
| KCC     | Kent County Council               |
| MC      | Medway Council                    |
| MCH     | Medway community Services         |
| KCHT    | Kent Community Health Trust       |
| KMPT    | Kent and Medway Partnership Trust |
| EKHUFT  | East Kent Hospitals Trust         |
| DVH     | Darent Valley Hospital Trust      |
| Vol Org | Voluntary Organisations           |
| KMCA    | Kent and Medway Care Alliance     |

## Kent and Medway Dementia Plan summary of investments for 2012-2013

### Dementia investment

| Item  | £         | Source     |                  |
|---|-----------|------------|------------------|
| Modelling tool  | 60,000    | AOP        |                  |
| Undertake local media campaign                            | 26,000    | AOP        |                  |
| Utilise the work (SILK) to redesign services accordingly. | 286,000   | AOP        |                  |
| admiral nurse EK  | 50,000    | AOP        |                  |
| Anti dementia drugs                                       | 1,600,000 | AOP        |                  |
| Peer support  | 90,000    | ASC<br>KCC |                  |
| Dementia cafes  | 90,000    | ASC<br>KCC |                  |
| Advocacy  | 100,000   | ASC<br>KCC |                  |
| EK Home Treatment Service                                 | 250,000   | AOP        | Reablement 12/13 |
| EK Crisis service   | 300,000   | AOP        | ASC 12/13        |
| Medway crisis service                                     | 194,000   | AOP        | Reablement 12/13 |

|  |           |            |                          |
|--|-----------|------------|--------------------------|
| Intermediate care review - share           | 20,000    | AOP        | Reablement               |
|  |           | ASC        |                          |
| Assistive technology - est share           | 250,000   | KCC        |                          |
| Littlestone dementia intermediate care     | 290,000   | AOP        |                          |
| Care Home training -dem map/ My Home Life  | 150,000   | ASC<br>KCC |                          |
| Care Home project                          | 200,000   | AOP        | Regional Innovation fund |
| National dementia CQUIN                    | 1,400,000 | AOP        |                          |
| DVH Dementia Buddy                         | 30,000    | ASC<br>KCC |                          |
| Training LD providers                      | 20,000    | ASC<br>KCC |                          |
| Carers Support 66% share of carers invest: |           |            |                          |
| WK - £563k                                 | 372,000   | AOP        |                          |
| EK - £798k                                 | 527,000   | AOP        |                          |
| Med - £488k                                | 322,000   | AOP        |                          |

**Total investment 6,627,000**

**Sources of funding**

|   |                  |  |
|---|------------------|--|
| Annual Operating Plan (AOP)               | 5,897,000        | of which £1,295,000 is from savings form service redesigns in east Kent and Medway |
| Adult Social Care funding for Health, KCC | 730,000          |  |
| <b>Total</b>                              | <b>6,627,000</b> |  |

## Appendix 4 – Shifting the balance from specialist to universal services

### Current Model

Services for older people can be described as a three tier service model where services are designed to meet need and promote independence. The three broad tiers of service are:

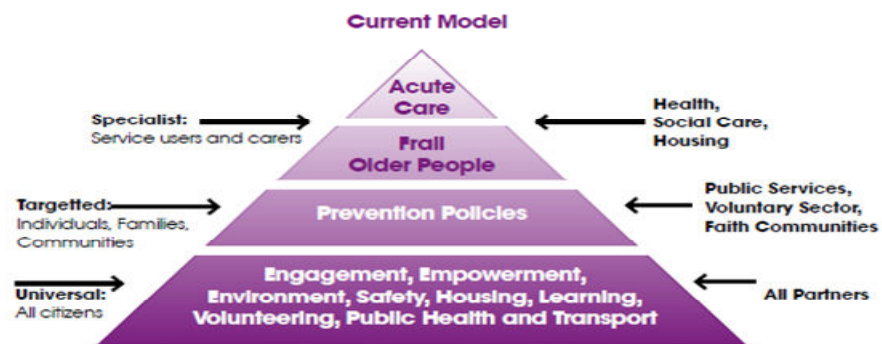
**Universal provision:** Available to all older people

**Targeted provision:** To enable older people to maintain their independence and minimise the need for acute services

**Specialist provision:** For older people who require more intensive support

Traditionally our model of service provision has been one where both investment and focus has primarily been on specified services.

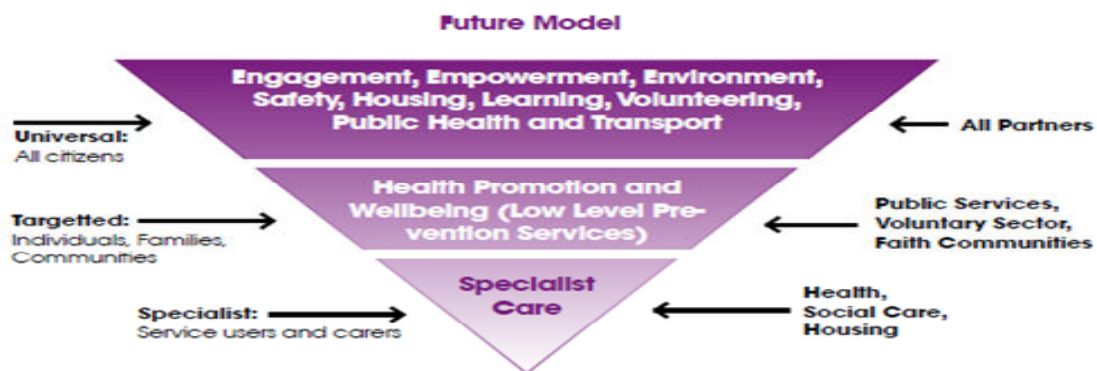
Current focus of service provision



## Inverting the triangle

By inverting the focus on specialist services and placing universal services at the top of the triangle we will ensure that our investment and focus is primarily on maximising the independence and choice of older people.

Vision for the future: Inverting the triangle of care.



To do this we will work with our health and social care partners across the system to ensure that we commission services in the right place at the right time.