

## LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Director of Adult Social Services

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| Report to | <b>Lincolnshire Health and Wellbeing Board</b>                                                   |
| Date:     | <b>10 December 2013</b>                                                                          |
| Subject:  | <b>Lincolnshire Joint Commissioning Strategy for Dementia Care 2014 - 2017 : The Way Forward</b> |

### **Summary:**

Dementia presents a significant and urgent challenge to health and social care, both in terms of the numbers of people affected and the associated cost. It is also a major personal challenge to anyone experiencing early symptoms and seeking diagnosis as our population ages.,

Projections for 2008-2023 show there will be an increase in the number of people affected by dementia by 50% in most areas of Lincolnshire.

The current Lincolnshire Joint Strategy for Dementia Care was launched in 2010 and is due to expire March 2014. Health and social care partners in Lincolnshire have focused on the key areas outlined in the National Dementia Strategy (2009) and Prime Minister's Challenge on Dementia (2012) which were to drive improvements in health and care, reduce the use of anti-psychotic medication, deliver the national carers strategy for carers of people with dementia, and to create dementia friendly communities

A new joint Strategy has been developed for implementation in 2014, following extensive engagement and formal consultation with the public during 2013.

Plans to improve the 'Dementia Journey' and local dementia services are in progress and where appropriate are acknowledged in the Initial Action Plan (see Appendices) attached to this report. Funding made available through NHS Lincolnshire is being used to support a number of initiatives consistent with national and local priorities.

### **Actions Required:**

The Board is requested to :

1. Endorse the Consultation Evaluation Report (see Appendix A) and agree its

publication.

2. Endorse the draft Joint Commissioning Strategy 2014 - 2017 and agree the planned timetable for further County Council sign-off through the Adult Scrutiny Committee on 29 January 2014 and Executive on 4 February 2014 (Appendix B) and Health sign-off via Mental Health Lead Officer Allan Kitt through the four CCG Governing Bodies in December and January following endorsement by this Board.
3. Note the draft Initial Action Plan (Appendix C)
4. Endorse the proposed approach to manage strategy delivery via the Joint Dementia Core Group

## 1. Background

Dementia is estimated to cost the health and social care economy more than the cost of cancer, heart disease and stroke combined<sup>1</sup>, and available statistics indicated that up to 13% of people in England die with dementia<sup>2</sup> Over 750,000 people in the UK<sup>3</sup> are affected, with an estimated 10,500 in Lincolnshire. Dementia is primarily a disease of later life, but there are at least 15,000 people in the UK under 65 who have the illness.

With the increase in the population of older people, the overall costs are set to grow rapidly as a proportion of spending both for the taxpayer and affected citizens<sup>4</sup>.

Following the first annual Dementia Summit in February 2013, the Shadow Health and Wellbeing Board commissioned work to refresh the current Lincolnshire Joint Commissioning Strategy for Dementia Care in March 2013. Engagement with patient and carer groups was already underway, with the help of Lincolnshire Carers Partnership highlighting a number of pressing gaps in the current dementia pathway. Formal public consultation via focus group and questionnaire was undertaken between May and July 2013 which confirmed a number of key themes:

1. The need for services to be better integrated, both between health and social care and the third sector in general, as well as between community and hospital based services.
2. Families feel unsupported after a diagnosis and find it very difficult to get the information, advice and support to manage living with dementia that they need.
3. People who self-fund their care particularly need information and financial advice.
4. Carers feel they are not identified and their needs are not adequately recognised. Services are not always available when needed or delivered in the most acceptable way.
5. Access to respite care suitable for people with dementia is difficult in many localities.

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<sup>1</sup> Lowin et al (2001) 'Alzheimer's Disease in the UK: comparative evidence on the cost of illness and volume of health services research funding'. International Journal of Geriatric Psychiatry

<sup>2</sup> Dementia UK (2007) 'Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society'

<sup>3</sup> ibid

<sup>4</sup> National Audit Office (2007) 'Improving services and support for people with dementia'

These key themes have informed the drafting of the new Joint Strategy 2014 - 2017. This work has been driven by the Dementia Core Group and supported by the Dementia Officers group, which includes membership from all areas of health and social care.

## **2. Report and conclusion**

It is clear that a major feature of the new Dementia Strategy, Journey and Pathway for Lincolnshire will be a move away from long term, high cost maintenance services, and investment in prevention and early intervention services that will support people with low level needs at a much earlier stage, and will continue to support people away from maintenance services through appropriate support mechanisms within the community.

This type of approach has been highlighted locally and nationally as the way forward, with significant investment being sought locally through the development of a Health and Wellbeing Network of preventative services, and has already shown benefits within the Adult Mental Health service where a small fund that provides preventative services (the Mental Illness Prevention Fund) has been utilised to develop a Managed Care Network of services and opportunities that has supported a significant disinvestment in Maintenance Services, and improved outcomes for individuals.

While it would seem that a preventative approach will be a feature of the pathway in the future, significant disinvestment in maintenance services in order to fund the development of new preventative services can be difficult to achieve without double funding, or by reassigning funding on a case by case basis. Significant investment or reinvestment would be required as a result. Efficacy data from other areas, and to an extent from local provision, demonstrates that this approach can both create efficiencies and improve outcomes. However, it is unlikely that a wholesale change in service model would be unlikely without specific evidence on a local level.

The aims of the new strategy will be therefore be to:

1. Improve the Dementia Journey and core offer at each phase.
2. Design a new integrated Dementia Pathway
3. Develop integrated approaches to care including memory assessment services in a primary care based setting
4. Help more people to live at home for longer by ensuring family carers feel well supported through the provision of a Dementia Family Support Service and Dementia Support Network and other related carers support
5. Further develop Dementia Friendly Communities
6. Deliver an integrated training strategy for workforce across health, & care, including the third sector
7. Develop a range of integrated care approaches that help prevent the early or unnecessary admission to residential and acute care.
8. Review and improve end of life care

The draft action plan (Appendix C) will be developed into an on-going working document that will support robust delivery of the objectives above. Delivery of the strategy will be overseen by Joint Dementia Core Group, with work being carried out by officers in co-production with families affected by dementia in themed integrated working groups.

The new strategy is expected to be launched at the second annual Dementia Summit in the spring (date to be confirmed).

### 3. Consultation

The report from the public consultation will be made available and published on the LCC Dementia pages (click [here](#) for link). Further feedback and engagement to the public will take place during December and January 2014

### 4. Appendices

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|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| These are listed below and attached at the back of the report |                                                                                                                                                                                                                             |
| Appendix A                                                    | <ul style="list-style-type: none"><li>• Dementia Consultation Evaluation report</li><li>• Lincolnshire Joint Commissioning Strategy for Dementia Care 2014 - 2017 : The Way Forward</li><li>• Initial Action Plan</li></ul> |
| Appendix B                                                    |                                                                                                                                                                                                                             |
| Appendix C                                                    |                                                                                                                                                                                                                             |

### 5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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