Bath & North East Somerset Council		
MEETING:	Wellbeing Policy Development & Scrutiny Panel	
MEETING DATE:	Friday 18 th November 2011	
TITLE:	Update on Dementia	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
List of attachments to this report:		
Dementia Action Plan		

1. THE ISSUE

To provide the Panel with an update on the implementation of the National Dementia Strategy in B&NES (February 2009) and to present the dementia action plan.

2. RECOMMENDATION

The Panel is asked to note this update and consider when it would wish to receive a further update.

3. FINANCIAL IMPLICATIONS

There are no financial implications to this update report.

4. THE REPORT

The National Dementia Strategy – *Living Well with Dementia* (NDS) was published in February 2009 setting out 17 strategic objectives. During May to June 2009, a review of dementia services across the South West was led by the South West Dementia Partnership (SWDP) which comprises NHS South West, Alzheimer's Society, South West Development Centre and the Association of Directors of Adult Social Services.

A planned visit to each health and social care community took place over two days. At the end of the two-day visit the review team assessed the extent to which there are robust partnerships, commissioning plans, and pathways in place to deliver the National Dementia Strategy, and provided initial feedback on gaps identified and associated actions to the local community. A review report setting out recommendations was sent to each community. This was presented to the B&NES dementia care pathway group.

In September 2010 the Department of Health published a revised outcomes focused implementation plan for the NHS covering four priority objectives as follows:

Good-quality early diagnosis and intervention for all;

- Improved quality of care in general hospitals;
- · Living well with dementia in care homes; and
- Reduced use of antipsychotic medication.

Subsequently the NHS Operating Framework for 2011/12 published in December 2010 reiterated these four national priorities as well as the requirement for localities to publish progress on implementing the National Dementia Strategy and to make this publicly available. The latest version of the B&NES action plan is attached to this report and shows the achievement so far and the priorities for 2011/12 and 2012/13. This latest version will be made available on NHS B&NES's website.

The remainder of this report provides a more detailed update against the four priority objectives.

Good quality early diagnosis and intervention for all in B&NES

Early diagnosis of dementia is beneficial for the person with dementia and their carer and as such primary care plays an important role in dementia care:

- Being the first point of contact for many people with health concerns
- Identification and assessment of people with memory problems or other cognitive or functional deficits
- Providing a route to diagnostic services
- Maintaining a dementia register
- Undertaking regular reviews of all patients on the register
- Overseeing prescribing for patients with dementia, both dementia-specific and other drugs
- Managing problems or crises through primary care management or referral to other services
- Close links between different members of the primary healthcare team

However, dementia presents a challenge to GPs because of an ever increasing prevalence, its progressive nature, and its insidious onset (Turner 2004). In addition, GPs may only diagnose one or two new patients with dementia each year, and have only twelve to fifteen patients with dementia on an average whole time equivalent list. These relatively small numbers may cause a lack of educative exposure to dementia patients and may result in a delay in diagnosis.

As a result a sub-group of the dementia care pathway group is developing an educational programme for practice teams to overcome some of these barriers. In the first instance practices have been asked to complete a learning needs analysis by the end of November 2011 which will be used to develop an educational evening event on Tuesday 24th January 2012. Bespoke practice educational sessions will also be developed depending on the needs identified in the survey.

As well as improving knowledge and expertise in primary care, access to memory assessment services is a key component of the pathway and as such B&NES commissions this service from the Research Institute for the Care of Older People (RICE). The Institute runs a weekly memory assessment clinic and a nurse led community memory screening clinic.

Improved quality of care in general hospitals

In December 2010 the Royal College of Physicians published the interim report on their national audit of dementia care in hospitals. This highlighted a general lack of focus from general hospitals on improving the services for people with dementia despite the significant numbers of patients in acute hospitals. The RUH carried out this audit and also took part in the enhanced audit, which only 52 acute Trusts chose to do. The interim audit results are available on the Royal College of Psychiatrist website.

The SWDP pulled together an expert reference group, chaired by Alison Moon, Chief Nurse at UHB, to develop standards for hospital care to compliment the national audit. These standards were designed so that by 31st March 2011, each acute hospital undertook a self-assessment of current practice against the standards as well as setting out a comprehensive improvement plan for 2011/12.

Subsequently from September to November 2011 a peer review process on dementia care in hospitals has been undertaken led by the SWDP. The RUH and the RNHRD had their site visits on Thursday 13th October. Reports from the peer review team are expected later this year.

The peer review process did not include community hospitals. However, Sirona Care & Health C.I.C, at the request of commissioners, carried out a self-assessment against the hospital standards. The outcome of this self-assessment has fed into the B&NES action plan.

Living well with dementia in care homes in B&NES

A "Dementia Quality Mark" for care homes has been developed, and is being piloted in the South West. Councils in B&NES, Wiltshire, Plymouth, Bristol and Dorset have agreed with local independent sector providers to be early adopters with the aim of rolling out the scheme to other areas.

More recently, the PCT has approved a care home local enhanced service from primary care to improve the continuity and quality of primary care medical support to nursing homes. This on the basis that evidence suggests that residents in nursing homes have multiple complex medical needs and over 50% have dementia or other mental health needs as the primary clinical need or in addition to complex physical disabilities.

Reduced use of antipsychotic medication in B&NES

In October 2010 NHS South West wrote to medical directors of mental health Trusts and PCT medicines management leads to confirm arrangements for the regional audit of prescribing of antipsychotic medication. Mental health Trusts were asked to audit prescribing in in-patient settings, out-patients and community mental health services. Whereas PCTs were asked to audit the prescribing in primary care and care homes for adults aged 65 years and over on general practice registers.

Avon & Wiltshire Mental Health Partnership Trust submitted their audit results in January 2011 which showed that they were very low prescribers with approximately 200 patients out of around 7,500 patients with dementia identified Trust-wide being on antipsychotics.

The PCT's medicines management team completed the audit and submited the results to NHS South West at the end of September. The PCT is awaiting feedback on the audit results.

The RUH also audited use of antipsychotics as part of the Royal College of Physicians general care in hospitals audit which demonstrated that the Trust was slightly better than the national average across a number of indicators.

5. RISK MANAGEMENT

A risk assessment is not necessary in respect of this update report.

6. EQUALITIES

An equalities impact assessment is not warranted in respect of this update report.

7. CONSULTATION

The B&NES Dementia Care Pathway Group has been the vehicle for engaging and consulting on the dementia action plan. The group includes the following organisations:

Alzheimer's Society
Avon & Wiltshire Mental Health Partnership Trust (AWP)
B&NES Age Concern
Great Western Ambulance NHS Trust (GWAS)
Guideposts Trust
Research Institute for the Care of Older People (RICE)
Royal United Hospital Bath NHS Trust (RUH)
Sirona Care & Health C.I.C
Somer Community Housing Trust
Support for People with Alzheimer's (Peggy Dodd)
Somerset Care & Repair
The Carers Centre

8. ISSUES TO CONSIDER IN REACHING THE DECISION

Not relevant.

9. ADVICE SOUGHT

It wasn't necessary to seek advice from either the Council's Monitoring Officer (Council Solicitor) or the Section 151 Officer (Strategic Director – Resources & Support Services) on the contents of this update report.

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Background papers	National Dementia Strategy, Department of Health, February 2009

Please contact the report author if you need to access this report in an alternative format