Implementation of the National Dementia Strategy

in the South East

Baseline Review Report

for

X PCT and X County Council

Drafted in December 2009 and finalised with LA and PCT
dementia commissioning leads throughout 2010
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1.0 South East regional baseline review

1.1 Introduction

This draft baseline review report provides:

- A description of the National Dementia Strategy baseline review process in the South East;
- A locality specific baseline review in the form of a summary profile; and
- Our suggestions to support implementation of the National Dementia Strategy.

We would like to agree the final baseline review report with you and we would welcome an invitation to join a meeting of your local Joint Commissioning Board, (or whatever local partnership arrangements you have in place) early in 2010. The purpose of this meeting would be to continue dialogue and inquiry about the baseline review and to consider options for support by the DH South East regional team that build on this work.

1.2 Background

The National Dementia Strategy (the Strategy) was published in February 2009 with a five year vision for whole system transformation around three themes:

- raising public and professional awareness and understanding of dementia;
- early diagnosis and support; and
- living well with dementia.

A refreshed national Implementation Plan was published in July 2009. This describes national and regional support, as well as defining a structured programme for implementation of the Strategy.

The Strategy indicated that a baseline measurement of services would be established. The Implementation Plan provides a model for the baseline review which was developed in the South East – DH regions are adapting and tailoring this model for their own local approaches.

As a DH regional support team we have been formed to assist implementation of the Strategy as a key priority area. Our remit is to build capacity and capability to support commissioners to implement policy; we do not have responsibility for performance management. As part of the baseline review in our region, members of the DH Older People and Dementia team have been meeting with dementia services commissioning leads in all Councils and PCTs to begin to understand the organisation of dementia services and the challenges faced within the region.

We have also developed a set of dementia metrics to begin the process of informing progress against the seven priority objectives in the Strategy – these metrics feed into this baseline review. This report summarises our findings.
In addition, the national demonstrator site programme is a key part of national and regional support for implementation of the Strategy. This programme comprises two year pilots to test new service models for Dementia Advisors and Peer Support Networks and includes national evaluation. We have nine demonstrator sites in the South East and provide active support via a project leads network to share and disseminate learning to contribute to future service development.

1.3 The baseline review - purpose and aims

The baseline review is iterative; the overall process is to support the development, by commissioners of dementia services, of informed high quality, locally owned action plans. Notable practice will be identified and shared within and across DH regions and there are good national links in place to facilitate this. In addition, we will target DH regional support to areas where services are less well developed. In this way, we will facilitate accelerated implementation of the Strategy and reduce variation between local areas.

Our aim is to assist you to:

- move forward in the key areas which you have highlighted for progress;
- understand your position within the South East region in terms of implementing the Strategy; and
- strengthen your local action plans to improve outcomes for people living with dementia and their carers.

The priority objectives in the Strategy are:

- Good-quality early diagnosis and intervention for all;
- Improved community personal support services;
- Implementing the Carers’ Strategy;
- Improved quality of care for people with dementia in general hospitals;
- Living well with dementia in care homes;
- An informed and effective workforce for people with dementia; and
- A joint commissioning strategy for dementia.
Figure 1: The Baseline Review

**Challenge**

1. Challenge by Third Sector Task Force – ‘the reality check’ against the quality of information
2. What does a ‘good action plan’ look like to people affected by dementia?
3. Use of risk based criteria to identify where to target DH regional support

**Outcomes**

1. Informed, high quality, locally owned action plans to improve the outcomes for people living with dementia
2. Good practice identified and shared within and across DH regions
3. Targeted DH regional support to areas where services are less well developed
4. Accelerated implementation of the Strategy; with less variation between local areas
5. DH capability to assess/report progress on implementation over life of Strategy

**Qualitative review**

1. Interview programme
2. Assess progress against NDS objectives
3. Understand local implementation challenges
4. Build partnerships

**Quantitative review**

1. Apply Dementia Metrics Framework
2. Select relevant improvement measures for priority
3. Understand anomalies and agree baseline position
4. Agree review periods, analysis and reporting
1.4 Qualitative review - what we have done

During the period from May to November 2009 we have undertaken a qualitative review, a structured interview programme, to understand where all 19 Councils and 17 PCTs in the region are in terms of progress against the objectives in the Strategy. In addition, we want to learn more about effective relationships with partner organisations and the Third Sector, as well as improving our understanding of some of the possible barriers to implementation.

Another key element of the baseline review was the DH South East regional event held in Guildford on 30th September ‘Taking Forward the National Dementia Strategy in Partnership in the South East’. All Councils and PCTs across the region were represented. The main focus of this event was to support the development of local action plans, share learning and stimulate the formation of networks across the region. We have used much of the material from this event to inform our baseline review.

At our event on 30th September we fed back some of the comments from the baseline review meetings about what you think makes a good action plan. This included:

- Jointly developed with high level support, for example, Joint Strategic Needs Assessment;
- Links to other strategies, for example, Transforming Adult Social Care, Carers, End of Life Care;
- Refers to objectives in the National Dementia Strategy;
- Costed with a timetable for action; and
- Demonstrates changes to commissioning intentions

In addition, we asked if there are any further essential elements and you suggested:

- Evidencing commissioning intentions;
- Effective governance arrangements;
- Senior commitment and sign off to the plan;
- Local ownership; and
- A plan that is flexible to respond to changing circumstances.

More useful material from the 30th September event is given in annexes to this report. Annex A shows how commissioners are linking the Strategy to other national policies and programmes, for example, the Carers’ Strategy, the End of Life Care Strategy. We asked commissioners to give examples from current practice in a visual summary of your policy links. Another exercise at the 30th September event led to a full listing of where commissioners felt they had made significant progress with implementation of the Strategy and could share this work – your ‘offers’ - and areas where you want to learn more from the South East network as well as our national links – your ‘needs’. This material is shown in Annex B.
1.5 Quantitative review – what we have done

DH in the South East has developed a framework of dementia metrics to provide quantitative information on where Councils and PCTs in the region are in relation to the objectives in the Strategy.

The purpose of these dementia metrics is to:

- inform a baseline measure against priority objectives in the Strategy;
- provide a starting point to inform discussion about local, whole system organisation and effectiveness of dementia services; and
- highlight where there are gaps in current data sets.

1.5.1 Data sets relevant to dementia

Currently, health and social care information that is available nationally on dementia services is very limited and varies in quality. This restricts the scope to assess overall progress. Our metrics work utilises four sources of dementia-specific information for health and social care indicators. This includes:

- for health – clinical metric indicators for dementia developed by SE Coast SHA and the NHS Information Centre;
- for social care – dementia specific indicators from Referrals, Assessments and Packages of Care for Adults (the RAP) developed by the NHS Information Centre;
- for residential care – CQC quality ratings; and

Health: SE Coast SHA and the NHS Information Centre have defined a core set of dementia indicators which cover all PCTs in England.

Social care: the RAP is a key source of social care data available nationally which is dementia specific, but there are challenges to use of the RAP which include:

- collection of dementia specific data is not mandatory in the RAP. For older age groups 85% of councils have completed relevant fields but collection varies according to age group, assessment, review or package of care;
- classification of dementia in the RAP is by professional judgement and not based on a diagnosis;
- the NHS Information Centre use statistical estimation methods when there are missing data fields; and
- significant gaps in the collection of dementia specific data, for example, in relation to carers.

In conjunction with the NHS Information Centre, a number of indicators that map social care provision in relation to the prevalence of dementia data have been developed. Currently, the indicators are not sufficiently robust to enable any differentiation between Councils based on data, but they can be used to prompt
enquiry and raise questions for discussion and to supplement the health indicators already developed.

**Residential care**: national ratings by CQC for residential care homes registered for dementia are available. The development of further useful indicators is an area for future work. It is important to have metrics which reflect the dynamics of Council placements as well as the quality of care homes.

The metrics are listed in Annex 3. The validity and usefulness of these indicators has been tested with two sites in the South East and subsequent adjustment has been made in the selection of the indicators.

### 1.5.2 Applying dementia metrics

Our work on dementia metrics is intended to support local partners to assess and peer review their own position against the Strategy, to prioritise areas for action over the current Spending Review to March 2011. The metrics are primarily focused on service inputs to allow the systems to be put in place to deliver improved outcomes for people with dementia in the future. Outcomes will be the focus of the new national performance indicators in the National Indicator Sets, which will come into effect from April 2011 and begin to demonstrate the effect of the Strategy on people and places. There will be on-going review of the dementia metrics and updates will reflect the new national indicators.

Overall, and as data quality improves, dementia metrics will develop to inform actions to deliver effective change and implementation of the Strategy.

### 1.6 Synthesising the qualitative and quantitative reviews

The baseline review pulls together information from the qualitative and quantitative reviews. In discussion with commissioning leads at Councils and PCTs across the South East, we will use a risk based approach to establish key criteria to inform and target delivery of support by the DH Older People’s Team in the South East. There is on-going discussion with commissioners, but these criteria could include:

- vision and the drive for change;
- memory services;
- numbers of people with a dementia diagnosis on GP QOF registers;
- levels of care managed services for people with dementia in relation to prevalence;
- numbers of admissions to residential care; and
- the quality of partnership working.
1.7 Regional overview

The baseline review across the South East region has enabled us to develop a regional overview of some of the key processes, services and support which have facilitated early implementation of the Strategy.

Our baseline review shows there is real gain when there is structural coherence between Councils and PCTs. There is more progress with implementation of the Strategy when organisations adopt a system-wide approach rather than acting as independent, ‘silo-type’ organisations. The baseline review highlights the central importance of the following structured processes:

- An organised partnership or collaborative approach with senior leadership;
- Development of a Joint Strategic Needs Assessment (JSNA) which is dementia specific - where there is evidence of the development of a JSNA and other tools to guide commissioning this has acted as a focal point for engagement from key partners;
- Joint commissioning – with appropriate governance arrangements, shared resources and a collective commitment to investment and disinvestment; and
- A strong Third Sector - where there is evidence of regular and continuing engagement this can provide a good challenge in the system, acting as a catalyst for new and innovative services.

Areas where the following models for health and social care support or delivery mechanisms are in place also demonstrate more progress with implementation of the Strategy:

- A network of memory clinics/services usually correlates to a dementia diagnosis level that is higher. In addition, areas where there are organised plans to develop these services show a readiness for implementation;
- Clinical leadership in hospitals – this is evident in some parts of the region and the benefits include care pathway development, raised awareness of dementia, greater commitment to training in dementia and an improved patient and carer experience;
- Mental health liaison teams – these teams can show improved patient experience in terms of person-centred care, continuity of care and improved discharge planning; and
- Development of a referral pathway to ensure there is no admission from hospital directly to a care home for people with dementia.

This regional overview highlights some of the critical success factors identified in our baseline review for implementation of the Strategy. Development of our work will focus on how to review improvement and strengthen further the commissioning of improved outcomes for people living with dementia.
1.8 Emerging themes

Our structured interview and our discussions with you at the 30th September DH regional event highlighted where commissioners face particular and pressing challenges. Engagement with you demonstrated clearly where attention was required to accelerate implementation of the Strategy. This includes:

- **Vision and drive for change**
  Demographic pressures are compounded by impending severe economic constraints, which means that sustained whole systems progress can only be realised through collaborative dialogue and effort that recognises the inter-dependences between health and social care. In addition, there are related challenges of how to develop quality while responding to new realities of reducing resources; to bridge the gap between council based activity and the QIPP Quality Innovation Prevention and Productivity activity within the NHS. The drive for change has to plan and deliver on the efficiency and quality agenda as parts of an interdependent whole system, rather than as silos that fail to deliver the necessary outcomes that public expectations, demography and the economic downturn demand.

- **Strategic leadership**
  When senior leadership and commitment to the Strategy is in place (from Directors of Adult Services, Chief Executives, Councillors, Members and Boards), progress with commissioning and securing investment is facilitated. Other points arising include:

  - evidence of concentration or dependence on an individual commissioning lead when there is insufficient senior support to begin implementation of the Strategy;
  - lack of coherence where one or two PCTs relate to a number of unitary authorities. The importance of strategic leadership in such areas is particularly important to drive implementation of the Strategy.

- **The diagnosis gap**
  Nationally only c30% of people with dementia receive a formal diagnosis or have contact with specialist services at any time in their illness. Narrowing the diagnosis gap in relation to prevalence is a key measure of success for implementation of the Strategy. Our baseline review shows considerable interest in the diagnosis gap and there is evidence of some PCTs working to address low levels of dementia diagnosis by GP practice. South East Coast SHA have led the way nationally in the development and use of clinical metrics indicators which enable PCTs to target practices with low levels of diagnosis. South Central SHA is also looking at ways to focus attention on this area of work.

- **The importance of developing care pathways**
  Outcome measures and key performance indicators for parts of the care pathway are an essential building block in whole systems development. Work has started on this in some areas and commissioners want to learn more about these developments.
• **Redesign and decommissioning**
This is particularly challenging when commissioners and providers have a collective partnership arrangement based on historic patterns of provision. This can be an impediment to progress with implementation of the Strategy. Clarity of commissioning purpose, such as through a JSNA and commissioning for improved outcomes, requires the constructive separation of commissioning from the provision of services.

• **Workforce planning and development**
There are many challenges in this area. Raising the awareness and skills of the generic workforce is central, as is the balance between commissioning specialist dementia specific services and/or concentrating on a wider approach to raise overall skill levels. Commissioners’ understanding of the cost/benefit of specialist services is an area of discussion.

• **Increased focus on person-centred planning**
The importance of a workforce which receives more training in dementia care and has more awareness about the behavioural and family aspects of dementia not just clinical or medical knowledge, was flagged by commissioners as another area for further work. Treating people with dignity and respect is a key principle here.

• **Implementing the Carers’ Strategy**
It is important that implementing support for carers is not seen as an isolated intervention. Commissioners pointed to many co-dependencies such as personalisation, the development of dementia pathways, learning disability support, adult safeguarding, prevention and early intervention, and long term conditions. Many individuals, organisations and overarching strategies are interconnected by the common thread of the need to consider carers’ issues, and carers’ needs should be met in an effective and efficient way that prevents carer breakdown or withdrawal.

• **Care homes – raising the quality of care**
There are a number of factors that impact on the quality of care for people with dementia in care homes. Responsibility for the quality of care rests with the care home and CQC, and Councils have responsibility to commission this care for their clients. Real gains in raising the quality of care are evident when this complex relationship is managed and effort is well organised. Commissioners indicate that they want to learn more about these approaches.

• **Commissioners willingness to open dialogue**
It was clear during our regional event on 30th September that there is considerable readiness for communication in all the areas outlined in this regional overview. Commissioners have indicated where they have made progress – Annex B shows your ‘offers’ and where you want to learn more – your ‘needs’.
1.9 Third Sector challenge

The Third Sector challenge ensures there is a ‘reality check’ in the implementation of the Strategy which gives a voice to the person living with dementia. This is a key part of the baseline review.

Working in partnership, the Alzheimer’s Society and DH South East have co-produced a simple yet powerful way of highlighting the major priorities of people affected by dementia.

The first principle has been to listen and hear about perspectives through visits to people living with dementia in various settings and situations where they are using services. This process of ‘engagement’ differs from other complementary approaches where people affected by dementia are asked to contribute to groups or attend meetings away from their own locations.

Another principle is to keep what can often be a complex range of issues and factors as simple as possible. And so, we are using just two questions as a means of finding out more. These are ‘What matters?’ and ‘What keeps you going?’

We hope that our findings and the approach we are adopting may provide useful information about ways of engaging with people affected by dementia for commissioners and other lead roles in the implementation process. We have modelled just one of a number of approaches – the Alzheimer’s Society provide a range of publications which are helpful in this area. There are three further publications which may be of interest and are also listed below.

Our aim is to produce a ‘Reality Check Product’ of the things which matter most as we conclude this process, so that the challenge can be taken on by all others involved in implementing the Strategy.

Working in partnership we identified some important priorities about what matters to people living with dementia and worked through how these perspectives might translate into commissioning concepts. This is shown in the diagram below:

For many, these perspectives are well known and well understood but we hope that by keeping them right at the heart of implementation in the development of local action plans, the ‘reality check’ is always visible.

1 Communicating - Alzheimer’s Society website (May 2008) (http://alzheimers.org.uk/factsheet/500)

2 Listen to us: Involving people with dementia in planning and developing services - Caroline Cantley, Janet Woodhouse and Monica Smith, Dementia North Northumbria University (2005) (http://www.mentalhealthpromotion.net/resources/listen-to-us.pdf)
Involving people with dementia - Caroline Cantley, Monica Smith and Janet Woodhouse (24 November 2005) (http://www.naidex.co.uk/page.cfm/link=118)
Figure 2: The Third Sector Challenge – the priorities for people living with dementia

“WHAT MATTERS?”
“WHAT KEEPS YOU GOING?”

“We see a journey not separate agencies, services and places”

“We know that people with dementia and carers are often two sides of the same coin”

“Little things make a BIG difference”

“Focus on the things we can do and not the things we can’t”

“We all need a break which we can plan for and in emergencies”

“We need to feel connected to other people who understand”

WHAT ARE COMMISSIONING PLANS NOW AND FOR THE FUTURE?

- Whole system partnership working
- Joint commissioning and JSNA

- Better early diagnosis systems and information
- Carer Strategy

Strategies for involving people with dementia and their carers

Training programmes to enhance staff skills and competencies

- Bookable respite and carer support
- Liaison with acute services
- Care pathway development

- Peer support groups
- Alzheimer’s cafés
- Dementia adviser roles
2.0 Locality baseline review: a summary profile

2.1 Introduction

The locality baseline review brings together information from the qualitative and quantitative reviews. We have developed a summary profile for the 19 Council and 17 PCT areas in the South East. Some Councils and PCTs are working jointly to commission dementia services and where this is the case we have developed a single overarching profile. This is the summary profile for x PCT and County Council.

This summary profile has been developed as a starting point to inform a dialogue with you about how to strengthen your high quality, local action plans to improve outcomes for people living with dementia.

During the period May to November 2009 we held an introductory meeting with you in the form of a structured interview to discuss your main strengths and the challenges you face in implementing the Strategy. X PCT and County Council report that:

2.2 Qualitative review

- There are joint commissioning arrangements with a pooled budget in place since 2004. This includes clear governance arrangements with a Partnership Board and joint commissioning intentions published in a briefing paper;
- Memory services are well established. Two different models co-exist and there is work in progress on redesign to move to a single referral system in the current financial year;
- There is an important workforce project in place within NHS Education South Central which aims to strengthen core competencies in dementia care. Improving GP skills is a key focus for this project;
- The dementia diagnosis level in x is in the mid range for the region. The mental health needs assessment shows the diagnosis level to be broken down by district council area. There is recognition of the scope to take this work further. This could include identification and support to GP practices with low levels of dementia diagnosis in relation to prevalence;
- Currently there are no mental health liaison teams in the acute sector although there has been considerable and on-going work to reduce length of stay including concentration on reducing delayed transfers of care. A new operations manager in the acute sector has experience of having set up a mental health liaison service and will be charged with this which is recognised as a positive development;
- CMHTs are well established and integrated, but are recognised to have the potential to work more effectively. A work programme is developing to move this forward across the county; and
- There is evidence of some work to improve the quality of commissioning from care homes for people with dementia including no placements in homes rated poor by CQC.
2.3 Quantitative review

The first section of this report on the South East regional baseline review indicates that the health and social care information which is available nationally on dementia services is very limited and varies in quality. However, data quality should improve rapidly once these metrics are being used widely following their planned publication in early 2010 as an annex to the National Dementia Strategy. Improvement to data quality should enable a move towards benchmarking as a means of understanding and raising performance.

The purpose of identifying and sharing dementia specific national indicators for the South East region now, as part of our baseline review, is to begin a dialogue with you about how metrics can be used to prompt enquiry and to raise questions for discussion. These metrics supplement the health indicators, particularly those on diagnosis levels, which have already been developed and are being used by some PCTs. As part of the baseline review, the metrics are an important starting point to improve understanding between stakeholders about the effectiveness of dementia services.

A complete list of indicators is given in Annex C and further information is available from the NHS Information Centre on the core set of indicators (http://www.ic.nhs.uk/).

The health and social care indicators are given by regional quartile based on the number of organisations who have submitted data. The upper quartile is shown above the horizontal dark green line and the lower quartile is below the red line. Upper and lower quartiles do not necessarily equate to good or bad performance; the indicators are given to contribute to a wider discussion about what might be happening in a service. All data is for 2007-08 apart from the actual to predicted rate of dementia which is data for 2008-09. The summary points are given below:

2.3.1 Health: XPCT Summary Profile

- in the mid range for actual to predicted rate of dementia. There was a reduction in this rate from 2006;
- in the mid range for GPs per 10K population;
- in the lower quartile for acute and secondary care admissions in relation to prevalence;
- in the mid range for mental health admissions in relation to prevalence;
- in the upper quartile for length of stay in relation to prevalence in acute settings;
- in the mid range for length of stay in mental health and secondary care settings in relation to prevalence; and
- in the mid range for expenditure on organic mental health (including dementia).

You might find it useful for us to explore jointly what this data suggests. In this way, commissioners can begin to increase understanding about dementia services in a local area. The questions we could pose for discussion with you are:
• X is in the mid range of PCTs for actual to predicted rate of dementia. Commissioners indicate that memory services are well established. There is work in progress to strengthen the organisation of these services and address the variation in the diagnosis level at GP practices. What impact could this have on the diagnosis level?

• The PCT is in the lower quartile for admissions to acute settings in relation to prevalence and in the upper quartile for length of stay in these settings for people with dementia. Are these data consistent with your work to reduce length of stay and delayed transfers of care? What work is in place to address these findings of a relatively small number of people with dementia experiencing a long stay in hospital?
Clinical Metric Indicators

Indicator 1: Actual to predicted rate of dementia (2008/09)

- in the mid range for actual to predicted rate of dementia. There was a reduction in this rate from 2006

Indicator 2: General Practitioner per 10k population (2007/08)

- in the mid range for GPs per 10K population
Indicator 3:  Acute admissions per actual prevalence index (2007/08)

- in the lower quartile for acute and secondary care admissions in relation to prevalence

Indicator 7:  Secondary Care admissions per actual prevalence index (2007/08)

- in the lower quartile for acute and secondary care admissions in relation to prevalence

Indicator 5:  Mental Health admissions per actual prevalence index (2007/08)

- in the mid range for mental health admissions in relation to prevalence
**Indicator 4: Acute excess bed days per actual prevalence (2007/08)**

- in the upper quartile for length of stay in relation to prevalence in acute settings

**Indicator 6: Mental Health excess bed days per actual prevalence (2007/08)**

**Indicator 8: Secondary Care excess bed days per actual prevalence (2007/08)**

- in the mid range for length of stay in mental health and secondary care settings in relation to prevalence
Indicator 9: Spend on Organic Mental Disorders (including dementia) per 100,000 population (2007/08)

- in the mid range for expenditure on organic mental health (including dementia)
2.3.2 Social care: X County Council Summary Profile

- in the lower quartile for the total number of clients with dementia assessed in relation to prevalence (aged 75+);
- in the mid range for the total number of clients with dementia (aged 65+) receiving services in relation to prevalence. This shows an increase in relation to other Councils since 2005-06 when x was in the lowest quartile;
- in the mid range for number of clients with dementia receiving services provided or commissioned by the Council with Social Services Responsibility;
- in the mid range for proportion of clients with dementia captured within the overall mental health category for assessments;
- in the mid range for proportion of clients with dementia captured within the overall mental health category for packages of care;
- in the lower quartile for the total number of new clients with dementia assessed during the year over the total number of new clients. This position relative to other Councils in the region has decreased since 2006-07 when x was in the mid range; and
- in the mid range for total number of clients with dementia receiving services in relation to the total number of clients receiving services.

Again it might be useful for us to explore these data jointly. Points for discussion could include:

- X is in the lower quartile in the region for assessments of people with dementia both in relation to prevalence and to the total number of new clients. Does this suggest that there are access or equity issues for people with dementia receiving assessments for services? What are the possible reasons for the relatively low level of assessment?
Social Care Indicators

Indicator 1 (age 75+): The total number of new clients with dementia assessed during the year over the predicted prevalence of clients with dementia during the year, by age group

- in the lower quartile for the total number of clients with dementia assessed in relation to prevalence (aged 75+)

Indicator 3 (age 65+): The total number of clients with dementia receiving services during the period provided or commissioned by CSSRs over the predicted prevalence of clients with dementia during the year by age group

- in the mid range for the total number of clients with dementia (aged 65+) receiving services in relation to prevalence. This shows an increase in relation to other Councils since 2005-06 when x was in the lower quartile

Indicator 4 (age 65+): The number of clients with dementia receiving services during the period provided or commissioned by the CSSR, by service type and age group

- in the mid range for number of clients with dementia receiving services provided or commissioned by the Council with Social Services Responsibility
Indicator 7a (age 75+): The proportion of clients with dementia captured within the overall mental health client type category across assessments within the RAP

- in the mid range for proportion of clients with dementia captured within the overall mental health category for assessments

Indicator 7c (age 65+): The proportion of clients with dementia captured within the overall mental health client type category across packages of care within the RAP

- in the mid range for proportion of clients with dementia captured within the overall mental health category for packages of care

Indicator 8 (age 75+): The total number of new clients with dementia assessed during the year over the total number of new clients assessed during the year, by age group

- in the lower quartile for the total number of new clients with dementia assessed during the year over the total number of new clients. This position has decreased, relative to other Councils in the region, since 2006-07 when x was in the mid range
Indicator 10: The total number of clients with dementia receiving services during the period provided or commissioned by the CSSR over the total number of clients receiving services during the year, by age group

- in the mid range for total number of clients with dementia receiving services in relation to the total number of clients receiving services
2.3.3 Residential care

- **% of registered care homes for people with dementia in x are rated good or excellent
- x is in the ** range for Councils with good or excellent ratings in the South East

(Source: Care Quality Commission, 23 June 2009)

- **% of registered care homes for people with dementia in x are rated poor or adequate
- x is in the ** range for Councils with poor or adequate ratings in the South East

(Source: Care Quality Commission, 23 June 2009)
3.0 How we can continue to work in partnership with you

This section of our report highlights specific sources of information and programmes. We have drawn this material together in this report to help you develop your commissioning of dementia services.

3.1 National communication

The main sources of information from DH are:

- The DH dementia portal for national news, forthcoming events and links to support implementation of the Strategy: [www.dementia.dh.gov.uk](http://www.dementia.dh.gov.uk). Currently much of this information is housed on the DH Care networks website at [www.dhcarenetworks.org.uk/dementia/](http://www.dhcarenetworks.org.uk/dementia/). This will be migrated to the DH dementia portal by the end of March 2010.
- Our regular DH SE bulletin – distributed every two to three weeks, this is a round up of news, resources and key pieces of information from the DH South East regional team to support your work in the region. We have regular coverage of good practice examples, events – regional and national, as well as the latest research, reports and articles. For a regular copy of the bulletin please contact: katie.x.barnes@dh.gsi.gov.uk.
- The Alzheimer’s Society website houses much useful information and is a key resource: [www.alzheimers.org.uk](http://www.alzheimers.org.uk).
- The Social Care Institute for Excellence (SCIE) dementia gateway was launched in early November 2009 and includes guidance for staff caring for people with dementia in nursing, residential or domiciliary settings: [www.scie.org.uk/publications/dementia/index.asp](http://www.scie.org.uk/publications/dementia/index.asp).

3.1.1 National awareness campaigns

Notice of the national communications programme could help you highlight your local messages to support implementation of the Strategy:

- February 2010 - national publicity and events planned around the first anniversary of the publication of the Strategy;
- The Alzheimer’s Society are launching a national campaign under the auspices of DH in March 2010; and
- Dementia Awareness Week will be held from 4th - 10th July 2010.

3.2 Support from DH South East regional team

In discussion with you we have developed a ‘menu’ of support which our DH South East regional team can provide. This includes:

- specialist expertise and advice, particularly in the ‘critical friend’ role;
- support to local leaders’ networks to form partnerships;
• making the links across policy areas, such as Putting People First, Carers, End of Life Care, for an integrated approach and to ensure cross learning;
• brokering access to good practice, tools and techniques; and
• helping leaders build learning and evaluation into local programmes.

This is how we will fulfil our remit to help build capacity and capability to support local leaders within commissioning organisations to implement policy in practical and tangible ways.

3.2.1 Our links to key policy areas

Transforming Adult Social Care (TASC)
Each local authority has in place clear programme management arrangements, led by TASC leads, for transforming adult social care services in line with the Putting People First concordat. These changes cover services for older people with dementia and their carers. The DH South East TASC programme manager is working to ensure that the needs of people with dementia are fully taken into account at the local level so that the plans for transforming adult social care are appropriately connected with implementation of the National Dementia Strategy. To this end, the results of the dementia baseline review will be shared with TASC leads and any gaps highlighted for further work.

Carers
DH South East has been awarded funding from the DH Carers' Strategy Team for increased training for ‘key-workers’ within the region. The outcomes include:

• consolidation of existing training by Carers UK and the Princess Royal Trust for Carers by end January 2010;
• a programme of training events within four sub-regional locations programme finalised by end February 2010 and training delivered by June 2010; and
• development of cascade training material overseen by a Carers’ Advisory Board made up of key stakeholders – by end Feb 2010.

A substantial programme of training around support for carers will be delivered to a wide range of key workers in the South East between January and June 2010. Council and PCT Carers’ Leads are involved in planning this and can facilitate connections to your local dementia action plans.

In addition, three Carers’ National Demonstrator Sites have been awarded to the South East. Firstly, two aimed at ‘Better NHS Support’ and secondly, ‘Breaks for Carers’ which links to the National Dementia Strategy and concentrates on reducing length of hospital stay.

Dignity in Care Programme
There are over 11,000 Dignity Champions across the country and 1530 of these are within the South East region. There is a facility to view the interests and location of these champions on the national web site at www.dhcarenetworks.org.uk/dignityincare/. 354 champions have a specific interest in dementia; they come from a variety of health and social care backgrounds:
• March 2010 is national dignity week - support your local dignity champions in dementia services as they are local champions and leaders for improvement.

3.3 Useful publications from other DH regions

The London region has produced a dementia services guide with useful appendices on commissioning a memory service and with job descriptions for some key roles, such as, a dementia advisor and a dementia clinical lead. It describes the workforce competencies for the integrated care pathway and for staff in acute settings. This guidance can be found at: www.healthcareforlondon.nhs.uk/assets/Mental-health/HealthcareforLondon_Dementia-services-guide.pdf

3.4 Signposting to specific guidance

In this final section of our report we signpost commissioners to specific national programmes and projects which may help you achieve a step change in your capability to implement the Strategy:

• **The clinical and health economic case for early diagnosis and interventions services in dementia**
  This summarises the analysis of costs and benefits of expanding early diagnosis and intervention services for dementia. The clinical and health economic case demonstrates how investment in prevention, early intervention and community-based support can be substantially resourced, over 10 years, by reductions in admissions to long-term institutional care. This case can be found at Appendix 4 in ‘Transforming the Quality of Dementia Care Consultation on a National Dementia Strategy’: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_085567.pdf

• **Joint Commissioning Framework**
  The Joint Commissioning Framework outlines the NHS and local authority framework in which local commissioning strategies will develop. Resources within this framework include: a template for joint strategic needs assessments for dementia; a summary of levers available to commissioners; an outline of how the threads of policy wrap around the needs of people with dementia and their carers. http://www.dhcarenetworks.org.uk/_library/Resources/Dementia/National_Dementia_Strategy_-_Joint_Commissioning_Framework.pdf

• **The Royal College of Psychiatrists Memory Services National Accreditation Programme**
  This is a quality improvement accreditation programme for memory services and will:

  • apply clinical and organisational standards for the assessment and diagnosis of dementia in a system of self- and external peer-review;
  • support local clinical and service improvement in line with the network standards;
• produce reports for each service, highlighting areas of achievement and areas for improvement;
• produce a national report which will allow services to compare their activity and indicators of quality with all other services;
• award an accreditation status.
http://www.rcpsych.ac.uk/clinicalservicestandards/centreforqualityimprovement/memoryservicesaccreditation.aspx

• The Royal College of Psychiatrists’ National Audit of Dementia - Care received by people with dementia in general hospitals
The audit will be carried out in acute trusts. Participation will help hospitals to:

  • identify good practice and areas for improvement in hospital wards
  • look at the experience of people with dementia and their carers
  • define the quality of the care experience from the point of view of the patient
  • benchmark environmental and staffing factors against national standards
http://www.rcpsych.ac.uk/clinicalservicestandards/centreforqualityimprovement/nationalauditofdementia.aspx

• Report on the prescribing of anti-psychotic drugs to people with dementia
In recognition of widespread concern about the over-prescription of anti-psychotic drugs, and as part of the priority being given to improving care for people with dementia, Professor Sube Banerjee was asked to undertake an independent clinical review of the use of anti-psychotic drugs. Professor Banerjee has completed his review and the Government has issued its response to his findings:

• End of life care for people with dementia
A key objective for this project was to suggest cost effective recommendations to enable improved care pathways and outcomes for people with dementia at the end of life. A toolkit has been developed with the help of a health economist to enable organisations to scope their own work in this area.
http://www.mariecurie.org.uk/dementiaproject2009

• Key Alzheimer’s Society contacts in the South East region are:

  Bob Moore:
  Area Manager, Central West
  The Alzheimer’s Society
  118 London Street
  Reading RG1 4SJ
  01189 596482
  bob.moore@alzheimers.org.uk
Chris Wyatt:
Interim Area Manager, South East
The Alzheimer’s Society
South East Regional Office
51 Bishopric
Horsham
West Sussex
01403 276649
chris.wyatt@alzheimers.org.uk
Annex A: Linkages between the NDS and other national policies and programmes
### Annex B: Commissioners’ ‘Needs and Offers’ from DH South East regional event

<table>
<thead>
<tr>
<th>#</th>
<th>Needs</th>
<th>Offers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WMG/AG - local MPA and shadow - Chris Wyatt</td>
<td>Would be nice to have clarification on national awareness campaign and how we are expected to implement this locally</td>
</tr>
<tr>
<td>2</td>
<td>Dementia awareness event in a hospital setting - Debbie Morris</td>
<td>Based memory recall clubs and ASWC days (3 week programme for those and diagnosed with dementia) - Debbie Morris</td>
</tr>
<tr>
<td>3</td>
<td>West Kent Admiral Nurses - Primary Care Project - Emma Hanson</td>
<td>Care pathway for dementia involving wide cross-section of the community - Craig Chalmers</td>
</tr>
<tr>
<td>4</td>
<td>Development of education support group for young people with dementia and parent plus websites (also) young people with dementia forum - Vicki Matthews</td>
<td>Developed a web based dementia information site - Wendy Alkenny</td>
</tr>
<tr>
<td>5</td>
<td>Canoers education courses - Sally Carman</td>
<td>Experiences of dementia advisors - demonstrator site - Jane Ettermore</td>
</tr>
<tr>
<td>6</td>
<td>How to engage Meaningfully with people with dementia and carers (hard to reach) - Debbie Morris</td>
<td>How to engage Meaningfully with people with dementia and carers (hard to reach) - Debbie Morris</td>
</tr>
<tr>
<td>7</td>
<td>Multi agency learning from the development of Dementia demonstrator site - Vartala Raju</td>
<td>Mult agency learning from the development of Dementia demonstrator site - Vartala Raju</td>
</tr>
</tbody>
</table>

**Key:**

- **Needs**
- **Offers**
Anxiety B continued

16. Housing and home care
Library of aids to support people with dementia to live at home - telephone contact: mary.stevenson@yangtonpct.nhs.uk

11. Methods of obtaining feedback from people with dementia and what they receive and what we do differently. We know about talking mats - Debbie Bullard (deb bullard@westreeds.nhs.uk)
Dementia Care Forum for residential care home frames - newly set up group - Jackie Jenkins (jiejenkin@buckinghamshire.nhs.uk)
Advice line (CHT) available to residential and nursing homes - Sarah Cooke (sarah.cooke@oxfordshire.nhs.uk)
Early stage of mapping a workflow that will consider all three of the key activities of care, psychological care in care homes - Vania Raza (vania.raza@oxfordshire.nhs.uk)

12. Project managers role in networking and facilitation. Support for voluntary organisations - Gill Major (gill.major@bedfordshire.nhs.uk)

13. Training and training for carestars (prof and non-prof) - Chris Wyatt (chris.wyatt@leicestershire.nhs.uk)
Sharing good practice - Chris Wyatt (chris.wyatt@leicestershire.nhs.uk)
Development of professional care course for public carers - Vicki Matthews (vicki.matthews@berkshire.nhs.uk)
Workforce development across the whole system - Jackie Jenkins (jiejenkin@buckinghamshire.nhs.uk)
Offer to assist with linking Dignity with Dementia - Anna Barratt (anna.barratt@northnorthamptonshire.nhs.uk)
Provide a Clinical education event - Wendy Allaway (wendy.allaway@meadowfoot.nhs.uk)
Using a map of medicines for dementia (Safeguarding including incontinence) - Wendy Allaway (wendy.allaway@meadowfoot.nhs.uk)

14. Effective local forums for voluntary and statutory sector agencies to meet together, discuss issues and network at strategic level - Damien Sanders (damien.sanders@northnorthamptonshire.nhs.uk)
Links with counterparts that have made progress with Joint Commissioning Strategy - all key stakeholders signed up - Vicki Matthews (vicki.matthews@berkshire.nhs.uk)
Advice on CMHT adults CMHT older adults CMHT dementia - CMHT's based on NICE and AOT - How-bedfordshire - Kent - Jane Bremner (jane.bremner@bedfordshire.nhs.uk)
Engaging PCT in Joint Commissioning Services: - Jane Bremner (jane.bremner@bedfordshire.nhs.uk)
Developing an approach to commissioning that is 'top down' and involves people with dementia and their carers in the development and setting of services - Jane Bremner (jane.bremner@bedfordshire.nhs.uk)
Better understanding of how other areas deliver joint working: real life examples of how other areas deliver joint working: real life examples from other areas

15. Consultation with service users and key partners - Jackie Jenkins (sajjenkin@buckinghamshire.nhs.uk)
Whole system approach - tackling barriers between the systems - Jackie Jenkins (sajjenkin@buckinghamshire.nhs.uk)
Facilitate Dignity to be included in commissioning plans - Jane Sanderson (janesanderson@cof miserdis.com)
Culturally appropriate dementia services - Emma Hance (em.hance@northnorthamptonshire.nhs.uk)
Partnership working across organisation to commission services to support the prevention agenda: - Manda Mathews (manda.mathews@northnorthamptonshire.nhs.uk)
Hope to engage with local PCT (or show PCT local approach with LAs and voluntary sector and industry providers) - Avon Jackson (a.jackson@northnorthamptonshire.nhs.uk)
Learning from getting a joint commissioning strategy in place across two areas: Working with local authority and GPs, roles for people with dementia - Catherine Pascoe (catherine.pascoe@northants.nhs.uk)

16. Interagency commissioning strategy and where does commissioning fit - Catherine Pascoe (catherine.pascoe@northants.nhs.uk)
Better understanding of interagency working group make up within PCT/Health working groups - Damien Sanders (damien.sanders@northnorthamptonshire.nhs.uk)
Promotion of joint working and partnership - Damien Sanders (damien.sanders@northnorthamptonshire.nhs.uk)
An easy way to re-evaluate block contracts and where money is invested - Katy Barlow (katy.barlow@hertfordhealth.nhs.uk)
Good practice on how to develop joint commissioning strategy based on service users and carers in partnership - Katy Barlow (katy.barlow@hertfordhealth.nhs.uk)
Evidence about prevention - to aid investment and disinvestment plans - Emma Hance (em.hance@northnorthamptonshire.nhs.uk)
Safeguards for SMEs - Pam Magner (p.magner@pct.nhs.uk)

17. Roles are need to be explicitly measured and captured - Catherine Pascoe (catherine.pascoe@northants.nhs.uk)
Evaluation: Business cases, baseline measures - Catherine Pascoe (catherine.pascoe@northants.nhs.uk)
Economic case for investment in prevention and early intervention - Yaniah Raza (yaniah.raza@bedfordshire.nhs.uk)
Clarity on outcomes - Service user and caregiver views on services. Data on current outcomes - Julie Edison (julie.edison@wellingborough.nhs.uk)
"Gard" performance management: Competing needs will play a key part in the DNS: - Chris Ghi (chris.g@northcentral.gn.uk)
Robust data reliably reported - Chris Ghi (chris.g@northcentral.gn.uk)
Dedicated resources, complete current service mapping, data on current outcomes - Tom Irwin (tom.irwin@wellingborough.nhs.uk)

18. Evidence (qualitative) around outcomes of effectiveness and care in all settings - Chris Wyatt (chris.wyatt@leicestershire.nhs.uk)
Information resources - Chris Wyatt (chris.wyatt@leicestershire.nhs.uk)
Evidence of good practice scenarios for the Dignity Agenda linking with Dementia and Carers strategy - Anna Barratt (anna.barratt@northnorthamptonshire.nhs.uk)
Provision of needs for residential and nursing beds for people with dementia - Julie Edison (julie.edison@wellingborough.nhs.uk)
Annex C: Dementia metrics: health and social care indicators

1  Health - clinical metrics indicators

<table>
<thead>
<tr>
<th>SHEET</th>
<th>CONTENT</th>
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<tbody>
<tr>
<td>Indicator 1</td>
<td>Actual to predicted rate of dementia*</td>
</tr>
<tr>
<td>Indicator 2</td>
<td>General Practitioner per 10K population</td>
</tr>
<tr>
<td>Indicator 3</td>
<td>Acute admissions per actual prevalence index</td>
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<tr>
<td>Indicator 4</td>
<td>Acute excess bed days per actual prevalence</td>
</tr>
<tr>
<td>Indicator 5</td>
<td>Mental Health admissions per actual prevalence index</td>
</tr>
<tr>
<td>Indicator 6</td>
<td>Mental Health excess bed days per actual prevalence</td>
</tr>
<tr>
<td>Indicator 7</td>
<td>Secondary Care admissions per actual prevalence index</td>
</tr>
<tr>
<td>Indicator 8</td>
<td>Secondary Care excess bed days per actual prevalence</td>
</tr>
<tr>
<td>Indicator 9</td>
<td>Spend on Organic Mental Disorders (including dementia) per 100,000 population</td>
</tr>
</tbody>
</table>

2  Social care indicators

<table>
<thead>
<tr>
<th>SHEET</th>
<th>CONTENT</th>
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<tbody>
<tr>
<td>SCD Ind 1</td>
<td>The total number of new clients with dementia assessed during the year over the predicted prevalence of clients with dementia during the year, by age group</td>
</tr>
<tr>
<td>SCD Ind 2</td>
<td>The total number of existing clients with dementia reviewed during the year over the predicted prevalence of clients with dementia during the year by age group</td>
</tr>
<tr>
<td>SCD Ind 3</td>
<td>The total number of clients with dementia receiving services during the period provided or commissioned by CSSRs over the predicted prevalence of clients with dementia during the year by age group</td>
</tr>
<tr>
<td>SCD Ind 4</td>
<td>The number of clients with dementia receiving services during the period provided or commissioned by the CSSR, by age group</td>
</tr>
<tr>
<td>SCD Ind 7a</td>
<td>The proportion of clients with dementia captured within the overall mental health client type category across assessments within the RAP</td>
</tr>
<tr>
<td>SCD Ind 7b</td>
<td>The proportion of clients with dementia captured within the overall mental health client type category across reviews within the RAP</td>
</tr>
<tr>
<td>SCD Ind 7c</td>
<td>The proportion of clients with dementia captured within the overall mental health client type category across packages of care within the RAP</td>
</tr>
<tr>
<td>SCD Ind 8</td>
<td>The total number of new clients with dementia assessed during the year over the total number of new clients assessed during the year, by age group</td>
</tr>
<tr>
<td>SCD Ind 10</td>
<td>The total number of clients with dementia receiving services during the period provided or commission by the CSSR over the total number of clients receiving services during the year, by age group.</td>
</tr>
</tbody>
</table>

3  CQC quality rating for registered dementia care homes
* Note

For clinical metrics indicator 1 from the NHS Information Centre.

Please note that numerator for this indicator is the actual number of patients on the practice dementia register submitted on the QOF (Quality and Outcomes Framework) return for the period 2008/09.

The denominator for this indicator shows the predicted volume of dementia patients for the period 2008/09. This has been calculated using the relevant prevalence rates based on the Alzheimer’s Society report, Dementia UK – The full report, which was published in summer 2007. The prevalence rates have been applied to ONS population projections (split by gender and quinary age band) for all PCTs in the South East and South East Coast SHAs to give the estimated number of patients with dementia for 2008/09.

The trend based approach used for the ONS population projections is consistent across all local areas. They cover a 25 year horizon but users should be aware that small variations in initial assumptions can make a significant difference over this period. There is therefore a greater degree of uncertainty the further ahead the projection is made. For this reason we suggest that projections are best used for up to 10 years on from the base year (i.e. 2006 to 2016).