

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **15th September 2011**

By: **Assistant Chief Executive**

Title of report: **Dementia Strategy**

Purpose of report: **To update HOSC with progress in implementing the East Sussex dementia strategy.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider and comment on progress with dementia strategy.**
 - 2. Agree whether the Committee wishes to receive further reports on this topic.**
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1. Background

1.1 Given the older and ageing profile of the East Sussex population, older people's mental health services have been included as a priority within HOSC's work programme for some time. HOSC received reports on the local strategy for older people's mental health in June 2008, September 2009 and September 2010. The last two reports focused on the local strategy for dementia care, following on from the publication of the first national dementia strategy by the Department of Health in February 2009. The national strategy was very broad and represented a significant challenge to local commissioners and providers of care.

1.2 HOSC noted that local NHS and social care partners had worked jointly to develop a local response to the national strategy, working through the Older People's Partnership Board. Following an assessment of current services, an action plan was agreed by the Partnership Board in November 2009 which set out the proposed approach to developing care in East Sussex. A dedicated dementia commissioning group was established (including three GPs) and a care pathways mapping exercise was undertaken in early 2010 to further develop the strategy.

1.3 East Sussex also successfully bid to the Department of Health for funding to become a national demonstrator site for three initiatives:

- The introduction of three dementia advisors (commenced April 2010)
- Breaks for carers of people with dementia (commenced April 2010)
- GP liaison

1.4 In September 2010 HOSC noted that priorities for 2010/11 were:

- Increasing rates of early diagnosis using model agreed by the commissioning group
- Working closely with the County Council to look at the totality of dementia funding and how to make best use of the overall resources.
- Wise investment of the £1.5m funding obtained from the regional transformation fund – this is overseen by the Sussex Dementia Partnership.

1.5 HOSC also noted that some funding was non-recurrent, such as the grants funding the dementia advisor and the respite demonstrator site projects. The non-recurrent funding was being used to address a backlog of diagnosis, extend the role of dementia advisors and to run a publicity campaign. Ways to secure ongoing funding were being sought.

2. Local Developments

2.1 An update on the implementation of dementia strategy is attached at appendix 1.

2.2 Martin Packwood, Joint Commissioning Manager for Mental Health, NHS Sussex/ESCC Adult Social Care, Dr Lindsay Hadley, GP representative and Neil Waterhouse, Service Director, Sussex Partnership NHS Foundation Trust will present the update to HOSC and take questions.

3. Issues to consider

3.1 HOSC may wish to explore themes such as:

3.2 Progress against priorities

- Whether there has been progress in increasing the rates of diagnosis and reducing variation between GP practices.
- Outcomes of the review of dementia spend across the NHS and social care.
- How the initiatives supported by regional transformation funding have been/will be evaluated.

3.3 Funding for dementia services

- How the resources available for delivering the local strategy are being affected by the challenging financial climate.
- The level of confidence that sustainable funding can be identified for those initiatives which have been funded through non-recurrent grants.
- The proposed strategy to manage increased demand from an ageing population in the context of static or decreased resources.

3.4 Developing new approaches to care

- The approach to reducing lengths of stay and improving hospital care for people with dementia.
- The proposed model for Memory Assessment Services, including the intention for these to be primary care based.

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Report to the East Sussex Health Overview and Scrutiny Committee Older People's Mental Health Services

Background

HOSC last received an update on strategies for improving mental health services for older people in September 2010.

This paper aims to provide a further progress report on the actions taken over the last year, and wherever possible to report directly on actions that were then being planned.

HOSC will be aware from its recent endorsement of proposed improvements in mental health services in East Sussex, that it is planned that older people with 'functional' illnesses (such as depression), will in the future be provided with services consistent with adults of working age who experience such problems.

HOSC has asked that it be updated on these development and arrangements have been agreed to facilitate this. As a result, this paper focuses on the National Dementia Strategy and its implementation in East Sussex.

East Sussex Dementia Strategy

The Dementia Strategy Action Plan, as previously approved by the East Sussex Older People's Partnership Board, is now being updated in line with the Government's new 'Commissioning Framework for Dementia', which was published in July 2011.

This framework is notable for its highly accessible style in setting out very clearly what standards and outcomes patients should expect from dementia services, and for providing greater flexibility in the options that might be pursued by commissioners in achieving these aims.

Implementation arrangements for developing dementia services in East Sussex have continued to be updated to reflect changes in NHS and Local Government commissioning responsibilities. GP engagement has been strengthened by the Clinical Commissioning Executive (CCE) formally nominating representatives of Consortia.

The Dementia Joint Commissioning Group is now chaired by the Assistant Director of Adult Social Care Services (Strategy and Commissioning), and has been joined by the Sussex Dementia Partnership Programme Manager to ensure co-ordination with the Sussex PCT cluster.

The Group has determined its priorities for 2011/12 and receives regular reports on progress being made.

Progress to date

It has been possible to continue with and indeed slightly expand the provision and capacity of Dementia Advisors in 2011/12, since national demonstrator pilot funding ceased in April. [1]

This service has therefore continued to provide information, advice and support to people following diagnosis, and sign-post / refer people to available specialist services, as these become necessary as a result of the course of the illness.

It has also been possible to continue funding the Adult Social Care 'breaks for carers of people with dementia' (respite) service, which delivers a range of flexible two hour breaks enabling carers to pursue their own interests or needs whilst their cared for is supported. [2]

Both have benefited in 2011/12 from last year's successful bid to the Strategic Health Authority for 'Transformation Funds', which have also funded the commencement in August of a pilot dementia care 'in-reach' service for nursing and residential care homes.

Transformation funds have also been committed this year for Acute NHS Trusts to dedicate project management resources to improving dementia care on their wards. This has included their carrying out audits of the number of older people who occupy their beds and have dementia, which will help us identify and quantify the potential to release funds by reducing admission rates and protracted lengths of stay.

Finally, transformation funds have been earmarked for one-off in late 2011/12 to actively promote the launch in April 2012 of the planned new Memory Assessment Services, deferred from implementation in 2011.

Priorities for 2011/12

As was noted in last September's previous update report on dementia services, the challenge in 2011/12 is again to successfully grasp the opportunity to transform dementia services, and to realise the financial as well as clinical benefits of investment, and thereby ensure their sustainability.

Considerable progress has now been made in planning a collaborative process of service re-design, which was identified last year as necessary to fund an expansion in capacity for dementia diagnosis and support services, in the context of very limited new resources being available in future years.

Notification has been given that some services currently provided by Sussex Partnership Trust will no longer be commissioned from April 2012, and instead other services will be commissioned using released funds, to meet the range of social care and support needs of people with dementia and their carers.

These services will include enhanced access to social care in day centres and in-reach programmes for attendees who have dementia, as well as a continuation of carer respite breaks and an expansion in Dementia Advisors, to take place alongside new and expanded Memory Assessment Services (providing early dementia diagnosis).

As a result of the intensive engagement process begun with GPs nominated by the local CCE to work on developing new Memory Assessment Services, it is now likely that these will be primary care based and also potentially primary care provided, meaning access will be far easier and less stigmatising for local older people.

It has also been possible as a result of this engagement process, to agree a series of simple medical tests and cognitive screening processes to be carried out by GPs, to aid them in detecting dementia earlier, and referring people for specialist diagnosis and support, for example from an assignment of a Dementia Advisor.

It should perhaps be noted that since the main anti-dementia drugs accredited by NICE for the treatment of dementia (at an extended range of severities), will be no longer be under patent in 2012, value for money means of delivering greater access to diagnosis and treatment will be critical in the future.

Whilst it is not anticipated that additional 'transformation funds' would be required (non-recurrently) to enable this re-design process to achieve these aims, commissioners in East Sussex are also actively leading local work on modelling what further savings could arise from investments in other services.

These include whether sustaining specialist care home in-reach and improving hospital liaison services, could impact on admission rates to hospital and to care homes, and on lengths of stay once there. Resultant business cases constructed across Sussex will then be considered by the PCT Cluster and judged for investment funds against other QIPP schemes and priorities.

Conclusions

Local progress continues to be made against key priorities in the dementia strategy, and it has been possible to sustain investment levels in 2011/12 using non-recurrent transformation funds.

However, longer term viability depends upon collaborative working between commissioners and providers, which recognises the distinct contributions each can make to ensuring quality and value for money is obtained through innovation.

This means:

- clinical commissioners working alongside non-clinical commissioners
- primary care clinicians working alongside secondary care clinicians of different specialism, not only psychiatrists
- provider organisations working alongside one another from both the statutory and non-statutory sectors
- recognising complementary strengths and weaknesses, with
- each working in the interests of patients and service users rather than their own.

Notes

[1] Dementia advisors (currently 4 no.) have annual capacity to carry caseloads of 600. To date these services have supported the needs of 607 people with dementia and 461 of their carers.

[2] To date there have been 14,000 respite breaks provided for cares of people with dementia. The project is now funded jointly by East Sussex PCTs and adult social care services.