

## LANCASHIRE DEMENTIA WORKSTREAM

### 1. Introduction

- 1.1 The purpose of this paper is to provide an update to the **Blackburn with Darwen Children and Health Overview and Scrutiny Committee** on the Lancashire Dementia work.

### 2. Background

- 2.1 Lancashire has around 17,600 people with dementia aged 65 years and over. These numbers are expected to rise to more than 25,600 by 2025. This is because of the projected increase in the ageing population and the increased prevalence of dementia as people age.

- 2.2 Historically, fewer than half the people with dementia receive a formal diagnosis. Figures in Lancashire are similar to the nationwide picture with only 43% of people actually diagnosed with dementia against the estimated prevalence of the disease. It is clear that there are significantly more people in Lancashire living with dementia that we do not know about, than those that are known to health and social care.

- 2.3 The Lancashire Mental Health Commissioning Network Team led the collection of intelligence during 2011. A multi-stakeholder Lancashire Dementia Expert Reference Group was established in January 2011 to oversee the Dementia Level 3 QIPP (Quality, Innovation, Productivity and Prevention) work.

- 2.4 A Lancashire Dementia 'Case for Change' document was developed, organised around four key areas highlighted as priorities for Lancashire. These are:

- Good quality early diagnosis and intervention for all
- Improved quality of care in general hospitals
- Living well with dementia in care homes and the community
- Reduced use of antipsychotic medication

The 'Case for Change' was shared at a Dementia Clinical Congress in September 2011 and approved by the Clinical Transformation Board on 24<sup>th</sup> November 2011.

- 2.5 The 'Case for Change' provided context and evidence, highlighting local good practice, and recommending key actions and areas for further work. The conclusions included the benefits of a coordinated approach that focuses on Lancashire wide variations towards a standardised method in key areas.

- 2.6 An update on dementia work was presented to the **Blackburn with Darwen Children and Health Scrutiny Committee on 18<sup>th</sup> January 2012**.

### 3. Progress to Date

- 3.1 The Programme is overseen by the Lancashire Dementia Expert Reference Group and draws on a range of clinical and other expertise to prioritise and transact the recommended opportunities. The Expert Reference Group reports to the Lancashire Improving Outcomes Board.

- 3.2 Early deliverables include:

- Review of the outcomes of the 'anti-psychotics task force' for Lancashire dementia patients
- Review of memory assessment services and diagnostic pathways

- Establishment of a community of special interest for general acute care overseeing the implementation of the National Dementia Commissioning for Quality and Innovation (CQUIN) and acute hospital Dementia Dashboard
- Review of community teams to develop crisis and liaison infra-structure
- Development of an integrated health and social care group to oversee coherent improvements in care and nursing home providers

3.3 The anti-psychotic prescribing review task force was established with Lancashire Care NHS Foundation Trust (LCFT) clinicians to support the review of GP patients with dementia, as part of efforts to meet the Dementia Action Alliance 'Call to Action' commitment. The team was initially time limited to 31 March 2012 with a small amount of funding from NHS North West, the Strategic Health Authority (SHA) but there is further work in April – June 2012.

3.4 There are six memory assessment services across Lancashire provided by LCFT. These have proved successful but are seeing increased volumes of patients and some services have waiting lists. The review of the services is an agreed commissioning intention in the 2012/2013 contract between LCFT and commissioners.

The programme of work includes:

- Audit of the current service and model
- Assessment of alternative approaches
- Development of a range of patient pathways according to need (distinguishing between mild cognitive impairment, complex assessment and later stage dementia assessment)
- Revision of services and teams to meet the needs of the pathways
- Agreed protocols for on-going care management
- Development of comprehensive and seamless post-diagnostic support for people with dementia and their carers

3.5 An acute general hospital 'community of special interest' has been established to align with the Dementia AQUA work stream on improving care in acute hospitals. Each Lancashire acute hospital has committed to engage with two support activities with a focus on the healing environment and dignity in care.

3.6 The review of community teams to develop crisis and liaison infra-structure is linked to the priorities in the Dementia 'Case for Change' and the transition arrangements around the acute mental health reconfiguration. The programme of work includes for example the review of all on-going older adult community support to re-define services into the functions required to support transition of services

#### **4. Dementia Consultation**

4.1 Much progress has already been made developing community resources and the number of mental health bed admissions for dementia has decreased significantly.

4.2 As a result of the Lancashire wide reconfiguration of acute mental health consulted on in 2006, inpatient mental health services will in future be provided by LCFT in four new or newly developed units. The current plans include provision for 30 dementia beds.

4.3 The National Dementia Champion, Professor Alistair Burns is working with Lancashire on remodelling the consultation proposals.

4.4 On 27 April 2012, a meeting took place with Local Authority commissioning colleagues and LCFT to look at specific options for the dementia public consultation. The outcomes from this meeting and further work will inform the consultation process.

- 4.5 On 30 May, a meeting with the SHA, commissioning and LCFT colleagues will take place, where it is expected that the timescales for a formal National Clinical Advisory Team (NCAT) Review and going out to public consultation will be agreed and finalised. A formal request has been made to the SHA about anticipated dates for when the NCAT Review may be completed; this is yet to be confirmed. However it is expected that the NCAT Review will take place during July 2012 with formal public consultation to follow in the autumn (*a verbal update from this meeting will be given at the BwD C&H OSC meeting on 13 June*).

## 5. Next Steps

- 5.1 **Blackburn with Darwen Health Scrutiny Committee** will continue to receive regular briefings and be reported to throughout the pre-consultation and consultation process. The Mental Health Network Team and LCFT are going to formally pre-consult with carers and third sector organisations on a number of early concerns and issues raised during the pre-consultation engagement phase. This is planned to take place in July.
- 5.2 A number of important pieces of work have been started as a result of the Dementia 'Case for Change' and the Long Term Conditions (LTC) work towards improvement within the NHS Outcomes Framework. The Dementia leads are actively engaged with the LTC work and Dementia QIPP to ensure there are clear connections and any changes to services around the interface of general acute care is consistent.
- 5.3 The key Lancashire wide items planned encompass:
- The forthcoming dementia consultation and the related specialist community mental health services
  - Establishment of a community, care and nursing home 'community of special interest' with key health, social care and third sector stakeholders
  - Delivery of the successive Dementia Dashboard with 2011/12 data
  - Agree general hospital acute pathways and the association with the national dementia CQUIN
  - Exploration with Clinical Commissioning Groups (CCGs) and stakeholders of the range of approaches recently employed in localities to address waiting lists in MAS to determine what remodelling is required
  - A further anti-psychotic review extended to review older adults prescribed antipsychotics and/or dementia medication, who have not had a final diagnosis or registered on QOF. This will clarify the numbers of patients where alternative approaches to pharmacological options may be considered. A pilot data exercise across all CCG areas is planned for June 2012.
  - Formal pre-consultation and engagement work
- 5.4 The dementia programme will continue to report to HSCs highlighting progress, and engaging where necessary.

## 6. Recommendation

- 6.1 **Blackburn with Darwen Children and Health Overview and Scrutiny Committee** is asked to note this report and highlight any questions.

**May 2012**