



HILLINGDON
LONDON

Policy Overview & Scrutiny Committee Review Scoping Report 2011/2012

OBJECTIVE

Short title of review

REVIEW OF DEMENTIA CARE IN THE BOROUGH

Aim of review

To review and recommend improvements and formalisation of the Council's arrangements for addressing the issue of dementia in the Borough.

Terms of Reference

- 1. To consider existing internal and external arrangements in the Borough with regard to dementia care and diagnosis and any improvements that could be made;**
- 2. To review whether processes in tackling this are timely, effective and cost efficient;**
- 3. To review the guidance and support that is currently available from the NHS and the Council to these individuals and their carers;**
- 4. To seek out the views on this subject from residents and partner organisations using a variety of existing and contemporary consultation mechanisms, including the voluntary sector;**
- 5. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and**
- 6. After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to dementia care and diagnosis arrangements in the Borough.**

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Reasons for the review

Dementia is used to describe a number of different symptoms, defined by Healthcare for London as including changes in memory, reasoning and communication skills, with a gradual loss of ability to carry out daily activities. These symptoms are caused by changes to the brain due to physical diseases such as Alzheimer's Disease.

There are estimated to be over 750,000 people in the UK with dementia and the numbers are expected to double in the next 30 years. Approximately one third of individuals with dementia have been formally diagnosed – therefore, two thirds of people with dementia remain undiagnosed and untreated. The estimated costs of dementia are expected to increase from £15.9 billion in 2009 (of which around £8.2 billion are direct health and social care costs) to £34.8 billion by 2026 – this is an increase of approximately 119%.

With regard to dementia in Hillingdon:

- It is primarily a condition faced by older people. The ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people with dementia in Hillingdon is likely to increase by 8.7% to 2,710 by 2015.
- There are currently approximately 4,700 residents in Hillingdon that are aged 85 or over, which equates to 13.6% of the over 65 population. 67% of the anticipated increase in dementia cases by 2015 will be attributed to this over 85s group, which is expected to grow by 11% within this period.
- People with learning disabilities are more susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 7.6% between 2010 and 2015.
- The overall costs to health for identified dementia patients for 2008/2009 was £2,170,845 and for 2009/2010 was £2,712,800.
- The costs for social care in relation to the cohort of social care clients that mapped to the identified dementia patients was £2,131,291 in 2010/2011.

Although individuals with learning disabilities that have dementia are more likely to have developed dementia at a much younger age, this review will focus on the elderly. It will look at what the Council and other organisations are currently doing to diagnose dementia and what support is available to these individuals and their carers.

Despite the increasing number of people with dementia and the huge impact it has on them, on their families and on health and social care services and budgets, as a society, we are not doing as well as we could to support people with dementia and those who care for them. It is suggested that coordinated services such as rapid response, intermediate care, rehab/re-ablement, supported housing, admiral nurses and other carer support services could reduce dementia-related hospital admissions and unscheduled care costs on the health side and care home admissions on the Local Authority side. As

well as reducing costs, it is anticipated that early intervention, diagnosis and support could improve the quality of life for the individuals and their carers.

Admiral Nurses are specialist mental health nurses who work with and support, families and carers of people with dementia. They also provide education, supervision, development and support, to other professionals and service providers. The aims of the service are to make a positive difference to the lives and experiences of all people affected by dementia, provide nursing leadership, and to promote, share, and develop best practice within dementia care.

The Hillingdon Admiral Nurse Service has been opened for referrals since December 2003. The team is a partnership between the London Borough of Hillingdon's Older People's Services, Central and North West London Mental Health Trust (CNWL) and for dementia, a national charity whose aim is to work with the NHS and others to promote and develop new Admiral Nurse Teams as well as to support and sustain the practice of existing Admiral Nurses.

Changes proposed in the Health and Social Care Bill would result in 80% of NHS commissioning budget transferring to Local Clinical Commissioning Groups (previous known GP Commissioning Consortia). Given that dementia is expected to have such a significantly increased impact on Social Services and NHS budgets, it is essential that all partners work together and that GPs are involved in the production of joint strategic needs assessments and health and wellbeing strategies.

Supporting the Cabinet & Council's policies and objectives

To be confirmed.

INFORMATION AND ANALYSIS

Key Issues

1. Are residents' expectations and concerns about dementia care and diagnosis reflected in the Council's services?
2. How well developed are local strategies and partnerships with regard to dementia?
3. How are instances of dementia currently identified and dealt with in the Borough and how can this be improved and standardised?
4. How have other areas/councils successfully dealt with the issue of dementia care?

5. What training is available to staff to properly detect and assess dementia cases?
6. How can education and training in relation to dementia for health and social care professionals, care home staff, dementia patients and their carers be improved?
7. What progress, if any, is being made with the development of a Dementia Gateway?
8. How could the use of anti-psychotic drugs, telecare/health/medicine, coordination of care between health and social care ensure a higher quality of care/life for individuals with dementia? What other support would be advantageous to individuals with dementia and their carers?
9. How can dementia-related hospital admissions and unscheduled care costs (on the health side) and care home admissions (on the Local Authority side) be reduced? What impact would this have on individuals with dementia and their carers?
10. How good are local awareness, early identification and diagnosis?
11. What information and advice is available locally? What treatment and support services are available?
12. How good is care for people with dementia in hospital? How are people with dementia supported in living at home? What is the quality of life for people with dementia in care homes?
13. How are people with dementia involved in their communities and civil society?
14. What support is available for the carers of people with dementia? Is this support sufficient/how could this be improved?

Remit - who / what is this review covering?

It is proposed that this review will look at:

1. how awareness and understanding of dementia can be raised for health and social care professionals and the public;
2. improvements that could be made with regard to early diagnosis and intervention;
3. how to ensure a higher quality of care/living well with dementia; and
4. how to reduce dementia-related hospital admissions and unscheduled care costs on the health side and social care admissions on the Local Authority side.

Connected work (recently completed, planned or ongoing)

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The London Borough of Hillingdon is currently developing a Dementia Gateway. This Gateway would be a set of resources created to support people with dementia, their carers and staff working in dementia services. The Gateway would provide practical tips, tools and activities in relation to dementia. It would also enable individuals with suspected cognitive impairment to be assessed and a diagnosis undertaken at an early stage of the condition. If an individual is diagnosed as having dementia, the service would then review the person within appropriate time scales. In addition the service would signpost people to services which would support them in preventing their mental health deteriorating for as long as possible. As well as improving the individual's quality of life, preventing this deterioration would reduce the financial impact on the health and social care sector.

The 'Living well with dementia - a National Dementia Strategy' was published in February 2009. It set out a vision for transforming dementia services with the aim of achieving better awareness of dementia, early diagnosis and high quality treatment at whatever stage of the illness and in whatever setting.

In addition to this Strategy, scrutiny reviews have been undertaken by various Local Authorities including Lincolnshire County Council, Middlesbrough Council, Brighton & Hove City Council and Warwickshire County Council. No in-depth work has yet been taken by the London Borough of Hillingdon with regard to dementia.

EVIDENCE & ENQUIRY

Methodology

1. A Working Group would be set up to examine background documents and receive evidence at its public and private meetings from officers and external witnesses.
2. The Committee may also make visits to sites and/or to other Councils with best practice examples.
3. A consultation exercise could also be undertaken.

Witnesses

Possible witnesses include:

1. Individuals with dementia living in Hillingdon and their carers.
2. Older People's Services, Commissioning Team, Public Health Team.
3. External partners, e.g., Alzheimer's Society, Community Integrated Care (CIC), Dementia Care Partnership, Clinical Commissioning Group (formerly referred to as GP Consortium), NHS Hillingdon/Hillingdon

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PCT and The Hillingdon Hospital NHS Foundation Trust, CQC, Health and Wellbeing Board, Dementia Action Alliance.

4. Cabinet Member for Social Services, Health and Housing.

There may need to be some further prioritisation within this list of witnesses in order to make the review manageable and ensure that it is completed within the prescribed timescale.

Information & Intelligence

To be determined.

Consultation and Communications

Consultation could be undertaken with individuals with dementia, relevant charities, service departments and outside organisations.

PROPOSALS

To be developed as the review progresses.

LOGISTICS

Proposed timeframe & milestones

Meeting	Action	Purpose / Outcome
ESSC – 20 July 2011	Agree Scoping Report	Information and analysis
Date TBA	Introductory Report / Witness Session	Evidence & enquiry
Date TBA	Witness session	Evidence & enquiry
Date TBA	Witness session	Evidence & enquiry
Date TBA	Draft Final Report	Proposals – agree recommendations and final draft report

Equalities

The Council needs to ensure that procedures for dealing with individuals with dementia patients and their carers are applied equitably to all community groups, races and ethnicities, enhance community cohesion and adequately

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meet the needs of a diverse borough.

Risk assessment

The review needs to be resourced and to stay focused on its terms of reference in order to meet this deadline. The impact of the review may be reduced if the scope of the review is too broad.