



**NHS**

**West Kent  
Clinical Commissioning Group**

# NHS West Kent's update to WK HWBB; dementia

April 2014

Patient focused,  
providing quality,  
improving outcomes

# NHS West Kent's dementia service audit

## Introduction

Following recommendations from the West Kent Health and Wellbeing board (December 2013) and West Kent's clinical strategic group (February 2014) regarding dementia this short paper outlines the recommended objectives and summarises the findings from a service audit against these objectives. This service audit will be used to agree the action plan for dementia in West Kent for the next 5 years to support delivery of mapping the future. Please note the aims and objectives from the 2012-13 Kent and Medway dementia plan have been considered in the development of this report and progress against these in West Kent have been included in this paper.

## NHS West Kent CCG Vision for the Future for Dementia

*The vision for dementia care in West Kent is one where people receive a timely diagnosis so they can be well supported and enabled to make plans for their future and can continue to have a meaningful life in their local community for as long as possible. It is also one where dementia is seen as a long-term condition and managed well in primary care alongside people's other conditions, through the integrated care team, which will have access to specialist help and advice as appropriate.*

## Key outcomes

In February 2014 West Kent's clinical strategy group agreed the key outcomes for dementia are;

- **Improving diagnosis rates by 24%**, the national average is currently 48% and West Kent 42% against an ambition to reach 66% by March 2015, by increasing awareness, providing training, provision of an effective dementia assessment service and dementia support service
- **Increase length of stay at home** by providing crisis and carers support and by supporting people to live well with their dementia
- **Reducing hospital admissions** by supporting dementia sufferers and carers with changing health and care needs at their own homes
- **Reducing length of hospital stay** by Improving acute hospital care and enable timely return to home or care home. The CCG aims to reduce excess bed days next financial year by 10%
- **Allow all dementia patients expected to die at their preferred place of death** by providing End of Life support

## Recommendations from the West Kent Health and Wellbeing board (December 2013)

- West Kent needs to explore how can we focus on prevention of dementia: There is no certain way to prevent all types of dementia. However, a healthy lifestyle can help lower risk of developing dementia when you are older. It can also prevent cardiovascular diseases, such a strokes and heart attacks.
- There needs to be links with housing and the KCC's accommodation strategy for people with Dementia – KCC have drafted the accommodation strategy and dementia is a key component of this
- Patient and carer experience should be prioritised regarding service planning for people with dementia– service users and carers in West Kent are being involved in developing the plan on a page for dementia and their invaluable insights will be included in this work
- There should be case note audits undertaken for people admitted to care homes/the acute trust considering if these were inappropriate why is this – identifying gaps across the system including support to ensure safe risks can be taken to support people in the community – this has not been undertaken to date and plans are being developed to undertake this
- Are prescribing rates in WK higher/lower/same as the national average for dementia drugs- The rate of Anti-Dementia Medication Items per 1000 patients in WK is lower than national levels
- A report regarding dementia friendly communities should be tabled at the WK HWBB – KCC are drafting a report for dementia friendly communities in West Kent
- Are projections regarding increasing numbers of people with dementia based just on age? If so should this be reviewed? It has been confirmed that projections use POPPI and PANSI estimates of dementia prevalence which are based upon age and gender. PANSI relates to people aged 30-64 and POPPI to people aged 65+. Public health are looking at enhancing their modelling capability, but this methodology is standard practice to date.
- Need to consider how will WK address people not wanting a diagnosis of dementia? There are discussions with the mental health trust regarding how people can be encouraged to seek a diagnosis of dementia. This includes enhanced communication between the practitioner and the patient

Appendix 1 summarises the recommended strategic objectives for West Kent and dementia and progress against each objective.

### Conclusion:

The work of Task and Finish Group is still ongoing and the Board is asked to note the progress made to date. All parts of the health and care system will need to work in

collaboration to achieve good health outcomes for the population with Dementia and their carers. A service audit is currently being undertaken to identify gaps in the service provision/ utilisation. The findings from this audit will inform service redesign / future commissioning intentions.

### **Recommendations:**

The Board Members are asked:

- to note progress made to date and endorse the approach taken to address outcomes for population with Dementia; to complete the service audit for dementia in West Kent by July 2014 and agree an implementation plan to improve the physical, emotional and social wellbeing for people with dementia and their carers in West Kent.
- to provide support from their individual organisations to successfully improve the wellbeing for people with dementia and their carers in West Kent. Collaborative working is required from the CCG, Public Health, county council, districts and borough councils, the voluntary sector, the independent sector and Health and Social care providers.

Strategic objective	What is happening now in West Kent?
To ensure patient and carer engagement in dementia in reviewing existing services and designing any new services	<ul style="list-style-type: none"> <li>In West Kent a questionnaire was undertaken by people with dementia and their carers. 199 questionnaires were received. The majority of these were posted or given to carers and people with dementia by Crossroads, the ADSS and the Alzheimer's Society. A summary of these responses are available in a separate report</li> </ul>
To raise public and professional awareness about and reduce stigma associated with dementia	<ul style="list-style-type: none"> <li>Dementia friendly communities are being developed in the following geographical areas; Tonbridge and Malling / West Malling Village, Tunbridge Wells and Maidstone</li> <li>A communication campaign is being developed for dementia awareness week (18<sup>th</sup>-24<sup>th</sup> May 2014) and will encourage people to talk about dementia, providing case studies in West Kent including Dementia friendly communities</li> </ul>
To ensure people with dementia are proactively supported to improve their physical, emotional and social wellbeing	<ul style="list-style-type: none"> <li>Use of risk stratification and Integrated working through multi-disciplinary teams; Risk stratification identifies patients at risk of hospitalisation based on last 12 months hospital activity and although this is not dementia specific it will include some patients with dementia. Personalised care plans will be developed with patients and carers and shared with professionals who support the person with dementia</li> </ul>
To ensure that people with dementia are supported at the end of their life	<ul style="list-style-type: none"> <li>To enable people to plan for their end of life (advance care plans, DNARs) and to enable people with dementia to die in their place of choice; these should be built into assessment/care planning.</li> <li>The palliative care LES return includes a column that asks practices to record patients on the EOLC register who is frail elderly/dementia so we have quarterly records by practice/locality. However not all frail elderly will have dementia</li> </ul>
To ensure carers for people with dementia are supported to improve their physical, emotional and social wellbeing	<ul style="list-style-type: none"> <li>The carers crisis service is being underutilised in WK</li> <li>The performance report for Carers short breaks (Nov 13 – end Jan 14) shows WK has the highest Distribution of delivered hours against Carer population (almost 30%). However WK does not have the highest use of the urgent services</li> <li>The Quarterly Performance Report for Carers Assessment and Support Services (Q3) advises for WK the following is being achieved; assist to identify new carers within the locality. The following target is amber; Assist to identify carers from seldom heard communities</li> <li>Across Kent the second highest category for Client groups supported by carers identified is dementia (physical disability is the highest) There is significantly higher Information, advice, guidance and signposting for South West Kent than Maidstone and Malling – in SWK there is also a higher number of carers assessments being offered</li> </ul>

<p>To ensure there is adequate accommodation and housing in West Kent for people with dementia</p>	<ul style="list-style-type: none"> <li>• The hospices support people with dementia both at the Hospice, in the community and in care homes.</li> <li>• There are gaps in affordable dementia residential care particularly in affluent areas of Tunbridge Wells and Sevenoaks, evidence of this is that only 20% of the people who live in Sevenoaks and need residential care are placed in Sevenoaks homes – due to high cost provision. There is very little provision for early onset of dementia service users (Stangrove Lodge has a small unit). Dementia Nursing is in short supply.</li> <li>• Most sheltered housing units across the WK area will support people with dementia to some degree, but the exact figures are not available. There are 2 extra care sheltered housing schemes in Maidstone (Tovil Green Court and Thomas Place) and 1 that covers the Sevenoaks (Emily Court) but there are no extra care schemes in Tonbridge or Tunbridge Wells. FSC commissions services in care homes which are out of County. However, the Accommodation Strategy indicates that across WK there are approx. 5,500 sheltered housing units. The proportion of the people who live in these settings who have dementia is not clear.</li> <li>• Community hospitals support people with dementia where this is appropriate NB if the facilities are deemed inappropriate and unsafe alternative accommodation will be sought where available. Each patient is assessed as an individual by each community hospital to ensure that we can meet their needs. The environment at Sevenoaks is not really suitable for this group for this type of patient as the ward is upstairs and it is difficult to prevent pts accessing the stairs. All the hospital staff have had dementia awareness training</li> </ul>
<p>To increase the number of people with a diagnosis of dementia and to increase the number of people receiving an early diagnosis and treatment</p>	<ul style="list-style-type: none"> <li>• 55 of the 62 WK GP practices have provided the CCG with the number of people currently on their dementia register – this information is provided in a separate report. This suggests the poorest early diagnosis rates are in Weald and TTW</li> </ul>
<p>For people with dementia and their carers to be provided with post-diagnostic support</p>	<ul style="list-style-type: none"> <li>• The highest average attendance per session at Dementia cafes in WK are in Maidstone although 4 other localities in Kent have higher attendance (total localities in Kent =20). Tunbridge Wells has the lowest average attendance per session in WK</li> <li>• NHS WK CCG and KCC grant fund the Alzheimer's society to provide peer support workers; 2 in Maidstone and 1 in TTW There are 8 Peer Support Groups in Kent and 4 in WK; Maidstone, Sevenoaks, TW and West Malling. In WK Sevenoaks seems to have the lowest attendance levels</li> </ul>
<p>For assistive technology to support people with dementia to effectively manage their physical, emotional and social wellbeing in their own</p>	<ul style="list-style-type: none"> <li>• Telecare usage within KCC is broken down by Social service locality at present. In terms of assessment and monitoring KCC are in the process of setting up assessment proximity monitoring pilots through a company called 'just checking'. KCC are also looking to trial a range of GPS trackers which can potentially contribute to the safety of people with dementia. All Telecare provision is based on eligibility to FACS and is allocated on a needs basis. Therefore in theory there should not be any inequalities. Gaps will occur if the person requiring Telecare services is not known to KCC.</li> <li>• Tele-health; the overall level of numbers involved is still quite small (less than 20 since April 2013) and suggests potential for</li> </ul>

home	improvement and growth; we cannot currently provide any further breakdown of this information within the West Kent locality, or by specific condition.
When a person with dementia is admitted to an acute general hospital, they have their privacy and dignity respected and staff have the right skills to provide good quality care	<ul style="list-style-type: none"> <li>• At TWH an area outside one of the elderly care wards has been made dementia friendly and is designed as a café area. Patients can eat their meals in this area, providing social stimulation in a non-clinical environment as well as undertaking activities.</li> <li>• At Maidstone Hospital the day room on the elderly care ward has been improved to make it dementia friendly together with an activities co-ordinator for the patients with dementia. This entails providing cognitive stimulation as well as exercise classes for these patients, and also a sociable area for them to eat their lunch.</li> <li>• MTW have a full training programme established at MTW to ensure staff have the right skills to provide good quality care.</li> </ul>
To ensure the appropriate use of prescribing of anti-dementia drugs	<ul style="list-style-type: none"> <li>• There is a very large gap between the expected number of people with dementia, and those identified and a small gap between those identified and the number of people receiving anti-dementia medicines. Please note liquid is not included medication because it is not possible to estimate dose for this and therefore impossible to calculate the number of patients</li> <li>• Very little medication was prescribed in primary care until 1 April 2013 when shared care was introduced. All practices are now prescribing some anti-dementia drugs although some levels are low. These practices should be targeted for training and encouragement and encouraged to accept more shared care anti-dementia prescribing. Low prescribing GPs could be encouraged to attend training or/and buddied with a higher prescribing practice for support</li> <li>• Please note some of the patients will be receiving medication from KMPT which is not shown and there will always be some patients for whom the medication is not suitable and some who do not want it. As more patients are identified more prescribing will occur.</li> </ul>
For people with dementia and/or their carers to be supported in a crisis to prevent access to acute services	<ul style="list-style-type: none"> <li>• The dementia crisis service (Meritum and Crossroads); the highest use of the service in WK is Tonbridge, Tunbridge Wells and the Weald and the lowest use is in Invicta.</li> </ul>