

Draft Joint Northamptonshire Dementia Strategy

2015-2018



Draft Joint Dementia Strategy

A local Strategy For Northamptonshire

This draft dementia strategy has been produced in partnership with local people and following organisations:

- Corby Clinical Commissioning Group
- Nene Clinical Commissioning Group
- Northamptonshire County Council

Foreword

We would like to introduce this draft Northamptonshire Dementia Strategy with the aim of it generating ideas and feedback, to build upon the work we have already undertaken to help people with dementia to live well.

Since the launch of the [National Dementia Strategy](#) in 2009, health and social care organisations have progressively been working together, to deliver real change and improvements based upon the National Dementia Strategy and local priorities.

To help us develop a dementia strategy for the people of Northamptonshire, we are asking for views as part of a public engagement phase from February 2015 to June 2015.

A final joint local dementia strategy will be published in at the end of 2015

The final strategy will take account of the current [National Dementia Strategy](#), as well as local priorities to support people to live well with dementia.

This draft strategy is endorsed by:

DRAFT

Signature	Signature	Signature
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Outline for Dementia Strategy 2015-2018

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1) Introduction

This document forms the Northamptonshire Strategy for Dementia 2015- 2018 It is based on the current national guidance, set out in “Living well with dementia: A National Dementia Strategy” (2009)², a local needs assessment and review of current provision. The strategy aims to provide an overarching statement of how we can collectively meet the objectives of the National Dementia Strategy (NDS) whilst allowing the flexibility of responding to local needs. It has been developed with the Northamptonshire Dementia Strategy Group, working in partnership with Adult Social Care, NHS Services, and third sector organisations.

This strategy should be viewed as a working document. It aims to refocus investment and current resources to improve access to high quality diagnosis, treatment, support, and advice for all people living with dementia in order to improve quality of life from diagnosis to end of life for people with dementia and their carers. This includes ensuring that people with dementia and their carers receive health care and social support, from staff with the skills and training to provide right care. It also aims to support people in the comfort and familiarity of their own environment by moving care away from acute hospitals and reducing the number of people prematurely entering long term care.

The strategy is designed to be inclusive of all citizens in Northamptonshire, who may experience dementia, or are the carers of people with dementia irrespective of age. It is inclusive of all user groups including, for example, adults who may have a learning disability or other long term health conditions that impact on their cognitive abilities.

2) Working Together and Governance

The Northamptonshire Dementia Strategy has been overseen by Northamptonshire Dementia Strategy Group. The group has been established since September 2013 and includes representatives from NHS Corby and Nene CCG's , Northamptonshire County Council, Healthwatch, Northamptonshire Healthcare Foundation Trust, Carer's Voice, Northampton General Hospital, Kettering General Hospital, the Alzheimer's Society, Northamptonshire Carers, Age UK and the independent care provider sector.

- The Northamptonshire Dementia Strategy Group will be responsible for the production, publication, distribution and update of the document.
- The strategy will be reviewed in line with and replicate timescales identified for the National Dementia Strategy.

3) Main Drivers

The headline trend for both Northamptonshire and England's population is that it is ageing with 'top-heavy' demographic aged 65 years and over. This age group has increased at more than double the rate of general population growth. The impact of this will be that there will be substantial growth in a demographic who will have significant support needs, and accumulating conditions, as a result of both organic ageing and social circumstance.

Northamptonshire's population aged 65yrs and over stands at 117,000(2013 JSNA). Growth has been high in this group, but proportionally it represents a lower share of the population than found at the national level. The distribution is highly focused in rural parts of the county, although a shift back to urban areas occurs in the population after the age of 85, most likely due to them moving into residential care.

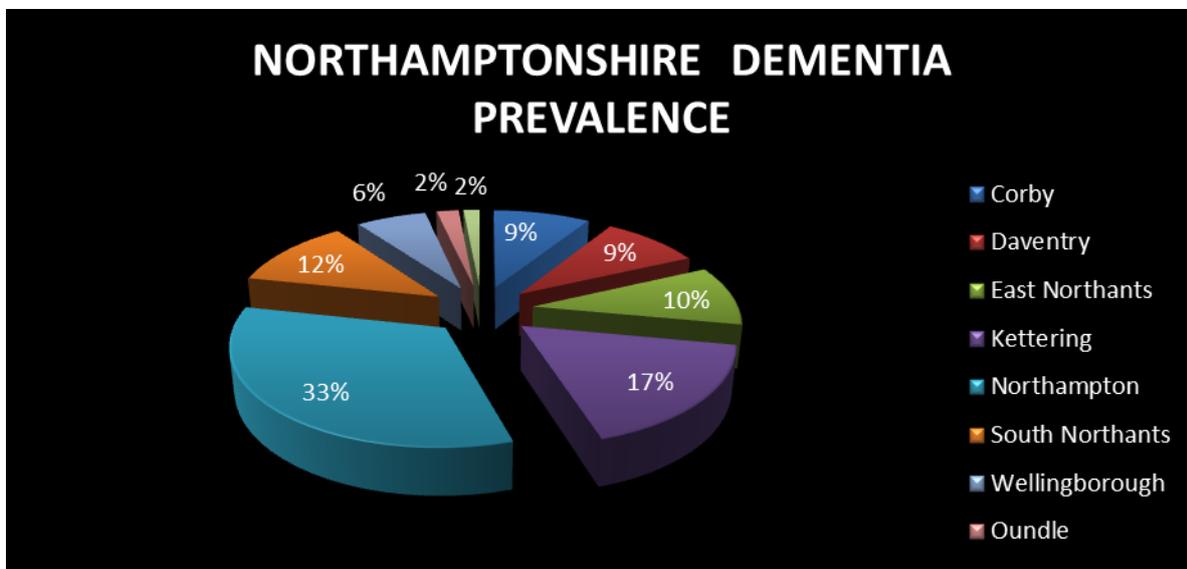
One significant element of the above mentioned group is the number of people living alone. Whilst projected to stay proportionally static, the numbers within this group will continue to grow, and become especially prominent amongst those aged 75+, of which almost 50% live alone. This potentially reinforces some of the major health issues these groups experience, with the mental health impact of isolation adding to the physical issues of increasing frailty and susceptibility to illness.

In Northamptonshire, there are an estimated 7,700 people living with dementia. The majority of those people are living in their own homes or sheltered housing, rather than care homes. The biggest risk factor for dementia is age, and given the changing demography, Northamptonshire has a major opportunity and challenge to enable people who have dementia to live well.

a) Dementia Impact Across Northamptonshire

The table¹ and charts below illustrate how many people in Northamptonshire are estimated to be at risk of developing dementia at a particular time and weighted*, using practice age profile and information on other health conditions. Using the [National Dementia Prevalence Calculator](#) (March 2015), the numbers of people living across Corby and Nene Clinical Commissioning Groups are as follows:

Area	Estimated number with dementia March 2015 (weighted)	Numbers diagnosed with dementia on GP lists (March 2015)	Diagnosis Rate March 2015 (weighted)
Corby CCG(whole)	682*	498	90%*
Nene CCG (whole)	7123*	3903	61%*



It is clear that there is variation in the numbers of people living with dementia across the Northamptonshire. Overall, Northampton has the largest concentration of people living with dementia (NCC Demographics Needs Assessment (Dec.2014)). However, this may be partly due to a higher number of care homes located in Northampton.

It is important to note that real progress has been made in the numbers of people being diagnosed with dementia, and this has been achieved by effective partnership working notably by local GP's , Northamptonshire Healthcare Foundation Trust and CCG Commissioners.

¹ Using Dementia UK (2007) figures for prevalence of dementia:

The calculator applies these figures to a General Practice's registered patient population, by age and by gender.

In order to estimate local prevalence, the tool distinguishes between the patient population in the community, and those patients living in care homes.

The improvements in diagnosis rates can be seen below:

Period	CCG	Dementia Diagnosis Rate	Numbers on Dementia QOF Register
March 2014	Corby CCG	68%	402
March 2014	Nene CCG	51%	3770
March 2015	Corby CCG	88%	534
March 2015	Nene CCG	61%	4336

Nene CCG population has both a much larger and older population than Corby CCG, and therefore it will take longer to achieve a diagnosis rate equivalent to Corby CCG. Significantly though, there are an additional 566 people on the dementia QOF register across Nene CCG practices, compared to an additional 132 people on Corby CCG GP dementia QOF register during the same time period. There is still a continuing need to drive up the dementia diagnosis rate across all Nene CCG, and the work with local GP's and Primary Care Teams will continue to focus on this goal. However, it is vital to understand that **diagnosis is not an end in itself**, and the need for post-diagnosis support for the person living with dementia and their carer(s) is also fundamental. This strategy's key aims are to ensure that the experience of living with dementia is not one to be feared or dreaded. This can only be achieved by commissioning and providing support and services that improve the outcomes for people living with dementia.

b) Joint Dementia Commissioning Intentions

Corby CCG, Nene CCG and Northamptonshire County Council have developed Joint Commissioning Intentions(CI) for 2015/16. These intentions are a road map for commissioning and service re-design , based upon national and local priorities. The dementia commissioning focus will be on the following objectives:

- To develop a local dementia strategy for Corby CCG, Nene CCG and Northamptonshire County Council.
- To meet or exceed the centrally prescribed dementia diagnosis rate of 66.7% (for Nene CCG by March 2016 and maintain the Corby CCG diagnosis rate = 88%).
- To ensure access to post –diagnosis support with a Dementia Care and Advice Service (DCAS).
- To develop intermediate care pathways for people with dementia.
- To improve Dementia Carer Support.

4) Actions And Outcomes – Living Well With Dementia

National Dementia Strategy

The much anticipated [National Dementia Strategy](#) (NDS) was finally launched to great fanfare in autumn 2009. This national strategy was a catalyst to drive improvements in health and social care to realise the strap line, “Living Well with Dementia”. The national strategy incorporated 18 objectives. Since 2010, there have been there has been a number of developments across Northamptonshire to embed the National Dementia Strategy.

<p>Objective 1: Improving public and professional awareness and understanding of dementia.</p>	<p>Progress: National Dementia Awareness Weeks public information and awareness campaigns involving NHS organisations, NCC and Third Sector.</p>	<p>Gaps/ Unmet Need: Informal/Family Carers Training Capacity to embed training with providers in Home Care and Care Homes.</p>	<p>RAG</p>
<p>Objective 2: Good-quality early diagnosis and intervention for all.</p>	<p>Progress: Significant increase in diagnosis rates in both CCG’s In past year, over 700 people have been added to dementia diagnosis register in Northamptonshire.</p>	<p>Gaps/ Unmet Need: Approx. 3,000 people remain undiagnosed across Northamptonshire Referrals to Memory Assessment Services by Black Asian and Minority Ethnic Elders (BAME) appear to be very limited, despite a growing ageing population in parts of the county. GP’s and Memory Assessment Services need to ensure they are inclusive. Memory Assessment Services based within secondary care, could be co-located in primary care and this may improve access to diagnosis.</p>	<p>RAG</p>
<p>Objective 3: Good-quality information for those with diagnosed dementia and their carers.</p>	<p>Progress: Information is available for the public via Dementia Care and Advice Service, Adult Social Care Contact Centre, and NHFT services. There is a range of information available through commissioned services.</p>	<p>Gaps/ Unmet Need: Access to information remains variable. NCC Public Health input to support vascular dementia prevention.</p>	<p>RAG</p>
<p>Objective 4: Enabling easy access to care, support and advice following diagnosis.</p>	<p>Progress: Independent evaluation of Memory Assessment Service led to : Re –designed Dementia Care and Advice service , to provide a one-stop shop for people living with dementia or their carers</p>	<p>Gaps/ Unmet Need: Uptake by Black Asian and Minority Ethnic Elders (BAME) appears to be limited, despite a growing ageing population in parts of the county. Dementia Care and Advice Service needs to ensure it is offering a service that enables a culturally diverse customer base.</p>	<p>RAG</p>
<p>Objective 5: Development of structured peer support and learning networks.</p>	<p>Progress: Peer support network for carers developed, models of peer support will evolve based upon</p>	<p>Gaps/ Unmet Need: Peer support networks for people with dementia under development.</p>	<p>RAG</p>

	locality needs during 2015/16.		
Objective 6: Improved community personal support services.	Progress: NCC commission –Specialist Dementia Home care service in North and South of the county. NCC commission generic home care services, many of the customers receiving these services are living with dementia. NCC commissions a Carers Support Service, approximately 50% of the carers supported are living with dementia.	Gaps/ Unmet Need: The specialist dementia home care service is only available to a limited of people living with dementia. The generic home care model, does not offer the flexibility needed to support people with dementia, particularly as their dementia progresses and needs can be more unpredictable.	RAG
Objective 7: Implementing the Carers' Strategy.	Progress: Local Carer's Strategy has been developed to incorporate dementia strategy. There are county-wide support groups and dementia cafes for Carers Living with Dementia, commissioned by Northamptonshire County Council. Nene CCG and Corby CCG commission a Dementia Care and Advice Service this has been re-designed to offer a one-stop shop for the person/and the carer living with dementia. There is some bed based respite provision at Specialist Care Centres across the county .The use of these beds is limited , due to carer choice and this model of respite not being suitable for some people who have higher care needs. NCC commissions emergency short breaks (within the home) – a large proportion of the carers using this service are also living with dementia.	Gaps/ Unmet Need: Planned home based respite not available to carers. Carers have asked if this could be available as an alternative to bed based respite, which can be very disorientating to the person living with dementia. There is also an opportunity for the NHS and Northamptonshire County Council, to ensure they are supporting employees who are also carers living with dementia with flexible working policies.	RAG
Objective 8: Improved quality of care for people with dementia in general hospitals.	Progress: NHS Health Education have drive to improve numbers of KGH and NGH staff trained in dementia since 2012 = 1,872 KGH and NGH have Dementia Lead Nurses, to improve care pathways for people who are admitted to KGH/NGH. The Patients /Care experience is still variable between and within	Gaps/ Unmet Need:	RAG

	<p>KGH/NGH.</p> <p>Both KGH and NGH have improved their performance against the national dementia Commissioning for Quality and Innovation (CQUINN) – this dementia CQUINN is aimed at improving the identification, assessment, carer information and follow-up referral onto GPs.</p> <p>Acute Hospital Liaison Services – including staff with expertise in Dementia/ Older Person Mental Health at KGH /NGH.</p>		
<p>Objective 9: Improved intermediate care for people with dementia.</p>	<p>Progress: There is limited intermediate care provision for people with dementia. Intermediate care projects have been initiated with winter pressures allocated to the Northampton South (NGH). These have proved successful with over 50% of people returning home following hospital admission to NGH the project is now an established pathway; jointly funded Better Care Fund monies from health and social care.</p>	<p>Gaps/ Unmet Need: Currently the intermediate care is accessible to people living in the Northampton and some of Daventry/ South Northants areas. This service has limited capacity, and demand is currently being met with another project funded until September 2015. There is no intermediate care provision in the north of the county for people living with dementia from - Corby/Kettering/Wellingborough/East. Northants.</p>	RAG
<p>Objective 10: Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.</p>	<p>Progress: NCC commissions some telecare services available for people or carers living with dementia. Telecare solutions may only be viable for a limited number of people with mild dementia or mild cognitive impairment.</p>	<p>Gaps/ Unmet Need: No extra care housing services available that will provide an alternative to care homes for people with dementia. Other telecare options need to be explored, to see if there are gaps missing.</p>	RAG
<p>Objective 11: Living well with dementia in care homes.</p>	<p>Progress: The care home provision for people with dementia is largely available through independent sector providers. Providers sign a framework with NCC or CCG's to provide care.</p>	<p>Gaps/ Unmet Need: Dementia care home supply is limited in some parts of the county. Dementia nursing home supply is particularly limited. Dementia is a progressive condition, and the expected growth in demand requires the subsequent market development.</p> <p>There is limited provision for people with learning disability and dementia.</p> <p>Frameworks need to be more strengthened, with greater focus on outcomes based dementia care to drive up quality.</p>	RAG

<p>Objective 12: Improved end of life care for people with dementia.</p>	<p>Progress: No dedicated provision for people living with dementia.</p>	<p>Gaps/ Unmet Need: End of life care pathways need to include end of life dementia care, and not become a separate siloed pathway.</p>	<p>RAG</p>
<p>Objective 13: An informed and effective workforce for people with dementia.</p>	<p>Progress: Northamptonshire County Council has an on-going dementia training offer for any staff working in health and social care. The training may not be free, and is chargeable in some cases. NGH, KGH and NHFT provide dementia training to their staff. Tiered dementia training delivered workforce training across NHS and Social Care providers – NGH/KGH /NHFT GP Practices, NCC Independent and Third Sector. Number of KGH/NGH staff trained April 2012- March 15=1872 (Health Education East Midlands April) Number of Social Care staff trained 2013/14= 240 (LGSS) In 2014 Primary Care staff working for Nene CCG and Corby CCG's have received dementia training = 70 staff approx.</p>	<p>Gaps/ Unmet Need: Training is variable across organisations, and needs to be prioritised for key staff, particularly nurses and doctors in acute general hospitals. Dementia training from accredited providers should be promoted as the preferred option, to give assurance on quality. Recruitment and retention of staff working across social care and health is having an impact on the integrity of some services, particularly care home and homecare sectors.</p>	<p>RAG</p>
<p>Objective 14: A joint commissioning strategy for dementia.</p>	<p>Progress: This document will be the local dementia strategy for Northamptonshire. Draft version to go out to public engagement from June 2015.</p>	<p>Gaps/ Unmet Need: In draft, requires engagement, then approval by Northamptonshire County Council, Corby CCG and Nene CCG.</p>	<p>RAG</p>
<p>Objective 15: Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.</p>	<p>Progress: Monitoring processes for NCC and CCG's for care in place, but needs strengthening to drive up quality in dementia care. Monitoring framework for home care by NCC in place. Although many of the service are not exclusively for people with dementia, people with dementia represent a high volume of customers in care homes and in home care services.</p>	<p>Gaps/ Unmet Need: New NCC Care homes framework with quality and contractual focus on dementia and person-centred care needed. New NCC Care Homes Framework to be implemented 01st April 2016.</p>	<p>RAG</p>
<p>Objective 16: A clear picture of research evidence and needs.</p>	<p>Progress: NCC Public health capture local data based upon Joint Strategic</p>	<p>Gaps/ Unmet Need: Lack of data regarding adults with a Learning disability and dementia, and</p>	<p>RAG</p>

	Needs Assessment framework. This supports the planning and commissioning of services locally. The National Dementia Prevalence Calculator provides data to selected NHS users, to help identify numbers of people diagnosed/undiagnosed with dementia.	the impact of dementia on Black and Minority Ethnic Elders (BAME).	
Objective 17: Effective national and regional support for implementation of the Strategy	Progress: Regional leads role was de-commissioned in NHS re-organisation. Strategic Clinical Networks are overseeing some elements of dementia strategy.	Gaps/ Unmet Need: Strategic Clinical Network focus has been largely on diagnosis.	RAG
Objective 18: Reducing the inappropriate use of antipsychotic drugs for people with dementia	Progress: A national audit in 2011/12 showed Northamptonshire made significant progress in reducing inappropriate use of anti-psychotics. Local CCG prescribing protocol in place to support appropriate prescribing. CCG Care Homes Advice Pharmacists, monitor use of all medicines in care homes across Northamptonshire.	Gaps/ Unmet Need: National audit to benchmark and compare if progress has been maintained.	RAG

Other Commissioned Services

NHS Commissioned

Community Mental Health Teams for Older People/People with Dementia, based in Northampton, Daventry and Kettering.

Countywide Early –Onset (under 65yrs) Service.

Mental Health In-patients Services for Older People /People with Dementia based in Northampton and Kettering.

Northamptonshire County Council Commissioned

Specialist Day Care for People with Dementia

County-wide Specialist Home Care Service for People with Dementia

Key Recommendations for the Local Dementia Strategy

1. Improved intermediate care for people with dementia
2. Improved end of life care for people with dementia.
3. Develop options for housing support, housing-related services and telecare to support people with dementia and their carers.
4. Implementing the Carers' Strategy, and alternative respite care options.
5. Develop sustainable dementia care homes market that delivers quality assurance.

Summary

Since the launch of the strategy, there has clearly been significant progress locally in many areas. However, there are still areas that require further development to make living well with dementia a reality for the people of Northamptonshire.

There will also be the need to consider other factors that will shape and influence dementia care – parity of esteem, the ongoing need for public sector efficiency, the drive for integration, and the Care Act are likely to play a major part in how our services are delivered in the coming years. This dementia strategy will need to balance commissioning priorities with these new realities, and therefore the five priorities above have been identified as key areas of focus for the next three years.

References

- Living Well With Dementia: A National Dementia Strategy- 2009 (DOH)
- Dementia – A State of the Nation Report- 2013 (DOH)
- Dementia Does Not Discriminate- All Party Parliamentary Group on Dementia (2013)
- Joint Strategic Needs Assessment, Demography Profile – NCC Public Health (2014)
- Cracks In The Pathway-Care Quality Commission (2014)
- Making Our Health And Care Systems Fit For An Ageing Population- Kings Fund (2014)

