

Westminster Health & Wellbeing Board

Date:	1 October 2015
Classification:	General Release
Title:	Dementia Joint Strategic Needs Assessment and Commissioning intentions
Report of:	Tri-borough Directors of Adult Social Care and Public Health
Wards Involved:	All
Policy Context:	To support the Health and Wellbeing Board statutory duty to deliver a Joint Strategic Needs Assessment
Financial Summary:	n/a
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1. Executive Summary

- 1.1 This report presents the key findings and recommendations from the Joint Strategic Needs Assessment (JSNA) on dementia. It also sets out the outputs of the 'Like Minded' North West London (NWL) Strategic Review of Dementia and how these will be used to inform future commissioning intentions to address the challenges presented by the expected increase in dementia in our local population.

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board are requested to consider and approve the dementia JSNA for publication.

The Health and Wellbeing Board are requested to note how the dementia JSNA and the NWL dementia strategy will be used to inform the future commissioning intentions.

- 2.2 The reason for requesting approval of the dementia JSNA is to ensure appropriate future configuration of health and care support services in place to support people diagnosed with dementia and their carers to live well and to meet the increasing forecasted demand within resources.
- 2.3 The North West London (NWL) Mental Health & Wellbeing Strategic Implementation and Evaluation Board approved the the strategic review report of dementia on 15 May 2015 and agreed that individual CCGs would consider the outputs and outcomes as part of their service review and development process for 2015/16.
- 2.4 The Health and Social Care Act 2012 placed the duty to prepare a JSNA equally and explicitly on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB). Local governance arrangements require final approval from the Health and Wellbeing Board prior to publication.

3. Background

- 3.1 The number of people with dementia is increasing, which will have a significant impact on our population, particularly older people, their families and carers.
- 3.2 As referenced in the full report diagnosis rates are increasing. Figures for Central London CCG show a formal GP diagnosis rate of 72% of estimated prevalence at March 2015¹. Local estimates put the number of people aged 65+ with dementia in Westminster are 1800. It is also estimated that there will be a 45% increase in the number of people with dementia in the borough over the next 15 years².
- 3.3 According to the Alzheimer's Society there are over 40,000 younger people under the age of 65 who have dementia in the UK. Often referred to as 'early-onset dementia', 'young-onset dementia' or 'working-age dementia' these younger people with dementia experience similar symptoms as older people with dementia but may have specific needs and requirements. Younger people are more likely, for example, to be in work themselves, to have a partner who works, have children, be more physically active, and have financial commitments such as mortgages. Services need to consider the specific needs and interests of younger people, which may well be different from those designed for the over 65s. Younger people tend to have a different type of dementia than over 65s. The Alzheimer's Society indicate the following breakdown of the types of dementia among younger people:

¹ Primary Care Web Tool Data Report, published April 2015, accessed at <https://www.primarycare.nhs.uk/>

² Public Health/CLCCG to discuss further analysis of prevalence data at CCG level

- Alzheimer's disease - around 33%
 - Vascular- 20%
 - Fronto-temporal dementia - 12%
 - Alcohol-related - 10%
 - Dementia with Lewy bodies- 10%
 - Rarer forms of dementia (e.g. caused by Parkinsons) - 20%
- 3.4 This increase will inevitably impact on the local health and social care economies and will require increasing investment in services to detect, treat, and support people with dementia and their carers.
- 3.5 To inform the strategic approach and future commissioning arrangements required to tackle this challenge locally, two pieces of work have been undertaken:
- A deep dive JSNA on dementia for Westminster, Hammersmith and Fulham and Kensington and Chelsea,
 - The North West London Strategic Review of Dementia for Brent, Harrow, Hillingdon, Ealing, Hammersmith & Fulham, Hounslow, Central London and West London Clinical Commissioning Groups.
- 3.6 The JSNA provides a comprehensive evidence base and information about the local population to support the development of future commissioning intentions for dementia services across the three boroughs.
- 3.7 Information for the JSNA has been collected from a variety of sources including audit, relevant policy, research and local data provided by stakeholders, providers and service users. This evidence has been analysed to identify gaps and solutions and forms the basis of the recommendations that are described in the JSNA report. An Executive Summary and a full report of the JSNA are included as Background Papers to this paper.
- 3.8 In 2014, the former Mental Health Programme Board agreed to undertake a strategic review in relation to dementia for the eight CCG groups that fall within the NWL CCG collaboration. The review commenced in August 2014, it included; mapping of prevalence of dementia, mapping of progress towards achievement of 67% diagnosis rate in each area and delivery of a series of themed workshops. The outcomes and outputs of the review are included as Background Papers and summarised as follows:
- an outcome focused Framework specification that uses the Dementia 'I' statements as the basis for a suite of outcome measures. These are accompanied by a set of carers outcomes measures, developed by a carer;

- a dementia exemplar framework developed during the review, and informed by feedback and comments from people with dementia and their carers;
- a high level clinical care pathway developed and agreed by a virtual clinical leads group, which is included within the framework specification;
- a set of individual /group and organisational commitment statements which were produced in consultation workshops.

3.9 In July 2015, local authority and CCG officers met to review the JSNA recommendations with the outputs of the NWL Strategic Review of Dementia and begin planning next steps in light of the key findings of the JSNA and NWL strategy. The outputs of this session are included as Background papers.

3.10 This exercise identified that the majority of the JSNA recommendations that are RAG rated (based on identified service gaps/ opportunities) align with the proposed service aims identified through the NWL work.

4. Considerations

4.1 In the current health and social care climate there is much emphasis on sustainability through better community care, living as well as possible with dementia, keeping people out of hospital and reducing length of hospital stays. This focus is particularly salient when applied to the needs of people with dementia. In the course of writing the JSNA, several key themes were highlighted. These are described in the table below.

<p>1. Numbers of people locally who have dementia will increase over the next few decades (around 55% in next 15 years across the 3 boroughs), primarily due to a greater number of older people (aged 80+)</p>	<p>We need adequate resources to deal with this challenge and we need to provide services more efficiently and sustainably</p>
<p>2. Dementia diagnosis rates have been rising in each of the three boroughs</p>	<p>This has to be followed by an equal input into post-diagnostic care to ensure people are living well with dementia</p>
<p>3. Most of the cost of supporting those with dementia falls on unpaid carers and adult social care. With more care provided at home, pressure on carers may increase</p>	<p>We need to support, advise and empower carers to fulfil this enhanced role without a detriment to their own quality of life</p>
<p>4. Whilst it is important to maintain independence for longer, there</p>	<p>There may be a need for increased training for paid and unpaid carers</p>

needs to be appropriate escalation of care when needed	residential care staff, and other appropriate professionals
5. Dementia services are provided by a range of agencies - acute and primary care, mental health services, social care and third sector	Better cohesion and collaboration is needed via well-coordinated information, advice, advocacy and outreach services
6. People with dementia do not always receive fair access to services which support their mental and physical health needs	People with dementia need to receive parity of access across mental and physical health services

4.2 In the JSNA, services were RAG rated against National Strategy Objectives, NICE Guidance, views expressed by people with dementia and their carers, qualitative research with clinicians, and other supporting evidence. From this, gaps were identified and thirty two recommendations were developed. The table below highlights the recommendations from the JSNA that are a priority for multiple partners across Westminster Health, Social Care, Community and Voluntary sector organisations. A full list of the recommendations can be found in background paper no. 5

Theme	Recommendation(s)
Community Care	<ol style="list-style-type: none"> 1. Ensure adequate provision, through third sector and health and social care services, of activities and support around living well with dementia and managing distressing behaviours. 2. Provide adequate infrastructure and training for care staff. 3. Ensure people are supported to access the care appropriate to them through the use of personal budgets. 4. Ensure adequate resource to support the work of the Dementia Action Alliance and other opportunities to raise public awareness of dementia across the three boroughs

Theme	Recommendation(s)
Residential Care	<p>5. Address supply of local care home beds in future local authority and CCG commissioning intentions, including those specifically for dementia care.</p> <p>6. Address findings from Care Quality Commission (CQC) national report on dementia care in care homes; audit to provide assurance of quality of care in care homes.</p> <p>7. Ensure there are opportunities for coordinated training and support for care homes to enable recognition of patients with dementia and to improve confidence in care for complex needs and difficult behaviours.</p>
Whole Systems Care	<p>8. The current fragmentation in care provision would be addressed through centralised coordination and improved communication/collaboration between services.</p> <p>9. Explore joint working with police and other community safety partners to support appropriate and effective use of assistive technology/telecare for patients with dementia.</p> <p>10. There should be a joint health and social care dementia programme board for the three boroughs to facilitate implementation of the North West London dementia strategy in alignment with findings and recommendations from this JSNA.</p> <p>11. The increasing numbers and needs of people with dementia and their carers are taken into account in wider local authority and health strategies, especially housing and environment.</p>
Patient and Carer's Rights	<p>12. Provide a clear and comprehensive pathway, including respite care, for carers with equality of access across three boroughs, taking into account the unique needs of carers of people with dementia.</p>

4.3 The key themes from the NWL Strategic Review of Dementia highlighted the importance of achieving timely diagnosis for all those who need it balanced against support being available post-diagnosis and having one named person that people with dementia and their carers can call upon.

4.4 Other recommendations to support service improvements in dementia care include:

- that voices of people with dementia and their carers continue to be heard;
- commitments should be given to utilise the dementia framework;
- the dementia commitment statements should reinforce the importance of continuing to improve dementia services across NWL;
- working in partnership to achieve implementation of local plans.

5. Consultations

5.1 In developing the JSNA a draft report was circulated to a range of stakeholders for consultation, including local authority colleagues, CCGs, Community and Voluntary Sector, and Healthwatch. Response to the consultation was good and a large number of comments were received and incorporated into the final version. The views of local people with dementia and their carers were gathered from the Adult Carers Survey and work undertaken by Healthwatch.

5.2 In the process of undertaking the strategic review of dementia services across NWL an exemplar dementia framework was developed in co-production with people with dementia and their carers. A series of themed workshops were held engaging and involving key stakeholders and this work was undertaken with input and the support of Innovations in Dementia and Age UK Kensington and Chelsea.

6. Next steps

6.1 The CCGs and local authorities have jointly committed to undertake a three borough strategic review of jointly commissioned dementia day and community services. The review will explore options to improve and develop services to include a Dementia Resource Centre service model in light of central and local strategic drivers and developments across health and social care. This review is underway and will engage with stakeholders and people with dementia and their carers. Any subsequent re-commissioning of services and procurement will be subject to formal approval by the relevant organisation(s). It is proposed, subject to agreement that a re-procurement process will take place January – September 2016 with a view to awarding a contract for service(s) to be in place October 2016.

- 6.2 The CCGs and local authorities will need to ensure people with dementia and their carers continue to be heard via patient/user/carer group forums to help shape dementia friendly environments and accessible health, social care and voluntary sector services. These services are vital in supporting people with dementia and their carers.
- 6.3 This review affords commissioners an excellent opportunity to remodel, design and align services across the dementia care pathway to meet growing demand and better meet the needs of local service users and their carers and enable them to live well with dementia.
- 6.4 The JSNA recommendations and NWL outputs will be key to shaping services going forward and will be used to benchmark against proposed service models.
- I. The CCGs and LA to consider future work with public health within the framework of the Memorandum of Understanding (MoU), to further explore
 - II. dementia in the local population including alcohol related cases and homelessness
 - III. prevalence locally of people with younger onset dementia further analysis of prevalence data at CCG level
- 6.5 CCGs and LA will maximise opportunities to understand how whole systems integrated care can deliver the best possible outcomes for people with dementia and their carers and the role of the GP federation and Provider Network play in the delivery of dementia services.

7. Legal Implications

- 7.1 The JSNA was introduced by the Local Government and Public Involvement in Health Act 2007. Sections 192 and 196 Health and Social Care Act 2012 place the duty to prepare a JSNA equally on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB).
- 7.2 Section 2 Care Act 2014 imposes a duty on LAs to provide or arrange for the provision of services that contribute towards preventing, delaying or reducing care needs.
- 7.3 Section 3 Care Act 2014 imposed a duty on LAs to exercise its Care Act functions with a view to ensuring the integration of care and support provision with health provision to promote well-being, contribute to the prevention or delay of care needs and improve the quality of care and support.

7.4 JSNAs are a key means whereby LAs work with CCGs to identify and plan to meet the care and support needs of the local population, contributing to fulfilment of LA s2 and s3 Care Act duties.

7.5 Implications verified/completed by: Kevin Beale, Principal Social Care Lawyer, 020 8753 2740.

8. Financial Implications

8.1 There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.

8.2 Implications verified/completed by: Safia Khan, Lead Business Partner Adults, 020 7641 1060

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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BACKGROUND PAPERS:

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	Dementia JSNA and Executive Summary	Colin Brodie	Public Health
2	Dementia Report 06.05.15	Barbara Edwards & Debbie Mayor	CLCCG
3	NWL Strategic Review of	Barbara Edwards &	CLCCG

	Dementia 15.06.15	Debbie Mayor	
4.	Dementia Framework Service Specification	Barbara Edwards & Debbie Mayor	CLCCG
5.	Dementia JSNA and NWL outputs	Lisa Cavanagh	Joint Commissioning