Dementia

Joint Strategic Needs Assessment
Key Topic Area 2011/12
Health and Well Being Board - 14 June 2012

Bernadette Alves, Locum Consultant in Public Health
Why Chosen

• Common, expensive and growing
• Early intervention is cost effective and improves QOL
• Variation in service provision
• Support to carers is key
• National priority
Framework

• Early diagnosis and intervention
• Better care at home / care home
• Better care in hospital
• Appropriate use of antipsychotic medication

• And support for carers
Dementia

• Progressive illness eg Alzheimer’s and Vascular dementia
• Range of symptoms: memory, communication, behavioural, ADL
• Risk factors: age, learning disability, lifestyle
• Carers play a central role
Nationally

- 800,000 people with dementia in England
  - Will double over 30 years
- Costs £17 billion pa
  - Will triple over 30 years
- Overall 1 in 14 aged 65+
  - 1 in 75 aged 65-69
  - 1 in 5 aged 85-89
Croydon Need

- People with dementia: 3,300 now; 4,500 in 2025
- Older carers: 5,000 now; 7,000 by 2030
- Older people (65+) – 14% increase by 2021
  - BAME increasing 20 times more than white
- Compared to London, Croydon will have:
  - Larger numbers / larger increases in numbers of people aged 65+ who…
  - Have dementia, provide unpaid care, live alone, live in care homes, are from BAME groups
Costs

- The total annual cost to Croydon of people with dementia is estimated at £83 million.
- NHS Croydon spends about £10 million per year on people with “organic mental disorders”, some of whom will have dementia.
- Croydon council spends about £5.3 million on mental health for older people per year.
Concerns about memory loss

Diagnosis and Treatment

Living well with Dementia

Crises and challenging times

Approaching the end of life

All services underpinned by improved support for carers

- Primary care
- Croydon Memory Service
- Information, advocacy & advice

- Primary Care
- Croydon Memory Service
- Medication (including regular reviews)
- Information, advocacy & advice (as before)
- Community mental health team
- One to one support from the Alzheimer's society

- Primary Care
- Croydon Memory Service
- Independent mental capacity advocacy service (IMCA).
- Counselling and talking therapies for older adults (IAPT)
- Medication
- Future Care Planning
- Adaptive technology / equipment
- Assistive Technology / Telecare through the Aztec centre
- Adapted Housing
- Social care such as home care, day care, home adaptations
- Day Centres
- Personal Budgets
- Befriending services
- POP STOP mobile service

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- Primary Care
- Advanced Directives making treatment preferences known.
- End of Life Care Pathway
- St. Christopher's hospice
- Bereavement services
- NHS Continuing Healthcare
- Information, advocacy & advice (as before)
General

- Plan now for future need
- Improve data quality
Early diagnosis

• *Rationale*: improves quality of life, reduces behavioural problems, prevents / delays admission

• Croydon should increase diagnosis rate - Approx 43% people with dementia have a diagnosis. Look at variation in GP practices, access by Asian populations, growing numbers referred to memory clinic
Care at home / care home

• *Rationale*: can live with dementia for seven to twelve years, changing needs, many services.
• Use views of people with dementia and their carers as outcome measures
• Regular reviews in primary care; integrate services; Information and navigation;
By 2014, all people living with dementia in England should be able to say:

- I was diagnosed early
- I understand, so I make good decisions and provide for future decision making
- I get the treatment and support which are best for my dementia, and my life
- Those around me and looking after me are well supported
- I am treated with dignity and respect
- I know what I can do to help myself and who else can help me
- I can enjoy life
- I feel part of a community and I’m inspired to give something back
- I am confident my end of life wishes will be respected. I can expect a good death

Source: Quality outcomes for people with dementia: building on the work of the National Dementia Strategy (Sept 2010)
Better care in hospital

• *Rationale*: 30% to 70% of older people in hospital have dementia, have worse outcomes and expensive

• Croydon should focus on audits, staff training, promoting good practice across the Trust, discharge planning, use of specialist advice and closer working with other agencies.

• Keeping people out of hospital
Appropriate use of antipsychotic medication

- **Rationale:** Antipsychotic use: inappropriate, can cause harm, target of 66% reduction

- Croydon should develop more non-drug interventions to help manage behavioural and psychological symptoms, provide ongoing training for staff in primary care and care homes and continue to review regularly the medication of those prescribed antipsychotics
Carers

- **Rationale:** carers have key role, health / social care would be overwhelmed, impacts on carer’s health
- Some evidence of less good support
- Croydon should support carers through assessments, information, advice, training, respite, peer support. Views of carers as outcome measures, on-going engagement in planning and decision making
Assets

- Croydon memory service
- Staff awareness and knowledge of dementia care
- Training programme to support staff learning in care homes
- Grand round in care homes.
- Low anti-psychotic prescribing
- Good hospital older adults psychiatric liaison service
- Joint working to assist discharge process
- Quick referrals to Mental Health Older Adults team
- Strong voluntary sector
- POP bus
- Personal budgets
- Support groups for carers
Summary

• Croydon need is high, costly and set to grow
• Care requires close working between agencies
• Quality of service provision varies
• Strategy can build on the needs assessment findings
• Croydon should focus on:
  – Gathering / using views of people with dementia and their carers
  – Early diagnosis
  – Carer Support
  – Integration and navigation
  – Quality of information / data
  – Planning for future needs now
Next steps

• Incorporate comments from HWBB members and others
• Feed into Croydon’s dementia strategy