Improving outcomes for people with Dementia

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Dementia

• Dementia is not a natural part of the ageing process it is a complex and multi-faceted disease with multiple pathways of care that link to other needs that the individual may have
• Individuals need different types of care at different stages of the disease
• Disease progression does not follow a pattern
• Care needs may change rapidly
• Our approach therefore needs to:
  • Include options that meet fluctuations in need and progression of the disease
  • Be focused on prevention
  • Be flexible and innovative and
  • Based around the needs of the individual and their carer
Why we need to change

- Latest forecast indicates the numbers of dementia patients in Kent and Medway will increase by 80% from 21,750 in 2011 to 39,400 in 2030.
- Our diagnosis rate in primary care stands at around 38% and so therefore needs to be improved considerably in future to meet this trend.
- Further work needed to understand how the increase in population will impact on health and social care spend for the growing elderly population and how services in primary and community care can best respond.
- Local and national policy advocates for care to be as close to home as possible
- Clinical outcomes are improved when crisis care is avoided and care follows a preventative model.
Why we need to change

- Carers want to care for as long as they can but they need support.
- Staying at home reduces stress and anxiety, enables people to stay in touch more easily with friends and family and maintain independence.
- As a system we need to respond more effectively to the needs of the individual.
- We need to make the best use of resources to provide the right care in the right place at the right time as a whole system.
The Kent and Medway Plan

• Brings together all significant health and initiatives shared with adult social care across Kent and Medway into one document.

• Aligns with plans for adult social care in Kent and Medway

• Recognises that dementia requires a multi agency approach to ensure that people have access to a range of treatment

• Recognises that people with dementia are likely to have more than one other long term condition therefore critical that dementia is included in the planning for long term conditions.

- Only 5% of patients with dementia only have dementia
- More people with a ltc have 2 or more conditions than only have 1 and this complexity increases with age. The majority of over-65s have 2 or more conditions, and the majority of over-75s have 3 or more conditions

Mercer Guthrie and Wyke, University of Glasgow 2011
Four Key Priorities

- Future Planning
- Awareness raising and reduction of stigma
  - Early Diagnosis and intervention
- Living well with Dementia
  - Support for Carers
  - Meeting needs of specific groups
  - End of Life Care
- Care in right place at the right time
  - Investment in community
  - Acute care
  - Care Homes
  - Acute Hospital Care
Historic model

Services for older people can be described as a three tier service model where services are designed to meet need and promote independence. The three broad tiers of service are:

- **Universal provision**: Available to all older people
- **Targeted provision**: To enable older people to maintain their independence and minimise the need for acute services
- **Specialist provision**: For older people who require more intensive support

Traditionally our model of service provision has been one where both investment and focus has primarily been on specified services.

Current focus of service provision

Illustration of the historic model
Inverting the triangle

By inverting the focus on specialist services and placing universal services at the top of the triangle we will ensure that our investment and focus is primarily on maximising the independence and choice of older people.

Vision for the future: Inverting the triangle of care.

To do this we will work with our health and social care partners across the system to ensure that we commission services in the right place at the right time.
## Key achievements to date

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<tr>
<th>To raise public and professional awareness about and reduce stigma associated with dementia in order to encourage people to seek a memory assessment</th>
<th>Dementia web and 24 hour helpline in place, Web gets approx 5000 visits per month.</th>
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<tbody>
<tr>
<td>To ensure that people with dementia and their carers are well supported in the community and are able to maintain their independence for as long as possible</td>
<td>Investment in peer support and dementia cafes across the county – now available in every locality.</td>
</tr>
<tr>
<td>People feel well supported through a crisis without resorting to unplanned admission to either hospital or care home</td>
<td>Establishment of crisis support service that will extend across the county. West Kent scheme has supported 260 people in a year. In first year prevented 69 hospital admissions and 92 care home placements. Reduced reliance on acute mental health beds, East Kent beds already reduced from 91 to 61 with further reduction of 16 beds planned. West Kent beds reduced by 57 beds since 2008. East Kent home treatment service</td>
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### Key achievements to date cont.

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<th>People feel well supported in the community through access to a range of day support and short breaks.</th>
<th>Broadmeadow based in Shepway (takes referrals from east Kent). 8 bedded short stay unit and day care (open 7 days a week) helps to maintain people in the community through periods of difficulty and change. In the first 3 months of its operation 20% of the admissions were an alternative to hospital admission and 76% of people returned home. Developing personalised Carers breaks in shared initiative with KCC. Support service developed with voluntary sector in Medway.</th>
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<tr>
<td>To ensure that people with dementia who are cared for in care homes receive good quality care and have their privacy and dignity respected.</td>
<td>A range of initiatives have started to support care homes, e.g. training programmes (My Home Life, Dementia Care Mapping) and support around end of life and interventions to reduce hospital admissions.</td>
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What improvements in the pathway of care look like

• Vignettes
• Changing experience of individuals
  • GP
  • Carers
  • Patients
  • Care Home
  • General acute care system
Prime Ministerial challenge

- National challenge on dementia committing to:
  - Give a boost to dementia research
  - Address quality of dementia care
  - Increase public understanding of dementia
  - Make communities more dementia friendly
  - Dementia Challenge Fund: £10 million
    Research Fund: £13 million
Dementia Friendly Communities

- Health and social care plans are only part of the story
- Alzheimer's Society is leading the dementia friendly communities programme
dementiafriendlycommunities@alzheimers.org.uk
- Dementia friendly communities
  - villages, towns, cities and organisations who are working to challenge misunderstandings about dementia.
  - seek to improve the ability of people with dementia to remain independent and have choice and control over their lives.
  - Potential to transform the quality of life of hundreds of thousands of people, supporting their independence and reducing pressure on the NHS and social care system.
  - make good “business” sense.