

NHS Wirral Clinical Commissioning Group

Wirral Dementia Strategy

Introduction

1. This paper provides an update to Governing Body members on the development of a Wirral Dementia Strategy. It also provides assurance on the steps being taken locally to meet the national recommendations and requirements in relation to dementia commissioning.

National Strategic Context

2. Dementia is a growing national problem; the Alzheimer's Society has estimated that:
 - by 2021 there will be one million people with dementia in the UK;
 - this is expected to rise to over 1.7 million people with dementia by 2051¹.
3. In recognition of this growing population and the anticipated demand on health and social care resources, dementia is a nationally driven agenda. There are a number of national documents that provide guidance to commissioners and providers; these include:
 - The [National Dementia Strategy](#)², produced by the Department of Health in 2009, sets standards for dementia care across 18 areas, including improving diagnosis, access to crisis care, and end of life care for people with dementia.
 - In 2012, the Prime Minister's [Dementia Challenge](#)³ was launched, which aims to expedite action against the dementia strategy, acting as a 'call to arms' to organisations to prioritise dementia care in their planning agendas.
 - In April 2013, NICE produced a [Quality Standard](#)⁴ for supporting people to live well with Dementia (QS 30), which is in addition to existing NICE Quality Standard for Dementia care, and the NICE [Dementia Pathway](#)⁵

National Requirements

4. The NHS Outcomes Framework for 2013/14 will monitor the rate of dementia diagnosis in each area, and will expect each CCG to produce a plan in 2013/14 and 2014/15 on how it plans to increase diagnosis rates, with a clear trajectory for each financial year. This has been taken into account within the proposed Wirral Dementia Strategy, but also in a separate workstream, which is detailed below, and which will form the basis of the Wirral CCG plan for this area.

Local Context

5. According to the Joint Strategic Needs Assessment (JSNA), the rate of dementia in older people in Wirral will increase by 19% between 2011 and 2020, and rates will increase by 55% by 2030⁶. Given this anticipated increase, and the national focus on dementia, it has been highlighted as a key priority within the NHS Wirral CCG Strategic Plan⁷.
6. The Dementia Strategy Group has been established as a subgroup of the Mental Health QIPP team, and is chaired by Dr Peter Arthur, the Wirral CCG lead for Dementia. Three meetings of the

¹ http://alzheimers.org.uk/site/scripts/documents_info.php?documentID=412

² <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

³ <http://dementiachallenge.dh.gov.uk/>

⁴ <http://guidance.nice.org.uk/QS30>

⁵ <http://pathways.nice.org.uk/pathways/dementia>

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http://info.wirral.nhs.uk/document_uploads/Downloads/6.%20Older%20People%20July%202012%20FINAL%20FINAL.pdf

⁷ <http://www.wirralccg.nhs.uk/About%20Us/our-strategic-plan.htm>

group have now been held and have been very well attended, with representation comprising primary care, acute care, voluntary sector, social services, and the mental health trust.

7. Dementia is a condition that has implications for health and social care, and requires collaboration between all stakeholders to minimise duplication, and to make the best possible use of limited resources. One of the National Dementia Strategy objectives for each health economy is to have a joint commissioning strategy for dementia. As such, it is an area in which we have been keen to promote integration as much as possible. The Dementia Strategy is therefore not a document that will be owned by the CCG alone, but by all partner organisations, and has been developed on the basis of joint-working from the outset.

Development of the Wirral Dementia Strategy

8. Members of the Dementia Strategy Group were keen that there is a document that encapsulates all that we are doing on the Wirral to meet the objectives of the National Dementia Strategy. It will capture what is being planned both on a national and on a local basis, in order that anyone with an interest in this area is able to understand what people with dementia, and their carers and families, can expect.
9. The document itself has been developed by the CCG but has had input from the Dementia Strategy Group, NHS Wirral CCG Executive team, and the Wirral Dementia Forum. The Wirral Dementia Forum is a group that is chaired by the Wirral Alzheimer's Society, and provides a forum for patients, carers, and those with an interest in dementia, such as the Older People's Parliament, to come together and inform the strategy through real patient experience. The Chair attends both the Strategy Group and the Forum, acting as the liaison between both.
10. In its current form, it captures those activities that have been brought to the attention of the CCG. However, in order to ensure ownership from partner organisations, the CCG lead for Dementia will be meeting with representatives from these organisations over the coming weeks to ensure that it accurately reflects each partner's role and objectives.
11. Furthermore, it is vital that the Strategy has sign-up at a senior level, in order that the work is prioritised and resourced appropriately. As such, following its path through the Governing Body, it is proposed that Dr Arthur and Dr Mantgani, as Chief Clinical Officer of the CCG, formally writes to the Chief Executive of our key provider partners, in order to present the strategy and request their formal sign-up to the areas for which they have been assigned responsibility.
12. The Strategy itself is included as Appendix One. It has been RAG (red amber green) rated to indicate progress in each area, and indicative timeframes for achievement have been assigned. The CCG is working with the CSU Communications team in order to improve the presentation of this document, and so comment should focus on its content at this time.
13. A progress column has been added that tries to capture progress against each area where this is currently known. As work is ongoing to understand the full range of activities across providers, this principally focuses on progress made by the CCG. It is intended that this column is removed from the final public version of the document and is used as an internal tool for monitoring progress.

Consultation on the Strategy

14. Dementia is an area that will touch most of us either directly or indirectly at some point in our lives. It is therefore imperative that we are proactive in describing the level of work that is going on in this area, in order that no one feels alone in managing or supporting someone else to manage this condition. As such, it is proposed that National Dementia Awareness week, 19 – 25th May, is used as an opportunity to promote the Strategy and gain feedback as far as possible. This will include:
 - Promotion via Consortium Patient Groups during this week and the surrounding weeks
 - Promotion on CCG and Consortium websites
 - Advertorial in local press in collaboration with Wirral Alzheimer's Society, highlighting the need to visit the GP with any issues regarding memory, promoting the range of support available following diagnosis, and directing people to the website to view the strategy online
 - Campaign on the NuMed screens within GP Practice waiting rooms

- Copies of the Strategy available at Alzheimer's Society events being held across the Wirral throughout the week

15. Whilst there will be some key workstreams that will not change, the Strategy will be an iterative document, that will be shaped with the development and implementation of national initiatives, and schemes that are developed to meet specific local need.

Improving Diagnosis Rates

16. As described in section 4, the CCG will be expected to set trajectories for an increase in diagnosis rate, and will be held to account against this by NHS England through the National Commissioning Board.

17. As at January 2013, the number of patients diagnosed with dementia on GP Practice registers was 2110. Work is being undertaken using the recently published Dementia Prevalence Calculator to determine the gap between actual and predicted prevalence of dementia; however, at last calculation, the JSNA states that only 43% of our expected dementia prevalence is actually recorded on GP Practice systems as a diagnosis of dementia. This means that a large number of our patients may not be receiving the appropriate care for their condition, and that one of the key areas of focus needs to be to increase our diagnosis rate.

18. A team representing NHS Wirral CCG was successful in gaining a place on the NHS Northwest Leadership Academy Leadership for Integration programme. Since Autumn 2012, Dr Peter Arthur, Dr Anushta Sivananthan (Medical Director for Cheshire and Wirral Partnership Trust, and Old Age Psychiatrist), and Christine Campbell, acting as dementia lead for Wirral CCG, have been working on a plan that aims to increase diagnosis rates over the next three years.

19. It is hoped that this plan will form the basis of the plan required for the NHS England Outcomes Framework; it includes the following:

- Practices to sign up to national Directed Enhanced Service, in which GP Practices are to offer a brief memory assessment to people in identified 'at risk' groups;
- Capacity modelling being undertaken at the Wirral Memory Assessment Service to ensure that the service is able to manage an anticipated increased number of referrals, and that patients have a formal assessment within eight weeks of referral from their GP;
- Dementia awareness campaign will be run through television screens with GP Practices, encouraging people with concerns regarding their memory, or that of a friend or family member, to visit their GP;
- National Dementia CQUIN, requiring all patients aged over 75 admitted to hospital to have an assessment of their memory;
- Local Dementia CQUIN, which will require the acute trust and mental health trust to work together to put in place a resource on named wards that will pick up those that are identified through the national CQUIN, and develop a care plan for the patient whilst in acute care, and also a discharge plan to ensure that the patient is discharged into an environment that will be suitable for their needs, avoiding long term care where possible. The providers will also be required to follow any initial assessment of memory problems through to a referral for formal diagnosis;
- Local Dementia CQUIN within the Community Trust, requiring frontline nursing staff to have dementia awareness training, and to work with the CCG and acute trust to develop a pathway from those displaying initial signs of memory loss through to formal diagnosis;
- Contract between Local Authority and care homes is being revised to include training for staff on identifying signs of dementia, and the development of a facility for undertaking dementia assessments both in care homes, and in people's own homes, if it is not possible for people to attend the Memory Assessment Service.

20. It will be important to measure the impact of each scheme carefully, in order to understand which schemes are most effective in terms of value for money and, most importantly, on ensuring that there is a direct impact on increased rates of diagnosis.

21. The CCG is undertaking a piece of work to understand the requirements under the NHS Outcomes Framework, and we are confident that the work undertaken with the Leadership Academy and through the Strategy Group will place Wirral in a prominent position in terms of the

progress made to date, and the clear strategy for meeting national requirements and recommendations.

Issues Identified

22. It is clear through mapping undertaken by the Dementia Strategy Group that there are already significant resources invested in dementia care and support. The Strategy Group is supporting organisations to work together to ensure that we can make the best use of what is available, and that information for patients and staff sets out the full range of services. However, there are gaps identified that may require additional resources, such as access to fast and responsive crisis care, and increasing capacity within the Memory Assessment Service. David Miles, Senior Contracts Accountant for the CCG, is a member of the Dementia Strategy Group and will be working closely with any project leads to ensure that any service developments are in line with available resources.
23. Whilst delivery of the Wirral Dementia Strategy is a joint responsibility between organisations, it is important that there is ownership and support by the CCG to achieve the intentions within the CCG Strategic Plan, and also to co-ordinate the activities of our partners. The CCG will need to ensure that there are sufficient resources, at an executive level, project management time, and clinical leadership, to ensure that momentum is maintained and that the Strategy is delivered.
24. The CCG Long Term Conditions group is leading on a programme of work has some implications for dementia care, and it is important that both groups fully understand each other's remit, to avoid duplication. The CCG Operational Team, and the Dementia Strategy Group, have requested a presentation on the Long Term Conditions project aims and progress, in order that this may be more fully understood.
25. One of the key objectives of the National Dementia Strategy is in relation to carers – both in terms of identifying carers and providing information relating to dementia, but also in meeting carers' own health needs. The CCG will need to identify a clear lead for carers and work with other agencies to develop a carers' strategy.

Conclusion

26. Significant progress has been made on the Wirral in relation to Dementia care. However, the national focus on this area, and the growing population of elderly people, highlights that there is significant work to be done. It is hoped that this is captured as far as possible within the Wirral Dementia Strategy.
27. The CCG is asked to note:
 - the Dementia Strategy in its current format, and the work that is planned to ensure that it is the product of health and social care, and commissioner and provider, collaboration
 - the development of an initial plan as to how the CCG intends to increase its diagnosis rate of dementia
 - the issues identified for future consideration.

Next Steps

28. The CCG will proceed in promoting the Dementia Strategy as outlined within this paper, concentrating around National Dementia Awareness Week.
29. The CCG will formally write to the leads of our partners in the Strategy to ensure sign-up at an executive level.
30. The Dementia Strategy Group will continue to have ownership of the strategy document, and will update this in line with feedback gained from public and stakeholders, and with emerging national guidance.

Christine Campbell
Chief Officer – WGPCC
CCG Executive Lead for Dementia

Dr Peter Arthur
CCG Clinical Lead for Dementia
7th May 2013