MUNICIPAL YEAR 2010/2011 REPORT NO. 235

MEETING TITLE AND DATE:

Cabinet Meeting 27 April 2011

REPORT OF:
Ray James - Director of Director of Health, Housing and Adult Social Care

Agenda – Part: 1	**Item: 7**
Subject: Enfield Joint Dementia Strategy 2011 - 2016 **Wards: ALL**	
Cabinet Member consulted: **Councillor Don McGowan**	

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1. EXECUTIVE SUMMARY

1.1 This report proposes the agreement of an Enfield Dementia Strategy jointly with NHS Enfield.

1.2 The Strategy is attached **[Annex 1]** and has been prepared and been subject to a 3 month period of consultation with key partner agencies and the voluntary sector. The Strategy has been considered at the Older People's Partnership Board and the Mental Health Partnership Board.

1.3 Dementia is a progressive, terminal organic brain disease. Symptoms include memory loss, mood changes, a decline in reasoning and communications skills as well as a gradual loss of skills needed to carry out daily living functions. It is estimated that the number of people in Enfield with late onset dementia (i.e in people aged over 65) is 2706 and this is set to increase by 44% by 2030.

1.4 The strategy sets out how Enfield will develop and deliver health and social care services to better meet the needs of people with dementia and their carers over the next 5 years (2011 -16). It outlines 11 key strategic objectives that were developed in consultation with local stakeholders. Each objective is aligned with the National Dementia Strategy and each is supported by a robust rationale.

2. RECOMMENDATIONS

2.1 Cabinet is asked to:

i) note the contents of this report; and

ii) approve the Enfield Joint Dementia Strategy 2011-16.

3. BACKGROUND

3.1 The Joint Dementia Strategy has been developed as a local response to the National Dementia Strategy. It recognises the projected increase in demand for services in Enfield as a result of a 44% increase in those with late onset dementia by 2030. The strategy also helps to ensure resources are used efficiently and effectively, to improve quality and to provide a framework for a more integrated approach to the delivery of health and social care services.

3.2 Living Well with Dementia, the national dementia strategy, was published in February 2009 and aims to improve dementia services across 3 key areas: improved awareness, early diagnosis, and a high quality of care. Other key policy documents include: "Putting People First" which describes a vision for health and social care services which help people to remain healthy and independent and maximise individual choice and control. NICE/SCIE clinical guidelines 2006, The National Carers Strategy (2008) and the End of Life Strategy (2008) are all relatively recent policy drivers which recommend areas to improve services for people with dementia and their carers.

3.3 Consultation on Strategy

3.4 Formal public consultation on the draft dementia strategy was undertaken over a 3 month period from 1 November 2010 to 28 January 2011. A total of 37 questionnaires were completed and a further 11 written responses were received. In addition, verbal feedback was received at several live consultation meetings.

3.5 A summary of submissions received in response to the consultation on the draft Joint Dementia Strategy (2011 – 2016) is attached **[Annex 2].** The document also sets out the Council and NHS Enfield response to the comments and suggestions that were received. As a result a number of revisions to the strategy were made including an on-going commitment to the development of day opportunities and respite care.

3.6 Current and Future Funding

3.7 There is no comprehensive local data on the current combined health and social care costs of dementia services. People with dementia commonly access a wide range of services provided by the NHS, Council and a multitude of private and not-for-profit providers.

3.8 The Alzheimer Society (2007) found that the average cost of caring for someone with dementia in the UK was £25,472 per year (including costs of health, social and informal care). Applying these figures to Enfield would mean that the current cost of late-onset dementia in Enfield is an estimated £68.9 million per year, and that by 2030 the annual cost of dementia in Enfield will have increased to over £99.5 million. These costs are estimated sums that include the unfunded contribution of carers and families and are not intended to represent the cost to health and social care budgets.

3.9 Whilst we acknowledge the need to improve our understanding of current dementia resources, we do know a number of things and these are summarised below:

Service	**Cost 2009/10**
Mental Health services, including dementia, are commissioned from the Barnet, Enfield and Haringey Mental Health Trust.	£10.5m
Enfield Councils gross spend on older people's health and social care services.	£56.7m
Adult Social Care spend on services for people with dementia.	£14.1m
Approximate spend on residential care services for people with dementia.	£10.65m
Approximate spend on home care for services for people with dementia.	£2.07m
The cost of day opportunities for people with dementia.	£536k
Direct payments for people with dementia.	£539k
2 years pilot dementia adviser programme funded by the Department of Health.	£165k

In addition to the costs detailed in the table above, a substantial proportion of Acute Sector costs can be attributed to dementia.

3.10 To support the implementation of the national strategy, £60m of notional additional baseline funding was made available to PCTs nationally for 2009/10 and an additional £90m in 2010/11 within the overall baseline. No ring fencing has been applied in respect of Dementia, and no actual funds allocated by the PCT.

3.11 The Department of Health expects implementation to be mostly funded through efficiency savings from the acute and long term care sectors. It is expected that these savings will largely be met through reducing unnecessary use of acute hospital beds and delaying entry to care homes through improving early diagnosis and intervention. This is supported by the National Audit Office report that concluded that services are not currently delivering value for money. Spending was late with diagnosis, and early intervention was not widely available. Better value for money can be obtained through earlier diagnosis. Also services in the community are not delivering consistently or cost-effectively to support people to live as independently as possible.

3.12 An implementation plan with indicative resource implications for implementing this strategy over the next 3 years has been developed **[Annex 3]**. Many of the commissioning intentions set out in the strategy are cost neutral and will be delivered through reprioritised activity and more efficient use of existing resources. Some of the costs of implementation will be met through a developing partnership with primary care services. Funding is available through re-ablement budgets which allow service improvements to be delivered without additional costs to the Council. Implementing this strategy allows significantly improved management of the forecast increase in demand for dementia services going forward. Where implementing the strategy may require additional resources, this will be addressed through the Councils annual budget setting process. Dedicated project management resource will be required to deliver this strategy.

3.13 Enfield Joint Dementia Strategy 2011-16.

3.14 The Strategy sets out how Enfield will develop and deliver health and social care services to better meet the needs of people with dementia and their carers over the next 5 years (2011-16). It outlines 11 key Strategic objectives as follows:

STRATEGIC OBJECTIVES:

Priority	**Rational**
1. IMPROVE PUBLIC AND PROFESSIONAL AWARENESS OF DEMENTIA AND REDUCE STIGMA	*Raising awareness and understanding of dementia will encourage people to engage with services earlier and lead to improved outcomes and quality of life.* *Improving the cerebrovascular health of our population may contribute to preventing or minimising vascular dementia.*

2. IMPROVE EARLY DIAGNOSIS AND TREATMENT OF DEMENTIA	*Research suggests that early identification and treatment of dementia is effective in terms of quality of life and overall cost effectiveness.*
3. INCREASE ACCESS TO A RANGE OF FLEXIBLE DAY, HOME BASED & RESIDENTIAL RESPITE OPTIONS	*Support for carers plays a significant role in reducing admissions to residential care and enabling people with dementia to live in the community for as long as possible.*
4. DEVELOP SERVICES THAT SUPPORT PEOPLE TO MAXIMISE THEIR INDEPENDENCE.	*Good-quality, flexible home care services contribute significantly to maintaining people's independence, reducing social isolation, preventing admissions to care homes and hospitals, and supporting carers.*
5. IMPROVE THE SKILLS AND COMPETENCIES OF THE WORKFORCE	*Lack of understanding of dementia in the workforce – whether in mainstream or specialist services can lead to care practices that can make the situation worse for both the person with dementia and their carer.*
6. IMPROVE ACCESS TO SUPPORT AND ADVICE FOLLOWING DIAGNOSIS FOR PEOPLE WITH DEMENTIA AND THEIR CARERS	*The need for improved access to support and advice has been identified as a priority by local stakeholders and is a key objective of the National Dementia Strategy.*
7. REDUCE AVOIDABLE HOSPITAL & CARE HOME ADMISSIONS AND DECREASE HOSPITAL LENGTH OF STAY	*People with dementia in general hospitals have worse outcomes in terms of length of stay, mortality and institutionalisation.*
8. ENSURE THAT THE NEEDS OF YOUNGER PEOPLE WITH DEMENTIA ARE ADDRESSED	*It is estimated that there are approximately 64 people in Enfield with early onset dementia and it is more prevalent amongst people with learning disabilities.*
9. IMPROVE THE QUALITY OF DEMENTIA CARE IN CARE HOMES & HOSPITALS	*There is a high level of inappropriate prescribing of anti-psychotic drugs for people with dementia who are living in care homes.* *Stays in acute general hospitals affect people with dementia badly – increasing their confusion and speeding up deterioration.*
10. IMPROVE END OF LIFE CARE FOR PEOPLE WITH DEMENTIA	*Evidence suggests that people with dementia receive poorer end of life care than those who are cognitively intact.*
11. ENSURE THAT SERVICES MEET THE NEEDS OF PEOPLE FROM BLACK AND MINORITY ETHNIC GROUPS	*Early-onset dementia is more common amongst black and minority ethnic groups and the number of people with late onset dementia is set to rise sharply.*

4. ALTERNATIVE OPTIONS CONSIDERED

4.1 The Strategy sets out the case for change and the rational for the priorities chosen and supported by local stakeholders. It proposes an approach to commissioning Dementia Services that is consistent with national policy drivers and is in line with existing Council and NHS Enfield strategies.

5. REASONS FOR RECOMMENDATIONS

5.1 The strategy is intended to meet the government's key objectives for the delivery of services to meet the needs of people with dementia and ensure that the best possible services are provided for our residents in Enfield for the next five years.

6. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE RESOURCES AND OTHER DEPARTMENTS

6.1 Financial Implications

The financial impact of each of the objectives of the strategy is set out in Annex 3. The majority of the proposed actions can be met from within existing budgets. However, the annex shows that additional expenditure of £1.3 million will be required over the next 3 years jointly across the NHS and Council.

Although the proposed funding streams are indicated, it is imperative that, if Cabinet agree to the recommendations set out in this report, the Council works closely with Health colleagues to refine the proposals and ensure that clear agreements are in place around the funding streams, and the value for money reasons for investment, prior to any additional expenditure being incurred.

6.2 Legal Implications

This Strategy has been developed following publication of the National Dementia Strategy by the Department of Health. The emphasis is on providing locally delivered quality outcomes and local accountability.

6.3 Property Implications

Not applicable.

7. KEY RISKS

7.1 There are no significant risks identified as a result of this strategy.

7.2 Implementation of service changes will be managed and considered in the context of proper risk management arrangements.

7.3 A dementia strategy is essential to mitigate against failure to meet the Government's key objectives for the delivery of

services and meet the needs of Enfield residents over the next five years and to meet strategic objectives.

7.4 The strategy should help reduce the risk of health inequalities and assist in making an early diagnosis.

7.5 It should also encourage systems that act on and minimise risk of abuse and neglect of vulnerable adults.

8. IMPACT ON COUNCIL PRIORITIES

8.1 Fairness for All

- A key priority of the strategy is to reduce inequalities.
- Awareness raising will target Black and Minority Groups and the more deprived wards of the Borough.
- The strategy sets out a commitment to better understanding the needs of Black and Minority Groups and younger people with dementia.

8.2 Growth and Sustainability

- The strategy sets out a commitment to partnership working with care home providers.
- Market development is a key strand of the strategy.
- The voluntary and community sector will be key partners in implementation of the strategy.

8.3 Strong Communities

- The strategy is intended to enhance access to services by the whole community.
- The strategy has been informed by the views of local residents who responded to the consultation.
- We will engage local communities to gain advice on the best way to raise awareness and spread the prevention message within their communities.

9. PERFORMANCE MANAGEMENT IMPLICATIONS

9.1 The Care Quality Commission have a range of indicators as part of the Performance Assessment Framework for PCTs and Councils with an Adult Social Services Department which are directly relevant to the commissioning strategies for people with mental health problems. Performance is routinely monitored on a monthly basis.

9.2 There are a number of indicators within the New Local Area Agreement relevant to Health and Adult Social Care. In particular the following are most significant:

- Number of Social Care clients receiving Self Directed Support (Direct Payments and Individual Budgets)
- Carers receiving needs assessment or review and a specific carer's service, or advice and information.
- People supported to live independently through social services
- Number of Delayed Discharges from Acute Hospitals.

10. HEALTH AND SAFETY IMPLICATIONS

No Health and Safety Implications arising directly from this report.

Background Papers

- Forget Me Not: 2000 Audit Commission
- National Service Framework for Older People(2001) (NSF):
- Who Cares Wins (2005):
- Everybody's Business – Integrated mental health services for older adults: a service development guide (2005):
- NICE/SCIE Clinical Guideline (2006):
- Dementia UK Report (2007):
- The National Audit Office value for money study (2007):
- The Carers' Strategy (2008):
- The End of Life Strategy (2008):
- Updated Intermediate Care Guidance (2009):