Commissioning strategy for people with dementia and their carers 2010-2013

1. Introduction

1.1 This strategy details the actions that the Tower Hamlets Partnership will take to develop and improve services for people with dementia and their carers from 2010 to 2013.

1.2 The strategy has been developed with the involvement of a range of stakeholders across the Tower Hamlets Partnership, including service users and carers, NHS Tower Hamlets (NHSTH), the London Borough of Tower Hamlets (LBTH), East London NHS Foundation Trust (ELFT) and the voluntary sector.

1.3 The strategy has been developed in the context of a range of national, regional and local policy drivers, most notably *DoH (2009) Living Well With Dementia – A National Dementia Strategy, DoH (2009) New Horizons – Towards a Shared Vision for Mental Health* and *Healthcare for London (2009) Dementia Services Guide.* The strategy is informed by the in-depth analysis of need contained in *NHSTH & LBTH (2009) Older People's Mental Health Needs Assessment* and the in-depth analysis of the views of service users and carers in *NHSTH & LBTH (2010) Service user and carer views on services for people with dementia.*

1.4 The Partnership is highly committed to improving services for people with dementia, and will between 2010 - 2013 work through this strategy to ensure that the whole system of care works together effectively to deliver accessible, high quality and value for money services for people with dementia.

1.5 The Partnership is mindful that there is currently much attention nationally on the needs of people with dementia and that services for people with dementia have been identified locally as needing significant development (NHSTH & LBTH, 2009 & 2010). The Partnership is also, however, mindful that the relationship between dementia and functional mental health problems in older people can be complex and that service users often require a service that is able to support them across a range of mental and physical health needs. Whilst this strategy focuses on people with dementia and their carers, it should be noted that services for older people with functional mental health problems (OPMH) will be impacted upon by any developments in services for people with dementia, and that the Partnership is therefore committed to developing proposals for improving services for OPMH as part of a second phase of this strategy.

1.6 The Partnership is aware that as a result of the global recession and its impact on both NHS and local authority finance for the foreseeable future, there will be a number of significant financial challenges to delivering this strategy. However many of the actions contained in this strategy can be achieved without a need for additional investment. Others can only be achieved through new investment or service re-design, a process which the Partnership recognises can be complex and time-consuming. The strategy will therefore be realised over two phases. Phase One, including most of the specific actions detailed in the body of the strategy[1], will be delivered over the course of 2010/11. The broader Phase Two actions are dependent on further, more detailed, needs and capacity analysis, and will be developed into more specific commitments during the course of 2010/11. Phase Two actions include, for example, Commissioning capacity analysis for future demand for in-patient beds in the context of current low occupancy levels.

[1] Specific actions are numbered in the body of the strategy.

2. Raising Awareness and Prevention

2.1 The Partnership recognises the need to raise awareness about dementia amongst local communities, particularly the Bangladeshi community, where there is evidence to suggest low take-up of Memory Services at an early stage. The Partnership also recognises the importance of promoting lifestyle activities that may contribute towards the prevention of dementia. The Partnership will therefore develop a structured three year awareness raising plan (1) that will be based on the best available evidence and which will specifically address:

- The stigma and consequent poor access to services that people with dementia can experience
- The benefits of timely diagnosis and care
- Awareness of dementia in the Bangladeshi and Somali communities.

2.2 Locally and nationally, carers consistently report concerns about the awareness, attitudes, knowledge and skills of health and social care staff working with people with dementia across a range of health and social care settings. The Partnership will therefore review training currently available for staff across the main agencies including NHSTH, ELFT, LBTH, BLT and the voluntary and private sector with a view to ensuring that training is of a consistently high standard, and will examine possibilities for a more coordinated approach to commissioning pan-agency training (2).

2.3 The Partnership recognises the importance of good quality accessible information for service users and carers, both written and verbal. The Tower Hamlets Alzheimers Society currently provides advice and signposting to people with dementia and their carers and has in the recent past developed a Dementia Information Guide. To develop further the accessibility of good quality information for people who have been diagnosed with dementia and their carers, NHS Tower Hamlets will in 2010/11 commission a new Dementia Adviser service (3). The Partnership will at an appropriate time commission an updated Dementia Information Guide and consider other options for publishing information via an information strategy (4).

2.4 The Partnership will work to ensure that each of the main agencies maintains information that will promote more effective monitoring of demand on services in the future through agreeing a set of metrics for measuring activity and outcomes across services (5).

3. Early Intervention

3.1 The Partnership notes the comparatively low numbers of people with dementia recorded on primary care dementia registers in the borough and in coding of dementia in patients admitted to the Royal London Hospital, and recognises the significant benefits to service users and carers in identifying possible dementia early. Awareness raising in the health and social care workforce will help staff across settings to support service users into Memory Services where appropriate.

3.2 In primary care settings, the Partnership will work to integrate screening markers for memory problems into specific primary care packages for coronary heart disease, stroke and high blood pressure (6). The Partnership will also develop and roll out a referral pathway for people with memory problems including a brief screening tool for memory problems which will be made available for use across clinical settings (7).

3.3 The Partnership will develop a “gateway” function from within the Tower Hamlets Memory Service. The gateway function will include a regular drop-in clinic provided from within primary care network centres, and will support practices with case-finding and the identification of service users who should be recorded on the primary care dementia register (8) and thereby be identified as being eligible for a physical and mental health review by their GP every fifteen months. The Partnership will also commission a re-designed Memory Service to provide regular support via consultation to each care home supporting people with dementia in the borough (9).

3.4 People with learning disabilities are at greater risk of developing dementia than the general population. The Partnership is currently developing a Joint Strategic Needs Assessment of the needs of people with learning disabilities, and will consider the implications for services for people with dementia in the second phase of this strategy (10).

4. Memory Services

4.1 The Partnership notes that pathways into and within Memory Services in Tower Hamlets can at present be confusing for service users, carers and professionals, and that the dementia and functional elements of the community mental health service for older people with mental health problems would benefit from a clearer delineation between teams. The Partnership also recognises that awareness raising in local communities and amongst professionals and a re-designed Dementia Care Pathway incorporating case-finding, will increase potential demand on Memory Services, and that an effective Memory Service will need to have adequate capacity to manage potential future demand.

4.2 The Partnership will in 2010/11 commission re-designed Memory Services as part of a new dementia care pathway (11). This will include commissioning a re-design of the current community services for people with dementia and OPMH into distinct functions, ensuring that access arrangements are clear and unambiguous for service users, carers and other teams and professionals. It is anticipated that the functions of the community mental health service for people with dementia and older people will continue to be co-located, and continue to work closely together to ensure that service users with both dementia and a functional mental health problem receive the best possible support.

4.3 A re-designed Memory Service will be compliant with best practice guidance including NICE Quality Standards for Dementia. It will provide multi-disciplinary assessment for people with memory problems including a range of specialist assessments and investigations as required by individual service users. The Service will also provide a range of therapeutic interventions in line with the needs of individual service users and carers including anti-dementia drugs, diagnostic counselling, psychological therapies for service users and carers, compensatory strategies work incorporating skills and ADL maintenance, and peer and carer support groups. The Service will provide Care Coordination under CPA for people with dementia with high intensity needs, and provide less intensive support to people with dementia with more medium intensity needs.

4.4 A re-designed Memory Service will have within it the range of skills and knowledge necessary to ensure that people with dementia receive a high quality service regardless of their age, ethnicity, gender, sexual orientation, disability or religion. The Service will have access to bilingual support and the capability to support younger people with dementia.

4.5 As noted above (para. 2.3), NHS Tower Hamlets will in 2010/11 commission a Dementia Adviser Service. This service will provide advice, information and support to

people who have received a diagnosis of dementia who have low to medium intensity needs.

4.6 As part of Phase Two of this strategy, the Partnership will consider the extent to which extending the Memory Service to out of hours would potentially contribute to better outcomes for service users with dementia and their carers and in particular in supporting service users to avoid admission to hospitals and care homes (12).

5. Living well with dementia: personalised health and social care for people with dementia and their carers

5.1 The Partnership is acutely mindful of the central importance of personalised approaches to the support of people with dementia, from the early stages of diagnosis right through to end of life care, including the attitude, approach and orientation of health and social care staff; the systems, policies and procedures that support them in their practice; and the range of choices that people with dementia and their carers have available to them. The Partnership will work with service users and carers to develop a set of standards for the personalised support of people with dementia which will be relevant to all settings, from statutory NHS services to care homes and will encourage all key providers to adopt them in practice (13). The Partnership will ensure that emerging processes for personalising social care within LBTH are fully accessible to people with dementia and their carers and will develop a guide to personal budgets specifically tailored to people with dementia and their carers (14).

5.2 The Partnership notes service user and carer feedback regarding the importance of staff skills and knowledge in providing effective, person-centred dementia care in peoples' own homes. To this end, the Partnership will ensure that a specification for a specialist dementia care skill-set is incorporated into the 2010/11 LBTH framework agreement for tendering home care services (15), and will as part of Phase Two, consider options for re-designing in-house home care services to incorporate a specialist dementia home care skillset (16).

5.3 Feedback from service users and carers regarding their experience in care homes in the borough indicates that in order to promote high quality of care for people with dementia, there is a need to ensure that care homes employ staff with the right attitude, skills and knowledge to provide personalised support. As noted above, the Partnership will, as part of a re-designed Memory Service, commission regular specialist consultation support to care homes in the borough. The Partnership will ensure that all contracts with care homes specify that a senior member of staff must be identified to take the lead on quality improvement for people with dementia and to ensure that each provider has in place a plan to improve quality of care for people with dementia including personalised care and activities (17).

5.4 Carers consistently report that access to respite where staff have specialist skills and knowledge in dementia care, is a very significant issue in enabling them to continue to care for their relatives effectively. The Partnership acknowledges current gaps in specialist respite, and will during 2010/11 develop plans to ensure that specialist respite is available from 2011 onwards (18).

5.5 The Partnership has previously developed outline plans for commissioning specialist extra-care sheltered for people with dementia. During 2010/11, the Partnership will develop these outline proposals into a firm commissioning plan (19).

5.6 In the HfL (2009) Dementia Needs Assessment, Tower Hamlets is reported to have one of the highest rates of prescription of dementia related drugs in London. The Partnership is also aware of national and local concerns regarding the prescription of anti-psychotic medication to people with dementia across health and social care settings, including care homes and hospitals. ELFT has a contractual commitment in their 2010/11 contract to review anti-psychotic prescription for service users known to them. In addition, the Partnership will undertake an audit of anti-psychotic prescription of service users living in care homes and an audit of anti-dementia drug prescription (20).

6. Living Well with Dementia: Hospital Care

6.1 People with dementia and their carers consistently identify concerns with their experience in general hospitals, both locally and nationally. NHS Tower Hamlets will in 2010/11 commission a new Liaison Service to the Royal London Hospital, the aim of which will be to significantly improve care pathways, outcomes and the experience of people with dementia when they are admitted to the Royal London Hospital. The new Liaison Service will specifically target reducing length of stay in general hospital care for people with dementia, and in so doing will provide case-finding, clinical assessment and care planning, discharge planning, and awareness raising training for staff (21). In line with the National Dementia Strategy, Barts and The London NHS Trust will elect a senior clinician to take the lead for quality of care for people with dementia at the Royal London Hospital (22).

6.2 The Partnership will as part of Phase Two of this strategy undertake a detailed analysis of in-patient bed demand and supply in order to develop a model for the future design of in-patient services for people with dementia and OPMH which provides value for money, is evidence-based, high quality, and consistent with the needs of Tower Hamlets service users and carers (23).

6.3 The Partnership notes that there are potentially a significant number of people with dementia who are admitted to beds at the Bancroft Unit, Mile End Hospital, including intermediate care. NHSTH Commissioners are currently reviewing in-patient beds at the Bancroft Unit and intermediate care and the Partnership will consider the implications of the Review for people with dementia and their carers in the second phase of this strategy (24).

7. Living Well with Dementia: Carers

7.1 The Partnership is very aware that carers provide the majority of support received by people with dementia in Tower Hamlets, and that in order to support people with dementia effectively, the Partnership needs to ensure that their carers are also supported effectively.

7.2 Many of the areas that carers have raised as important to them have already been identified as actions above, e.g. better information, more effective co-ordination along an identified dementia care pathway, better awareness, attitudes and knowledge in health and social care staff, better general hospital care, specialist home care, and adequate access to specialist respite.

7.3 The Partnership will in the re-design of a dementia care pathway ensure that the needs of carers are taken fully into account, including access to carer's assessment, access to supportive therapies including psychological therapies and access to carers' peer support groups (25). The Partnership will undertake a review of the evidence of the effectiveness of

telecare for people with dementia and their carers and consider the implications for a more focussed roll-out of telecare to people with dementia and their carers as a result (26).

8. End of Life Care

8.1 The Partnership recognises that providing end of life care for people with dementia can be very complex and includes facilitating choice, promoting dignity and effectively managing complex physical and mental health problems in people at the end of life including pain management.

8.2 The Tower Hamlets Delivering Choice Programme is currently developing an end of Life Pathway which will provide good practice guidance for staff supporting people with any condition at the end of life. When complete, the Pathway will be rolled out to all teams working with people with dementia (27).

8.3 NHS Tower Hamlets is currently developing job profiles for two new “End of Life Care Facilitator” posts, one specifically for care homes and one for the community including ELFT and Community Services in-patient beds at Mile End Hospital. The post-holders will be responsible for supporting staff to provide effective end of life care, and this will explicitly include people with dementia (28).

9. Whole system effectiveness

9.1 People with dementia currently receive support across a number of health and social care settings. In the future, this will continue, according to the needs of service users and carers, but with staff across the board trained in dementia awareness and a named contact either in the Memory Service or Dementia Adviser Service, people with dementia and their carers will find the system easier to navigate.

9.2 In order to promote effective working across the whole system, however, there will need to be clear cross-agency protocols in place that ensure smooth transition for service users and carers, for example between the Dementia Advisers and the Memory Service, or District Nurses and Older Person’s Social Workers. For many service users, the Single Assessment Process and the Care Programme Approach will ensure that the service they receive is seamless. In order to ensure that the system is seamless for all service users and carers, the Partnership will consider commissioning the Memory Service to adopt the Single Assessment Process, which is currently used across other agencies that deliver care to people with dementia in the borough (29).

10. Governance

10.1 The NHS Tower Hamlets Mental Health Commissioning Team, as the Lead Commissioner for the dementia workstream, will report progress in delivering this strategy to the Joint (NHSTH & LBTH) Commissioning Executive and the (shortly to be established) New Horizon’s Partnership Board and the Older Person’s Partnership Board.

10.2 The Partnership will self-assess its performance against the NICE Dementia Quality Standards when published (30).

10.3 The Partnership will develop a Communications Plan, to ensure that service users and carers and other key stakeholders are aware of the detail of this Strategy (31).

CARE PATHWAY FOR PEOPLE WITH DEMENTIA AND THEIR CARERS

CARE PATHWAY	Awareness Raising	Identification	Assessment & Diagnosis	Living Well with Dementia (Coordination of Care)	Living Well with Dementia (Personalised Health and Social Care in the Community)	Living Well with Dementia (Hospital Care)	Living Well with Dementia (Carers)	End of Life Care
KEY INTERV-ENTIONS	Promotion initiatives aimed at general population Promotion initiatives aimed at targeted communities including BME communities and hard to reach groups Information strategy to include revision of Tower Hamlets Dementia Guide Front-line staff (including voluntary sector, care homes, home care) trained in dementia awareness and sign-posting	Screening for people at risk in primary care Use of standardised screening tool and referral protocol Memory Service Primary Care Liaison & Primary Care Clinics (to include case finding function & support with primary care dementia register) MHCOP Liaison Service at Royal London Hospital (to include case finding function) Memory Service support to care homes	Referral to Memory Service for full multi-disciplinary assessment including investigations and diagnosis, carers assessment 12 week post-diagnosis care plan including treatment with anti-dementia drugs, diagnostic counselling, psychological therapies, compensatory strategy work including skills & ADL maintenance	A support plan for all service users with a diagnosis of dementia including named specialist follow-up, depending on need, by either Dementia Adviser (low intensity), Memory Service Out-patients (medium intensity), Memory Service Care Coordination under CPA (high intensity), reviewed regularly in line with service user and carer need	Peer support groups Specialist home carers skilled in supporting people with dementia Specialist respite care Specialist extra care sheltered housing Specialist day care Quality assured care homes with staff trained in person centred dementia care	Access to support in crises, including in-patient care MHCOP Liaison to provide assessment & care & discharge planning, advice, consultation and liaison to service users and teams at the Royal London Hospital	Carer support groups Memory Service carer assessment and support planning including psychological therapies	End of Life Care Pathway for people with dementia across settings, including home, care homes and hospitals Community and Care Home End of Life Facilitators with skills in, and responsibility for, people with dementia who are dying to support people with dementias and the professionals directly involved in their care

Dementia Advisers providing advice, information, and support to people with a diagnosis of dementia with low to medium intensity needs via support plan.

Memory Service providing assessment, 12 week post-diagnostic care plan, periodic support for people with medium intensity needs, care coordination under the Care Programme Approach for service users with high intensity needs.

Note: This care pathway details interventions specific to service users with dementia and their carers. Service users and carers will continue to be supported to access mainstream services wherever this is in line with their needs.

Primary care: maintenance of primary care dementia register, 15 month physical and mental health primary care review of people on the register

Clear cross-agency protocols to ensure smooth transition between agencies and services