



Shropshire Clinical Commissioning Group



**Health and Wellbeing Board**  
**Friday 18<sup>th</sup> July 2014**

## **SHROPSHIRE DEMENTIA STRATEGY UPDATE**

### **Responsible Officer**

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### **1. Summary**

1.1 The original Shropshire Dementia Strategy and Implementation plan was jointly developed by Shropshire CCG, the Local Authority and Local Health Economy partners in July 2013; with the purpose to develop services for people with dementia which meet the anticipated increase in prevalence and more efficiently deliver key outcomes that reflect improved quality and cost effectiveness of care and support services.

The document sought to provide a summary of the growing needs of the local population and a proposed model for the future commissioning of integrated dementia care. It outlines a series of modules of redesign some of which have been implemented and some which are proposed but together optimise quality whilst minimising duplication, gaps and unnecessary costs.

The strategy was well received by the Local Authority however the comments that emerged were that the strategy was health focussed and therefore at the time it was not formally ratified by the Health and Wellbeing Board. With the emergence of the Better Care Fund and its associated governance structure it is likely that the strategy will be progressed through the Better Care Fund work streams.

This paper seeks to outline how the Shropshire Dementia Strategy and Implementation plan from 2013 is to be refreshed through further development, by identifying and implementing new priorities for dementia across local health and social care services, particularly incorporating new national policy and guidelines including the Better Care Fund 2014-16 and the Care Act 2014.

Attached within the appendix (A) is the updated strategy covering the period 2014-16 and an action plan.

1.2. To date there has been an enormous amount of work completed in relation to the modules identified in the strategy implementation plan. The action plan provides the detail of all the activity to date which includes:

1. Community and Care Coordinators
2. Dementia friendly and Compassionate Communities/building community capacity and resilience
3. Education and peer support for carers and patients:
4. Dementia Care Pathway and Integration of Services:
5. The Care Home Advanced Scheme (CHAS)
6. Case management and the Dementia Enhanced Service
7. Integrated Community Service (ICS)
8. Assistive Technology
9. End of life

Shropshire's Dementia Strategy 2014-2016 aims to follow on from, and refresh the 2013 Strategy Implementation Plan by:

- Continuing with and further developing the valuable work which has already been undertaken.
- Refreshing and implementing those modules which were at proposal stages.
- Identifying and implementing new priorities for dementia across local health and social care services, taking into consideration and incorporating new national policy and guidelines including the Better Care Fund, the Care Act 2014.

1.3. The strategy is to be implemented over the period of 2014-16 to fit within the scope of the Better Care Fund planning for Shropshire. It outlines what services are currently in place and work to date in Shropshire, how we propose to build on existing work programmes and how we intend to further develop services outlined in a robust action plan with the aim to deliver improved quality of care and health outcomes for people with dementia and their carers across Shropshire.

1.4. The Better Care Fund was announced in the spending review in June 2013 and is the pooling resources across health and social care boundaries with the aim to integrate health and social care to improve people's experience of health and care, improve outcomes and ensure efficient use of resources (1). Local plans have been drawn up by Shropshire CCG, Shropshire Council and local health and social care providers outlining how the fund will be used to address the challenge to improve services and outcomes for the people of Shropshire and make the local health and social care system financially sustainable into the future.

The key priorities set are:

- Prevention (carer's support and liaison)
- Early intervention (timely referral, diagnosis, treatment and support)
- Managing and supporting people in crisis (RAID, Integrated Community Services)
- Living independently for longer (rehabilitation, re-enablement, compassionate communities, community care coordinators, telecare and end of life care)

Within the scope of the Better Care Plan 2014-16 there is a commitment to improving diagnosis and support for people with dementia and Parity of Esteem is assured for the local population, with Shropshire's Health and Wellbeing Board having identified mental and emotional wellbeing as a priority, in particular supporting people with dementia.

1.5. In October 2013 a patient participation work shop was undertaken to obtain feedback around the priorities for the dementia strategy. Key areas that were discussed, which forms the basis of the Strategy' objectives and will feed into the strategy action plan include:

1. Community development
2. Early identification and identification of unmet need
3. Education and support
4. Services working better together
5. Care homes
6. End of life

As part of Shropshire Council's transformation of Adult Social Care through the "Live Life Your Way" initiative, the Council signed up to the national initiative "Making it Real (MiR)" which has been developed by family carers and service users to assist organisations in checking their progress with delivering community based support and personalisation and to identify improvement and action planning.

Shropshire Council has chosen three priorities using the MiR "I" statements to focus on for improvement of services and supporting people:

- Information and advice – having the information I need, when I need it
- Active and supportive communities – keeping friends, family and place
- Flexible integrated care and support – my support my own way

These priorities were based on service user feedback, obtained through surveys, face to face consultations and video diaries; they link in with the key points raised by patient representatives at the October dementia workshop in terms of priorities for development of dementia services in Shropshire.

It is intended for further patient and public involvement to be undertaken by sharing the strategy and action plan with the Shropshire Dementia Action Alliance Steering Group and obtaining feedback from this group.

The updated strategy and action plan were presented at the Clinical Assurance Panel meeting on the 2<sup>nd</sup> July and approved with recommendations which have been noted and actioned and are as follows:

- Increased focus on prevention.
- Ensure the strategy and action plan are split into two separate documents.
- Clarify the diagnosis rate per 100,000 of the population and expand the discussion around Shropshire's diagnosis rate and the ability to achieve the government's target of 67% by March 2015.
- Establish more specific outcome measures.

## **2. Recommendations**

2.1. The Health and Wellbeing Board are asked to:

- a) Review and adopt the revised Shropshire Dementia Strategy and Action Plan 2014-16 – attached within appendix A pages 1 to 12.
- b) Approve the Action Plan – attached within appendix A, pages 13 to 25
- c) Agree that progress against the action plan will be evaluated on a six monthly basis.

## **R E P O R T**

### **3. Risk Assessment and Opportunities Appraisal**

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

<b>Risk</b>	<b>Impact</b>	<b>Mitigation</b>
Shropshire has an ageing population and also faces challenges due to its rural nature. There is a risk that NHS and social care systems have not developed services to address the fact that dementia will become much more prevalent meaning people with dementia and their carer's will have greater health and social care needs.	People with dementia will not receive an early diagnosis and intervention. People with dementia and their carers will not be adequately supported to live well and independently. The level of awareness and understanding of dementia within communities will remain low. The stigma associated with dementia will remain a significant barrier to people seeking help.	Continue with and further develop existing and new work programmes to improve dementia services across Shropshire as outlined in a robust action plan.
<b>Opportunity</b>	<b>Impact</b>	<b>Action</b>
There is opportunity for health, social care, voluntary and private sector partners to work together to support the work streams identified within the action plan.	This aims to deliver improved quality of care and health outcomes for people with dementia and their carer's.	All partners to take a proactive approach to the delivery and implementation of the action plan with regular evaluation of work undertaken and reporting to the Health and Wellbeing Board.

## 4. Financial Implications

4.1. By not addressing the challenges faced in Shropshire of an ageing population, there is a significant risk of:

- Increasing cost of emergency admissions to acute care and
- Longer stays in hospital in comparison to patients without dementia
- Increasing costs of care home admission where provision of services at home would have prevented this.

Shropshire dementia strategy 2014-16 and action plan aims to mitigate these financial implications.

## 5. Background

### 5.1. National context

Dementia is one of the biggest health crises facing the UK. There are approximately 800,000 people living with dementia in the UK and it is projected that this will rise to 1,000,000 by 1021. It is estimated that one in three people over the age of 65 will develop the disease. The annual cost of dementia to the UK is estimated to be around £23 billion with an additional hidden cost of £8 billion which is the value of the work done by family carers supporting people at home (2).

### 5.2. Local context

Shropshire has an aging population and has a greater proportion of its population in all the age groups above and inclusive of 45-49, with projections set for the 65-84 age group to increase

by 70% by 2031 with the 85 years and over age group projected to increase by 194% by 2013. Shropshire also has challenges due to its rural nature (3).

According to most recent figures from the Practice Level Dementia Prevalence Calculator 2012-2013, there are a total of 5026 people living with dementia in Shropshire of which 3,254 are living in the community and approximately a third of the total number, 1,772 are living in a care home.

The dementia diagnosis rate for Shropshire, based on 2012-2013 data is 43.7% (4); the average diagnosis rate published in November 2013 for England is 48%, there are extreme variations across regions ranging from 39% to 75%. Shropshire Council and Shropshire CCG are keen to work with all partners across the health and social care economy to improve timely diagnosis rates and subsequently optimise the care of people with dementia in Shropshire. The national target is to increase diagnosis rates to 67% by 2015.

## 6. Additional Information

### References

1. Bennett L., Humphries R. Making best use of the Better Care Fund, spending to save? Evidence summary. The Kings Fund, January 2014.
2. Dementia 2013 Info graphic – Alzheimer's Society. [www.alzheimers.org.uk/infographic](http://www.alzheimers.org.uk/infographic)
3. 2011 Census statistics. Shropshire Council. [www.shropshire.gov.uk](http://www.shropshire.gov.uk)
4. Practice Level Dementia Calculator 2012-2013, data obtained from Informatics Team, Staffordshire and Lancashire CSU.

## 7. Conclusions

It is anticipated that the revised strategy and the delivery of the action plan will improve the quality of services commissioned for people with dementia and their carer's, with the aim to improve health outcomes and enable people to live well with dementia within their communities.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
Clinical Assurance Panel. Title: <i>Shropshire Dementia Strategy Implementation Plan</i> . Presented on 6 <sup>th</sup> November 2013.
Clinical Assurance Panel. Title: <i>Shropshire's Dementia Strategy Update</i> . Presented on 2 <sup>nd</sup> July 2014.
<b>Cabinet Member (Portfolio Holder)</b> Councillor Lee Chapman, Portfolio Holder for Adult Social Services Councillor Karen Calder, Portfolio Holder for Health
<b>Local Member</b> All – this is a county wide matter
<b>Appendix A</b> <ul style="list-style-type: none"><li>• Shropshire's Dementia Strategy 2014-16: see pages 1 to 12</li><li>• Action Plan within the Dementia Strategy 2014-16: see pages 13 to 25</li></ul>