

## HEALTH AND WELLBEING BOARD

**Date:** Thursday 26<sup>th</sup> March 2015

**Report Title:** **DEVELOPMENT OF LOCAL CARE NETWORKS:  
INTEGRATED HEALTH & SOCIAL CARE FOR PEOPLE WITH DEMENTIA  
AND COGNITIVE IMPAIRMENT**

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**Chief Officer(s):** Joint Integrated Executive Committee

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### 1. SUMMARY

- 1.1. Bromley Health & Wellbeing Board has prioritised dementia based on the needs of our local population and Joint Strategic Health Needs Assessment. There is a strong case for change to improve patient care and meet the growing demand for people experiencing cognitive impairment and dementia.
  - 1.2. The Joint Integrated Executive Committee (JICE) enables the CCG and LBB to oversee the Better Care Fund (BCF) at an Executive level. The JICE is responsible for managing the investment of the BCF, aligned to the Health & Wellbeing Board's priorities.
  - 1.3. This paper provides an assessment of the investment opportunities and funding proposal received to date, in relation to the strategic fit with the commissioning intentions in the Better Care Fund.
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### 2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1. The board is asked to agree the principles for BCF funding into the Bromley health and social care dementia pathway, which will be overseen by the CCG Chief Officer and LBB Executive Director of Services via the JICE.
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### 3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

- 3.1 As above.
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## Health & Wellbeing Strategy

### 1. Related priorities: **Dementia**

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#### Financial

1. Cost of proposal: Investment of c £1m per annum in 2015/16 and 16/17
  2. Ongoing costs:
  3. Total savings (if applicable):
  4. Budget host organisation:
  5. Source of funding:
  6. Beneficiary/beneficiaries of any savings:
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#### Supporting Public Health Outcome Indicator(s)

Dementia needs as specified in the JSNA

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## **4. COMMENTARY**

### **Introduction**

- 4.1. Dementia is one of the priorities of the Bromley Health & Wellbeing Board and the CCG, based on the needs of our local population and Joint Strategic Health Needs Assessment. There is a strong case for change to improve patient care and meet the growing demand for people experiencing cognitive impairment and dementia.
- 4.2. Dementia is clinically defined as an age-related progressive disease associated with cognitive impairment, disorientation, memory loss, change in personality, difficulties with activities of daily living and behaviour that is out of character. (NICE, 2004, Cummings and Jeste, 1999). With our large ageing population in Bromley, we can expect to see an increase in people living with dementia.
- 4.3. It has been provisionally agreed that part of the Better Care Fund will be used to improve dementia services in Bromley. The Health and Well Being Board oversees the use of the Better Care Fund, using the Joint Improvement Executive Committee as the engine room for the detailed work on this joint fund.
- 4.4. This paper provides an assessment of the investment opportunities and funding proposal received to date, in relation to the strategic fit with the commissioning intentions in the Better Care Fund.

### **Older people in Bromley**

- 4.5. Bromley has the highest number of people aged 65+ years and 85+ years in London and is projected to continue to have the highest number in these age groups. People over 65 in Bromley made up approximately 17.74% of the population in 2014.
- 4.6. Population projections indicate that the older population in Bromley is due to rise by 4%; that is 2,542 people between 2014 and 2019. The largest rises are expected to be in the 65 - 74 years group.
- 4.7. The number of older people living alone is predicted to increase in line with the general rise in numbers of older people, which may lead to an increase in social isolation.

### **Dementia profile**

- 4.8. A Dementia Needs Assessment carried out in Bromley in 2012 provided information relating to the incidence of dementia in Bromley and included projections of future numbers based on the Dementia UK report of 2007.
- 4.9. It is estimated that there are around 4205 people in Bromley with dementia in 2014. Although the prevalence of dementia is lower in women there are actually more women than men with dementia in Bromley because life expectancy is higher in women.
- 4.10. There are more men with dementia in the 65 – 74 age groups, but women outnumber men in the higher age groups.
- 4.11. By 2030 the number of people with dementia in Bromley is set to increase to 6,151. Within the next four years there will be an increase of over 300 people with the greatest increase in the over 85 years: as well as dementia this group of people are also likely to be the most frail and have other long term conditions. By 2030, this group will have risen by 1,400.

4.12. The Dementia Needs Assessment 2012 also contains information from Healthcare for London which estimated the number of people in Bromley with mild, moderate and severe dementia in the table below. Those with the most severe forms of the condition will have much higher medical, social and mental health needs in comparison to those with mild or moderate disease who may be able to function relatively independently.

**Table 1: Estimated number of people with dementia by level of severity in Bromley**

Mild	2008	54.57%
Moderate	1190	32.34%
Severe	482	13.10%
Total	3680	100.00%

Source: POPPI

### Summary

4.13. Our strategic vision for caring for those with cognitive impairment or dementia must address the spectrum of need:

- Whilst those with severe needs will require high intensity health and social care support, we also need to invest in maintaining peoples' independence and supporting their carers through Local Care Networks, including the voluntary sector and provision of training and practical support. The Council has invested significantly in the development of extra care housing as an alternative to care home admissions for people who can no longer be supported in their original home.
- As dementia is a progressive disease it is right to invest more in our specialist services currently provided by Oxleas. However, the majority of these patients and their families will also have a high level of dependence on primary care;
- The evidence shows that the majority of patients are likely to receive nursing or care home care. Our challenge is to reduce the level of preventable admissions to homes and hospital. The CCG currently spend c£1.5-2m per year on these admissions and a high proportion of all patients die in hospital (c50%), which remains one of the highest in London.

### Vision

4.14. The Bromley Health & Wellbeing Strategy offers a vision to "Live an independent, healthy and happy life for longer". There is no specific vision for dementia care and this might be agreed across stakeholder and patient group, as well as professional groups.

4.15. We will achieve this through investing in:

- Early intervention through Primary Care;
- Promoting independent living through social care and more practical support in the voluntary sector;
- High quality, consistent care in nursing and residential homes, including training, education and medical support (both specialist nursing and GPs);

- Secondary care services offering specialist clinical skills to support early intervention through Local Care Networks, as well as the expansion of the memory clinic to offer NICE compliant services.

### **Proposed outcomes for Bromley**

4.16. The Health & Wellbeing Strategy outlines a number of improved outcomes for dementia:

- Early intervention diagnosis for all;
- Improved quality of care for people with dementia in hospital;
- Living well with dementia at home and in care homes;
- Reducing the use of anti-psychotic drugs;
- Improved community personal support services.

4.17. This business case has a good strategic fit with these outcomes and the achievement of national and local priorities:

- Achieve 67% diagnosis rate for dementia across the Borough, including 67% plus in care homes;
- Associated reductions in care home and hospital admissions (which requires further work-up).

### **Investment opportunities**

4.18. The CCG and London Borough of Bromley have agreed an investment plan through the Better Care Fund of over £1m per annum in 2015-16 and 2016-17. This business case proposes the following allocation of resources based on the findings of the JSNA and describes the added value that can be gained from the proposed changes/investment:

- Increased resources for social care and the voluntary sector, including practical training and support to reduce carer breakdown, falls and illness that lead to preventable hospital admissions. The Council currently commissions dementia training for care home, domiciliary care and extra-care housing staff and for individuals and groups of family carers. Increased diagnosis rates are likely to result in further pressure on social care resources beyond current levels of demand.
- Local Care Networks providing care in the community including:
  - a) Enhanced 'Primary Care Plus' provision for the patient list
  - b) NICE compliant specialist secondary care provision including expansion of the memory clinic, assessments in care homes and development of the pathway eg referral, assessment, diagnosis and treatment

### **Analysis**

#### **a) Increased investment in social care and practical support in the voluntary sector to enable on-going support and promote independence**

- The diagnosis of patients with dementia will lead to higher increases in the costs charged by care homes, including LBB funded placements. This can be mitigated by the proposal to increase health support to care homes for people with dementia;

- The demographic trend of an aging population, will mean an increasing pressure for admissions to care homes for dementia patients, even if earlier intervention can be achieved;
- There is an opportunity to slow down this trend through investment in home packages of care and the provision of practical support through the voluntary sector and post diagnosis support from health.

**b) Primary Care Plus provision for cognitive impairment and dementia patients (mild-moderate)**

- The impact of increased assessments is likely to significantly increase caseloads as patients and their families require on-going care but may not meet the threshold for secondary care services (severe) or social care;
- GPs will need to provide extended appointments to support and prescribe for people experiencing confusion, impairment and dementia;
- More case management and care coordination through Primary Care is also likely, as the Oxleas Model assumes more patients will be managed in Primary Care;
- GPs will need to deploy more resources and staff to provide this care;
- The current VMO scheme to care homes is being reviewed and is outside of these arrangements.

**c) Specialist secondary care provision**

**Memory clinic**

- Bromley is under-performing against the national dementia diagnosis target of 67% (currently 49.99% as at January 2015). 4th lowest in London.
- There were 1175 referrals in 2014 to the memory clinic, which exceeds current capacity by 47%. Additional recurrent investment is required to increase assessment capacity by this amount.
- The memory clinic has seen a 76% increase in referral activity since 2011, against the 49.9% diagnosis rate. The current level of demand for assessment, diagnosis and follow-up treatment is unsustainable within existing resources, and more so if the 67% diagnosis rate is achieved.

**d) Proposed extension of the care home assessment provision – started in Dec-March 2014/15**

- In January and February, there have been 265 new assessments by two Oxleas specialist nurses, with support from Clinical Psychologists. 60 of the new assessments are already coming from the care home scheme (23%)

- Based on our estimated QoF diagnosis rate, this has already increased to **54.1%** (against 49.5% 1 Jan)

**e) JICE assessment of both Oxleas proposals**

- **Memory clinic:** The JICE supports the business case on the condition that:
  - A NICE compliant service is provided
  - The service delivers Key Performance Indicators outlined below
  - The service is able to meet future demand during the life of the Oxleas contract within the funding envelope (to March 2017)
- **Care homes:** The JICE supports the care home business case as the results to date have been good and the current funding ends on 31st March 2015
- However, the average length of stay in care homes is 3-5 years - there will not be a high turn-over of patients requiring new diagnosis and the longer term strategic objective is to reduce the number of admissions to care homes.
- Hence the provision should be flexible and consolidated (i.e. memory clinic and care homes) with an associated reduced workforce and cost.

<b>Non-Applicable Sections:</b>	<b>FINANCIAL IMPLICATIONS; LEGAL IMPLICATIONS; IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM; COMMENT FROM THE CHIEF OFFICER, BROMLEY CCG</b>
Background Documents: (Access via Contact Officer)	