



**Dementia: National regional
and local perspective**

October 2012

What is dementia?

- **'dementia'** -
 - syndrome which may be caused by a number of illnesses
 - a progressive decline in memory, reasoning, communication skills and the ability to carry out daily activities.
 - may develop Behavioural and psychological symptoms such as depression, psychosis, aggression and wandering.
- **Causes** - not well understood but result in structural and chemical changes in the brain leading to the death of brain tissue.
- **Sub-types of dementia** are: Alzheimer's disease, vascular dementia, mixtures of these two pathologies ('mixed dementia') and rarer types such as Lewy body dementia, dementia in Parkinson's disease and fronto-temporal dementia.
- **Impact** - devastating impact on those affected and their family carers. Dementias affect all in society irrespective of gender, ethnicity and class. They can affect adults of working age as well as older adults. People with learning disabilities are a group at particular risk
- Dementia is a terminal disorder, although people may live with their dementia for 7 – 12 years after diagnosis.

The challenge - numbers

Estimates	England 2011	Torbay 2011	Torbay 2040
<i>Population >65</i>	<i>10m</i>	<i>31,000</i>	<i>38,000</i>
<i>Population >85</i>	<i>3m</i>	<i>5,000</i>	<i>8,000</i>
<i>Dementia Prevalence</i>	<i>670,000</i>	<i>2,300</i>	<i>5,000</i>
<i>Dementia >65 (%)</i>	<i>5</i>	<i>8</i>	<i>13</i>
<i>Dementia in care homes</i>	<i>225,000</i>	<i>690</i>	<i>1500</i>
<i>Depression</i>	<i>800,000</i>	<i>2480</i>	<i>3000</i>
<i>Depression in care homes</i>	<i>60,750</i>	<i>324</i>	<i>390</i>

The challenge – more facts

- Estimated that 42% population – close friend/family
- 1:3 over 65 will have dementia before they die
- 1/3 receive diagnosis
- 1/3 live in care homes, 2/3 live in own home
- £20 billion pounds (more than cancer, heart disease, stroke)
- Impact across all services
- Impact on the individual and their family

Key themes

Long term condition, life limiting

- Chronic disease progression
- High prevalence in older population (1:4 over 80)
- Reduced ability to look after oneself, pattern of escalation – reliance on health and social care
- Benefits of early diagnosis, regular review and appropriate interventions
- Co-existence of other LTC
- Strain on carers – physical and mental well-being

Key themes

Whole system, partnership working

- Need for a true, effective partnership between health, social care, third sector, individual and carers
- Weakness of one partner – means collapse of whole package, increased unscheduled care, increased distress

Strategic relevance -NHS Operating & Outcomes Frameworks

- National dementia strategy published 2009 (*Living Well with dementia*)
- 2012-13 operating framework requires PCT's to publish their dementia implementation plan
- Good quality early diagnosis and interventions for all
- Improved quality of care in General Hospitals
- Living well with dementia in care homes
- Reduced use of antipsychotic drugs

Torbay Success

- Use of emergency bed days for aged >65 is 2,025 per 1,000 in Torbay compared with an average of 2,778 per 1,000 in the south west as a whole
- Second lowest proportion in the south west of people aged > 65 discharged to residential homes
- One of lowest number of acute psychiatric beds per capita in England
- TCT nationally regarded
- TBH HSJ Acute Trust of the Year
- OPMH model of care highly regarded

S. Devon and Torbay - distance to travel

- **Earlier diagnosis and interventions**
SW PCTs' mean diagnosis rate = 40% → **60%** aspiration
- **Hospitals' recognition and action**
coding for dementia 20% estimated prevalence
SW Hospital Standards – general and community hospitals
- **Better support at home**
flexible support; flexible respite; support throughout duration
- **Care homes**
1/3 care staff report no training
Care homes report insufficient in reach/support
Inappropriate admissions to hospital
- **Tighter prescribing**
Antipsychotics & cholinesterase inhibitors: Antipsychotics – 3%

THE PRIME MINISTER'S DEMENTIA CHALLENGE (March 2012)

How we should meet the dementia challenge:

- Going further and faster on implementing the National Dementia Strategy – ***driving improvements in health and care***
- Increasing awareness of dementia – ***creating dementia friendly communities that understand how to help***
- Accelerating ***research*** into dementia



The prime minister's dementia challenge

Driving improvements in health and care:

- **Increased diagnosis rates** through regular checks for over 65s – from April 2013 quantified ambition
- **Financial rewards for hospitals** offering quality dementia care
- **Innovation Challenge Prize** of £1 million NHS staff – innovation ideas for transforming dementia care
- **A dementia Care and Support Compact signed by leading care home and home care providers**
- **Promoting local information on dementia services**

The prime minister's dementia challenge

Creating dementia friendly communities that understand how to help:

- **Dementia-friendly communities** across the country (up to 20 cities, towns and villages)
- **Support for leading businesses** for the PM's Challenge – raising awareness on Dementia
- **Awareness-raising campaign** – national autumn 2012 – 2015
- Summer – bring together **UK leaders from industry, academia and public sector** to take forward the PM's challenge

The prime minister's dementia challenge

Better research:

- More than **doubling** the funding – **66m**
- Major **investment in brain scanning**

How do we meet the PM's challenge?

Aim	Methods	Benefits
Increased diagnosis rates	GP education/training – community staff Clearer pathways General public – reducing stigma. Dementia alliance Memory clinic– GP, PHCT	Earlier access to support & information delays issues QOF
Financial rewards improved hospital care	Hospital standards – community hosps; CQUIN Screening; improved coding MH Liaison; discharge planning Dementia champions; Training;	Fewer behavioural issues Shorter stays Better outcomes
Home support	Post-diagnosis groups Dementia advisor/support worker, Carer education Person-centred care,	Reduced crises Delayed entry to care home Shorter acute admissions
Care homes	Staff training; Kite marks In reach/liaison	Behavioural management Acute admissions Outcomes
Prescribing	Audit – anti psychotics Protocols – shared carer	Non medical – managing challenging behaviour Safer prescribing
Information	Care pathway booklet, “This is me” National website	Ability to make informed choices Advance planning

Conclusion

- Dementia never been higher on the agenda
- Never had a greater opportunity to deliver real and sustainable change
- We must not waste this opportunity
- We must **all work together** to deliver this change!