



Birmingham

Dementia Plan

Updated 31st October 2012



1. Introduction

The Cluster plan brings together plans which have been developed across the four Primary Care Trusts which now make up the cluster, together with partner agencies, service users and carers. These in turn build on the following key strategic documents:

- Revised national strategy, “Quality Outcomes for People with Dementia” (DH September 2010) which identifies four key priorities:
 - Good quality early diagnosis and intervention for all
 - Improved quality of care in general hospitals
 - Living well with dementia in care homes, and
 - Reduced use of antipsychotic medication.
- Birmingham Mental Health Commissioning Strategy (draft June 2011)
- Living Well With Dementia – Solihull Commissioning Strategy 2010-2013
- Birmingham Older People’s Joint Strategic Needs Assessment (October 2009)
- Equity & Excellence: Liberating the NHS (July 2010)
- A Vision for Adult Social Care (DH 2010)
- NHS Operating Framework 2011-2012
- No Health Without Mental Health (DH February 2011)

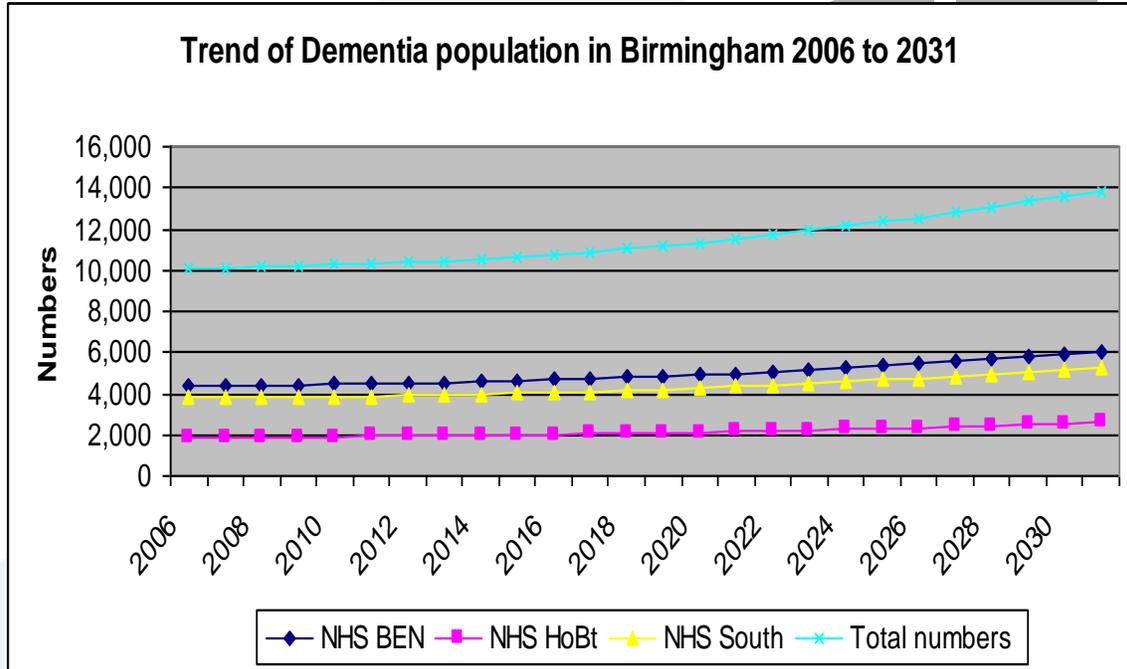
This document is a ‘refresh’ of the original plan updated following a ‘Dementia Stakeholder Event’ held on 11th October 2012 and reflecting progress made in Birmingham to date.

2. Background, numbers and projections

Both nationally and locally the number of people in older age groups is rising and will continue to rise over the next two decades. This will see a proportionate rise in the number of people with dementia, with a consequent need for services to both modernise so that they are providing the most effective use of resources, and to expand to meet the rising demand, which is a difficult target at a time of intense pressure on resources.

The detailed figures are given in the Birmingham JSNA and in the Solihull Commissioning Strategy. Brief details are:

- **Birmingham figures**



The Birmingham JSNA also notes:

“In previous studies, it has been suggested that smoking, high alcohol consumption, living alone, hypertension and high body mass index may increase the risk of developing dementia, whereas good education and low level of alcohol consumption could lower the risk (29). It is estimated to be present in 20% of those aged 80 and older and in over 40% of those aged 90 and older. Also, prevalence in females is higher than in males (29).”

3. Cluster Dementia Plans

Prior to the Cluster Dementia Plan (issued in August 2011) plans had been developed separately for Birmingham & Solihull. These plans share common strategic goals and services such as memory assessment and community support that are being rolled out across the cluster.

4. 'Refreshing' the Dementia Plan

The 2011 Birmingham and Solihull Cluster Dementia Plan was completed jointly and issued in August 2011. To reflect the progress that has been made since then, including the outcomes from the Birmingham and Solihull Dementia Stakeholder Event held on the 11th October 2012, Birmingham has 'refreshed' its contribution to the Cluster plan, in October 2012, and that refreshed plan is included at Appendix One overleaf. This includes a summary of the activities that have been/ are being undertaken to date across Birmingham. Comments are invited on the attached plan and should be forwarded to: Mary Latter, Joint Commissioning Manager (Dementia) at mary.latter@nhs.net.

Appendix One –Update October 2012 -Birmingham Dementia Plan

Priorities	Outcomes	Plans	Detail	Update October 2012
1. Primary Care early intervention	Early assessment and diagnosis to enable support and information to be given, and to maximise effect of anti-dementia medication.	Memory assessment service established July 2010.	Birmingham Memory Service- additional capacity through redesign	We have worked with BSMHFT to redesign the Community Mental Health Team (CMHT) Service to provide additional capacity (4 wte CPN's) for Birmingham Memory Assessment Service (BMAS) within the block contract. This ensures that all assessments (except complex co-morbidities) will use the single pathway allowing access to support after diagnosis.
			Reduce Stigma	We are currently supporting Phase One of a Publicity Campaign for professionals aimed at raising awareness of dementia, targeting staff working in areas where they may deal with people with dementia and looking to reinforce through local activity using Well TV (in GP waiting rooms) and other options..
			Partnership working around commissioning	We are working with the Local Authority on the procurement and implementation of a <i>'Targetted low level prevention support service for older people with early stages of dementia and their carers in Birmingham'</i> . This service is designed to strengthen the pathway for those living with dementia and their carers following GP diagnosis or at pre-diagnosis stage, targeting those at higher risk and including carer education amongst the 'interventions' offered.
			Partnership working around commissioning	We are also working closely with other commissioners (for services funded outside joint commissioning arrangements) to ensure that commissioned services link into the local integrated care pathway. This has included around the Local Authority Third Sector Prospectus and other commissioning and has included the continuation of Dementia Cafes and the commissioning of memory cafes, dementia support workers.

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			Intergenerational work	We are currently supporting intergenerational work in Swanshurst School, as part of a wider national pilot involving 21 schools. It will measure changes in pupils' attitudes, beliefs and values in relation to dementia and will consist of curriculum enhancements to be delivered nationally to schools across Key Stages 2, 3 and 4.
		Promoting healthy lifestyles.	Online directory of services	We are working to develop a directory of services that will provide information to the local community and professionals about local services commissioned by the local NHS and local authority (see Section 7 Communications and information)
			Joint Communications with CCG's	We have been successful in bidding for funds from the SHA to support work around the development of a sustainable communication strategy/ system that can be used to disseminate a range of information around dementia services to primary care and are currently starting to scope and plan this.
			Training for CCG leads and Primary care staff	The SHA have allocated funding for local delivery of training to CCG Leads. We are delivering this in liaison with Sandwell for Birmingham and Solihull to GPs and primary care teams with a focus on early assessment and diagnosis, as well as the wider Dementia agenda, the West Midlands Dementia pathway, the agendas and the issues that need to be addressed.
			Review of current protocols for prescribing anti dementia drugs to extend into primary care	We have been working with BSMHFT and Cluster Medicines Management to review the current pathways for the prescribing of anti-dementia drugs and to explore the possibility of revising pathways (within NICE guidance) to extend prescribing into primary care. A full review including costing is due to go to the Clinical Commissioning Network and the Medicines management Committee.

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			Action Research Project - Feedback	We have completed an action research project focussing on Solihull and North East Birmingham to give us feedback from people with dementia, their families and carers and professionals. The feedback from this will form a basis for developing commissioned services in dementia.
			Action Research Project – Service Mapping	Part of the project sought to map services (both statutory and non-statutory) that 'work' with people with dementia or their carers. This will help us in the work we are doing around providing clear local service information.
			Feedback from Stakeholder Event	We have just held a Stakeholder Event at Birmingham City Football Ground, to launch the findings of our Action Research project. The event was attended by 150 plus including professional from a range of organisations/ services across Birmingham and Solihull as well as a number of people with dementia and their carers.
			'100' Audit	With business intelligence we have completed an audit of 100 people with a diagnosis of dementia to map their journey. This data is being matched to Health and Social Care data to help us to develop a comprehensive view of gaps and blockages in the experience of service users.
			Clinical/Service pathways	We have completed a review of the clinical pathway (against Darzi requirements) and are currently working on applications of this that can be adapted for use with dementia sufferers and carers to support better information about services.
			NHS Health Check	We have been part of the consultation on plans to extend the use of the NHS Health Check to include Dementia. This is expected to be implemented from April 2013.

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			Review of QOF data	We are currently reviewing QOF data to enable us to work with CCG's to identify where numbers with a diagnosis appear to be potentially below prevalence and to ensure actions are in place to increase numbers.
2. Joint working protocol between primary and secondary care	Ensure smooth and appropriate referrals between primary and secondary care.	Draft protocol out for discussion.	Protocols for referral through Memory Assessment Pathway	The protocols for referral from primary care to memory assessment service were revised in September 2012 to include Single Point of Access to make it easier for referrals from primary care for memory assessment.
			Dementia Adviser service	We have submitted a detailed proposal to increase Dementia Adviser service for Birmingham to the Frailty Board to support current demand and projected increased demand.
			Pathways revised and reissued to Professional to ensure use of single pathways from Primary Care	We have worked with the service provider to ensure GP's have clear and up to date guidance on referral into the memory assessment service, to support increased referral levels.
			IMPACS	We will be contributing to development of IMPACS (Integrated Multi-disciplinary Primary and Community Care Service). This is being developed by the Frailty Board to ensure an integrated service offer which includes being the wrap around service for the frail elderly and the key delivery mechanism for a number of the transformational funding proposals that went to the Frailty Board, including dementia co-ordination. It will adopt a community-based and pro-active approach to care, to co-ordinate and enable continuity of care to prevent unplanned hospital admissions or when an admission occurs to 'pull' from acute care.
		Community Enablement & Recovery Team	Community Enablement & Recovery Team	We are reviewing the CERTs service to scope the capacity for working with older adults with dementia/ primarily complex needs and their carers in their local

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		established in secondary care.	(CERT's) established in secondary care	communities to avoid admission to hospital and, where admission is unavoidable, to reduce the duration of stay. This will be undertaken as part of work we are undertaking around the cessation of the Enhanced Assessment Service and the implementation of IMPACs across Birmingham and Solihull.
3. Reduce use of anti-psychotic medication	Target reduction in use of 60% by 2012, with particular reference to care homes and care homes with nursing.	First draft of GP guidance now completed.	Including requirements in contracts	We have included reporting and targets around 'ensuring an appropriate handover of prescribing to primary care' as part of the Service Development and Improvement Plan in the standard contract with BSMHFT. This will ensure that Primary Care are able to properly review and amend prescribing of anti-psychotic medications.
			Guidance and support to care homes	Medicines Management have overseen the issue of supporting documents to care homes including ' <i>The Behavioural and Psychological Symptoms of Dementia Checklist</i> ' which helps to exclude possible causes for changes in the behaviour or functioning of people with dementia and a flowchart for managing BPSD and guidance on discontinuing AP'. Other useful documents include a ' <i>Behaviour Record sheet</i> ' and documentation for commencing and reviewing antipsychotic prescribing.
			Review of prescribing	Medicines Management are currently undertaking a comprehensive review of prescribing across Nursing Homes.
4. Improve management of dementia in care homes and care homes with nursing		Develop care home liaison service.	Proposal for Care Home Liaison service submitted to Frailty Board.	A proposal for funding for a specialist dementia Care Home Liaison Service was submitted to the Frailty Board in May 2012 as part of the Frailty Board process for non-recurrent transformation funding. Whilst the proposal was not approved the principles were supported and it was agreed that they would be carried through into the Review

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				of Care Homes/ implementation programme that is taking place
			Standards Framework	We have worked with the Local Authority to ensure appropriate standards around dementia are included in care home contracts and that achievement of these standards is routinely reviewed as part of the contracting cycle.
			Support for Internal service planning	Sessions aimed at upskilling care homes in the use of the culture change toolkit developed by the SHA, have been organised in partnership with the Local Authority and will start in November 2012. This will help care homes to assess themselves in terms of their dementia care and plan for any improvements needed.
				There are some intensive projects available aimed at providing 'in situ' training for care home staff. The 'Task and Finish' group being undertaken through the Frailty Board aims to consolidate information about all training (see below).
			Training for Care Home Staff	There are a range of courses available to care home staff through the Local Authority Training Provider arm (BCDA) including NVQ's etc. We are working with BCDA to develop a coherent training offer.
			Safeguarding	We are working to ensure we are able to access information about Safeguarding issues as part of an integrated quality framework.
			Care Home QIPP	We are a part of the Care Home QIPP group monitoring progress against QIPP () currently in place for 'Improving Healthcare Support to Care Homes'.
			Care Home Training Task and Finish group	See under workforce below
			Care Fit for VIPs	See under workforce below

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5. Improve management of dementia in acute hospital settings.	Rapid Assessment, Interface and Discharge (RAID) team established at City Hospital	Develop RAID across all acute settings.	RAID Service	RAID service has now been Implemented across all the acute hospitals in Birmingham. This provides a rapid response/ single point of contact service fully integrated in the acute hospital setting bringing together practitioners from a range of mental health specialities including old age psychiatry. The service also provides liaison and training to improve identification and increase the ability to manage and care for patients with a range of mental health conditions, including dementia.
			Enhanced Assessment Service (EAS) Pilot	A specialist enhanced memory assessment service was piloted across acute settings from 2011 following discussions with the acute sector around longer bed stays for people with dementia (incurring excess bed day costs) and the higher probability of people with dementia being discharged into long term care. It involved the provision of specialist inpatient and nursing home beds, as well as community support, to ensure an accurate assessment. Whilst the pilot demonstrated good personal outcomes sustainable funding was not available to continue the pilot. It has been discontinued from December 2012. We are currently working with stakeholders to identify long term solutions to the issues of managing dementia in the acute setting and to explore any capacity for other 'dementia step down' beds there may be.
			Acute Sector Discharge Planning/ winter planning	We are working with acutes to ensure planning includes consideration of option in terms of dementia patients.
			New Cross Model	A number of Birmingham Acute Trusts have signed up to a national project to implement the composite elements of the New Cross Model, a 'whole systems approach' to ensuring a dementia friendly ward environment. This is being overseen and monitored by the SHA which has offered innovation resources to enable Trusts to put in place dedicated part-time project management support.

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			Intermediate Care Beds	A review of intermediate care beds was undertaken in July/ August 2012. We are seeking to ensure that the conclusion of this will include consideration of the need to make intermediate/ step down facilities available to patients with dementia.
6. Workforce development	Includes unpaid carers using tiered competency model.	Develop training to acute staff.	Training for CCG leads and Primary care staff	(As at 1 above) The SHA have allocated funding for local delivery of training to CCG Leads. We are delivering this in liaison with Sandwell for Birmingham and Solihull to GPs and primary care teams with a focus on early assessment and diagnosis, as well as the wider Dementia agenda, the West Midlands Dementia pathway, the agendas and the issues that need to be addressed.
		Roll out Dementia Information & Support for Carers (DISC) service across the city		This service is currently supported by Birmingham City Council and Heart of Birmingham PCT, and we are awaiting confirmation of recurrent funding for 2013/14, following confirmation of BCC Carers funding and PCT commitment through the Collaborative Commissioning Network.
			Training for Care Homes staff	As part of the Frailty Board – Care Homes theme we have set up a Care Homes Task and Finish Group to work with Stakeholder to look at the training needs of Care Homes in Managing Dementia. This will look to develop a training programme that will detail training options for care homes that will meet the learning needs of different staff groups as well as making recommendations to ensure that training meets needs in terms of cost/ resource, need and access.
			Care fit for VIP's	We have scheduled training for Care Home staff to use culture change toolkit developed for SHA 'Care Fit for VIP's' November 2012 –March 2014 following the allocation of training resource to deliver by SHA. This is being co-ordinated through the Local Authority training

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				provider arm.
7. Communication and Information.	Ensuring people with dementia and their carers have the right information at the right time.	Alzheimer's Society/Birmingham City Council developing website.	Development of online directory	As part of the Prime Ministers Dementia Challenge we are working to develop a comprehensive overview of dementia services locally to ensure that people can find the information they need easily in the way that suits them. We are looking to develop this alongside a joint communications system to link to CCG's (see below)
			Joint Communications system	We have been successful in bidding for funds from the SHA to support work around the development of a sustainable communication strategy/ system that can be used to disseminate a range of information around dementia services to primary care and are currently starting to scope and plan this.
			GP Briefings/ Mental Health Leads Meetings	We regularly meet with the CCG Mental Health GP Leads and a Briefing note on Dementia is a standing agenda item. The briefing notes are also circulated for inclusion on CCG intranets.
8. Other work underway			Capacity and Resource	We have been revisiting previous 'capacity and demand' work, looking at diagnosis service capacity (and new service models for this) to ensure that we have a clear awareness of what the implications would be of the expected increase that will accrue from achievement of the qualified ambition included in the Prime Ministers Challenge. We have included some of this data in the proposals that we have submitted to the frailty board.
			Frailty Board non-recurrent transformation funding	Non-recurrent transformation funding was offered in April 2012 by the Frailty Board for proposals from the sub-groups to expedite the scale and pace of the transformation of services through provision of one-off costs. The dementia sub group submitted 25 proposals

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				and has been asked to continue to develop a proposal to increase Memory Assessment/ Dementia Adviser capacity. This is due for consideration by the Frailty Board at the November 2012 meeting.
			Joint Strategic Needs Assessment (JSNA)	We have started to work with Public Health to develop a refresh of the current JSNA and to make sure it reflects the level and scope of need around dementia across the area.
			Dementia Friendly Community Status	We have started to work with the Alzheimers Society to explore and plan to develop for an application for Dementia Friendly Community status fro Birmingham and Solihull. This will involve getting local organisations to agree how they intend to ensure that they are dementia friendly. We are hoping to 'kick start' this with SHA/ADASS assistance by initially identifying 5 local organisations who the Alzheimers Society will approach and encourage to sign up/ support.
9. Other areas to be explored			Prison	Numbers in prison are projected to rise, as well as the number of elderly prisoners. Combined with this is evidence of a higher incidence of long term conditions, chronic disease and mental ill health amongst the offender population compared to the general population and the particular issues of managing conditions such as dementia in a custodial environment. The need to deliver appropriate services will need to be reviewed as part of the Birmingham Dementia Strategy.
			Alcohol	Alcohol consumption is seen to be escalating rapidly in many countries, and the current cohort of young and middle-aged people may face an upsurge of alcohol-related dementia. The dangers of heavy drinking and its effect on cognition require further attention. Although alcohol-related dementia is largely overlooked or seen as

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				a comorbid factor when looking at the wider picture of dementia, it is worth considering that the current prevalence of alcohol-related dementia has occurred in a cohort whose alcohol consumption was half the current levels of today's younger and middle-aged generations. Local need will be reviewed as part of the Birmingham Dementia Strategy.
			Young People with Dementia	Of the numbers of people with dementia the proportion of young people with dementia is about 2%. It can be referred to as Working Age Dementia, young or early onset dementia. In many ways the needs of these individuals and their carers differ significantly from those of older people with the disorder. There will need to be some consideration of this as part of the Birmingham Dementia Strategy.
			Learning Disabilities	There have been significant improvements in the mean life-expectancy of people with learning disabilities from as little as an estimated 18.5 years in the 1930s to 59 years in 1970s to 66 years in the 1990s. Alongside this is evidence to show that people with learning disabilities have an increased risk of developing dementia as they age compared with others. People with learning disabilities also generally develop dementia at a younger age. This is particularly the case for people with Down's syndrome: one in three develop dementia in their 50s. There will need to be some consideration of this as part of the Birmingham Dementia Strategy.