

Introduction and Covering Report (Councillor Claughton)

1. The priority theme for today's meeting is dementia. Three presentations are being given. In order to help members to prepare for the meeting, a brief summary of each presentation is provided below along with specific recommendations for the Ashford Health & Wellbeing (HWB).
2. The purpose of the presentations is to help the Ashford HWB identify progress and gaps in service provision and to question how the information provided can be used to influence future projects and inform commissioning decisions.
3. Appendix A provides members with trend information relating to dementia specifically focusing on Ashford. This information was kindly provided by the Kent & Medway Public Health Observatory. Key local data (and predictions) are presented along with references and further reading.
4. On the 16 July 2014 the Kent Health and Wellbeing Board received the paper 'Dementia Care and Support in Kent'. This highlighted the continued work to reduce the stigma of a diagnosis and indicated the desire to increase support available to people affected by dementia. A goal of achieving by 2015 a 67% diagnosis rate and access to appropriate post-diagnosis support was outlined.
5. The Kent HWB tasked Kent's carers' organisations together with KCC and the CCGs to review their plans in the light of the recently published Call to Action for Carers of people with Dementia to understand where further improvements can be made. The Kent Board recommended a full review of the acute pathway and supports the development of different models of care with increased skills and breadth of services in the private and voluntary sector in order to avoid unnecessary admission and support timely discharges.
6. The Kent Board recognised a need for a formal link with the Kent Dementia Action Alliance and that this is replicated by local HWBs and their local DAAs, so that the contribution of the wider partnership to improve support to people with dementia and their carers can be acknowledged.
7. In addition to the above report, Members may also wish to refer to the draft Kent Joint Health and Wellbeing Strategy (also being presented at this meeting) which includes a specific section on dementia and the desire to increase diagnosis rates, treat earlier and to support those with dementia to live well.
8. Members are asked, in advance of the meeting, to consider how the subject of dementia links to their sphere of influence, to ask what more they believe could or should be done and to think about how the Lead Officer Group might assist the Board in terms of this priority.

Dementia Alliance (Peter Marsh, Project Officer - 'Dementia Friendly Communities' Social Care Health and Well Being, Kent County Council)

9. This presentation covers the Dementia Friendly Communities programme which focuses on improving inclusion and quality of life for people living with dementia across Kent.

10. In these communities, people will be aware of and understand more about dementia, people with dementia and their carers will be encouraged to seek help and support and people with dementia will feel included in their community, be more independent and have more choice and control over their lives.
11. At the facilitated event held in Ashford on the 18th June, attendees pledged to undertake a number of personal actions to achieve this, they also identified a number of areas that the recently formed Ashford Dementia Action Alliance could include within their own action plan. The Alliance would like to seek the support of the Health and Well Being Board in working towards achieving progress in a number of areas.

Dementia – An Ashford CCG Perspective (Sue Luff, Head of Commissioning Delivery, Ashford Clinical Commissioning Group)

12. This presentation reports on CCG dementia activities and the outcome of an engagement event. The presentation addresses gaps in provision that have been identified covering Admiral Nurses, earlier access to diagnosis, affordable day care for dementia patients and information for patients and their carers.
13. Members attention is also drawn to the section on dementia within the Ashford CCG Clinical Commissioning Plan as presented to the Board (refer to page 9).

Dementia Carer (Keeley Taylor, Carers' Support)

14. In this presentation Keeley will talk about the services and activities that Carers' Support offer to support unpaid family members, friends and neighbours who are looking after someone else at home. She will explain the benefits of engaging with Carers' Support and how the organisation can be contacted.
15. There are 6.5 million unpaid carers in the UK, not including those who don't realise they are carers. Carers' Support aim to raise awareness and identify hidden carers. Identifying carers early on can significantly reduce the impact that long term caring can have on a carers' health and reduce the time and money spent through Primary Care.

Dementia Recommendations

The AHWB is asked to:

- a) **Receive from the Ashford Dementia Action Alliance an action plan for subsequent consideration and adoption by the Board.**
- b) **Work towards the provision of additional affordable dementia day care provision for the residents of Ashford. It is suggested that this becomes an Ashford HWB's 'must do' project.**
- c) **Endorse those strategies that promote earlier diagnosis for people with dementia.**
- d) **Actively promote Carers' Support services alongside support for patients.**

Appendix A

Ashford – trends in Dementia

Dementia mainly affects older people, although there is a growing awareness of cases starting before the age of 65. After 65, the likelihood of developing dementia roughly doubles every five years.

Escalating costs and hidden costs

At the moment much dementia goes undetected (Kent Dementia JSNA 2013/14)

The observed prevalence of dementia (number of dementia patients on QOF registers) is approximately 37% of the expected prevalence across Kent. One of the key objectives within the Kent and Medway strategic plan is to increase detection to 60%.

Table 3: Estimates of prevalence of dementia aged 30+, at varying levels of ascertainment, 2010/11 - 2015 (projected) by CCG

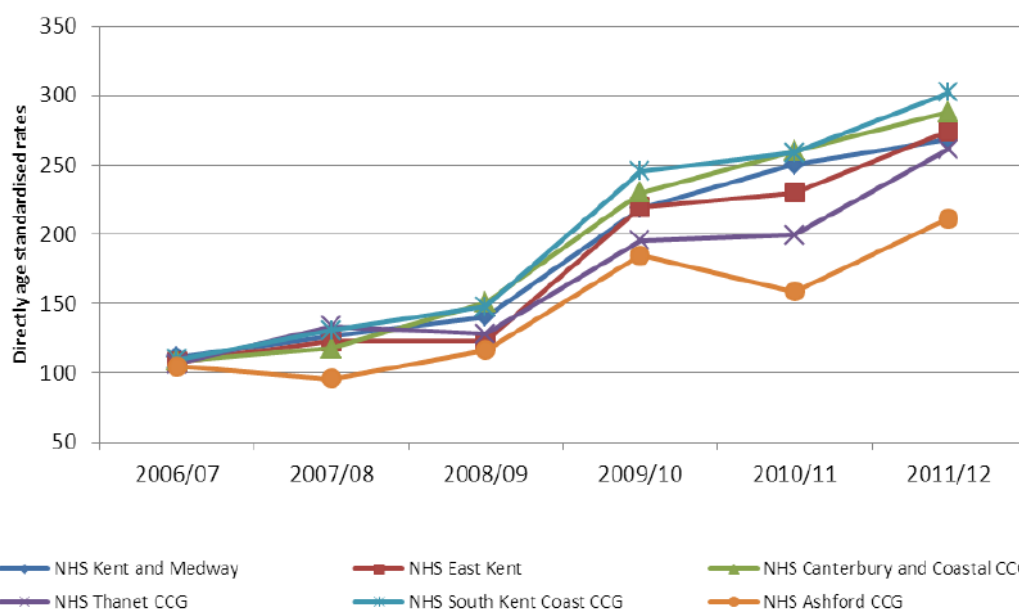
Estimates of prevalence of dementia, aged 30+, at varying levels of ascertainment, 2013 - 2015 (projected)

District	Current situation			2015 - showing expected numbers at different levels of ascertainment						
	Poppi estimates - 2011	On QOF register- 2013	Percentage ascertained	Poppi estimates	At 2013 QOF level	50%	60%	70%	80%	90%
Ashford	1,502	604	40.2	1,700	684	850	1,020	1,190	1,360	1,530

High hospital costs

Current intermediate care services face challenges in responding effectively to the needs of people with dementia, resulting in higher risk of hospitalisation. Once admitted their length of stay is considerably longer. People with dementia are also more likely to be admitted to long term care after an acute hospital admission and not given the opportunity to return home with support.

Trend in DASR, emergency admissions due to dementia, 65+, per 100,000, NHS Kent and Medway, East Kent, Canterbury and Coastal CCG, Thanet CCG, South Kent Coast CCG, Ashford CCG.



- The top 0.5% (Band1) of the Kent & Medway risk stratified population with the highest risk scores for rehospitalisation generated up to 20% of the total unscheduled care spend for the whole

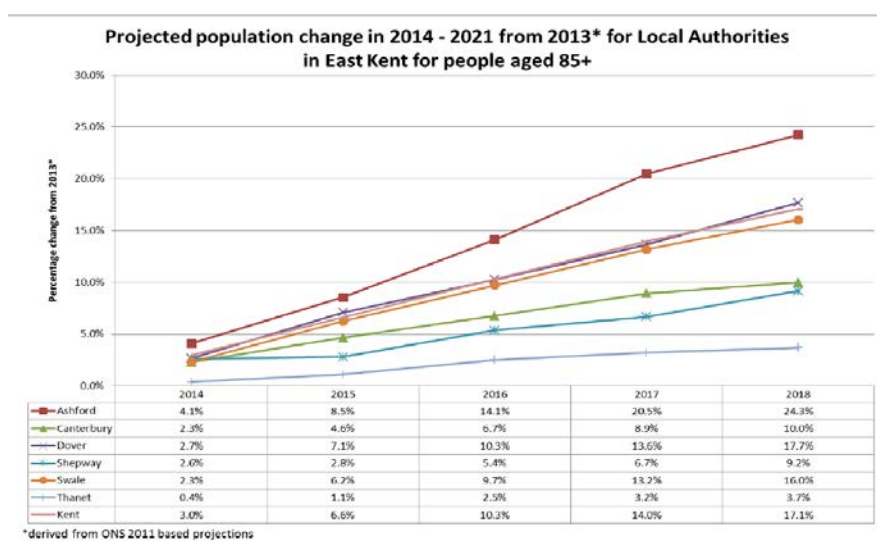
population

- People with only dementia is as low as 5%, while the remaining 95% of persons with dementia have at least one other chronic condition
- The numbers of people with severe dementia are set to increase by 83 per cent. These are the people most likely to require care in specialist care homes.

About one third of people with dementia live in residential care, while about two thirds of people who live in care homes are thought to have dementia. ” (Kent Dementia JSNA 2013/14).

A growing number of elderly at risk of dementia in Ashford

In Kent, from 2012 to 2020, the expected number of elderly people >65 yrs and over with a limiting long term illness is expected to increase by 21%. Of these, the expected number of elderly people with dementia is expected to increase by 25%. (Kent Dementia JSNA 2013/14). Over the next 7 years the population aged 65-84 in the Ashford area is expected to increase in line with the Kent average, but the numbers over 85 are projected to increase more than proportionately. This is the group most susceptible to dementia.

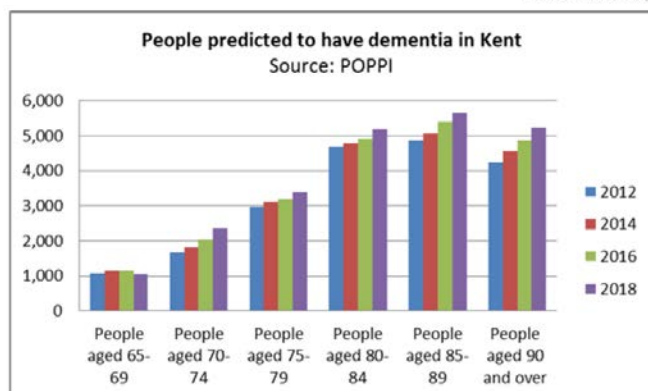


Health and Social Care Maps <http://www.kmpho.nhs.uk/health-and-social-care-maps/ashford/>

Table 1 - Estimates of prevalence of dementia by age and sex

Age	Women	Men	Combined
65-69	1.0%	1.5%	1.3%
70-74	2.4%	3.1%	2.9%
75-79	6.5%	5.1%	5.9%
80-84	13.3%	10.2%	12.2%
85-89	22.2%	16.7%	20.3%
90-94	29.6%	27.5%	28.6%
95+	34.4%	30.0%	32.5%

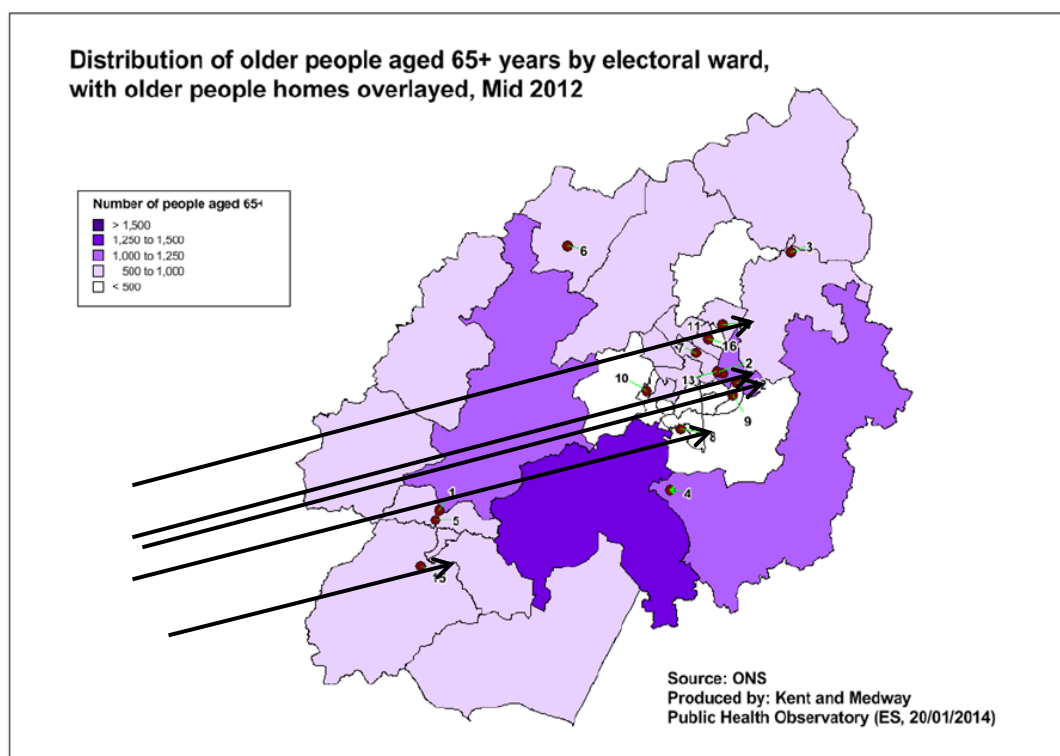
Source: Dementia UK: Full report, Alzheimer's Society 2007



(Kent Dementia JSNA 2013/14)

Dementia care in Ashford

The areas in Ashford current providing most dementia services are:



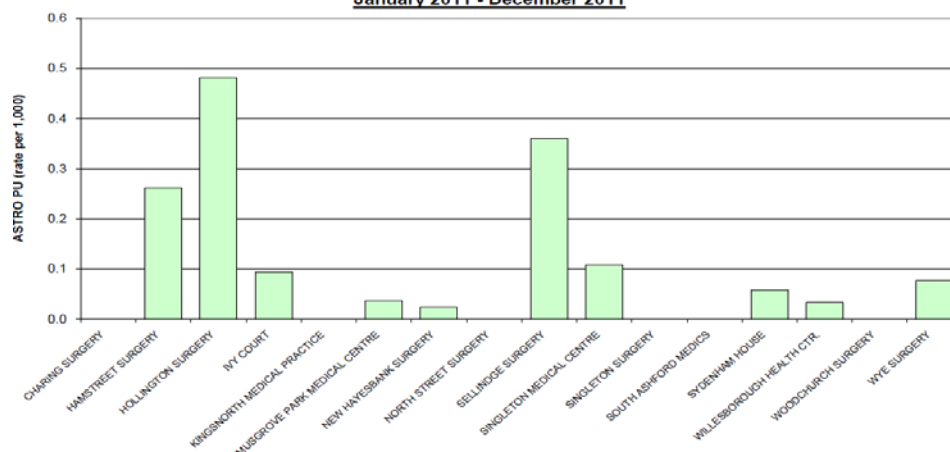
Health and Social Care Map – Ashford

Older People

Residential homes: Five homes, offering 300 places overall, have the capacity to cater for residents with dementia (2, 8, 11 and 13, and 15).

GP surgeries: 3 surgeries offer the bulk of care at TN26 2NJ, TN24 8UN, TN25 6JX.

Drugs for Dementia - Ashford CCG Practices
January 2011 - December 2011



Health and Social Care Map – Ashford

Mental Health and Wellbeing

Dementia within particular groups

In 2013/14 a Direct Enhanced Service was introduced for primary care which define “ ‘at-risk’ patients as:

- Patients aged 60 or over with cardiovascular disease, stroke, peripheral vascular disease or diabetes
- Patients aged 40 or over with Down’s syndrome
- Other patients aged 50 or over with learning disabilities

- Patients with long-term neurological conditions which have a known neurodegenerative element, for example Parkinson's disease.

Early onset: In Kent there are approximately 400 people currently estimated to have young onset dementia. However, according to the Alzheimer Society's 2007 report 'Dementia UK: Full Report' the prevalence of early onset dementia could be up to three times higher as it is often missed or undiagnosed.

Dementia and learning disability: People with Down's Syndrome have an increased risk of developing Alzheimer's disease. The prevalence of dementia in people with other forms of learning disability is also higher than in the general population." (Kent Dementia JSNA 2013/14).

Black and minority ethnic (BME) population: Currently prevalence rates for dementia in people from black, Asian and minority ethnic communities in the UK have not been identified. Six per cent experience early onset dementia compared with only 2.2 per cent for the population as a whole, reflecting the younger age profile of these communities. Evidence shows that certain communities such as those from South Asia, African and Caribbean backgrounds have higher incidence and prevalence of cardiovascular disease." (Kent Dementia JSNA 2013/14).

References and further reading

<http://www.kmpho.nhs.uk/health-and-social-care-maps/ashford/> Health and Social Care Maps, Kent and Medway Public Health Observatory website

<http://www.kmpho.nhs.uk/disease-groups/mental-health/?assetdet973403=372176>
JSNA on Dementia 2013-14, Kent and Medway Public Health Observatory website

Department of Health (2009) **Living well with dementia: a national dementia strategy.** At: <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

Department of Health (2012) **Dementia Challenge.** At: <http://dementiachallenge.dh.gov.uk/>

Department of Health (2012) **The Prime Minister's Challenge on Dementia: delivering major improvements in dementia care and research by 2015: Annual report of progress.** Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200030/9535-TSO-2900951-PM_Challenge_Dementia_ACCESSIBLE.PDF

NICE/Social Care Institute for Excellence (2006) **CG42 Dementia: supporting people with dementia and their carers in health and social care** At: <http://www.nice.org.uk/nicemedia/live/10998/30318/30318.pdf>

Quick reference guide: <http://www.scie.org.uk/publications/misc/dementia/dementia-grg.pdf>

NICE (2010) **End of life care for people with dementia: commissioning guide: implementing NICE guidance** <http://www.nice.org.uk/media/0A2/66/CommissioningGuideEoLDementia.pdf>