

Common and complex:

Commissioning effective dementia services
in the new world

December 2011



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Introduction

Dementia reflects one of the most significant challenges facing health and social care services in England today. The number of people estimated with dementia currently stands at 750,000 and is expected to rise to over one million by 2021¹. The financial cost of dementia is expected to grow to over £27 billion by 2018, from £20 billion today¹.

In addition, recent figures published have also revealed that emergency hospital admissions for people with dementia have increased by 12% in the five years since 2006/07, with a 4% increase in the last year²; thereby increasing the pressure on the NHS and impacting on the outcomes for people with dementia.

While this rise in admissions is concerning, the figures would seem to suggest a failure by some hospitals to accurately diagnose people with dementia when they are admitted. Ensuring an accurate diagnosis of dementia is crucial to ensure people get the best package of care once they are discharged.

Rising awareness of the condition among the public, media, politicians, healthcare professionals and commissioners, together with advocacy groups, has put dementia high on the Government's agenda.

In 2009, in response to these challenges, the Department of Health published *Living well with dementia: A National Dementia Strategy* which sets out a vision for transforming dementia services in England³.

The number of people estimated with dementia currently stands at 750,000 and is expected to rise to over one million by 2021

Two and a half years on, implementation of the National Dementia Strategy has shown early signs of progress but there has been variation in the extent that the Strategy has been implemented locally⁴. In 2010, a report by the All-Party Parliamentary Group (APPG) on Dementia found that two thirds of primary care trusts (PCTs) were unable to account for their funding under the dementia strategy⁵.

Today, implementation of the Strategy is set against the backdrop of significant financial constraints for both NHS and social care services in England. Evolution of commissioning structures has led to uncertainty, but also opened up new opportunities for how the strategy can be implemented for its remaining period.

Understanding the challenges

To better understand these challenges, and the solutions to them, MHP Health Mandate and the Alzheimer's Society convened a small group of leading stakeholders to a policy workshop on what the commissioning of effective dementia services would look like in the new commissioning world. Names of the attendees are set out in Annex 1.

This was the first in a new series of workshops hosted by MHP Health Mandate, with a view to stimulating new thoughts and insights into the way long term conditions are commissioned and outcomes for patients can be improved. The focus of the workshop was on the current policy landscape and how it relates to dementia, with a view to making recommendations to Government and the NHS for how these challenges can be met.

The purpose of this report is to articulate these recommendations and provide a constructive contribution to the ongoing debate amongst Government, commissioners and others about how effective dementia services can best be delivered.

Recommendations

Driving an integrated approach to dementia services

1. The Government should ensure improving the quality of care and outcomes for people with dementia continues to be a priority for the NHS and social care service
2. The Local Government Association should work with the Department of Health to develop guidance for local health and wellbeing boards on how to commission effective dementia services. This should be based on the principles of and objectives set out in the National Dementia Strategy
3. Health and wellbeing boards should ensure that local commissioning plans, Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies suitably prioritise dementia and promote integration between health and social care commissioners
4. Health and wellbeing boards should, where appropriate, include representation from a range of organisations that are responsible for the care of people with dementia, including dementia strategy implementation groups and housing providers
5. The Department of Health should develop clinical networks for dementia funded by the NHS Commissioning Board
6. Clinical networks should appoint a clinical lead for overseeing the delivery of dementia services in their locality

Delivering the information revolution for dementia care

7. The Department of Health should consider recommending that a Public Health Observatory takes the lead in working with the dementia sector to collect information on the needs of people with dementia which can help inform commissioning decisions
8. The Department of Health should work with stakeholders to develop a National Dementia Experience Survey to assess the experience of people with dementia
9. HealthWatch England should ensure that people with dementia are appropriately represented at both the national and local HealthWatch

Improving the funding arrangements for dementia services

10. The Department of Health should work across government to pilot new local authority multi-year budgets to encourage and deliver long term improvements in the commissioning of dementia services. Where benefits are going to be realised over a period of more than one year, commissioners should be able to recognise this as they would with other capital investment

11. The Department of Health should look to develop a model tariff for dementia which is location neutral so as to ensure funding follows the individual and allows commissioning decisions to be based on the needs of the individual
12. Health and wellbeing boards should promote the concept of pooled budgets between health and social care commissioners
13. Efficiency savings delivered through greater integration and pooled budgets should be re-invested in improving services for people with dementia

Commissioning on the basis of quality and user involvement

14. The Department of Health should work with stakeholders and the Dementia Action Alliance to develop outcome indicators for dementia for inclusion in the 2012/13 NHS Outcomes Framework, and 2012/13 Public Health and Adult Social Care Outcomes Frameworks
15. The NHS Commissioning Board should work with a range of stakeholders to support the development of the Commissioning for Quality and Innovation (CQUIN) indicators for dementia, announced in the NHS Operating Framework 2012/13, and these should look to incentivise providers to deliver high quality care for people
16. NICE should monitor and assess implementation of the dementia quality standard to ensure it is delivering improvements in patient care
17. The Care Quality Commission should ensure that providers meet agreed standards of care for people with dementia
18. Commissioners should use the tools and guidance provided in the Dementia Commissioning Pack to improve services for people with dementia, to reduce the use of inappropriate antipsychotic medication and put in place measures to assess their progress with this
19. The forthcoming Social Care White Paper should include plans for a national assessment framework for social care, including telecare
20. The Department of Health should continue with its public awareness campaign aimed at raising the profile of the early signs and symptoms of dementia



Driving an integrated approach to dementia services

One of the central principles of the Coalition Government's health and social care reforms has been to drive integration between different services and providers. Ensuring better integration is particularly important for people with dementia who, due to their complex needs, will access services across health and social care. Beyond a specialist response, they need care and support from a range of different professionals, who need to communicate with each other to co-ordinate the care they receive.

Ensuring truly integrated commissioning and integrated care pathways would deliver better outcomes for people with dementia and would cost less than the current system. This section explores some of the bodies which will be responsible for driving integration within the new structure and some of the ways they can help to provide integrated models of care for people with dementia.

Health and wellbeing boards

As a disease area, dementia continues to be unique – with the vast majority of funding (88%) coming from social care budgets rather than the NHS⁶. Consequently, developing an integrated model of commissioning for dementia services is vital in ensuring the delivery of integrated models of care for people with dementia.

In addition to this, the Government's health and social care reforms have placed a great emphasis on the importance of integration and the role of Monitor has been adapted to promote integration rather than competition⁷.



Following its consultation, the NHS Future Forum recognised the huge potential of health and wellbeing boards in delivering health and social care integration⁸. The Forum set out recommendations, which were subsequently brought forward by the Government, for the Health and Social Care Bill to strengthen the role of health and wellbeing boards in holding local commissioners to account for the services they deliver. Working through respective health and wellbeing boards, commissioners from across NHS, social care, and public health services will need to work closely to co-ordinate the delivery of dementia services and improve their quality.

Health and wellbeing boards should scrutinise the commissioning plans of clinical commissioning groups and ensure that dementia care is suitably prioritised and integrated between health and local authority commissioners.

Where this is not the case health and wellbeing boards should consider utilising their power to reject local commissioning plans. Further, as part of their responsibility for completing the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWBS), health and wellbeing boards should ensure that care for dementia patients is properly addressed and co-ordinated.

As set out in the Department of Health's *Healthy Lives, Healthy People: Update and way forward*, it will also be important that health and wellbeing boards work with a full range of local services, including housing, to develop holistic solutions to health and wellbeing⁹. Emily Bird of the National Housing Federation pointed out the role of high quality housing services in preventative care and argued that there should be a role for a housing representative on health and wellbeing boards to ensure that joined-up integrated care is delivered for dementia patients. This was also a recommendation of the report looking into housing and care for older people, published by the All-Party Parliamentary Group on Housing and Care for Older People, chaired by Lord Best¹⁰.

Despite their central role in the reforms, it is still unclear what support health and wellbeing boards will have to carry out their duties and in promoting better integration of services. In addition many representatives sitting on these boards may not necessarily have direct experience of commissioning NHS and public health services and, as such, will need guidance and support to carry out these functions. As a result the participants on health and wellbeing boards will need support to help them commission services effectively. The Department of Health should issue guidance for these boards on how to effectively commission dementia services.

Health and wellbeing boards should also ensure they involve local multi-stakeholder groups, such as dementia strategy implementation groups, in order to ensure that the health, social care, and social inclusion needs of people with dementia, and their carers, are reflected in and addressed within local commissioning priorities.

Clinical networks

Clinical networks, which bring together a wide range of expertise, already exist for specific conditions or pathways of care, for example cancer care. The NHS Future Forum highlighted the important role clinical networks were already making in *“deliver[ing] improved outcomes for patients”* through multi-professional input⁸.

In its report to Government, the Future Forum set out its recommendations for these networks to continue to play a significant role in the delivery of integrated care across care pathways.

The Government has since confirmed plans to expand these networks to other areas of specialist care and give them a stronger role in commissioning⁷.

A recent report by the Rarer Cancers Foundation pointed out that clinical networks for cancer had played a key role in *“helping the NHS achieve many of the improvements which have been the hallmarks of the progress made in cancer over the past fifteen years, including reducing waiting times for first appointment and then treatment”*¹¹. The report goes on to set out some of the key areas of responsibility that these networks should take on to help support commissioning of high quality cancer services.

The Government has confirmed plans to expand clinical networks to other areas of specialist care and give them a stronger role in commissioning

Ensuring an integrated model of care is vital for individuals with dementia and their families who will often use a number of different services across the whole care pathway, including:

- Primary care services
- Community services
- Social care services
- Domiciliary services
- Secondary care services

Given the majority of spend for dementia comes from social care rather than the NHS, it is important there are cross-care clinical networks in place to ensure the care pathway is not fragmented and that patients experience continuous care.

Clinical networks for dementia should be funded centrally by the National Commissioning Board so as to ensure that consistent support is available to commissioners in improving the quality and efficiency of dementia services. The role of clinical networks should be to:

- Support commissioners in delivering improvements in outcomes across all relevant domains of the public health, NHS and social care outcomes frameworks
- Promote integration of services across care pathways and enable informed patient choice
- Advise local commissioners on the dementia health needs of the population
- Assist commissioners in assessing and managing the performance of providers on the basis of quality
- Promote efficiency whilst safeguarding quality
- Facilitate condition-specific user involvement

Clinical networks should draw on all relevant expertise from the area they serve. It is anticipated that this will include:

- Lead clinicians from clinical commissioning groups
- Relevant specialities (eg psychiatrists)
- Specialist nurses
- Directors of public health
- Directors of adult social care
- Community and hospital pharmacists
- Patient representatives and carer representatives
- Representatives from the voluntary and community sector

As a minimum, networks should have a lead clinician, lead nurse, lead pharmacist and lead allied health professional. Networks may wish to assign leads to each of the relevant domains of the outcomes frameworks.

Integrated providers

Imelda Redmond, the then Chief Executive of Carers UK, noted the importance of integration within services, as well as across services – particularly in secondary care.

People suffering from dementia are significant users of hospital care. Over two-thirds of acute hospital beds are occupied by older people, with over half of these suffering from cognitive impairment, including those with dementia¹². However, many people are not correctly diagnosed and are more likely to have poorer outcomes in general care relating to length of stay and mortality¹².

The Department of Health's National Dementia Strategy set out a number of recommendations for how providers could improve the quality of care for people with dementia in hospital¹³. Despite this, the National Audit Office report in 2010 noted that:

“Joined-up working remains very patchy and as a result people with dementia are still being unnecessarily admitted to hospital, have longer lengths of stay and enter residential care prematurely. Whilst we found examples of good practice, these are not being adopted widely.”¹⁴

There are a number of steps commissioners and providers can take to promote greater integration within and across different services. For example, there has been some success in other care areas where commissioners have commissioned a single hospital trust to provide services for a particular condition across the care pathway. This ‘prime vendor’ commissioning model can help break down traditional care barriers as a single provider is entrusted with the responsibility for providing services.

Recommendation 1: The Government should ensure improving the quality of care and outcomes for people with dementia continues to be a priority for the NHS and social care service

Recommendation 2: The Local Government Association should work with the Department of Health to develop guidance for local health and wellbeing boards on how to commission effective dementia services. This should be based on the principles of and objectives set out in the National Dementia Strategy

Recommendation 3: Health and wellbeing boards should ensure that local commissioning plans, Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies suitably prioritise dementia and promote integration between health and social care commissioners

Recommendation 4: Health and wellbeing boards should, where appropriate, include representation from a range of organisations that are responsible for the care of people with dementia, including dementia strategy implementation groups and housing providers

Recommendation 5: Clinical networks for dementia should be established and funded by the NHS Commissioning Board

Recommendation 6: Clinical networks should appoint a clinical lead for overseeing the delivery of dementia services in their locality

Delivering the information revolution for dementia care

The National Dementia Strategy sets out the value of good quality information being available to people with dementia and their carers. In addition to this the Department of Health has proposed an information revolution in health and social care in order to drive quality improvements and help empower patients about the type of care they receive.

This approach to high quality information has been broadly welcomed by the sector and this section explores some of the mechanisms and structures which will need to be put in place to ensure the information revolution is delivered for people with dementia.

Improving care for dementia through better data collection

Providing commissioners with access to improved, relevant data will be important to give ensure commissioners deliver services based on local needs. Currently, the quality of data for dementia remains poor and fragmented across different health and social care services.

To meet the principles of the Government's information revolution, dementia needs a similar revolution to allow for the meaningful measurement and benchmarking, and subsequent improvement of dementia care. Effective measurement and benchmarking is important for dementia in order to:

- Help commissioners mark areas for improvement in dementia
- Allow commissioners and providers to learn from the experience of others
- Provide the opportunity for the users and their patients to scrutinise the quality of services being delivered in their locality

There may be a role for a new Public Health Observatory, focused on dementia, to take the lead in developing relevant information for commissioners. This should be done in partnership with private and voluntary organisations who may already have experience collecting data in this area of care.



Measuring experience for people with dementia

“No decision about me, without me” is a key tenet of the Government’s health and social care reforms¹³. Dementia patients, and their carers, should be given an active role in the care and support they receive, and in informing how services are delivered and commissioned. To make this a reality, the new patient representative body, HealthWatch England, should ensure that there is adequate representation of individuals and carers with dementia at a national and local level.

In order to assess dementia patients’ experiences of services, it will be important that information on dementia patient experience is collated and published in a usable and accessible format. In cancer, the National Cancer Patient Experience Survey has provided a useful tool to measure and understand the quality of care reported by cancer patients across a number of different tumour groups and localities¹⁴.

The Department of Health should consider commissioning a similar survey for people with dementia and their carers. Such surveys should identify areas of good practice and pockets of poor practice which need to be improved.

Sharing best practice of care

As outlined above, many new commissioners for dementia services will have little experience of dealing with a condition as complex as dementia. In order to assist them in the commissioning of dementia services, a best practice portal for commissioning these services should be developed to help mainstream these examples.

The Royal College of Nursing has recently completed a Department of Health funded pilot on the provision of good quality care for people with dementia in hospital. For these best practices to be widely disseminated, such a project would be ideal for the evidence portal.

Royal College of Nursing – Commitment to the care of people with dementia¹⁵

Along with key stakeholders, including the Department of Health, the Royal College of Physicians, the Royal College of Psychiatrists, the Alzheimer’s Society and Dementia UK, the RCN has set out a framework for improving the care of people with dementia in hospitals. The framework highlights key factors that are essential to delivering good quality care.

As part of the commitment, the Royal College of Nursing has established the top five factors in supporting good dementia care. They are:

1. Staff who are skilled and have time to care
2. Partnership working with carers
3. Assessment and early identification of dementia
4. Care plans that are person centred and individualised
5. Environments that are dementia friendly

The complex nature of dementia as a disease, means that services should be designed and tailored around the needs of the individual. It is important for commissioners to take this into account when developing and redesigning pathways of care for patients.

New technologies and services such as telecare, which is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living can play a key role in this. Telecare can help commissioners tailor care for individual users and allow people with dementia to be cared for closer to home improving the quality of care and outcomes for both themselves and their carers. As part of its forthcoming social care reforms the Government should develop a national assessment framework for social care, which should include access to telecare.

The best practice portal outlined above will provide a useful and accessible resource for primary care professionals in understanding how to recognise the symptoms of dementia, assisting attempts at earlier diagnosis, and improving user outcomes. In addition it will be important that information is available to patients and their carers in a clear, accessible and usable format.

Charities supporting patients with dementia have developed a series of support packs and tools to help patient and their carers manage their condition. Margit Physant of Age UK highlighted a recent support pack developed by Age UK. The pack provides commissioners with ideas to support people with dementia, based on the principles of the National Dementia Strategy.

Dementia Day Centres – Age Concern Sheffield¹⁶

Two of Age Concern Sheffield's centres cater specifically for older people who live with mild to moderate dementia. Activities at these centres are designed to provide mental and physical stimulation and to slow down the rate of cognitive decline through reminiscence, quizzes and daily living skills such as setting the table and washing up. Other activities include yoga, singing, cooking, birthday celebrations, gentle exercise and trips out.

Staff have a good understanding of individual older people's preferences, needs and wishes. The centres provide social contact and stimulation for people living with dementia, offer low-level support for older people at risk, and help to maintain and promote independence. For example, advice on safety at home, aids and adaptations is provided. The service also enables the care and monitoring of very frail and vulnerable older people.

Recommendation 7: The Department of Health should consider recommending that a Public Health Observatory takes the lead in working with the dementia sector to collect information about the needs of people with dementia which can help inform commissioning

Recommendation 8: The Department of Health should work with stakeholders to develop a National Dementia Experience Survey to assess the experience of people living with dementia, and that of their carers

Recommendation 9: HealthWatch England should ensure that people with dementia are appropriately represented at both the national and local HealthWatch

Improving the funding arrangements for dementia services

Dementia is an expensive condition with a considerable cost to both public and private finances. Rising prevalence means the financial cost of dementia is expected to grow to over £27 billion by 2018, from £20 billion today¹.

Cuts to local authority budgets and a squeeze on NHS resources means local services increasingly have to look for new, original solutions to managing the cost of dementia in their area. This section explores some of those arrangements in more detail and how commissioners can improve the existing funding arrangements for the dementia service.

Developing budgets for the long-term

Baroness Greengross, Chair of the APPG on Dementia, commented that a significant barrier to the effective commissioning of local authority services was the setting of budgets for only one financial year. Baroness Greengross went on to argue that this led to short-term thinking in relation to commissioning which undermined the quality of dementia services.

She suggested that a move towards multi-year budgets could help address this and allow for a longer-term approach to the commissioning, and delivery, of high quality dementia services.

750,000

estimated number of people
with dementia today

1 million

estimated number of people
with dementia in 2021

£27 billion

estimated cost of dementia in
2018

The Department of Health should seek to work with the Department for Communities and Local Government and the Local Government Association to pilot such funding models and undertake an assessment of their effectiveness.

Local neutral tariffs

Traditional payment methods for dementia care have not adequately taken account of the location of where care is delivered, or indeed the complexity and individual needs of people living with dementia and their carers. Given the complexity of dementia as a disease, it is important that care is tailored for the individual and the emphasis of the Government's health reforms on personalised care and a move to payment by results provide an opportunity to tailor care to the individual.

A majority of people with dementia, if given the right help and support, could be cared for at home or in the community rather than in a hospital setting. In order to make this a reality the structure of tariffs should be structured in a way that incentivises high quality care in any setting. Currently tariffs are separated based on the location of where care is delivered, for example acute care or community care. This approach is a real block to full integration.

In addition current tariffs do not distinguish between elderly people and people with dementia in the social care setting. Given the variety and complexity of needs of people with dementia there is little incentive for providers to deliver high quality, personalised care for people with dementia in this setting - which includes the patient's own home and residential care. Indeed, Paul Woodward, Chief Executive of Sue Ryder, commented that Sue Ryder was exiting the domiciliary care market as a result of being unable to provide care of sufficient quality under the existing funding arrangement.

In order to incentivise the delivery of care for people with dementia in the most appropriate location, and to foster greater integration, the Department of Health should look to develop a model tariff for dementia which is location neutral.

Pooled budgets

From early diagnosis through to end of life care, the needs of people with dementia will vary during the course of their illness, with individuals and their families coming into contact with a number of services at different stages of their illness.

As a degenerative disease, it is important for commissioners to have services in place which can meet these needs - especially for those people with advanced dementia or those who will have more complex needs. Funding for these services typically comes from different areas in 'siloed' budgets. This in the past has been a significant barrier to true integration. One way of addressing this is through the concept of pooled budgets between commissioners which is being piloted in a number of different areas, including Walsall.

Walsall Metropolitan Borough Council¹⁷

Walsall Metropolitan Borough Council is using new technology to better integrate health and social care services that are helping to deliver benefits to patients and commissioners.

39% of households in Walsall have a long term condition and the commissioning costs for managing emergency admissions, ambulance call outs and outpatient appointments relating to this group has been estimated to cost £12.9 million a year. Walsall is using new technologies such as telehealthcare to help better manage patients with long term conditions in the community, thus reducing pressures on health and social services.

Walsall is pooling a £2.5m investment in telehealthcare between the health service and the local authority over the next two years and seeks to generate a threefold return on this investment over the next five years. The experience of Walsall demonstrates the importance of real partnership working to ensure the better integration of health and social care services.

The creation of local health and wellbeing boards presents an opportunity to expand the concept of pooled budgets. These boards should seek to pool budgets for dementia care between commissioners where possible in order to deliver more integrated, cost effective services which adequately share the risk and reward between different commissioning partners.

Sharing the proceeds of savings realised by quality improvements

As outlined above, the development of pooled budgets and multi-year commissioning should help ensure that dementia services are commissioned more effectively. In addition, it will be important that when improvements in quality have been delivered, benefits to individuals with dementia seen, and efficiencies realised, that the savings are shared between different commissioners or potentially reinvested into dementia care.

Local health and wellbeing boards should seek to evaluate these savings and re-allocate funding as they see appropriate in accordance with their joint health and wellbeing strategies.

Recommendation 10: The Department of Health should work across government to pilot new local authority multi-year budgets to encourage and deliver long term improvements in the commissioning of services for people with dementia. Where benefits are going to be realised over a period of more than one year, commissioners should be able to recognise this as they would with other capital investment

Recommendation 11: The Department of Health should look to develop a model tariff for dementia which is location neutral so as to ensure funding follows the individual and allows commissioning decisions to be based on the needs of the individual

Recommendation 12: Health and wellbeing boards should promote the concept of pooled budgets between health and social care commissioners

Recommendation 13: Efficiency savings delivered through greater integration and pooled budgets should be re-invested in improving dementia services

Commissioning on the basis of quality and user involvement

One of the key tenets to the Department of Health's NHS and social care reforms has been the focus on quality and putting patients at the heart of decisions about their care. Raising the quality of care for people with dementia and their carers has been a priority in health and social care and the Coalition Government is committed to ensuring that there is a greater focus on accelerating the pace of improvement.

Understanding how commissioners can deliver improvements in quality and outcomes for people with dementia is going to be vital while the emerging structures come into place and this section looks at some of the measures which can be put in place to achieve this.

Incorporating dementia into the outcomes frameworks

In order to assess whether care for people with dementia is improving, it will be important to have mechanisms in place to monitor the outcomes delivered by relevant services. The Government's health and social care reforms have placed a strong focus on delivering improvements in both outcomes and the quality of care patients and service users receive.

For these reforms to benefit people with dementia, the forthcoming and revised NHS Outcomes Framework should contain indicators relevant to dementia. In addition, the forthcoming Public Health Outcomes Framework and Social Care Outcomes Framework should include similar indicators, some of which should span the three Frameworks to assist the integration agenda.

The Department of Health should work with stakeholders and the dementia advisory group to develop metrics for these indicators. For commissioners, in order that dementia is appropriately prioritised and outcomes for patients improved, indicators relevant to dementia should be included in the first Commissioning Outcomes Framework.



As well as delivering high quality dementia services, it is essential that commissioners and providers ensure minimal safety standards in the delivery of care are adhered to.

Regulators such as the Care Quality Commission will have an important role in making sure these standards are adhered to.

Driving quality through dementia standards

Quality standards, developed by the National Institute for Health and Clinical Excellence (NICE), will have an important role for assessing whether high quality services for people with dementia are being delivered. The dementia quality standard does provide a useful tool for providers, commissioners and patients to assess the quality of these services.

Working with the Care Quality Commission and the shadow NHS Commissioning Board, NICE should monitor the implementation of the dementia quality standard and ensure that, as tool, it is being effectively utilised by all relevant audiences – especially commissioners and service users. Included within this NICE should ensure NHS organisations are giving people with dementia appropriate access to those drugs which are approved by NICE for people with the disease¹⁸, and that they are maintaining the right for patients to have access to NICE-recommended medicines as set out in the NHS Constitution¹⁹.

In order that tariffs incentivise providers to provide high quality care, the NHS Commissioning Board should develop Commissioning for Quality and Innovation Indicators for dementia.

Ensuring minimal safety standards of care are delivered

As well as delivering high quality dementia services, it is essential that commissioners and providers ensure minimal safety standards in the delivery of care are adhered to. Regulators such as the Care Quality Commission will have an important role in making sure these standards are adhered to.

The British Specialist Nutrition Association (BSNA) highlighted the importance of ensuring that the nutritional needs of people with dementia are met, as dementia can affect a person's relationship to food and eating. BSNA pointed to the importance to actively supporting high quality nutritional care for people with dementia – whether they are being cared for in a hospital or community setting.

Improving the quality and safety of care for people with dementia can also be addressed by reducing the inappropriate use of antipsychotics. The NHS Institute for Innovation and Improvement, with the Dementia Action Alliance, have recently launched a call to action to address this, with recommendations for measures which commissioners should put in place have been set out in the Department of Health's Dementia Commissioning Pack.

Improving awareness and understanding of dementia

The Government's public health agenda has seen a renewed focus on improving public understanding and awareness of long-term conditions, such as dementia. This approach, which has been welcomed by the sector, requires adequate resource to improve rates of diagnosis and earlier intervention in the care pathway. The Department of Health should continue with its public awareness campaign aimed at raising the profile of the early signs and symptoms of dementia.

Jeremy Hughes, Chief Executive of the Alzheimer's Society, highlighted the potential of the voluntary sector and the 'big society' agenda in improving the quality of care for people with dementia. There are already a number of examples of where private, voluntary and community organisations have worked to improve the environment for people with dementia.

One example noted during the discussions was Network Rail's decision to build new stations in a manner that was 'dementia friendly.' There is clearly a significant role for the voluntary sector in improving dementia outcomes, which is recognised in the National Dementia Strategy.

The Department of Health should work closely with other government departments to ensure that the ambitions of the big society deliver improvements in dementia care.

Recommendation 14: The Department of Health should work with stakeholders and the Dementia Action Alliance to develop outcome indicators for dementia for inclusion in the 2012/13 NHS Outcomes Framework, and 2012/13 Public Health and Adult Social Care Outcomes Frameworks

Recommendation 15: The NHS Commissioning Board should work with a range of stakeholders to support the development of the Commissioning for Quality and Innovation (CQUIN) indicators for dementia, announced in the NHS Operating Framework 2012/13, and these should look to incentivise providers to deliver high quality care

Recommendation 16: NICE should monitor and assess implementation of the dementia quality standard to ensure it is delivering improvements in patient care

Recommendation 17: The Care Quality Commission should ensure that providers meet agreed standards of care for dementia patients

Recommendation 18: Commissioners should use the tools and guidance provided in the Dementia Commissioning Pack to reduce the use of antipsychotic medication and put in place measures to assess their progress with this

Recommendation 19: The forthcoming Social Care White Paper should include plans for a national assessment framework for social care, including telecare

Recommendation 20: The Department of Health should continue with its public awareness campaign aimed at raising the profile of the early signs and symptoms of dementia

Conclusion

Dementia represents one of the most significant challenges facing health and social care services in England today.

Half-way through the implementation of the National Dementia Strategy, the Coalition Government's health and social care reforms present a number of opportunities, but also challenges, for commissioners and providers seeking to improve the quality of care that people with dementia receive.

The Government's focus on driving integration has been welcomed and is particularly important for individuals with dementia who are likely to use a number of different services along the care pathway. Health and wellbeing boards, in particular, have real potential to be the local drivers of integration between these services, but only if they are given adequate support and guidance on how to implement their role successfully.

While the focus on outcomes and quality has, too, been welcomed, the Department of Health needs to work with PCTs, emerging Clinical Commissioning Groups and local authorities to put in place the levers which will allow dementia services to be commissioned and incentivised based on the principle of quality.

The examples set out in this paper demonstrated that there are already a number of cases where good practice care is being delivered. However, better mechanisms and support need to be put in place to ensure these services are rolled-out more widely and those users and carers are put at the heart of decisions about their care.

By bringing together experts and thought leaders from across the sector, this report hopes to provide a useful contribution to the current debate on how dementia services can be improved and commissioned more effectively to meet the principles of the wider reform agenda. As the new commissioning structures continue to evolve and emerge, we hope the opportunities of the reforms are seized upon to deliver real change and improvements in the care people with dementia receive.

Annex 1:

List of attendees to policy workshop

Lord Best

Chair, All-Party Parliamentary Group on Housing and Care for Older People

Emily Bird

Policy Officer, National Housing Federation

Mike Birtwistle

Managing Director, MHP Health Mandate

Professor Alistair Burns

National Clinical Lead for Dementia, Department of Health

Karishma Chandaria

Senior Policy Officer, Alzheimer's Society

Rupert Gowrley

Director, MHP Health Mandate

Baroness Greengross

Chair, All-Party Parliamentary Group on Dementia

Nicky Hayes

Older People's Adviser, Royal College of Nursing

Andy Hockey

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Jeremy Hughes

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