



Commissioning strategy for people with dementia 2009-2014



Contents

1. Introduction	Page 3
2. National context	Page 4
3. Needs analysis	Page 6
4. Financial overview	Page 12
5. Current support	Page 13
6. Our priorities	Page 14

1. Introduction

‘Strategic commissioning has the potential to change the shape, volume and quality of care services to meet the needs of local people. Understanding people’s needs and aspirations by seeking the views and involvement of people of all ages, children and families, and ongoing dialogue with every community is the basis for effective commissioning’. ¹

Bracknell Forest Council through its Adult Social Care branch is committed to enabling people with dementia and their carers to access effective support that promotes independence, well-being and choice.

This Dementia Commissioning Strategy sets out the strategic direction for support for people with dementia, including younger people with dementia, from 2009-2014. It has been developed based on an analysis of need in Bracknell Forest.

The Commissioning Strategy is set in the context of outcome-based commissioning, where support available must demonstrate improved outcomes for individuals. These outcomes can be grouped into 7 main areas ².

- Improving health and emotional well-being
- Improving quality of life
- Making a positive contribution
- Increasing choice and control
- Freedom from discrimination or harassment
- Economic well-being
- Maintaining personal dignity and respect.

As well as support being outcome focused, the values, vision and principles of offering effective support to people who have dementia and their carers are illustrated below.

- Planning support and services from the experience/perspective of the people who use services and their carers
- Equality of access to high quality and appropriate support, information and advice
- Enabling choice through creative support options, such as providing personalised budgets, to maximise independence

¹ The Commission for Social Care Inspection (2006) The state of social care in England 2005-2006. Newcastle: Commission for Social Care Inspection (p65)

² Department of Health (2006) Our health, our care, our say: a new direction for community services. London: Department of Health

- Shifting from services provided directly by the Council to community based activities and support, enabling people to maintain independence and a 'normal' life
- Working in partnership with health, voluntary organisations, people who use services and their carers
- An honest and transparent approach to all aspects of work
- Increased understanding and awareness in society and a recognition that dementia is not an inevitable part of old age
- Timely diagnosis and intervention
- Providing care to people with dementia that is outcome based, not time or task oriented.

2. National context

Dementia is a key local priority with the number of people living with dementia expected to rise substantially over the next 25 years. The Government's recently published National Dementia Strategy supports the direction of travel we had embarked on. The three main themes nationally for dementia support are:

- Improving awareness: increased public and professional awareness of dementia and an informed and effective workforce for people with dementia
- Early diagnosis and intervention: good quality early diagnosis and intervention for all; good quality information for those with dementia and their carers and enabling continuity of support and advice
- Living well with dementia, by improving the quality of care for people with dementia from diagnosis: in general hospitals; home care; respite care/short breaks; joint commissioning strategy for dementia; intermediate care; improved dementia care in care homes and improved registration and inspection of care homes.

The Transformation of Adult Social Care and commitment to personalised support also influences this Dementia Commissioning Strategy, as does other evidence of good practice in dementia support. Underpinning all recent social care and health national guidance is the importance of choice, and the power to make decisions, for people who use social care and health services.

Key messages from national policy

- Earlier diagnosis and intervention
- Increasing public and professional understanding of dementia and reducing the stigma and discrimination associated with dementia
- An emphasis on living well with dementia
- More emphasis on the 'whole journey' of dementia, from early diagnosis through to end of life care
- Promoting social inclusion, social capital and community cohesion
- Provision of appropriate accommodation and technologies to enable people to remain in their own homes
- Improving access to, and quality of, support for people with dementia and their carers
- Providing information that is timely and accessible
- A focus on how support will improve people's outcomes
- Developing stronger peer support networks to help people cope
- Supporting carers
- More choice and a louder voice for people with dementia and carers and fully involving people in their support options
- Introducing personalised budgets in social care to enable a transparent approach to entitlement and greater choice of support options
- Reducing inequalities and improving access to support in the community
- Ensure that people, regardless of ethnicity, race, disability, sexual orientation, age, gender or religion, receive fair treatment
- Partnership working, with people who use services, their carers and other agencies, to provide effective support
- Joint commissioning between Social Care and Health to provide high quality support that meets individual needs in a flexible, responsive way.



3. Needs analysis

What is a needs analysis?

Needs analysis is a way of estimating the extent and nature of the needs of a population so that appropriate support can be planned accordingly. The needs analysis can

- Help estimate the current and future needs of a population
- Indicate the geographical distribution of need
- Identify those people who are at greatest risk
- Help identify the gap between met and unmet need.

A comprehensive needs analysis is based on a balance of national and local data and consists of demography, incidence and prevalence, risk factor data and local and service user data.

Summary of quantitative data

Demography ³

- Over the next five years the population of Bracknell Forest aged 18-64 is expected to rise by 2.3%, and for those aged 65 and over, by 20%
- There are marginally more women than men (18+ years) (51% women, 49% men) and this difference will increase slightly over the next five years to 52% women
- The average life expectancy of women is 82.6 years and men, 78.6 years, which is slightly higher than the average for the South East and 1.3 years higher than the national average
- The ethnic profile of the borough is changing. Whereas the census 2001 showed 4.9% were from non-white minority groups, 2008 data from schools shows 10.5% are from non-white groups. This rises to 11.5% when taking data from primary schools only. ⁴

Incidence and prevalence ⁵

- In England and Wales there are estimated to be 165,000 new cases of people with dementia each year. This suggests an incidence rate in Bracknell Forest of approximately 280 new cases each year
- Using national prevalence figures and the latest estimated population figures, there are approximately 936 people with dementia living in Bracknell Forest
- At any point in time, approximately a third of the people with dementia living in Bracknell Forest are receiving support paid for by Adult Social Care

³ Office for National Statistics, data extract July 2008

⁴ Bracknell Forest local schools data

⁵ <http://ageing.oxfordjournals.org/cgi/content/full/35/2/154> and backing figures from Mental Health Observatory figures for dementia, 2008

- Just over two thirds (69%) of people with dementia are aged over 80
- There are more men than women with dementia in the 65 to 74 age range. After this age there are more women. This may be due to the longer life expectancy of women
- Dementia affects a third of all people who are 95 years of age or older
- There are proportionately more people from BME communities with early onset dementia but this is due to the younger age profile of the BME community
- There is a larger proportion of older people living in Bullbrook, Priestwood and Garth and Ascot. Therefore these wards are most likely to have a higher proportion of people with dementia. Priestwood and Garth is the ward most likely to have the highest number of people with dementia as it has the highest number of older people living there out of all the wards in Bracknell Forest
- The number of people with dementia receiving support from Adult Social Care is likely to rise by 20% over the next five years.

Risk factors

A study by the Medical Research Council showed the following as key risk factors in the incidence of dementia:

- Age- the older you are, the more at risk you are
- Gender- more women than men, although this may be due to the longer life expectancy of women
- Stroke- those who have a history of strokes appear to be at more risk. However, this was disputed in a further evaluation of the data which showed no difference across areas with greater incidence of strokes
- Parkinson's disease- those with the disease were more at risk.

This study also identified some protective factor, that is, factors that are associated with a lower incidence of dementia:

- Self-perceived health- the incidence of dementia was lower amongst those stating their health was 'good' or 'excellent'
- General anaesthetic- the incidence of dementia was lower amongst people who had received a general anaesthetic. This effect was consistent with increasing exposure to anaesthesia; the risk of dementia got lower as the number of exposures to a general anaesthetic got higher.

Local data

- This data was extracted from our Adult Social Care database
- There were 315 people with dementia with an open referral to Adult Social Care on 9th September 2008
- There are around 100 new referrals to Adult Social Care each year. This is approximately a third of the estimated new cases of people with dementia each year in the Borough. This proportion appears low but this could be for reasons such as people may not have a diagnosis of dementia, people may already be receiving services from another team so would not count as a new referral or they may not access social care
- As the numbers of people aged 65+ from the non-white BME groups is very small in Bracknell Forest (national census 2001 showed only 137 people), it is difficult to draw firm conclusions from the ethnic monitoring analysis. The analysis, such as it is, does show the proportion of people from BME communities receiving support from Adult Social Care, is broadly in-line with the proportion of people in the borough
- Approximately two-thirds of people being supported by Adult Social Care are receiving support at home in the community, and one third are in residential or nursing care homes
- The number of people supported is set to rise from 315 to 378 (20% increase) over the next five years.

Please see **appendix A** for the full quantitative needs analysis.

Summary of qualitative data

Ways we engaged with people to inform the consultation paper

Exploratory work with key individuals and groups (May- July 2008)

- 1:1 interviews with stakeholders conducted by members of project team
- Focus groups with service providers
- Attending voluntary sector activities

In the exploratory work to develop the dementia commissioning strategy, it was essential that the key stakeholders in dementia care and support were involved. Views of people and groups who may be seldom heard in the Council's planning processes were actively sought, such as views regarding dementia support for Black and Minority

Ethnic communities and for people with a learning disability. We also engaged with people who have dementia, carers, people who work in Social Care, Health, the voluntary sector and other stakeholders, to obtain a wide range of views and perspectives on the future direction of support.

The figure below illustrates some of the groups and individuals we engaged in the qualitative needs analysis.



Key points from analysis of interview data

- Generally, services and support currently available work well and the aspects that make them work well should be integral to all future service provision
- The support available from the voluntary sector is highly regarded and enables people to maintain independence and quality of life
- People working in dementia care should be aware of safeguarding issues
- Home care services need to effectively meet the needs of people with dementia
- People value the service provided by the Bracknell Forest in-house Dementia Home Care Team
- Day care options need to be varied, with longer hours, flexible to meet individual needs and with a range of stimulating and meaningful activities to be available
- The general public and health and social care workers need to be more aware of dementia
- A range of respite care options should be available
- People would like emergency support to be available
- Carers and families of people with dementia play a crucial role and need to be well-supported, both emotionally and practically
- Some people experience financial worries, particularly families of younger people with dementia
- Access to support can sometimes be difficult. People may not know about available support, support may not be available when required and transport is a big challenge
- People from BME groups may not be receiving appropriate diagnoses or care
- People with learning disabilities are at a higher risk of developing dementia and services need to be able to support people with complex needs
- Younger people with dementia should have age appropriate services
- There are accommodation and housing related support issues for people with dementia
- Statutory services could encourage people to volunteer and help provide care and support for people with dementia
- Existing resources could be used in new and creative ways
- The dedication and skill of staff is very important in providing effective care.

The findings from the qualitative needs analysis were summarised in a consultation paper. The consultation document, as well as summarising the key findings, incorporated other drivers behind the development of the Commissioning Strategy. A wide range of people were invited to comment on the proposed priorities for dementia support offered by Bracknell Forest Council.

Summary of consultation

Ways we engaged with people to inform the commissioning strategy

Consultation (October 2008- January 2009)

- Consultation paper and feedback form sent to people who expressed an interest after the qualitative needs analysis
- Events attended and facilitated discussion of consultation paper held
- People and groups identified who had not participated in the needs analysis approached for feedback.

Key points from analysis of consultation feedback

- Overall, respondents to the consultation paper gave positive feedback about the paper
- People generally agreed with the proposed priorities
- An ongoing theme that emerged throughout the feedback was the lack of detail in the paper concerning how the priorities would be achieved
- Three new issues arose as a result of the consultation, specifically
 - Emphasis on the importance of involvement of families and providing feedback on what is happening in dementia support, including the impact of the new transforming adult social care agenda
 - Need to acknowledge the provision of telecare and assistive technologies for people with dementia
 - People often have more than one condition, and services need to respond to specialised concerns of these people

The findings from the qualitative needs analysis and the consultation have informed and influenced the priority setting in this Dementia Commissioning Strategy.

Please see **appendix B** for the full qualitative needs analysis and findings from the consultation.

4. Financial overview

Specialist support provided directly by Adult Social Care to those with dementia is managed by several teams:

- Joint Health and Social Care support is offered by the Community Mental Health Team for Older Adults (CMHT OA)
- Specialist home care support is provided by the Dementia Home Support Team
- Residential care is provided by the Council at Heathlands
- Day support is available at Heathlands day centre.

The Older People and Long Term Conditions Team and the Community Response and Re-ablement Team within Adult Social Care also provide support for people with dementia. Data available does not currently allow us to estimate the expenditure from these support services directly for people with dementia.

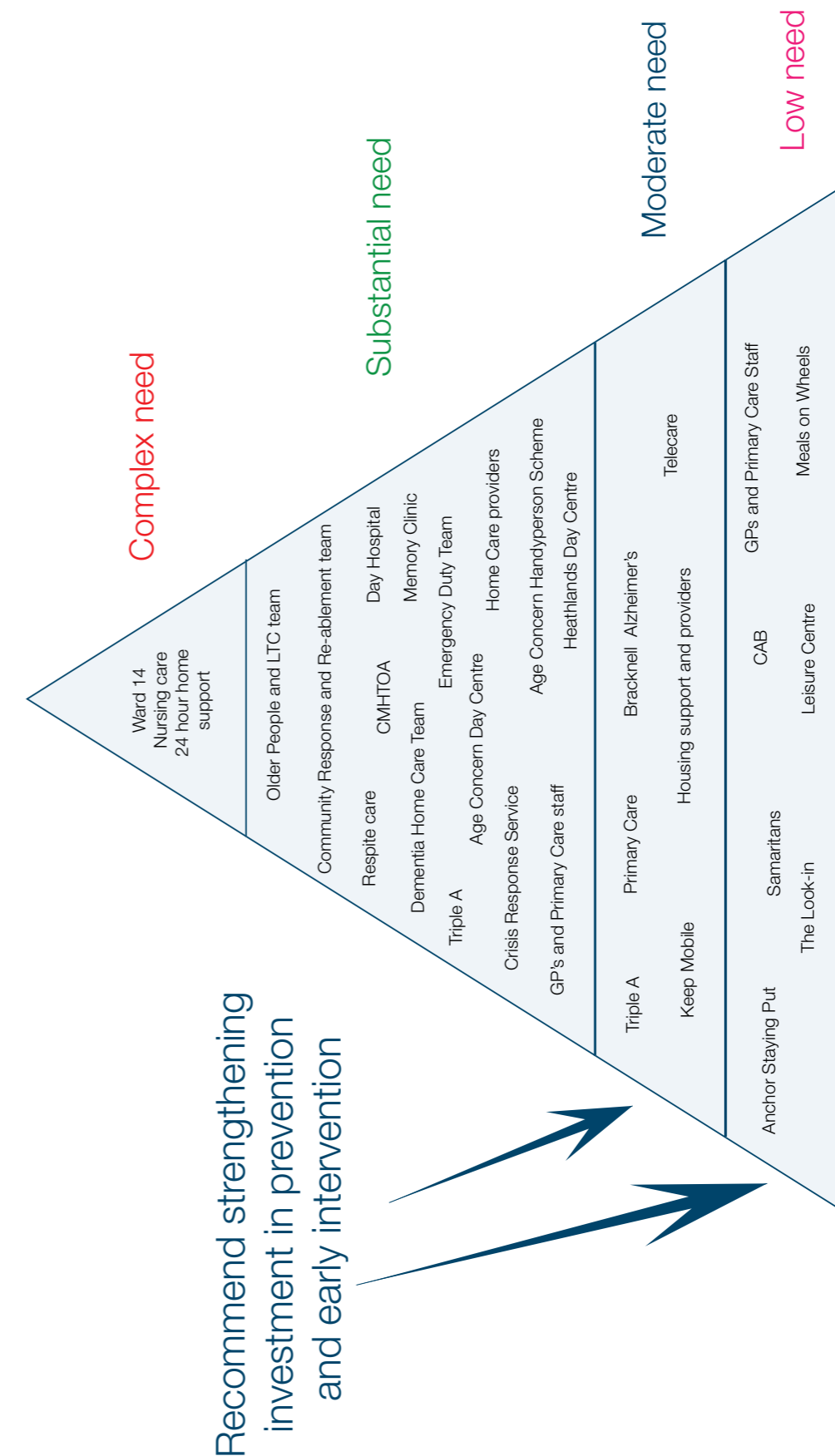
The Council also contracts with independent providers of home care support, residential care homes and nursing homes and supports voluntary sector organisations by providing grants to the Ascot Area Alzheimer's (Triple A) support group and Age Concern.

The major financial concerns will be the impact in the medium or longer term of increasing service demand from demographic changes upon services. The Council's overall budget strategy for the next three financial years 2009/10 to 2011/12 recognises pressures of a demographic nature.

Key financial messages

- The financial impact of increased demand from demographic changes will impact in the medium and longer term. Provision for this will need to be considered as part of the Council's overall annual budget setting process.
- Need to work towards ways of monitoring the proportion of the Adult Social Care budget specifically spent on people with dementia.

5. Current support in Bracknell Forest



6. Our priorities

The national policy context and comprehensive needs assessment have informed the priorities for future dementia support in Bracknell Forest. The needs analysis identified the population trends, incidence, prevalence and risk factors for dementia, as well as how social care support is currently offered and utilised.

People's views and experiences were also collected and analysed and are central to the vision and development of the priorities for dementia support in Bracknell Forest. This section demonstrates how the priorities work towards improving people's outcomes as identified in 'Our health, our care, our say'⁶.

Improving health and emotional well-being

"Services promote and facilitate the health and emotional well-being of people who use the services"

Our priorities for the next 5 years	How we will know this has been achieved
Continue to build on successful support and services and change and adapt support available, as appropriate, to meet people's needs	Internal care pathways and support arrangements will be reviewed
Address barriers to accessing support: information; timely support; transport and finances	Service use data will demonstrate equality of access to support
Investigate opportunities for using existing resources in creative ways to meet people's needs	New and innovative support options will be available
Continue to invest in staff development and training, including specialist dementia training	Training data will demonstrate this and outcomes for people using services will improve
Work more closely with the NHS to fund and provide support for people with dementia and their carers	A joint dementia commissioning strategy will be in place
Work with the NHS towards good quality early diagnosis and intervention	Numbers of people receiving an early diagnosis will increase
Provide accessible support for people with dementia to enable them to stay in their own homes for longer and to help with timely discharge from hospital	Data will demonstrate a greater proportion of people with dementia staying in their own homes for longer

⁶ Department of Health (2006) Our health, our care, our say: a new direction for community services. London: Department of Health

Improving quality of life

"Services promote independence and support people to live a fulfilled life making the most of their capacity and potential"

Our priorities for the next 5 years	How we will know this has been achieved
Investigate opportunities for commissioning specialist dementia home care provider services	Specialist home care providers will be in place
Support current home care providers to increase staff skills and awareness of dementia	Home care providers will access training offered by the Council
Recruit staff to increase the capacity of our specialist home care	The Dementia Home Care Team will support more people
Investigate how to improve day options for people with dementia	There will be a range of day options for people with dementia
Investigate new opportunities for provision of a range of flexible respite care	There will be various respite options available
Increase awareness for carers of who to contact in an out-of-hours emergency	Emergency Duty Team will be responding to more people with dementia
Work with housing providers and other teams within the Council to address accommodation needs of people with dementia	Appropriate accommodation will be available
Provide more options of specialist dementia residential care	There will be more specialist residential care available



Making a positive contribution

“Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people”

Our priorities for the next 5 years	How we will know this has been achieved
Continue to support and value carers and their families and involve carers and people using services in the development of new initiatives	People will be involved in the Council's planning processes
Continue to support and value the work of the voluntary sector; looking at new ways to work with the voluntary sector to improve people's lives	The Council will continue to support voluntary sector organisations
Work towards increasing the number of people volunteering in dementia care, for example, by making new partnerships with colleges	There will be more volunteers working in this area
Implement a system within the Council of involving carers and people with dementia, as appropriate, in the development, monitoring and evaluation of dementia support and services, including the transforming adult social care agenda	An involvement and engagement strategy will be in place

Increasing choice and control

“People, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences”

Our priorities for the next 5 years	How we will know this has been achieved
Work with carers, providers and our partners to implement supported self-assessment and individualised budgets for people with dementia and their carers	People will have personalised budgets
Promote uptake of direct payments to enable more choice for people who use dementia services and their carers	The numbers of people with dementia receiving direct payments will increase
Increased provision of Telecare and assistive technologies to enable people with dementia to stay at home	More people will have assistive technologies

Freedom from discrimination or harassment

“Those who need social care have equal access to services without hindrance from discrimination or prejudice; they feel safe & are safeguarded from harm”

Our priorities for the next 5 years	How we will know this has been achieved
In partnership with health services, work towards tests for dementia that are appropriate for people from all background and that dementia care is culturally sensitive	More people from BME groups will have an early diagnosis of dementia and have appropriate support
Improve partnership working between learning disability and dementia services	The teams will be working together to provide appropriate support
Expand the options for support for younger people with dementia	There will be more support options available
Investigate the options for having a Dementia Care Adviser role, which could be a single point of contact for people to access advice and support	A Dementia Care Adviser role will be in place at CMHTOA
Investigate ways to increase people's awareness of dementia, both in the general population and in health and social care workers	Awareness raising activities will take place and be evaluated
Develop a strategic approach to inclusion and equality in dementia care, including addressing the needs of Lesbian, Gay, Bisexual and Transgender people (LGBT)	Equality impact assessments will be conducted on all new services and plans
Specialist support to continue to be available to people with multiple/complex diagnoses or sensory loss and dementia	Different teams will be working together to provide appropriate and flexible support



Economic well-being

“People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this”

Our priorities for the next 5 years	How we will know this has been achieved
Be aware of the financial hardships families can face and promote benefits and financial advisory services	People will access advisory services
Help people to find out different ways that social care and housing support can be funded	Measure take up of different funding streams available



Maintaining personal dignity and respect

“Adult social care provide a confidential, secure setting which respects the individual, helping to preserve people’s dignity”

Our priorities for the next 5 years	How we will know this has been achieved
Wherever possible, make sure support is available in community settings and be designed to help people to maintain social contacts and a ‘normal’ life	Continue to support voluntary sector activities which advocate this ethos. More people will access support in the community
Encourage all providers of dementia support to access safeguarding training and we will require all providers we contract with to sign up to the adult safeguarding policy and access safeguarding training	More providers will access safeguarding training
Work to improve dementia care in care homes by working in partnership with providers	Contracts will be monitored and support plans in place where necessary
Promote high quality care for people with dementia at the end of life	End of life care strategy will be in place and implemented

This commissioning strategy will give rise to a detailed implementation plan that will clearly demonstrate how and when the priorities will be achieved. Relevant stakeholders will be involved in this process.

The strategy, appendices and a summary of the strategy are available at www.bracknell-forest.gov.uk/dementiacommissioningstrategy2009-2014 or from the Commissioning Team on 01344 351796.



Copies of this booklet may be obtained in large print, Braille, on audio cassette or in other languages. To obtain a copy in an alternative format please telephone 01344 352000.

Nepali

यस प्रचारको सक्षेपं वा सार निचोड चाहिं दिइने छ ठूलो अक्षरमा, ब्रेल वा क्यासेट सून्नको लागी । अरु भाषाको नक्कल पनि हासिल गर्न सकिने छ । कृपया सम्पर्क गनुहोला ०१३४४ ३५२००० ।

Tagalog

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