

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

9 MAY 2022

DEMENTIA SERVICES IN WORCESTERSHIRE

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to consider this report on dementia services in Worcestershire, noting issues raised and updates on progress. The report sets out how the dementia pathway works in Worcestershire including the diagnosis rates and service challenges.
2. This Report has been developed between Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG), Herefordshire and Worcestershire Health and Care Trust (HWHCT) and Worcestershire County Council's Public Health Team and representatives from these organisations have been invited to the meeting.

Background

2. On the 21 September 2021, the Committee received an overview of Mental Health Services in Worcestershire. During the discussion it was agreed that Dementia Services was an area of interest for further scrutiny and it was added to the HOSC Work Programme.

Prevention

3. Dementia is a group of related symptoms associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types. [Alzheimer's disease](#) is a type of dementia and, together with [vascular dementia](#), makes up the majority of cases.
4. The number of people with dementia is rising with an aging population. Some protective factors against dementia have improved in people born more recently due to education, socioeconomic, healthcare and lifestyles changes. However, rising obesity, diabetes and lack of physical activity may counteract these gains. There are a number of evidence based protective factors against which may prevent, or delay dementia onset which include:
 - Control blood pressure
 - Limit alcohol use (drinking more than 21 units weekly increases the risk of dementia)
 - Avoid smoking uptake and support stopping smoking
 - Reduce obesity and diabetes
 - Improve physical activity, especially in mid and later life
 - Hearing aids for hearing loss and reduce hearing loss by protection of ears from excessive noise exposure
 - Reduce exposure to air pollution and second-hand tobacco smoke

- Prevent head injury
- Improve social contact.

5. Work is already ongoing in a number of these areas such as controlling high blood pressure, advice around alcohol intake, and lifestyle interventions. Improving awareness across more protective factors, such as hearing aids, is an important component of dementia prevention in Worcestershire.

Diagnosis and the Early Intervention Dementia Service (EIDS)

6. Within Worcestershire there are several places where an individual may receive a dementia diagnosis including both primary and secondary care services. Specialist dementia assessments are also offered for those where this is clinically appropriate and would often occur within Herefordshire and Worcestershire Health and Care Trust's (HWHCT) Older Adult Mental Health Services (OAMH). Dementia diagnosis pathways within OAMH includes both Locality Mental Health Teams, and the Early Intervention Dementia Service (EIDS). EIDS is a county wide service, with the Locality Mental Health Teams being split into areas including Wyre Forest, Redditch & Bromsgrove, Evesham & Malvern, and Worcester & Droitwich.

7. The EIDS offer specialist dementia assessments to individuals who themselves have concerns that they may be developing dementia, are self-aware and wishing to engage in further assessment. EIDS core offer includes pre-assessment counselling, a specialist assessment, and post diagnostic support.

8. Specialist assessment in EIDS includes where clinically relevant, access to multiple healthcare professionals including nurses, occupational therapists, psychologists and doctors/psychiatrists and post-diagnostic support focusing on adjustment to diagnosis, future planning, information giving and signposting. EIDS also offers interventions such as Acetylcholinesterase inhibitor monitoring/management, group sessions for service users and/or carers, Cognitive Stimulation Therapy (CST) and 1-1 work to improve access to the community to support or enhance quality of life.

9. Locality Mental Health Teams also offer a specialist assessment aimed at individuals who themselves may be less insightful into changes in cognition, or where the changes being experienced are or may produce risks. Again, where clinically indicated, patients have access to a wide range of healthcare professionals as outlined above. The Locality Mental Health Teams also offer tailored interventions as part of their post-diagnostic support offer as outlined above, as well as work around behavioural and emotional expressions of unmet need (BEEUM), risk management, more complex prescribing of medications and the necessary monitoring. This service also offers a level of in-reach into care homes including joint working with Adult Social Care Services to support individuals to be best supported and avoid admissions into inpatient facilities. The Locality Team also receive referrals for individuals who already have a diagnosis of dementia but present with complexity or risk that warrants secondary care interventions as well as supporting older people living with mental health conditions.

10. The ability to reach a timely diagnosis is a key ambition of services, however, comes with numerous challenges, many of which are currently being explored further to ensure these are managed and when possible mitigated.

11. In the financial year 2021/22 the Early Intervention Dementia Service received 818 referrals (all of these referrals would be for individuals without a confirmed dementia diagnosis). The Locality Mental Health Teams combined received a total of 1511 referrals to their dementia pathways. Current issues with reporting pose a challenge in accurately identifying those referred into secondary care services solely for dementia diagnosis purposes or where diagnosis is one of several outcomes of secondary care's involvement. Referrals into secondary care services dementia pathways total 2329 out of a total 3602 (including those that were rejected) referrals into OAMH more broadly equating to 64.7%.

12. EIDS were able to reach a diagnostic outcome of dementia, Mild Cognitive Impairment (MCI) or no dementia for 541 patients between January – December 2021. Of these 323 were diagnosed with dementia, 71 with MCI. A further 147 were discharged with no dementia as the outcome with 100 of these occurring after initial contact with the team (48 declining further assessment (and will have had capacity to make this decision) and 35 felt not to have evidence of a dementia). Work is currently ongoing within the Trust to ensure accurate data reporting systems are in place including the review of current systems and the addition of new reporting where indicated.

13. EIDS has engaged its workforce in exploring best practice in relation to dementia assessments to support a review of the pathways within their service. This included the development of an increased multi-disciplinary team (MDT) lead approach to care opposed to more traditional models of Consultant lead care. To support this the team has engaged in numerous in-house training sessions to upskill the workforce to meet this new way of working, the development of new documentation to support this, as well as the creation of a diagnostic forum. The diagnostic forum enables the specialist clinicians within the team to undertake their detailed assessment and where clinically appropriate, then have dedicated time with a Consultant Psychiatrist to discuss their findings with the intention of reaching a timelier diagnosis for the patient. This has resulted in an increased diagnostic capacity within the service. Consultant Psychiatrist clinics remain a pathway within the service also. Furthermore, EIDS has continued to build on work of previous years and currently are supporting 2 Developmental Advanced Clinical Practitioners in training. Upon qualifying in early 2023, it is hoped that these 2 professionals will further increase the diagnostic capacity within the service, whilst also offering clinical expertise in supporting future service development. The development of further Advanced Clinical Practitioners to support the diagnostic pathways is part of the OAMH services longer term vision and recruitment processes are already occurring to support this.

14. Delays in access to structural imaging to support dementia diagnosis has been a variable issue throughout the COVID pandemic which impacts on services' ability to plan an individual's journey through the diagnostic elements of our services which has resulted in some inefficiencies beyond the control of OAMH.

15. It has been noted by clinicians that the clinical complexity of patients being referred for a dementia diagnosis within EIDS has increased with an increase identified in patients requiring further psychometric testing with Clinical Psychologists (EIDS data suggests 32 such patients in 2017 vs 77 in 2021). Potential reasons for this increase in referral rate within EIDS may include a greater awareness of dementia amongst the community and referrers leading to earlier referrals to the

team, a greater awareness within the team of rarer dementias and the increased use of MCI and Functional Cognitive Disorder (FCD).

16. It is also noted that there has been an increase in the requirement for more detailed structural or functional imaging to aid accurate diagnosis, and often this outcome is only known following thorough assessment the service offers and therefore extends the period before a diagnostic outcome is achieved.

17. Due to the COVID-19 pandemic OAMH services explored opportunities to reach patients in new ways including via the use of video call (where clinically appropriate). Services again reviewed the available evidence to support decision making around the use of video calls and were able to implement virtual assessments and virtual groups for post diagnostic support as a part of their offer.

18. There has been a significant focus on enhancing the offer of support following a diagnosis of dementia within OAMH services, whilst recognising the unique needs of individuals and ensuring this is equitable regardless of the level of challenge the dementia may be posing for the individual and their family. This has included the review of past post-diagnostic support across Worcestershire and the development of new resources and ways of working with the hope of supporting those living with dementia and those close to them to live well. This development is ongoing and includes further work around BEEUM, supporting care homes to support people living with dementia, the development of carers support and information groups as well as Cognitive Stimulation Therapy, all of which are at various stages in their roll out.

19. OAMH services are keen to continue to network and enhance relationships to support alternative services to reach a dementia diagnosis where clinically appropriate, however this proves challenging given the current capacity of services and the demands they are experiencing in relation to both referrals for dementia diagnosis and other support offered within secondary care. OAMH Services are working closely with the Clinical Commissioning Group (CCG) to explore opportunities for further development in this area recognising that a systems approach is necessary to improve the Dementia Diagnosis Rate (DDR) whilst ensuring a diagnosis of dementia is meaningful to the individual or those who support them in planning for the future and ensuring timely access to support services in the future.

Dementia Diagnosis Rate (DDR)

20. Latest figures for **March 2022** confirm locally that **51.8%** of people with dementia have been diagnosed in **Worcestershire**. The estimated current prevalence is **8139**. In Worcestershire there are **4632** patients on dementia registers which suggests the need to identify a further **1357** people to reach the national 67% diagnosis rate ambition. See Appendix 1 for local diagnosis rates by district.

21. At the next Programme Board in June 2022 Professor Farooq Khan SCN (Strategic Clinical Network) Clinical Director, NHS England and NHS Improvement will join colleagues for a focused discussion on the Diagnosis Rate.

Dementia Programme Headlines

22. The Dementia Strategy has 6 key areas based on the national teams Dementia

Well Pathway: Overarching, Preventing, Diagnosing, Supporting, Living and Dying. In Autumn 2020 the Strategy was refreshed to incorporate key findings and recommendations from the pandemic. Nineteen High Level Priorities which are linked to 59 actions are being refreshed post Covid and RAG Rated and will be reported to the Programme Board and Mental Health Collaborative Executive in May 2022.

23. The Integrated Care System (ICS) level Programme Board Meets Bi-Monthly and is chaired by Dr Dhan Marrie, Consultant Older Adult Psychiatrist & Clinical Director (Community Older Adult Mental Health Services) and underpinned by 5 Workstream Groups which meet every 6 to 8 weeks to progress the actions and provide updates to the Programme Board.

24. The Programme is supported at senior level by Public Health, Primary Care, Voluntary Community and Social Enterprise, Hospices, Acute and Health and Care Trusts, Association for Dementia Studies - University of Worcester, NHS England and NHS Improvement, Patients with lived experience, Domiciliary Care, Dementia Action Alliances, Housing, Care Homes, Skills for Care, Dementia UK, carer of Person with dementia, Herefordshire Dementia Voices.

25. There are two place-based Partnership Groups one in Herefordshire and one in Worcestershire to support local pathway delivery, they meet bi-monthly and report to the Programme Board.

26. There are two place-based Dementia Action Alliances to support the wider community and social movement to enhance dementia friendly communities across our counties.

Dementia Strategy Update

27. Large waiting lists for the Memory Assessment Service were exacerbated due to COVID. These services have been working to reduce waiting lists, with reductions in both Counties now being seen - Herefordshire expected to achieve optimal levels at the end of March 2022 and Worcestershire are expected to by the end of April 2022. See **appendix 2** for EIDS (Early Intervention in Dementia Services) pathway.

28. In November 21 an 'Extraordinary Meeting of Partnerships' focused on reducing inequalities and engaging communities. Key themes were identified and have been aligned to actions for delivery within 2022.

29. An agreed H&W (Herefordshire and Worcestershire) definition and newly established case finding and referral pathway for MCI (mild cognitive impairment) is to be implemented, to support seamless transition into the dementia pathway.

30. The Living Well with Dementia Campaign (Dementia Action Week May 22) planning is underway to increase awareness post COVID, address stigma and encourage people to re-engage with services.

31. A Directory of Service, local handbook and standardised H&W information packs has been created and circulated, to support professionals and patients/carers including embedding with GP TEAMNET.

32. Funding has been increased through use of Winter Pressures and Covid Outbreak

Management Funding (COMF) to extend the capacity of the Dementia Community Support services across both Counties.

33. A new initiative called 'CAMbus' (Coffee and Memories bus) will soon be travelling around community settings in Herefordshire and Worcestershire to increase awareness of dementia, bring support closer to where people live, and roll out the 'Life Stories' project.

34. Voluntary Community and Social Enterprise providers are delivering additional CST (cognitive stimulation therapy) and Maintenance CST sessions across the County. A newly recruited dementia specialist role within the DWS (Dementia Wellbeing Service) has been established with focus on addressing the increased demand post Covid, admission avoidance and guidance to support hospital discharge.

Key Milestones for 2022

35. Following on from the successful implementation of the mild cognitive impairment pathway, the diagnosing well workstream are now focusing on the 'Suspected Dementia Pathway' - developing a standardised referral template for use across both Counties.

36. A small pilot is planned, of around 2/3 care homes where an advanced nurse practitioner will support the assessment for diagnosis using a nationally developed and recognised tool, the Diadem.

37. GP Leads are developing a programme to deliver lunchtime GP education sessions around dementia.

38. The organisations involved seek to ensure that prevention and early awareness intervention for dementia is embedded in health checks and that for people with intellectual/learning disabilities, dementia assessment at the earliest opportunity is a priority with a baseline cognitive assessment at 30th birthday (then annually) for people living with Downs Syndrome.

39. A post diagnostic services review is planned, incorporating findings from a recent Alzheimer's Deep Dive.

40. Work is underway to align the EHCH (Enhancing Health in Care Homes) Framework and Dementia Strategy.

41. The Health and Care Trust have been training staff to upskill them to the role of Advanced Care Practitioners and to equip staff with the skills to diagnose within MAS (Memory Assessment Services). They are expecting this to have a positive impact on throughput and avoid further backlogs.

42. Programme Leads are working with the CCG performance teams to further develop detailed Primary Care Network Dementia Diagnosis Rate data which may help to identify trends and shortfalls.

43. Finally, it is intended to refresh previous initiatives to try and stimulate local

diagnosis rates, including a practice coding audit, GP Training, and public awareness campaigns.

Purpose of the meeting

44. HOSC members are invited to consider and comment on the information provided on Dementia Services, diagnosis rates and the dementia pathway and agree:

- whether any further information or scrutiny work is required at this time
- whether there are any comments to highlight to the relevant Cabinet Member

Supporting Information

Appendix 1 – Diagnosis Rates for Worcestershire by District September 2021 to March 2022

Appendix 2 – Early Intervention Dementia Service (EIDS) A Patient Journey

Contact Points

Emma James / Jo Weston, Overview and Scrutiny Officers Tel: 01905 844964 / 844965

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Assistant Director for Legal and Governance) the following are the background papers relating to the subject matter of this report:

- Agenda and Minutes of the Health Overview and Scrutiny Committee on 21 September 2021

[All agendas and minutes are available on the Council's website here.](#)