

Older People [Dementia Care Long Term Placements] Commissioning Strategy

Executive Summary

2013- 2018



Front cover images by courtesy of www.careimages.com

Introduction

This strategy document sets out our vision for long term care services for people living with dementia in Flintshire over the next five years. It's focus is primarily residential care services but it recognises that much work is needed to improve the quality of life for people living with dementia in all settings. We hope that through this document we will significantly change people's understanding and expectations of what "good dementia care" looks like and more importantly feels like for those who use dementia services in the future.

Life with dementia is still worth living. None of us would choose to experience dementia. Receiving a diagnosis often creates feelings of shock, anger, fear, distress or denial, however many people who experience dementia go on to do amazing and fulfilling things in their lives so it is really important to recognise that Dementia is only a part of a person not the whole.

In Flintshire we want people living with dementia to be able to live fulfilled and meaningful lives, to feel safe and be supported in their communities and wherever the "*dementia road*" may take them to be sure there will be care and support services flexible enough to meet their unique wishes and needs.

Ideally we would want this to be a joint commissioning strategy with our partners in Health (Betsi Cadwalader University Health Board). Given that the footprint of BCUHB stretches across the whole of North Wales we recognise that we will need to work towards this goal largely through a regional collaborative approach, involving Social Services colleagues in the other five Local Authorities.

Our Vision for the future is one where Health and Social Care services work together in an integrated way adding value to each other and where all services either those directly provided or commissioned by our respective organisations are tailored to meet the individual needs of people affected by dementia. Carers and families supporting people living with dementia told us very clearly that this must be our priority.

We recognise there will come a point when some people with dementia will no longer be able to remain safe at home owing to their increased need for specialist care. It's our intention that these people should have a choice of specialist dementia care homes that are close to family and their local communities.

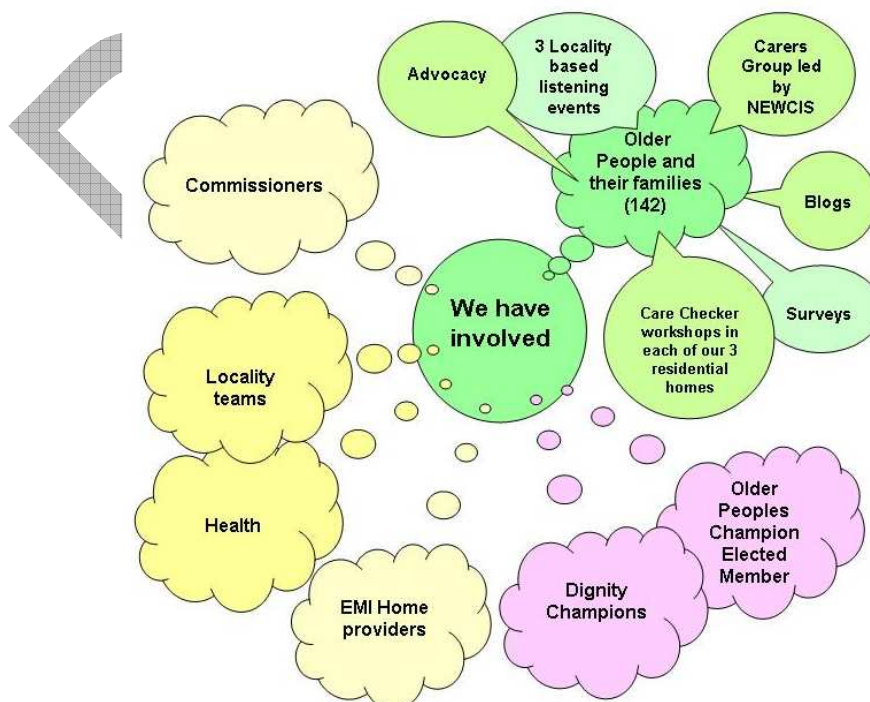
In Flintshire we know that currently we do not have enough specialist care home places available in particular EMI Nursing provision within Flintshire boundaries and we want this to change

Key Messages:

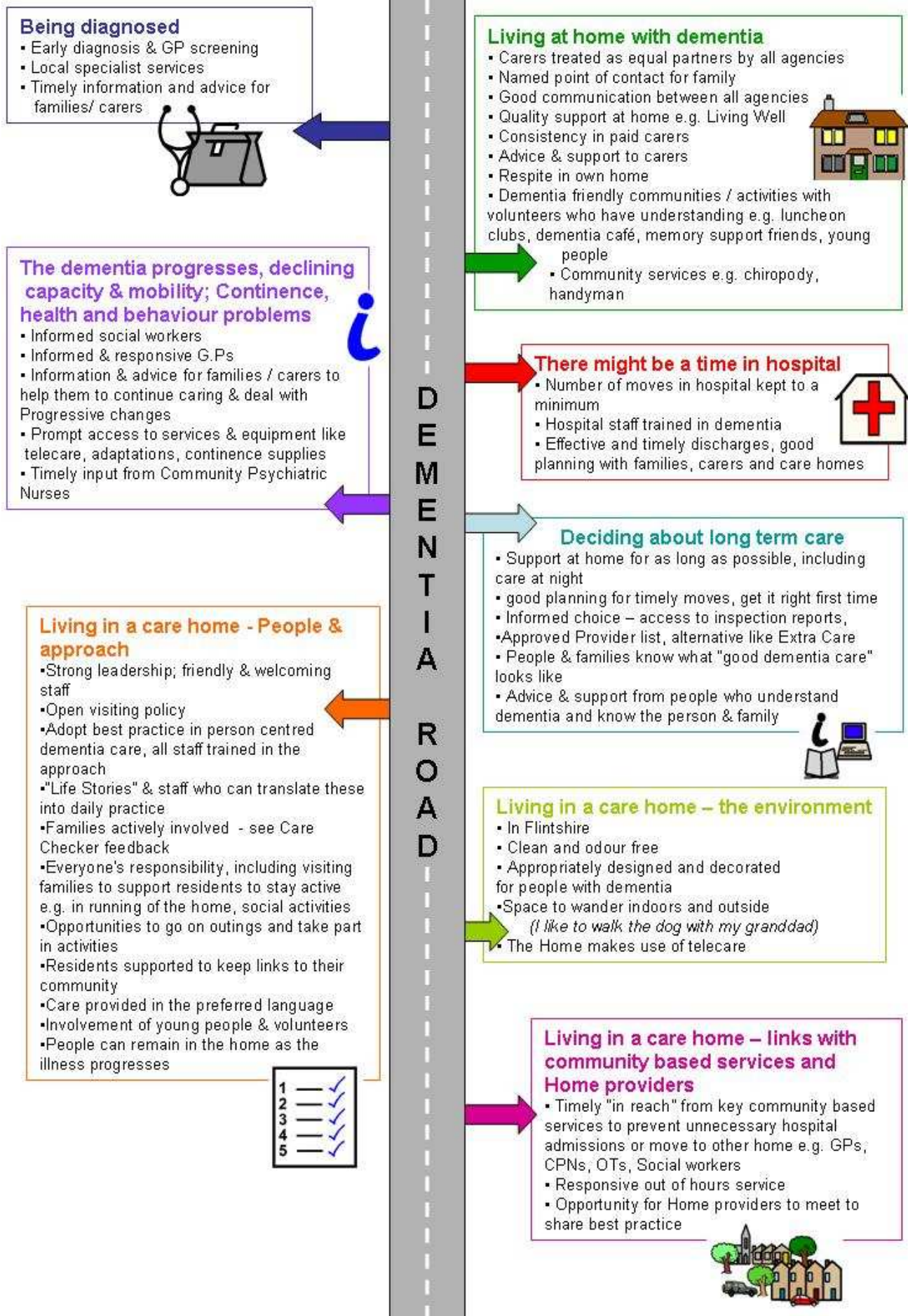
- Our annual spend on EMI Nursing and Residential is £4.4 million
- 69 people are currently funded in EMI Nursing Homes outside of Flintshire by Flintshire County Council and BCU Health Board.
- There are significant variations in the quality of dementia care services in Care home settings within Flintshire and no clear consensus on what 'good' dementia care should look like or the outcomes that should be achieved.
- Health and Social Services need to work more effectively together in the community to prevent hospital admissions and maintain people with dementia in their own homes or residential EMI settings
- Our goal is to keep people with dementia at home for as long as possible but our 'Living Well Home Care Service' is limited in capacity. So we need to roll out a similar model of person-centred dementia care across the Independent sector domiciliary market.
- We want to increase the use of Telecare in the community and long stay settings by 50% over the next five years in order to support people to be independent and safe in all settings.
- Carers of people with dementia need timely support from professionals who really understand dementia and can offer a flexible response to their individual situations, including night time services.
- Carers should expect more than just 'bed and board' from EMI Care Homes and should be involved in care planning as equal partners with Providers.

A lot of people were involved in shaping our strategy.

Our first illustration depicts 'who' was involved in shaping our strategy:



The second illustration which features on the next page is 'what they said' along the *Dementia Road*.



The issues

Demographics

- **The numbers of people with dementia in Flintshire** is projected to increase by 26%¹ from 2013 to 2020. So it is critical that all services are geared up to respond to this increase in need.
- In 2013 there were 1,859 people aged 65 and over with dementia in Flintshire, this is projected to increase to 1,975 by 2015, which means there will be **169 more people with dementia** in Flintshire

Impact of demographics on services

- We estimate that we will be providing services to **at least 135 more** people with dementia aged 65 and over by 2020.
- We estimate that we will at least **need 24 more long term places by 2015 and 95 by 2020.**

Care Homes

- People with dementia are moving from EMI Residential settings to EMI Nursing Settings because the residential home is failing to understand their needs and does not feel supported to respond appropriately to the changes in a person's condition.
- There is a lack of suitable long term places for younger people with dementia and other complex needs.
- The Direct care workforce needs more investment in specific training to feel confident to communicate and engage with people living with dementia and deliver person centred care.
- Registered Managers need to be skilled in leading staff teams to deliver person centred dementia care and build home environments that promote independence and positive risk taking.
- Homes should be places that feel warm, homely, and comfortable where design features are used to promote independence and safety and where families feel welcome and relationships flourish.

Community Based Health and Social Care Services

- There are gaps in both Health and Social Services in Localities resulting in inappropriate hospital admissions in particular there has been a reduction in the capacity of Community Psychiatric Nurses to respond to increasing needs .
- Case study evidence demonstrates the impact of failures of community 'in reach support' into the EMI residential care sector (see our case study over the page).

¹ DaffodilCymru

A case study to illustrate the lack of 'in reach'.

A 99 year old lady who was a long term resident in a Flintshire EMI residential home, had been falling frequently and attending A&E. One Friday morning she had another fall and was taken to A & E, who declined admission. The home felt they could no longer manage her needs. There was no suitable alternative placement. Attempts to involve colleagues in Health were unsuccessful and the lady was discharged back to the home the next day. Over the weekend the Home was unable to meet this lady's needs and the Out of Hours Social Work Team was contacted. Arrangements were made for additional 1:1 funding over the weekend to reduce the risks of harm. The lady continued to deteriorate and had to be admitted to hospital once more as an emergency on the Monday morning. Following assessment in hospital she was subsequently assessed as requiring Continuing Health Care and placed in an EMI Nursing Home out of county.

Carers

- Carers need more help to understand what 'good' dementia care looks like and have easy access to the right information to help them to continue to care at all stages along the "*Dementia Road*"

Finance

- Access to capital funds for new provision in the current economic climate is limited and impacts both on the improvement of existing provision as well as "new build" developments.

What we will do

We will be producing a Market Position Statement based on this strategy which will clearly state what we want from dementia care long term placements.

In the short term we will continue to have an open dialogue with our providers about how to meet the shortfall in EMI Nursing Home places within Flintshire boundaries and work with colleagues from across North Wales in the Regional Commissioning Hub to finalise an enhanced specification for the delivery of dementia care in residential settings. Our aspiration is to support one Flintshire home to adopt the "Butterfly" approach and be established as a demonstration site working to achieve the butterfly kite mark in Dementia within the next 3 years.

In the longer term we will consider developing more Extra Care facilities with designated apartments for people with dementia within Flintshire in order to extend the range of options available as an alternative to traditional long stay care.

We will also continue to work to engage commissioners within BCU Health Board to agree a shared vision of integrated community based services

specifically to meet the needs of people with dementia and their families. It is our contention that if the quality of care in EMI residential care homes improved less people would be admitted to EMI Nursing homes and significant funds could be freed up by BCU Health Board to invest earlier in support services earlier on the '*dementia road*'. We estimate this could be as much as £33k per week.

Conclusion

This Strategy has provided a strong rationale based on the best information we have that we need to act and do things differently. This is clearly "work in progress" and while there are some things that are within our control and we know can be improved in the short term there are others which will require more sustained and longer term Regional Collaboration to effect change.

Our Modernising Social Services Board and Annual Council Reporting Framework will be the mechanisms for monitoring this strategy.

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