

Dementia Needs Assessment

The needs of people living with dementia in
Bradford and Airedale

April 2019

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1 OVERVIEW

Dementia is a progressive illness characterised by memory loss and reduced cognitive function. Often, dementia impacts on mood and behaviour in addition to the ability to carry out activities of daily living. Dementia is not a single disease, rather it is a disorder caused by a number of underlying disease processes, the most common of which being Alzheimer's disease and vascular dementia.

A number of risk factors have been found in relation to dementia, several of them occurring many years before the development of symptoms. Factors which increase the risk of vascular (heart and blood vessel) disease in mid-life such as smoking, diabetes and high blood pressure are all associated with an increased risk of developing the illness, leading to both vascular dementia and Alzheimer's Disease. Other factors increasing the risk of dementia include physical activity, genetics, being male, excessive alcohol consumption and ethnicity. Environmental factors such as air pollution and vitamin D deficiency have also been linked to an increased risk of developing dementia (1).

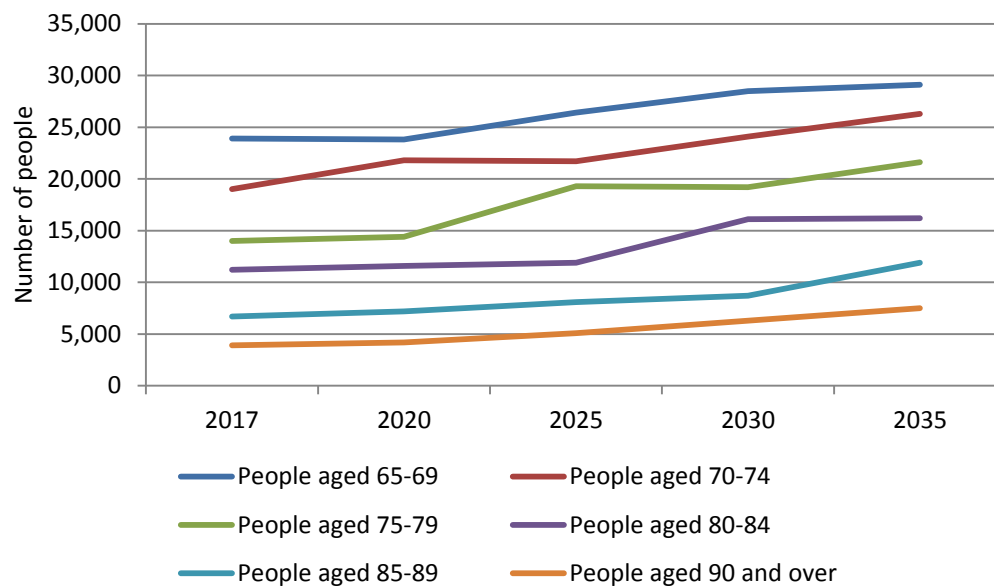
One study into diagnosis rates and ethnicity found that people from Black ethnic groups had a higher likelihood of being diagnosed with dementia in UK general practice than those from White groups. However, due to the increased risk of people from Black backgrounds having dementia, diagnosis rates were likely actually lower for Black men with dementia than for White men with dementia. In this same study, diagnosis rates for both Asian men and women were lower than for the White group. It was not known, however, whether this was due to reduced incidence of dementia, or to under-diagnosis (2).

Population surveys between 1991 and 2011 found that the overall prevalence of dementia among people aged 65 or over in the UK had reduced from 8.3% to 6.5% (3). This may be related to a healthier population with better education, prevention and treatment of risk factors than in previous cohorts. Conversely, in care settings the prevalence has increased from 56% in 1991 to 70% in 2011, possibly indicating a change in the case mix of patients in care settings. The reduction in overall prevalence is encouraging; however, it is impossible to know if this trend will continue. Even if it does for the population as a whole, we do not yet know if Bradford will follow the same pattern. There is no evidence showing the prevalence of dementia in people from BME backgrounds, or from different socio-economic groups. Both of these factors may affect the risk of developing dementia, and would alter Bradford's prevalence.

2 BRADFORD

The population of older adults in Bradford is projected to rise by 43% by 2035. This increase is to be seen across all age groups over 65 years (figure 1). This has clear implications for services for older people, and dementia is no exception.

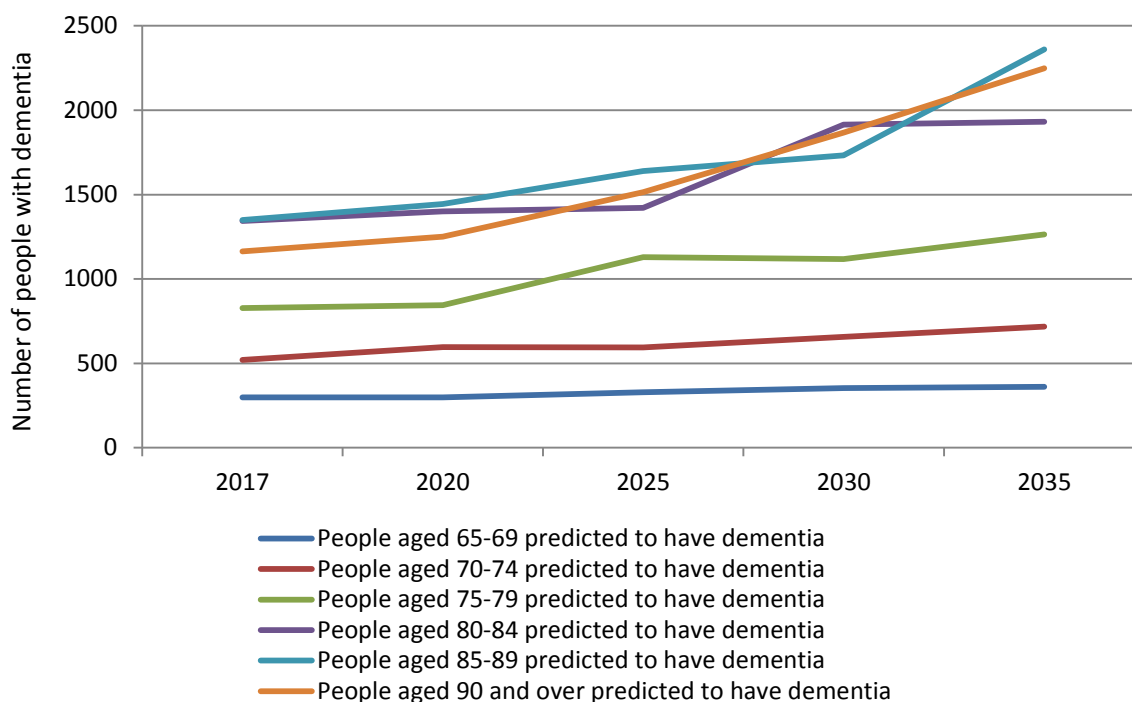
Figure 1: population projections for Bradford 2017-2035



Source: POPPI (<https://www.poppi.org.uk/index.php>)

Because of this population increase among older adults, it is to be expected that the need for dementia services in Bradford over the next one-to-two decades will increase vastly. Population projections (figure 2) suggest that there will be an increase in the number of cases of dementia across all age groups, increasing by around 61% between 2017 and 2035 to around 8,900 cases. This assumes that the prevalence (the proportion of people in the population with dementia) will remain the same over the next 15 years. However, this may lead to an overestimate of cases as the proportion of people who smoke and have other risk factors for dementia goes down.

Figure 2: projections of people with dementia in Bradford 2017-2035



Source: POPPI (<https://www.poppi.org.uk/index.php>)

2.1 PREVENTING WELL

Applying the national estimates of dementia prevalence to the sex and age profile of Bradford gives an estimate of around 5,200 people currently living with dementia. This may be an underestimate, given that Bradford sees higher rates of many dementia risk factors compared to England as a whole. In particular, smoking rates in Bradford are higher than the regional or national figures, at 18.9% compared to 17.0% and 14.9% respectively. Similarly, rates of diabetes in Bradford are higher than regional and national averages, at 8.5% compared to 6.9% and 6.7%, respectively. Rates of admission to hospital for alcohol-related conditions are also higher in Bradford than in the rest of the region or the country. However, other risk factors such as physical inactivity and recorded hypertension appear to follow a similar pattern in Bradford compared to the rest of the country (table 1).

Table 1: Risk factors for dementia

Risk Factor	Bradford	Yorkshire & the Humber	England
% of adults currently smoking (2017)	18.9	17.0	14.9
% of adults aged 17+ with recorded diabetes (2017/18)	8.7	7.0	6.8
Admission episodes for alcohol related conditions (40-64 years, directly standardised, per 100,000 population, 2017/18)	1,059	975	877
% of adults who are physically inactive (2016/17)	23.3	24.1	22.2
% of adults classified as overweight and obese (2016/17)	63.7	65.3	61.3
% of people (all ages) with recorded hypertension (2017/18)	13.3	14.4	13.9

Source: PHE (Public Health Profiles, <https://fingertips.phe.org.uk/>)

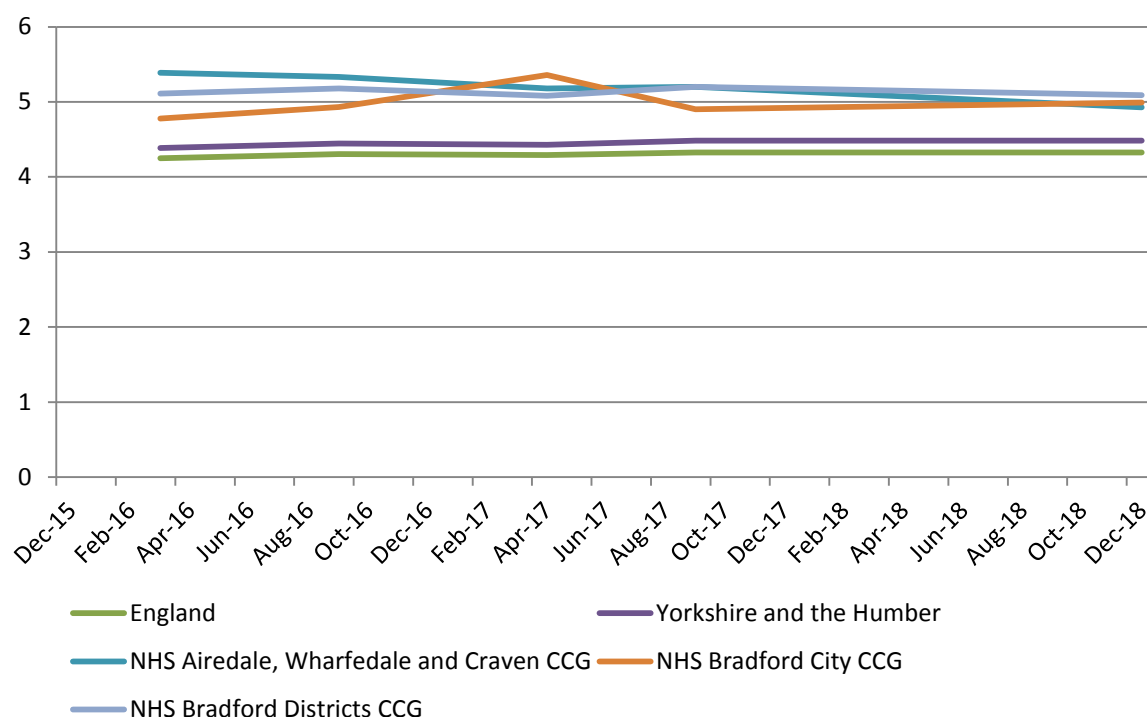
It is probable that these high rates of certain risk factors will lead to a population risk of dementia which is higher than the average for England, potentially leading to a higher than estimated number of people living in the District with dementia.

2.2 DIAGNOSING WELL

In December 2018, 5.07% of people aged 65+ in the District were recorded on a GP register as having a diagnosis of dementia; equivalent to 4,212 people (Public Health Profiles, <https://fingertips.phe.org.uk/>). This is one of the highest recorded figures in the region, reflecting Bradford's success in diagnosing cases of dementia.

All three CCGs in Bradford and Airedale have a higher recorded prevalence in the over 65 population than the regional or national average, with latest figures for December 2018 showing 4.9%, 5.0% and 5.1% of the over 65's in AWC CCG, Bradford City CCG and Bradford Districts CCG, respectively, to have a diagnosis, (figure 3).

Figure 3: Recorded diagnoses of dementia in over 65s, Bradford CCGs 2015-18



Source: PHE (Public Health Profiles, <https://fingertips.phe.org.uk/>)

Based on constructed estimates of the underlying prevalence of dementia based on the age and sex profile of Bradford, it is thought that 80.6% of cases are diagnosed. This is one of the highest diagnosis rates in the region. A timely diagnosis enables people living with dementia, their carers and health and care staff to plan accordingly and work together to improve health and care outcomes.

Broken down by CCG, estimated rates of diagnosis are lower in AWC CCG than in Bradford City and Bradford Districts, and falling over the past two years, while the diagnosis rates in Bradford City CCG and Bradford Districts CCG have risen and remained the same, respectively. However, all three estimated diagnosis rates are above those for both Yorkshire and the Humber, and England.

Table 2: estimated rates of diagnosis of dementia in Bradford CCGs

	2017	2018
England	67.9	67.5
Yorkshire and the Humber	71.6	71.5
Airedale, Wharfedale and Craven CCG	78.7	76.9
Bradford City CCG	81.0	83.7
Bradford Districts CCG	81.6	81.3

Source: PHE (Public Health Profiles, <https://fingertips.phe.org.uk/>)

It would be highly valuable to know the rates of dementia diagnosis for people of different ethnic backgrounds in Bradford, in order to understand whether people from BAME backgrounds have equitable access to dementia diagnosis and services. However, documentation of ethnicity in GP records is very poor; for example, in the most recent national return 67% of those recorded on a GP register as having a diagnosis of dementia did not have a read code for ethnicity in their records [Source: CCGs].

Of patients referred to Memory Assessment Teams, the highest proportion of patients from BME backgrounds is in Bradford City and North, at 27% of all referrals. This is followed by Bradford South and West at 17%, then Airedale and Wharfedale at 5.6% and Craven at 3.3% [Source: BDCT]. This appears to be roughly in line with what would be expected given the populations of these areas for the Bradford and Craven Memory Assessment Teams. However, in Airedale and Wharfedale we would expect to see a much higher proportion of referrals for people from BME backgrounds. This suggests the possibility that patients with dementia from BME backgrounds in Airedale and Wharfedale are not being identified appropriately.

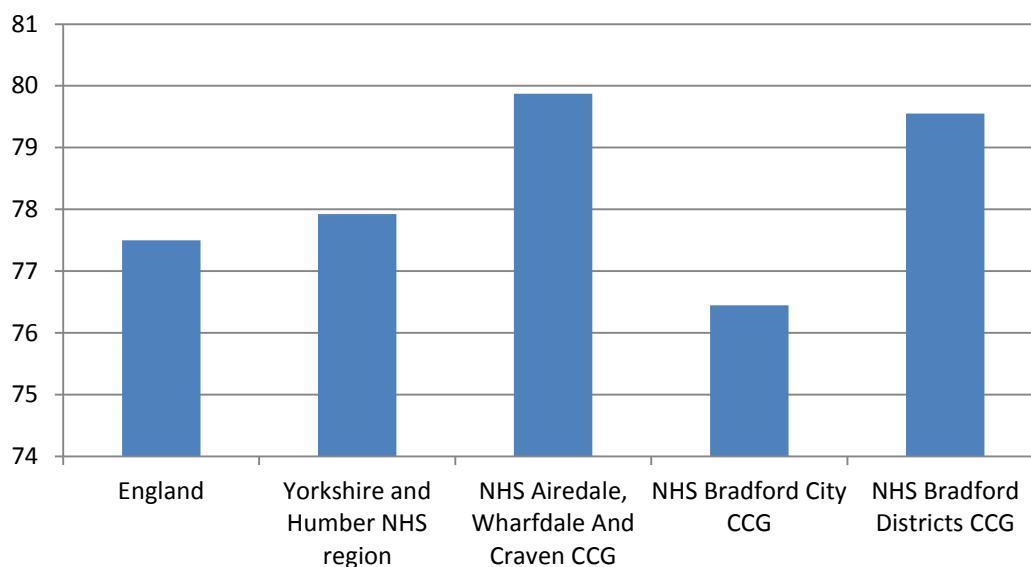
The proportion of younger people (aged under 65 years) recorded as having a diagnosis of dementia is slightly higher in Bradford than the rest of the country on average. The recorded prevalence for under 65's is 3.67 per 10,000 people. This compares to 3.16 per 10,000 in Yorkshire and the Humber and 2.99 per 10,000 in England as a whole. This may be due to either better diagnosis of dementia in this younger age group in Bradford, or a higher proportion of people suffering, or a combination of the two. This also reflects very small numbers compared to the numbers of people with dementia in older age groups, making the statistics for younger people with dementia less reliable.

2.3 LIVING WELL

2.3.1 Annual Reviews

An annual face-to-face review is recommended for people with dementia, to ensure they are still receiving appropriate care and services. AWC and Bradford Districts CCGs performed better on this measure in 2017/18 than either the national or regional average (figure 4). Bradford City CCG performed worse than the national and regional averages, although this difference is not statistically significant. The proportion of people diagnosed with dementia in Bradford City to receive a face to face review has fallen since last year's high of 82.1%. However, data is not collected on the quality of these reviews, so we don't know if they are being done optimally to get the best possible outcomes for patients.

Figure 4: percentage of people with dementia in Bradford CCGs receiving a face-to-face review in the last 12 months, 2017/18



Source: PHE (Public Health Profiles, <https://fingertips.phe.org.uk/>)

2.3.2 Carers' health and wellbeing

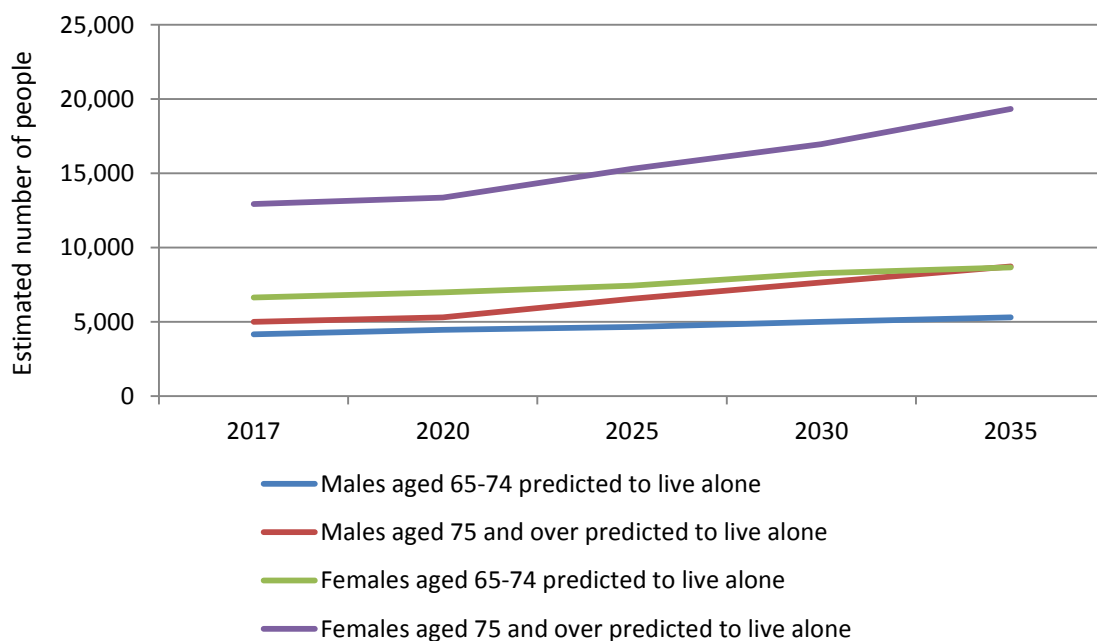
People caring for a friend, family member or loved one with dementia play a vital role in the care of many people with dementia. In order to support those living with illness, it is essential that those caring for them have the care and support they need. Compared to the rest of the country as a whole, more carers in Bradford report good quality of life measures. In Bradford, 41.6% of all adult carers reported that they have as much social contact as they would like in 2016/17, compared to 38.7% in Yorkshire and the Humber, and 35.5% in England. However, this still means that almost 60% of carers do not have as much social support as they wish. Similarly, the average carer-reported quality of life score of people caring for somebody with dementia was 8.1 in 2016/17 (out of a maximum score of 12) compared to 7.8 in Yorkshire and the Humber and 7.5 in England.

2.3.3 Personal and social care needs

People with dementia will require individualised, person-centred plans with different levels of support to meet their needs. This is not only dependant on the severity of their dementia, but also on their personal and social circumstances. It is impossible to ascertain how many people are likely to have family support available, and how much external support people are likely to need. However, it is possible to estimate the numbers of people living alone, which can give some idea about the numbers of people likely to need more support.

The General Household Survey in 2007 estimated that 20% of men and 30% of women aged 65-74 years, and 34% of men and 61% of women aged over 75 years live alone. Applying this to population projections over the coming decades estimates that the population of adults living alone is likely to increase from an estimated 29,000 in 2017 to an estimated 42,000 by 2035 (figure 5).

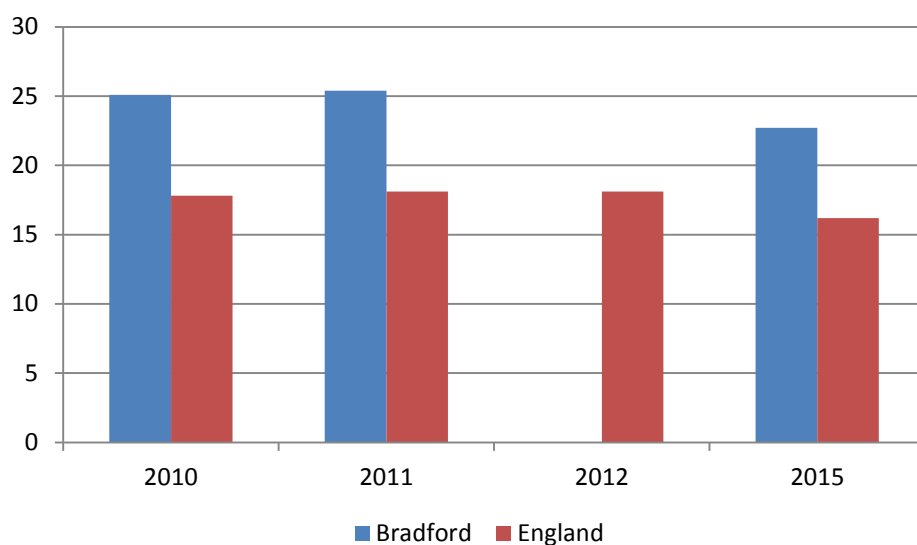
Figure 5: people in Bradford aged 65 and over predicted to live alone, 2017-2025



Source: POPPI (<https://www.poppi.org.uk/index.php>)

Another measure of how much care people may need when living with dementia is income deprivation. When people are living in poverty, they may find it more difficult to access services and help for their condition. In Bradford, we have a higher number of older people living with income deprivation than the national average (figure 6).

Figure 6: Income deprivation affecting older people index, 2010 - 2015



Source: PHE (Public Health Profiles, <https://fingertips.phe.org.uk/>)

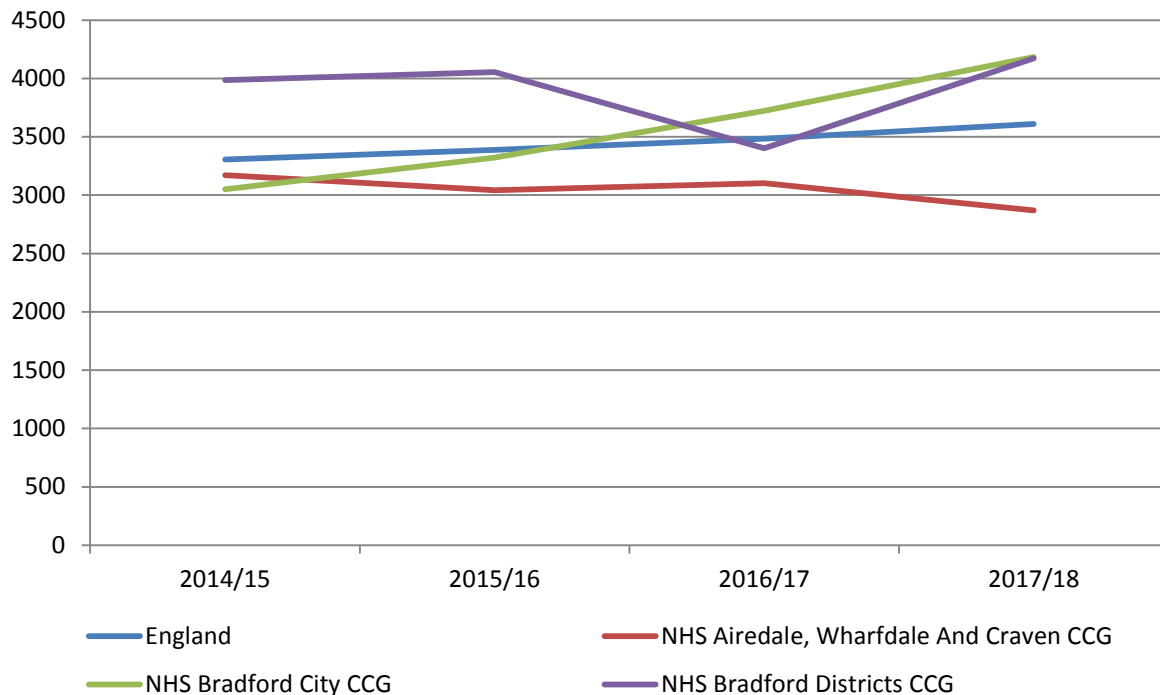
2.4 SUPPORTING WELL

2.4.1 Emergency hospital admissions

Emergency hospital admissions can be distressing and disorientating for anyone. This is particularly true for people with dementia. In 2017/18, Bradford had a higher rate of emergency hospital admissions for people aged over 65 where dementia was mentioned than both England and Yorkshire and the Humber (directly age-standardised rate of 4,005 per 100,000 people aged 65+ in Bradford compared to 3,888 in Yorkshire and the Humber and 3,609 in England). This could be partially related to the higher rate of dementia diagnosis in Bradford compared with elsewhere. However, it could also point to a need for better care for people with dementia who are experiencing a crisis.

Broken down by CCG, Public Health England data show that the rate of patients admitted to hospital with a diagnosis of dementia is variable, but has worsened over the past few years in Bradford City and Bradford Districts (figure 7). In 2017/18 in Airedale, Wharfedale and Craven however, the rate of admissions with a mention of dementia per 100,000 people over 65 in was below that of England as a whole.

Figure 7: Hospital admissions in patients over 65 years with a mention of dementia (directly standardised rate per 100,000 people)



Source: PHE (Public Health Profiles, <https://fingertips.phe.org.uk/>)

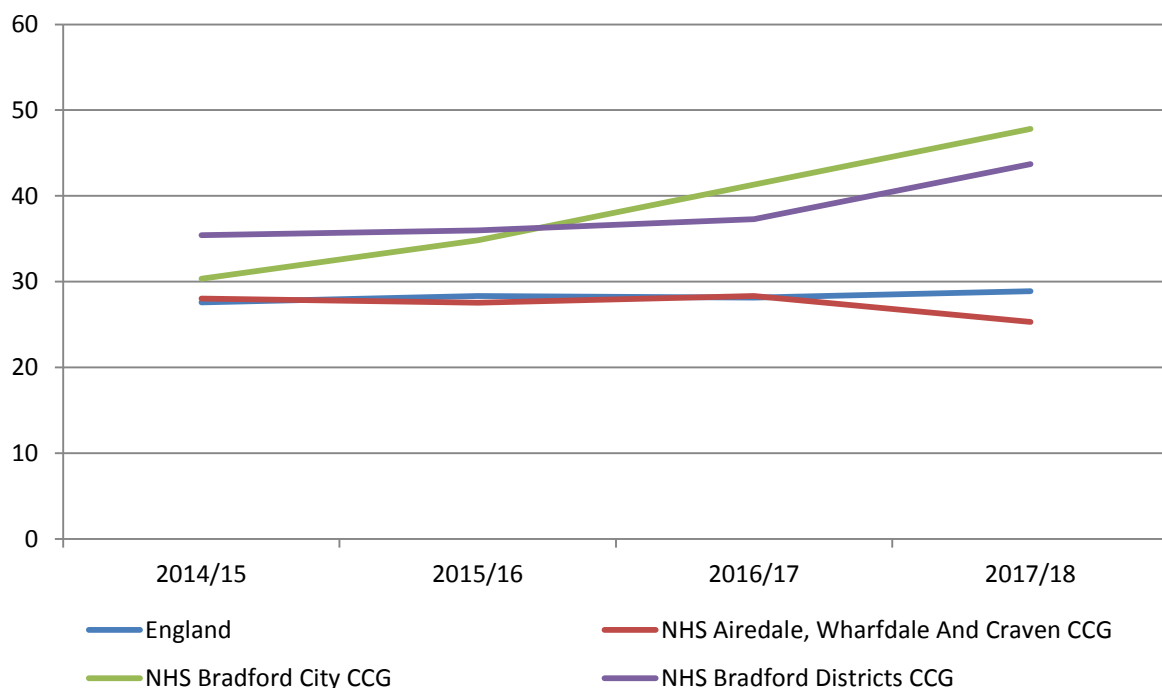
RightCare are another useful source of data, and calculate figures slightly differently to PHE. RightCare data (4) from 2014/15 compare Bradford with areas within England which have a similar population demographic. On this measure, Bradford City CCG performed much worse, Bradford Districts CCG performed slightly better, and Airedale, Wharfedale and Craven CCG performed slightly worse than their peers. Taken together, it is clear that Bradford has a much higher rate of emergency admissions for people with dementia than other areas in England.

Very short stay admissions of less than a day are to be avoided in this group of patients in particular, due to the disorientating effect of changes in environment, and the fact that very short stays could potentially be avoided through optimal community care. In Bradford and Airedale, a substantial proportion of hospital admissions for those with dementia are less than one night in duration (figure 8). In 2017/18, the proportion of hospital admissions of less than one night in in Airedale, Wharfedale and Craven this was the same as the national average at 25.3% compared to 28.9%. However, in Bradford City and Bradford Districts this figure was much higher at 47.8% and 43.7%, respectively, and has been rising in recent years. This could be

an indicator of poor crisis management for people with dementia and their carers, and warrants further detailed work to understand and improve this aspect of care.

Comparable data from RightCare (4) in 2014/15 showed a picture not dissimilar to the more recent fingertips data, with Bradford City and Districts performing much worse than their peers, and Airedale, Wharfedale and Craven performing slightly worse.

Figure 8: Percentage of emergency inpatient admissions for people (aged 65+) with dementia that are short stays (1 night or less)



Source: PHE (Public Health Profiles, <https://fingertips.phe.org.uk/>)

2.4.2 Use of antipsychotic medication

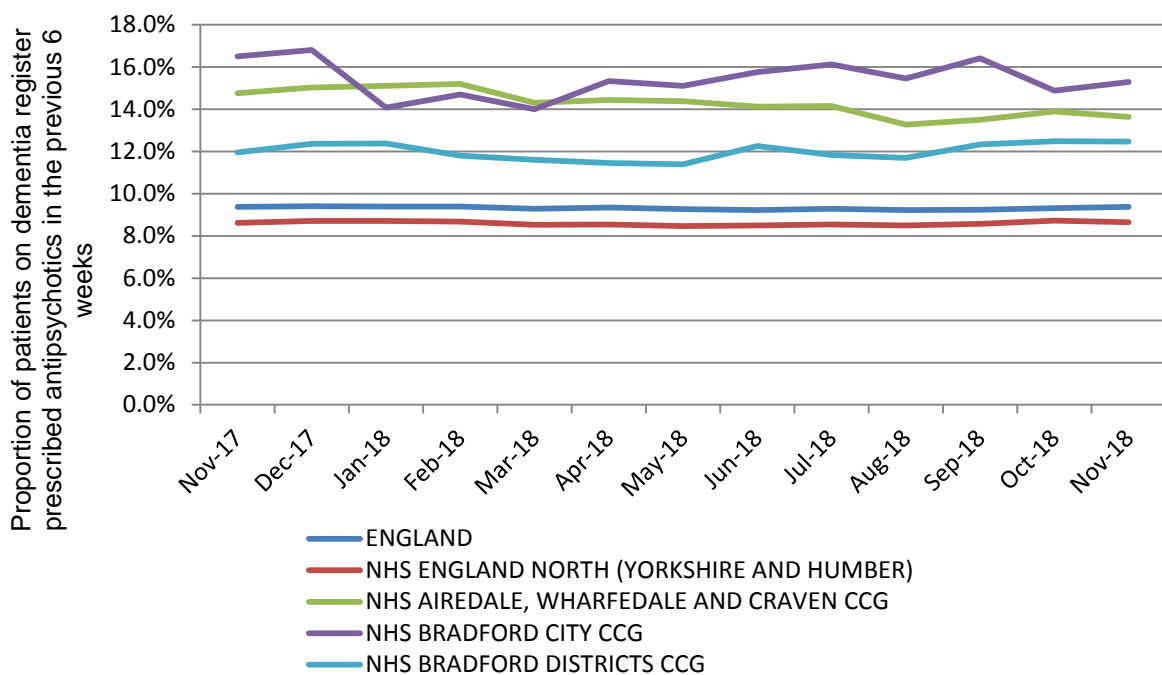
Antipsychotics are medications used for some types of mental distress or disorder. They can help in the management of hallucinations and delusions which accompany mental illnesses such as schizophrenia and bipolar disorder, and some can help with severe depression and extreme mood swings.

Behavioural and psychological symptoms of dementia can be extremely distressing for patients and their carers, particularly where the patient's behaviour is potentially harmful to themselves or others. Inadequate numbers of staff and a lack of appropriate training can mean that antipsychotics are used unnecessarily as a first

option for many patients with agitation, aggression, or other behaviour that challenges services. They may be initiated inappropriately or continued for longer than is necessary. Evidence shows that side effects of antipsychotics in this group of patients can include over sedation, increased risks of strokes, blood clots, infections, falls, and increased mortality.

General Practice data from 2017/18 show that on average, all three CCGs in Bradford and Airedale prescribe a higher level of antipsychotic medication than Yorkshire and the Humber and England (figure 10). It may be that in other areas antipsychotics are prescribed in secondary care rather than primary care (the data below only reflect medications prescribed by GPs). However, it may also reflect differences in practice between Bradford and other areas, and warrants further investigation.

Figure 10: antipsychotic use in patients with dementia



Source: NHS digital (<https://digital.nhs.uk/>)

Previous audits in Bradford and Airedale showed that, after work was done locally to prioritise behavioural techniques in patients with dementia with the aim of avoiding unnecessary antipsychotic use, the proportion of people with dementia prescribed antipsychotics reduced from 16.5% in 2011 to 10.8% in 2012 [source: CCG data]. The current data are therefore worrying as they show that the rates of antipsychotic prescribing have risen again since this work was done, and are now much higher than the average for England and the region.

2.5 DYING WELL

Dementia is often a life limiting illness. However, the rate of deaths with dementia recorded as an underlying or contributing cause can be compared with other areas to give an idea of the geographical variation. Bradford appears to have a higher mortality rate for people with dementia than Yorkshire and the Humber or England as a whole, at 1029 deaths with a mention of dementia per 100,000 population in 2017/18, compared to 954 per 100,000 in the region and 903 per 100,000 in England (age-standardised rates). This is particularly high for City CCG, which in 2017/18 saw a mortality rate of 1,307 per 100,000 people with dementia. Local analysis shows that the high rate for City CCG may be an overestimate due to the way in which this figure is calculated: based on where people live rather than the CCG within which people are registered as patients. In addition, Bradford has above average general mortality rates compared to England, which could contribute to the mortality rate with dementia as a factor or contributing cause. Finally, because people with dementia are more likely to have a diagnosis in Bradford than in other areas, it is possible that dementia is simply recorded more frequently in Bradford as a cause of death or contributing factor as clinicians are aware of the patient's diagnosis. However, this could also be a marker of quality of dementia care in Bradford, and therefore warrants further investigation.

An important marker of quality of care is where people with dementia die. When asked in surveys, people tend to express a desire to die in their own home, with the least popular location to die being in hospital (5). In Bradford, more people with dementia are dying in their usual place of residence than in the rest of the country, at 76.6%, compared to 68.9% in Yorkshire and the Humber, and 68.5% in England as a whole in 2017/18. This breaks down into a similar proportion of people dying at home in Bradford, but fewer people dying in hospital and more people dying in care homes than in the country as a whole. However, this is highly variable between the three CCGs in Bradford (table 3).

Table 3: percentage of people with dementia in Bradford dying in different locations, 2017/18

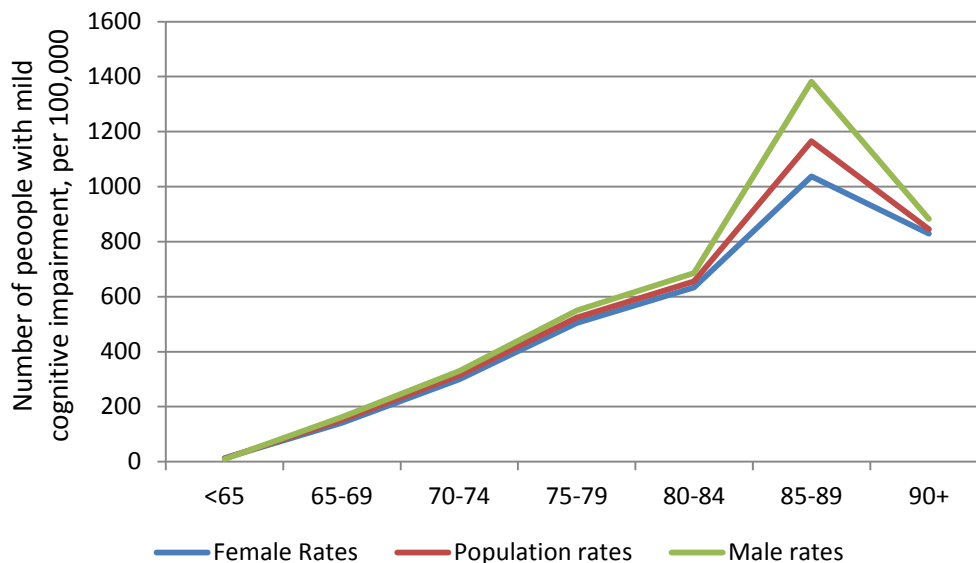
	England	Yorkshire and the Humber	Bradford City CCG	Bradford Districts CCG	AWC CCG
Proportion dying at home (%)	9.9	8.9	15.7	10.3	7.0
Proportion dying in Hospital (%)	30.5	29.9	24.3	23.4	20.0
Proportion dying in a care home (%)	58.0	59.5	57.1	65.2	71.6

Source: PHE (Public Health Profiles, <https://fingertips.phe.org.uk/>)

2.6 MILD COGNITIVE IMPAIRMENT

A diagnosis of Mild Cognitive Impairment (MCI) in older age is much rarer than a diagnosis of dementia in Bradford, with 449 people per 100,000 aged 65 or over having MCI recorded in their Primary Care records (compared to 5180 people per 100,000 (5.18%) over 65's having a diagnosis of dementia). Males are more likely than females to have MCI recorded, and the prevalence generally increases with age, with the 85-89 age group being most likely to have this diagnosis.

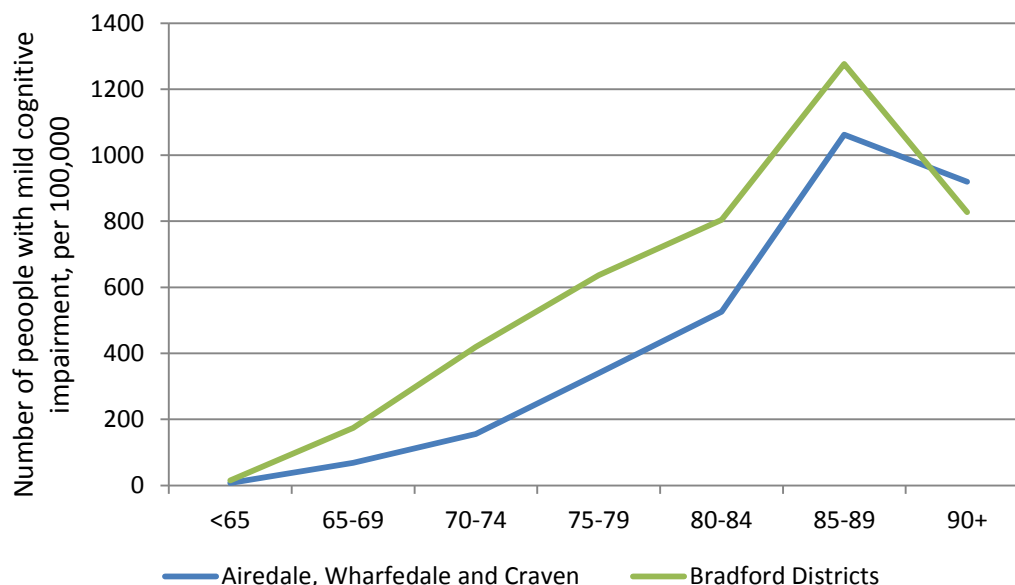
Figure 11: Rates of mild cognitive impairment in Bradford, by sex and age group, 2018



Source: CCG data

In terms of local geography, Bradford Districts CCG have the highest prevalence of MCI at 527 people aged 65 or over per 100,000 with a diagnosis in GP records, compared to 447 per 100,000 in Bradford City CCG and 339 per 100,000 people in AWC CCG. Data are presented below for Bradford Districts and AWC CCGs. However, the numbers for Bradford City are too small to be meaningful so are not shown.

Figure 12: Rates of mild cognitive impairment in Bradford, for AWC CCG and Bradford Districts CCG, by age group, 2018



Source: CCG data

3 SUMMARY OF SERVICE USER FEEDBACK/ CONSULTATIONS

We are currently undertaking small-scale engagement with people living with dementia and their carers on what is most important to them, and what enables them or would enable them to live in a way which is positive for them. This is expected to be completed in January 2019. However themes have already emerged from recent feedback:

- Support from family is valued, particularly if this is a number of people and so we need to consider how we support rather than replace that
- Carers emergency plans were felt to be helpful, and the quality and level of detail in care plans important
- The quality and reliability of care wherever that was provided was important, as was the ability to contact care services easily when needed
- Need for respite and support for carers
- The need for financial advice, including bank accounts, benefits & pensions
- Information about dementia and support available, including what to do in an emergency
- Strategies for carers to help them cope with daily practical issues, such as what to do when the person living with dementia can no longer drive
- Support with finding care homes was important
- Equipment and speed of delivery of this

- Support for people and their carers with early onset dementia was felt to be less well developed than services for older adults
- Importance of good communication between services and organisations
- Support through transitions, including transitions between services (e.g. from residential to nursing homes) and the changes in condition as the illness progresses.

4 LOCAL STRATEGIES

Locally, services are designed using Community Led Support principles, which include co-production (bringing people and organisations together around a shared vision); a focus on individual communities; enabling people to get support and advice when they need it so that crises are prevented; the culture becoming based on trust and empowerment; people are treated as equals, building on their strengths and gifts; keeping bureaucracy to a minimum; and having a responsive, proportionate system which delivers good outcomes.

A core ambition of **Bradford's Health and Wellbeing Strategy** (6) is “living well and ageing well” for the population of Bradford. The aims of this section are to ensure that:

- Everyone can improve and maintain their health and wellbeing throughout their lives
- We see reduced levels of health risks, preventable ill-health and health inequalities.
- People enjoy good health and wellbeing into old age
- People are independent, able to live at home and in their communities for as long as they wish, with the right support at the right time

This aligns with “**Happy Healthy & at Home: A plan for the future of health and care in Bradford District and Craven**” (7). This plan emphasises the importance of prevention and self-care, the central role of communities and local neighbourhoods in the health and wellbeing of local people, and working as a whole system rather than individual organisations. Working with people, and building on their strengths and assets is a core principles of the plan.

More specifically, **Bradford's Mental Wellbeing Strategy** (8) is a cross-organisational document, committing to high level ambitions for all aspects of mental health, including dementia. This is supported by **Bradford's Dementia Strategy**, which is delivered by a multi-agency Dementia Strategy Group, and follows NHS England's Well Pathway for Dementia:

- Preventing Well
- Diagnosing Well
- Supporting Well

- Living Well
- Dying Well

A plan to refresh the dementia strategy is currently underway. The Dementia Strategy Group also feeds into other areas of work, providing input and advice relating to the needs of those with dementia and their carers. For example, Bradford's **End of Life Strategy** is currently being updated, with input from many groups including the Dementia Strategy Group.

Providing unpaid care for friends, family or loved ones who need help because of an illness such as dementia or another physical or mental health problem can be rewarding and fulfilling. However, it may also lead to loneliness, isolation and stress, and therefore can impact on mental health.

Last year, a large engagement exercise was done in Bradford to find out the views and needs of carers. Many carers described high levels of stress and difficulty managing the demands of caring alongside other aspects of their lives. Carers' own mental wellbeing was the most common challenge coming up in the responses to the consultation. They also told us what they need to support their wellbeing, and these results have been used to commission a new service for carers which will start later this year, which will address these issues, specifically looking after the emotional and mental wellbeing of carers as well as physical and practical needs.

Following on from this, a new **Bradford Carers' Strategy** will be developed based on the views and needs of carers, with mental and emotional wellbeing at its heart.

5 NATIONAL GUIDANCE

The National Collaborating Centre for Mental Health, on behalf of NHS England, has recently published the Dementia Care Pathway: full implementation guidance. This is based on the NHS Well Pathway for dementia, and is designed to be person-centred and led by the individual needs of each person. It is outcome focussed, and is intended to empower people and be strengths based.

NICE guideline [NG97] Dementia: assessment, management and support for people living with dementia and their carers (9)

This guidance places high emphasis on person-centred care, asserting the importance of human value, individuality, experiences, perspective, and relationships for people living with dementia and the needs of their carers.

The guidelines make recommendations in 13 key areas, of which the most pertinent to post-diagnostic support are:

1. Involving people living with dementia in decisions about their care
2. Care co-ordination – including having a named care co-ordinator to assess the individual's needs, provide information about available services, develop and agree support plans, and to co-ordinate transfer of information between settings.
3. Interventions to promote cognition, independence and wellbeing
8. Assessing and managing other long-term conditions in people living with dementia
10. Palliative care
11. Supporting carers – including offering psycho/social education and skills training intervention that includes education about dementia; developing personalised strategies and building carer skills; training to help them provide care; training to help them adapt their communication styles; advice on how to look after their own wellbeing; advice on planning enjoyable and meaningful activities to do with the person they care for; information about relevant services and how to access them; and advice on planning for the future.

Department of Health & Social Care. After diagnosis of dementia: what to expect from health and care services (10)

The most important aspects of this guidance with regards to post-diagnostic support for people with dementia are:

- A care plan that sets out what sort of care the person with dementia and their carers might need & who will provide it
- A named person for support (care co-ordinator) as a contact point for information and a once-a-year review
- Help with day-to-day activities and help for carers including what support people and their carers can get from the Local Authority as outlined in the Care Act 2014.
- Person-centred and outcome-focused care training for health and care staff
- Support to making decisions about the future including end of life care
- Opportunities for people with dementia and their carers to feedback about support
- Details on where to go for more information that is in an accessible format
- Offer carers of people living with dementia a psycho/social education and skills training intervention

Finally, the new **NHS Long Term Plan** (11) aims to reduce morbidity and mortality from dementia through:

- prevention of risk factors;
- stronger, integrated primary and community multidisciplinary care teams focusing on individual needs, including dementia and delirium;
- improved use of technology;
- better care and support for people with dementia in hospitals and in the community
- stronger multi-disciplinary crisis care services, with additional recovery, reablement and rehabilitation
- strengthened and increased NHS support to residents of care homes
- Improvement of identification of and support to carers
- Improved pre-hospital urgent care through a new Clinical Assessment Service integrated with NHS 111
- Establishment of acute frailty services in hospitals
- Reducing delayed transfers of care from hospital
- Improved personalised care through self care, social prescribing, increasing link workers within primary care, and accelerating the roll out of Personal Health Budgets.
- Improved end of life care through better care planning in the last 12 months of life

6 WHAT ARE WE DOING ABOUT IT

Prevention: Public Health in Bradford Council delivers services to address many of the risk factors contributing to a higher risk of dementia. These include smoking cessation, healthy eating, and increased physical activity.

Diagnosis: Diagnosis usually occurs in a Memory Assessment and Treatment Service (MATS). These are delivered by Bradford District Care Trust (BDCT) through their Older People's Community Mental Health Teams (CMHTs). MATS are delivered weekly from 13 community-based GP practices across the district and an Older People's CMHT base in Keighley. There is an annual capacity for around 1,400 new referrals per annum from GP practices across the district, with average waiting times currently around 5-6 weeks in Airedale, Wharfedale and Craven, and 12-15 weeks in Bradford. In 2016/17 over 1750 new referrals were received, resulting in over 6000 planned contacts.

Post-diagnostic Support: Post-diagnostic specialist support for people with dementia is commissioned partially by the Local Authority and partly by the three Bradford and Airedale CCGs. A number of different services are commissioned, ranging from universal provision to highly specialist support. Universal community

support includes dementia cafes across the region, Alzheimer's Society dementia advisors, new culturally specific dementia cafes for patients from South Asian backgrounds, online resources for self-care and prevention, dementia counselling, and carer's resources.

In the wider community, organisations (places of worship, healthcare providers, etc.), businesses and communities are encouraged and supported to become Dementia Friendly. This is a national initiative led by the Alzheimer's Society aiming to ensure that communities are "aware of and understand dementia, so that people with dementia can continue to live in the way they want to and in the community they choose". In order to become Dementia Friendly, organisations must be aligned to a Dementia Friendly community. Through the Dementia Strategy Group, Bradford has recently become Dementia Friendly in order to support any organisation which wishes to in the District to become Dementia Friendly. The governing body for the three CCGs has recently taken the decision to become a dementia friendly organisation.

All patients with dementia should be offered an annual review of physical health, changes in memory, and medication by their general practitioner. This review includes advanced care planning, allowing people to make decisions about what they want for the future.

Social care provides personalised services for people with dementia and their carers, including care for people in their own homes, services using technology to support people, and a variety of accommodation options depending on the needs of individuals.

For patients with or suspected of having dementia presenting with very complex needs, there is a 22-bedded specialist in-patient assessment unit for people from across Bradford & AWC Districts.

7 CONCLUSIONS AND RECOMMENDATIONS

Dementia is a complex group of diseases, which affects a significant number of older people. Based on the information in this report, we recommend:

- Future service planning is co-ordinated and strategic:
 - o Services are aware of and plan for the increased need over the coming years
 - o Commissioners and services take into account the recent guidance on support for people with dementia and their carers
 - o Commissioners and services take into account the views of people with dementia and their carers in planning interventions
 - o The different locations and providers of care are closely linked through the Dementia Strategy Group, to enable people to navigate services easily
 - o Crisis care for patients with dementia is an area which has been highlighted as needing focus in Bradford, as demonstrated by the high rates of antipsychotic prescription and the high proportion of hospital admissions and short stay admissions to hospital, particularly in Bradford City and Bradford Districts CCGs. This needs addressing as a priority, and work is currently being done to improve the service.

- Quality assurance processes are built into services:
 - o Although we know we have good annual review rates, quality assurance could ensure that they are performing optimally
 - o A quality assurance process for advanced care planning would also enable the quality of this process to be assessed and optimised.

- The data above highlight some areas which would benefit from further investigation and addressing:
 - o The higher rate of antipsychotic prescribing compared to other areas
 - o The discrepancy in the number of people referred for memory assessment from BME communities compared to what would be expected based on the population in AWC CCG
 - o The higher death rate with a record of dementia in Bradford compared to other regions.

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