Dementia: a Public Health Priority (WHO / Alzheimer’s Disease International)

The Problem
There are approximately 35.6 million people living with dementia worldwide today. This number is likely to double by 2030, and could triple by 2050. The global costs of dementia are estimated to be US$ 604 billion per year currently and these costs are likely to increase even more quickly than dementia prevalence.

Key Messages
The main messages in this report are:
- People can live for many years with dementia. Appropriate support can enable many of these persons to have a good quality of life for prolonged periods.
- The “dementia burden” is overwhelming for many caregivers and families potentially. These unsung heroes deserve adequate support from the health, social, financial and legal systems.
- Countries should adopt dementia as a priority onto their public health agendas. Sustained action and coordination is required at multiple levels (international, national, regional and local).
- People with dementia, their families and carers sometimes have insights into the condition, so they should be involved in policy formation and decision-making.
- Public understanding of dementia should be raised

The Response
This report, produced jointly by the World Health Organization (WHO) and Alzheimer’s Disease International (ADI), raises awareness of dementia as a public health priority. The WHO / ADI advocate a “public health approach” to the problem and propose a comprehensive call for action, at international and national levels, to tackle the main priorities which include:
- Strengthening country preparedness for dementia.
- Health and social systems development.
- Support for informal care and caregivers.
- Awareness-raising and advocacy.

Action Framework
The priorities are:
- The time to act is now.
- Promotion of dementia-friendly communities globally.
- Making dementia a national public health and social care priority worldwide.
- Awareness raising, to improve public and professional attitudes towards dementia.
- Investment in health and social systems, to improve the care and services for people with dementia and for their caregivers.
- Giving a higher priority to dementia in the public health research agenda.

This document includes a systematic review of many different national dementia strategies.

Full Text Link
Reference:
Has The Time Come For Quality Housing and Health Partnerships?

Housing LIN and ADASS
The SHOP Resource Pack includes practical tools to help local authorities, health organisations, providers of housing, funders and developers to work together. This resource tackles the provision of housing suitable for an ageing population, such as extra care housing.

Full Text Link
Reference:

Housing Learning and Improvement Network (Housing LIN) [and] ADASS Housing Network. December 2011.

Chartered Institute of Housing’s Guide
This “how to” guide explains how housing professionals can improve outcomes for residents by forging relationships with health workers.

Full Text Link
Reference:

Housing LIN

Full Text Link
Reference:

Formation of the Dementia Health and Care Champions Group (Department of Health)

Health and care organisations are working on improvements to dementia services, as defined in the Prime Minister’s Dementia Challenge. The Dementia Health and Care Champions Group includes representatives from the health sector, social care, local government and charities. They will adopt a broad approach to tackling the issue of dementia services, looking into better integration of social care services, the NHS and local government. Efforts will focus on early diagnosis, memory services, end of life care, housing (supporting people with dementia to continue to live at home), reducing incorrect use of antipsychotics and spreading best practice.

Full Text Link
Reference:

Understanding Personal Health Budgets

The leaflet explains the concept of personal health budgets for individuals, especially those with long-term conditions, and how these budgets are expected to be used by healthcare professionals, commissioners, and support organisations.

Full Text Link
Reference:
The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to include quality considerations in commissioner-provider discussions. The aim is to promote a culture of continuous quality improvement, which can be built into contracts negotiated annually.

There are two new national CQUIN goals for use in 2012-13:
- Dementia.
- The NHS Safety Thermometer.

**The Dementia CQUIN Goal**
Approximately 25% of acute beds are occupied by people with dementia. Their length of stay (LOS) is typically longer than other people and they tend to be subject to longer delays before discharge.

The CQUIN dementia goal is intended to improve the identification of patients with dementia, delirium and cognitive impairment, in addition to their other medical conditions. The aim is to arrange referrals for appropriate treatment and facilitate suitable follow-up after discharge from hospital.

**The NHS Safety Thermometer Goal**
Pressure ulcers are a key quality issue for the NHS. Approximately 10-12% of patients suffer from pressure ulcers, but many cases could be avoided.

The purpose of the NHS Safety Thermometer CQUIN is to improve the recording of pressure ulcers, falls, urinary tract infections and VTE.

**Recent Briefings on Integrated Health and Social Care (SCIE)**

An updated research briefing from Social Care Institute for Excellence (SCIE) entitled “Factors that promote and hinder joint and integrated working between health and social care services” examines jointly organised services for older people and people with mental health problems. It offers an overview of research evidence about the effectiveness of different models of working between health and social care services.

The three broad themes involve the factors that support or act as barriers to joint or integrated working:
- Organisational issues.
- Cultural and professional issues.
- Contextual issues.

**Full Text Link (a)**
Reference:

A further SCIE “At a glance” briefing investigates the impact of integrated services on their uses (and the carers of these people).

**Full Text Link (b)**
Reference:
End of Life Care: A Brief Summation of Recent Progress (NEoLCIN, NHS, NICE etc.)

**NEoLCIN Review**

The latest review from the National End of Life Care Intelligence Network (NEoLCIN) reminds readers that most people would prefer to die in their usual place of residence (whether home or care home), or in a hospice. Over half of these people actually die in hospital. Emergency hospital admissions are costly and do not usually help this group of people.

**Reference:**

**QIPP End of Life Care**

The Midlands and East QIPP End of Life Care Great Practice Showcase report discusses the tools and resources available to meet the QIPP challenge at end of life.

**Reference:**
NHS National End of Life Care Programme, April 2012.

**NICE Guides**

The NICE guide supports the design of high quality, evidence-based services to improve outcomes for patients, with an eye to best use of resources. An end of life commissioning and benchmarking tool helps to establish the levels of service required locally. A separate NICE guide for commissioners entitled “End of life care for people with dementia” is geared to the 66,000 people who die each year with dementia, often in need of palliative care and end of life services for more than 12 months.

**Reference:**

Sensory Loss, Dementia and Design: End of Life Care (Pocklington Trust)

Many people with dementia also suffer from sensory loss. Supporting these individuals can be challenging for social care professionals and carers. Dementia and serious sensory loss are often triggers for admission to a care home, and as more people are surviving into older age the incidence of dual sensory loss is growing.

Carers and staff supporting people with dual sensory loss, often combined with dementia, need to be confident they can meet these complex needs. End of life care represents one of their major challenges. This report shows that building design principles can help.

**Reference:**
Automated Pill Dispenser Evaluation (Improvement and Efficiency West Midlands)

This is the end of project evaluation report on the PivoTell automated pill dispenser. Mark 3 of this product offers an effective way to help vulnerable adults remember to take their medication. The device is aimed at people with poor memory, typically people with Alzheimer’s Disease and dementia, but it has also been demonstrated to benefit those with Parkinson’s Disease, mental health issues, learning difficulties, physical difficulties, patients with long-term medical conditions and the visually impaired.

The report covers initial research at the University of Birmingham, project set-up, referral and assessment, client profiles, the role of the pharmacy in this project, impact evaluations and cost analyses. Also covered are an assessment of patient experience and feedback, other communications arising from the project, general conclusions and recommendations.

The final data from this project indicate savings of £431,000, calculated at an average of £1,700 per person over a 6-month period. The cost per patient by contrast is £205.

The savings arise mostly from reductions in health worker visits at patients’ homes and reduced hospital admissions / re-admissions. Home visits avoided accounted for £107,000 (52% of total social care savings) and averted hospital admissions accounted for £151,000 (68% of total health savings). 96% of survey respondents commented that this technology results in improved health and wellbeing, greater independence and a better quality of life.

Full Text Link
Reference:

Dementia Voice Nurse Service Pilot (Housing 21 - Dementia Voice)

Housing 21 – Dementia Voice received funding from the King’s Fund for a two-year pilot project to employ a dementia specialist community-based End of Life Care Nurse to work with their dementia services team in London. The Dementia Voice Nurse (DVN) Service commenced in December 2008.

This briefing presents data gathered over 24 months. It makes the case for the value of employing a dementia specialist end of life nurse in similar housing and care organisations. Savings achieved as a result of the service - thought to be worth more than £314K over the two years - have resulted in the Dementia Voice Nurse (DVN) becoming a key feature of dementia support services in Westminster. Further funding is now available for Housing 21 to extend the service to two other local authorities.

The DVN service achieves savings through the avoidance of preventable hospital, residential and nursing home admissions and avoiding unnecessary use of ambulance services.

Full Text Link
Reference:
Evidence Updates on Delirium and Depression (NHS Evidence)

A summary of the latest research into delirium is provided in this update.

Manchester: NHS Evidence, April 30th 2012.

The other update gives an overview of the latest evidence concerning depression in adults with a chronic physical health problem: treatment and management” (2009).

Reference:

Evidence Supports Intentional Rounding (King’s College London)

This Policy Plus briefing examines the different approaches to intentional rounding and reviews the evidence.

Evidence suggests intentional rounding reduces the use of call bells and improves care because nurses detect problems earlier. Nurses also enjoy improved interactions with patients. Clinical outcomes include improvements to pain management, decreased falls and fewer pressure ulcers. Hydration and nutritional standards should be improved for dementia patients. Patient reported outcomes include a generally improved patient experience, higher patient satisfaction and a reduction in the number of patient complaints.

Further UK research is required into the subject to study cost-effectiveness, sustainability and possible cost implications.

Reference:

Hip Fractures and Integrated Falls Prevention Services (NHS Confederation)

This briefing suggests new approaches to the commissioning and development of falls prevention services which are comprehensive and more fully integrated.

The prevention of falls, and early interventions through joint working, are likely to reduce costs and improve outcomes. Multi-disciplinary interventions are considered effective. Falls and fracture services should be more integrated across community care, social care and specialised health services.

Reference: