Dementia

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Note: figures presented in the JSNA have been updated since it was published – click here to open the Nottinghamshire County Dementia Framework for Action 2016-2020.

Executive Summary

Introduction

Dementia is a term used to describe a range of brain disorders that have in common a loss of brain function that is usually progressive and eventually severe. The most common types of dementia are Alzheimer's disease, vascular dementia and dementia with Lewy bodies. Some people have both vascular dementia and Alzheimer's disease.

Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages. Dementia can affect people of any age but is most common in older people, particularly those aged over 65 years. The number of people aged over 65 living with dementia in Nottinghamshire is predicted to rise from 11022 in 2015 to 13138 in 2021. This represents a 19.2% increase over 6 years.

This chapter considers the health and social care needs of people with dementia. Other relevant links within the JSNA are to sections on Adult Mental Health (particularly Depression), End of Life, Older People with Long Term Conditions and Carers.

Dementia has become prominent in the last 5 years with the publication of two significant policy documents: the National Dementia Strategy in 2009 and the Prime Minister's Challenge in 2012 (links below).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf

Unmet need and gaps

Unmet needs and service gaps include:

- Supporting Dementia Friends and Dementia Friendly communities in line with national policy
- Improving diagnosis rates to meet the national target of 67% - including GP awareness, capacity in memory assessment services and using the acute hospital CQUIN, FAIR (Find, Assess and Investigate, Refer)
- Provision of post diagnosis support including:
    - Better, more accessible and timely information
    - Additional support for people of working age with a diagnosis of dementia
    - Issues of capacity in specialist mental health services
    - Crisis response and support
    - Support for carers
- Better alignment with physical health services
- Quality of acute hospital care for people with dementia and/or delirium
- End of Life Care
- Improving quality in Care homes

Awareness of dementia and support for people from BME communities and other minority groups

- Increased awareness of dementia in primary and acute care

Recommendations for consideration by commissioners

- Support Dementia Friends and Dementia Friendly communities in line with national policy
- Improve diagnosis rates to achieve 67% target
- Better alignment with physical health services including diet and nutritional advice
- Provision of post diagnosis support including:
    - Better, more accessible and timely information
    - Additional support for people of working age with a diagnosis of dementia
    - Address issues of capacity in specialist mental health services
    - Crisis response and support
    - Support for carers
- Continued development of knowledge and skills across health and social care

Full JSNA report

What do we know?

1) Who is at risk and why?

Dementia is a term used to describe a range of brain disorders that have in common a loss of brain function that is usually progressive and eventually severe. The most common types of dementia are Alzheimer's disease, vascular dementia and dementia with Lewy bodies. Some people have both vascular dementia and Alzheimer's disease.

Alzheimer's Society - Types of Dementia

Who is at risk?

Dementia prevalence is associated with a number of factors, such as:

- Age
- Gender
- Social class and educational achievement
- Learning disabilities
- BME groups

The prevalence of dementia increases with age and is higher in women than in men (as there are more older women than older men). Women also have a slightly higher risk of developing Alzheimer's disease, but have a lower risk than men of vascular dementia. The number of people with dementia in Nottingham and Nottinghamshire is therefore estimated to be greatest in those aged over 75 years, especially women, since their life expectancy is greater. The rate of cognitive problems has been found to be higher in people of lower social class and lower educational achievement[1]. People with learning disabilities are at higher risk of developing dementia at younger ages. For those with Down's syndrome, dementia may develop between 30-40 years of age. It is also noteworthy that 6.1% of all people with dementia among BME groups are early onset compared with 2.2% for the UK population overall, reflecting the younger age profile of BME communities[2].

What is the impact on health and wellbeing

The onset of dementia is gradual and many people are not formally diagnosed, yet they may live with dementia for 7 to 12 years. Early symptoms include loss of memory, confusion and problems with speech and understanding. However, over time dementia significantly affects people's ability to live independently, as a result of:

- Decline in memory, reasoning and communication skills
- Inability to carry out activities of daily living
- Behavioural problems such as aggression, wandering and restlessness
- Continence problems
- Problems with eating and swallowing

Dementia places a particular burden on carers and family members. Timely diagnosis and intervention is helpful, as it enables the person with dementia and their carer/s to come to

terms with the disease and make plans for the future. Many of those with severe dementia, especially those over 85, have a combination of mental and physical problems[3].

Many of the carers of older people with dementia are themselves elderly - up to 60 per cent are husbands or wives[4]. Carers of people with dementia generally experience greater stress than carers of people with other kinds of need; nearly half having some kind of mental health problem themselves. However carer support and education can enable more people to live at home for longer and prevent carer breakdown, which is a major cause of people needing to move into long-term care.

What are the risks of not addressing dementia?

Due to the ageing population, the predicted increase in numbers of people with dementia in Nottinghamshire is 19.2% in the next 6 years. It is estimated that in the period 2007- 2037:

- The numbers of people with dementia will double
- The costs of dementia will treble

The economic case for early diagnosis and intervention services in dementia claims that this approach is cost effective since it will reduce admissions to residential care[5].

What are the benefits of timely diagnosis and intervention?

Diagnosis excludes other, treatable conditions with similar symptoms. For Alzheimer's disease only, there are a number of cognitive enhancing medications which can help. For all dementias, timely diagnosis allows access to:

- Advance care planning encompassing: medical, financial, social, housing, driving, end of life care
- Access to information and support (dementia advisers, memory cafes, CMHTs, , Assistive Technology, Home care, intensive home support)
- Review of physical health and co-morbidities
- Access to peer and carer support

2) Size of the issue locally

Prevalence

Note: these figures have been updated since the JSNA was published – click here to open more recent report**.**

Prevalence is the number of people with dementia in the population. The rates below are derived from the Dementia UK report, 2007[2].

Figure 1: Prevalence rates for dementia in the UK by age group and gender (Source: Dementia UK 2007)

	65-69 years	70-74 years	75-79 years	80-84 Years	85+ years
Males	1.5%	3.1%	5.1%	10.2%	19.7%
Females	1.0%	2.4%	6.5%	13.3%	25.2%

These prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers of people predicted to have dementia by CCG by 2015. Numbers are higher in Nottinghamshire than the England average due to higher numbers of older people

Figure 1 Dementia prevalence 2015		
CCG	**over age 65**	**under age 65**
Bassetlaw	1,540	31
Mansfield & Ashfield	2,360	50
Newark & Sherwood	1,824	36
Nottingham North & East	2,050	40
Nottingham West	1,403	25
Rushcliffe	1,846	34
Nottinghamshire	11,022	215

Source: Nottinghamshire County and Nottingham City Public Health Intelligence Team

Incidence

Incidence of dementia is the number of new people with dementia each year.

Figure 2 Dementia incidence over 65	
CCG	**2015**
Bassetlaw CCG	440
Mansfield & Ashfield	673
Newark & Sherwood	520
Nottingham North & East	581
Nottingham West	395
Rushcliffe	523
Nottinghamshire	5,147

Source: Nottinghamshire County and Nottingham City Public Health Intelligence Team

Numbers of people with dementia under age 65 are small, however current referrals to the service from Nottinghamshire CCGs are approximately 170 pa. It is recognised that people with dementia under age 65 are more complex and difficult to diagnose

Other sources of information

The Department of Health has published a State of the Nation report on Dementia and an accompanying on-line map setting out information about dementia care, support and research across the country. Please note this is a work in progress. Links to the report[6] and online dementia map[7] (accessed 30 Jan 2014) are:

https://www.gov.uk/government/publications/dementia-care-and-support

http://dementiachallenge.dh.gov.uk/map/

Notable changes in need since last JSNA (2012)

1. The dementia diagnosis rate has improved over the last 2 years. All Nottinghamshire CCGs are achieving above the average diagnosis rate for England (45%) except Newark & Sherwood (39.4%)

2. The Dementia UK report based prevalence rates on an earlier study which has now been repeated. The Cognitive Function and Ageing Study[8] (CFAS) has been repeated and published suggesting that the prevalence rate has reduced from 8.3% to 6.5% in over 65s. The impact of this on rates of prevalence and incidence is being worked on and will change the rates in Figure 1 above. The number of people with a dementia will continue to rise due to the increasing older population, albeit at a lower rate.

3. Dementia is more frequently recorded as cause of death. The largest increase in both percentage and absolute terms is for dementia as the underlying cause which may partly reflect changes in underlying cause of death coding practice as well as a positive increase in number of people dying at home from 'diseases of old age'[9].

Depression vs. Dementia in the Elderly

Depression and dementia share many similar symptoms including memory problems, sluggish speech and movements and low motivation. There are some differences which can help to avoid misdiagnoses, although some people may have both conditions.

Symptoms of depression	Symptoms of dementia
Mental decline is relatively rapid	Mental decline happens slowly
Knows correct time, date and whereabouts	Confused and disorientated
Difficulty concentrating	Difficulty with short term memory
Language and motor skills are slow but normal	Writing and motor skills are impaired
Notices or worries about memory problems	Doesn't notice memory problems or seem to care
Agitation	Agitation, wandering and challenging behaviour

3) Targets and performance

Diagnosis rates

The Prime Minister's Challenge on Dementia aims to increase the diagnosis rate to 67% by March 2015. CCGs have had to submit plans to NHS England setting out trajectories for achieving the diagnosis rate. This is being monitored via the Quality Outcomes Framework (QOF) which includes:

- A register of patients diagnosed with dementia

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months
- The percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of Full Blood Count (FBC), calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12, and folate levels recorded between 6 months before or after entering on to the register

Performance has improved over the last 2 years. All Nottinghamshire CCGs are achieving above the average diagnosis rate for England (45%) except Newark & Sherwood (39.4%)

Note: these figures have been updated since the JSNA was published – click here to open more recent report.

Figure 3 Dementia Diagnosis rates	**2011/12**			**2012/13**		
	Obs	Exptd	% rate	Obs	Exptd	% rate
Bassetlaw CCG	692	1372	50.4%	786	1391	56.5%
Mansfield & Ashfield	1066	2093	50.9%	1244	2153	57.8%
Newark & Sherwood	560	1610	34.8%	703	1646	42.7%
Nottingham North & East	971	1820	53.4%	1000	1870	53.5%
Nottingham West	747	1263	59.2%	823	1297	63.5%
Rushcliffe	760	1627	46.7%	797	1654	48.2%
Nottinghamshire	**4796**	**9783**	**49.0%**	**5353**	**10011**	53.5%

Source: Nottinghamshire County and Nottingham City Public Health Intelligence Team

Other mechanisms in place to improve diagnosis rates are:

- Enhanced service in 2013/14 are to encourage GP practices to:
  - identify patients at clinical risk of dementia;
  - offer an assessment to detect for possible signs of dementia in those at risk;
  - offer a referral for diagnosis where dementia is suspected; and,
  - support the health and wellbeing of carers for patients diagnosed with dementia

  Facilitating Timely Diagnosis and Support for People with Dementia
- NHS Health Check Programme introduced in April 2009, offers advice and support to help people aged 40-74 make changes that can reduce the risk of ill health, including vascular dementia. Since April 2013, people in England aged 65-74, should be given information about dementia and the availability of memory services. The NHS Health Check dementia leaflet has been developed to support the dementia information given to those aged 65-74 years of age during their appointment.
  NHS Health Check Dementia Leaflet
- Acute hospital CQUIN - Improving dementia and delirium care, including sustained improvement in Finding people with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR). People aged over 75 who are admitted

to an acute hospital as an emergency are asked the 'dementia question': 'Have you/ has the person been more forgetful in the last 12 months to the extent that it has significantly affected their daily life?' The results are available on the online map (link below)

www.dementiachallenge.dh.gov.uk/map/

4) Current activity, service provision and assets

Dementia mainly affects older people, especially people aged over 85. Therefore many people with dementia, and their carers, also experience physical health problems which require an integrated approach wherever possible. Services for people with dementia are provided by a very broad spectrum including the NHS, social care, independent and third sector provision. The section below is an overall summary of the services available

Dementia Awareness and Dementia Friendly Communities

Nottinghamshire has a Dementia Action Alliance which aims to promote dementia awareness among a wide range of agencies e.g. Police, Fire Service, shops etc. by promoting Dementia Friends training and dementia friendly practices.

www.dementiaaction.org.uk
www.dementiafriends.org.uk

Prevention and Early Intervention Services

Nottinghamshire County Council Adult Social Care, Health and Public Protection (ASCH&PP) commission a range of Prevention and Early intervention services that support people before and after diagnosis

- Advocacy, support for carers, meals service, welfare rights service, handy persons' adaptation scheme (HPAS) advice and guidance through the Customer Service Centre (CSC), First Contact and an on-line service directory "Choose My Support"

  http://choosemysupport.org.uk/

Primary Care and Community Health services

Primary care and community health services are increasingly operating more integrated, locality based models which are inclusive in caring for people who may also have dementia eg the PRISM model in Newark & Sherwood (Proactive Care, Integration, Self-Management)

Diagnosis

People seeking a diagnosis initially contact their GP who will undertake tests to exclude other causes and refer them, where appropriate, to the memory assessment service. GPs will follow the local Guidelines for the Prevention, Early Identification and Management of Dementia[10]. Services provided at diagnosis are:

- Memory Assessment Service providing assessment, diagnosis and care planning, including a working age dementia service
- Prescribing of anti-dementia medication for Alzheimer's disease where appropriate
- Alzheimer's Society attend memory clinics and give advice following diagnosis including a follow-up telephone contact if appropriate

Support after diagnosis (plus other support listed below)

- Ongoing support from GP including annual reviews
- Dementia Cafes and Carers Information sessions
- Cognitive Stimulation Therapy

Specialist dementia care

Specialist dementia care is provided by Nottinghamshire Healthcare NHS Trust's Mental Health Service for Older People (MHSOP). MHSOP provides care for those of any age with dementia and those over 65 with moderate and severe functional mental health conditions (except people with a Learning Disability who are cared for by LD services.). The focus is on managing people within the community rather than inpatient care wherever possible. Services are provided with an ethos of positive risk taking and recovery focused care. Dementia services include:

- Memory Assessment services
- Community mental health services
- Sessional day services including Cognitive Stimulation Therapy
- Specialist inpatient dementia care (acute and challenging behaviour)
- Psychological assessment and treatment
- Working Age Dementia
- Intensive Recovery Intervention Service (acute and challenging behaviour)
- Specialist dementia outreach to support care homes
- Rapid response liaison psychiatry to support acute hospitals (NUH, SFHT and Bassetlaw)

More information about specialist dementia services is available at:

http://www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/mental-health-services-for-older-people/

Carers – see carers section of JSNA for information about:

- Support for carers including Compass workers
- Carer's assessments
- Respite care

Care at Home

- Nottinghamshire County Council Adult Social Care, Health and Public Protection (ASCHPP) commission **Community Support Services** including Assessment & care management, personal budgets and direct payments, day services, home based care, supported housing, Extra Care housing including the development of some specialist provision for people with dementia in Mansfield and Ashfield, home care reablement services, Intermediate Care and Assessment Beds, occupational therapy including aids and adaptations, Assistive Technology including "Just Checking" and Supporting People
- Independent sector home care providers

- Development of community based services to support people to live at home for longer, through the Intensive Recovery Intervention Service
- Third sector provision to support people at home provided by the Alzheimer's Society, Age UK, Central Notts MIND, Crossroads and similar organisations

Care in Acute Hospitals

The role of acute trusts needs to be recognised more and services made much more dementia friendly. In particular some polices especially in relation to 'safety' issues may unintentionally make thing worse for people with dementia. Specific services are:

- Screening of people aged over 75 and admitted as an emergency
- Recognition of the needs of frail older people with dementia and physical health needs, including medical wards which specialise in caring for people who also have dementia and/or delirium
- Rapid Response Liaison Psychiatry teams to support Nottingham University Hospitals, Sherwood Forest Hospital Trust and Bassetlaw Hospital

Care Homes

Approximately one third of people with dementia live in a care home or nursing home. Nottinghamshire County Council's Adult Social Care, Health and Public Protection (ASCHPP) commission a range of services which are essential components of dementia care.

Residential and nursing home placements including high quality dementia care which is recognised by the Dementia Quality Mark (DQM). More information is available here, including the care homes achieving the DQM: http://www.nottinghamshire.gov.uk/caring/adultsocialcare/somewheretolive/care-homes/dementiaqualitymark/

Specialist dementia outreach is commissioned by the Nottingham City CCG to support care homes (provided by specialist nurses, NHCT)

Dementia activity

Dementia services are not usually separately identified since they are woven into older people's services in general, or are integrated with other older people's mental health services. It is therefore difficult to separate out specific dementia activity. Activity for older people's mental health services in 2011/12 and 2012/13 is set out below. Approximately 50% of this activity is related to dementia. Work is underway to collect dementia and other older people's mental health activity separately and this will be available in future JSNAs.

Figure 4: Activity for Specialist Older People's Mental Health Services*

Nottinghamshire CCGs (inc. Bassetlaw)	2011/2012	2012/2013	2013/14 (FOT)
Community contacts	59554	63948	80065
Number of patients	6514	6993	7331
Average contacts per patient	9	9	11
Inpatient bed days	34410	31477	24168
Number of inpatients	484	434	407
Average bed days per patient	71	72	59

Source: Newark & Sherwood CCG

FOT = forecast outturn based on April 2013 - Feb 2014

*this includes dementia and functional mental health (e.g. depression and anxiety)

The table demonstrates the shift from inpatient to community based care and reinvestment of savings into alternative intensive community support. This has also had the effect of increasing the average number of contacts per person.

5) Evidence of what works

Prevention

The evidence for preventive strategies is inconclusive. Key prevention messages, similar to those for stroke, can be of benefit for people who may be at risk of vascular dementia, including:

- Diet – eat healthily
- Body – be physically active
- Health checks – manage blood pressure, blood cholesterol, blood sugar and weight.
- Social life – participate in social activities.
- Habits – avoid tobacco smoke and only drink alcohol in moderation.
- Head – protect your head from injury.
- Brain – keep your brain active

Cause

Research is taking place into the causes of dementia and the G8 summit gave undertaking commitment to develop a cure or treatment by 2025.
http://dementiachallenge.dh.gov.uk/2013/12/12/g8-dementia-summit-agreements/

Cure

At present there is no cure for dementia. Medication can help and the following drugs are approved for use in Alzheimer's disease only: donezepil, galantamine, rivastigamine and memantine. Local clinical guidelines are available on the Nottinghamshire APC website:

http://www.nottsapc.nhs.uk/index.php/clinical-guidelines

Diagnosis & Care

There is a developing evidence base on how best to diagnose and then support people with dementia and their carers. Most of this is set out in NICE-SCIE Guideline on supporting people with dementia and their carers in health and social care published in 2007 (link below).

Timely diagnosis is recommended to allow the person with dementia and their carers to ensure they have an accurate diagnosis, access information and support, make plans for the future.

CT and MRI scans may be used in diagnosis where appropriate. PET scans are recommended for use in highly selected patients with cognitive impairment where i) Alzheimer's dementia (AD) is a possible diagnosis but this remains uncertain after comprehensive evaluation by a dementia expert and conventional imaging (usually in people aged under 65)[11]. Local GP referral guidelines have been developed and are regularly reviewed[12].

NICE guidance recommends both pharmacological treatments (see Cure above) and non-pharmacological support including e.g. Cognitive Stimulation Therapy (CST), therapeutic use of music/dancing, communication.

http://www.scie.org.uk/publications/misc/dementia/dementia-fullguideline.pdf

National Dementia Strategy, Living Well with Dementia, 2009

Due to the lack of an effective treatment for dementia, the national strategy focussed on living well with dementia i.e. how services can be organised to enable people to live well with the condition.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf

Prime Minister's Challenge, 2012

The Prime Minister's challenge focuses on way to make people more aware about dementia, reduce stigma, create dementia friendly communities and promote research

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215101/dh_133176.pdf

Research

In addition to research about the cause and possible cures for dementia, there is a fruitful area of research nationally, into the best ways to care for people with dementia. Examples include: coping with challenging behaviour, what makes a good home care service, use of assistive technology, care homes and the creative arts and dementia. Some of this research being carried out locally at the Institute of Mental Health, University of Nottingham. http://www.institutemh.org.uk/

The IMH and specialist dementia services are encouraging people with dementia to take part in research.

6) What is on the horizon?

Projected service use and outcomes in 3-5 years and 5-10 years

Dementia is one of the main causes of disability in later life and the number of people with dementia is rising yearly as the population ages.

Prevalence of dementia

Note: these figures have been updated since the JSNA was published – click here to open more recent report.

The number of people **aged over 65** living with dementia in Nottinghamshire is predicted to rise from 11022 in 2015 to 13138 in 2021. This represents a 19.2% increase over 6 years.

Figure 5 Dementia prevalence over 65

CCG	2015	2016	2017	2018	2019	2020	2021
Bassetlaw CCG	1,540	1,588	1,642	1,700	1,763	1,825	1,883
Mansfield & Ashfield	2,360	2,423	2,493	2,572	2,653	2,731	2,809
Newark & Sherwood	1,824	1,879	1,942	2,008	2,076	2,142	2,208
Nottingham North & East	2,050	2,103	2,168	2,232	2,301	2,364	2,425
Nottingham West	1,403	1,427	1,464	1,501	1,538	1,577	1,613
Rushcliffe	1,846	1,893	1,953	2,014	2,079	2,142	2,200
Nottinghamshire	11,022	11,313	11,663	12,028	12,410	12,781	13,137

Source: Nottinghamshire County and Nottingham City Public Health Intelligence Team

The number of people living with dementia **aged under 65** is far smaller however this will also increase by 7.44% over the same period.

Figure 6 Dementia prevalence under 65							
CCG	2015	2016	2017	2018	2019	2020	2021
Bassetlaw CCG	31	32	32	33	33	33	34
Mansfield & Ashfield	50	50	51	52	53	53	54
Newark & Sherwood	36	36	37	37	38	38	39
Nottingham North & East	40	40	40	41	41	42	42
Nottingham West	25	25	25	25	26	26	26
Rushcliffe	34	34	34	35	35	36	36
Nottinghamshire	215	217	220	223	226	229	231

Source: Nottinghamshire County and Nottingham City Public Health Intelligence Team

The Dementia UK report based prevalence rates on an earlier study which has now been repeated. The Cognitive Function and Ageing Study (CFAS) mentioned above has been repeated and published suggesting that the prevalence rate has reduced from 8.3% to 6.5% in over 65s[8]. The impact of this on rates of prevalence and incidence is being worked on and will change the rates in Figures 5 and 6 above. Numbers will continue to rise due to the increasing older population but at a lower rate.

Incidence of dementia

Incidence of dementia is the number of new people with dementia. The incidence of dementia is also expected to rise and people are expected to be diagnosed earlier thus increasing the number of people diagnosed. The incidence of dementia in Nottinghamshire is predicted to rise from 3082 in 2015 to 3684 in 2021. This represents an increase of 19.5% over 6 years.

Figure 7 Dementia incidence over 65							
CCG	2015	2016	2017	2018	2019	2020	2021
Bassetlaw CCG	440	453	467	481	498	514	529
Mansfield & Ashfield	673	691	710	730	750	770	790
Newark & Sherwood	520	536	552	568	586	602	619
Nottingham North & East	581	596	614	630	648	664	681
Nottingham West	395	402	412	422	430	440	449
Rushcliffe	523	536	553	569	585	601	616
Nottinghamshire	3,132	3,212	3,308	3,399	3,495	3,591	3,684

Numbers of people with dementia under age 65 are small however current referrals to the service from Nottinghamshire CCGs are approximately 170 pa. It is recognised that people with dementia under age 65 are more complex and difficult to diagnose.

7) Local Views

A number of consultation events were held in 2010-2012 which have informed the development of new services in Nottinghamshire County, the top 3 priorities from this work were:

- Increased awareness among health and social care staff
- Increased access to memory assessment services
- Specialist dementia support at home (Intensive Recovery Intervention Service)

This section focuses on recent consultation

1. The recent Nottinghamshire County Health & Wellbeing strategy consultation found that people were concerned that, with an ageing population, consideration needs to be given to the number of people who will have dementia and how the Council will manage the support people need either in their own home (home care services or residential care). (NAVO HWBS consultation v/sector)
2. The Alzheimer's Society recently consulted with 60 service users and carers across the County attending groups run by the Society and one independent group, as part of its Personal Budgets and Dementia project. This report is available here.
3. Individual CCGs have held dementia consultation events, principally Bassetlaw and Newark.

What does this tell us?

8) Unmet needs and service gaps

Unmet needs and service gaps include:

- Improving diagnosis rates to meet the national target of 67% - including GP awareness, capacity in memory assessment services and using the acute hospital CQUIN, FAIR (Find, Assess and Investigate, Refer)
- Provision of post diagnosis support including:
    - Better, more accessible and timely information
    - Additional support for people of working age with a diagnosis of dementia
    - Issues of capacity in specialist mental health services
    - Crisis response and support
    - Support for carers
- Better alignment with physical health services
- Quality of acute hospital care for people with dementia and/or delirium
- End of Life Care
- Improving quality in Care homes
- Awareness of dementia and support for people from BME communities and other minority groups
- Increased awareness of dementia in primary and acute care

9) Knowledge gaps

Activity information available for dementia services specifically

Equalities information for local population

Evidence of effectiveness of preventative services

What should we do next?

10) Recommendations for consideration by commissioners

- Support Dementia Friends and Dementia Friendly communities in line with national policy
- Improve diagnosis rates to achieve 67% target
- Better alignment with physical health services including diet and nutritional advice
- Provision of post diagnosis support including:
    - Better, more accessible and timely information
    - Additional support for people of working age with a diagnosis of dementia
    - Address issues of capacity in specialist mental health services
    - Crisis response and support
    - Support for carers
- Continued development of knowledge and skills across health and social care

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