Report

Meeting	HEALTH AND WELLBEING BOARD	
Date	7th September 2011	Agenda item number **6**

JOINT REPORT OF THE CORPORATE DIRECTOR FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC PROTECTION AND THE DIRECTOR OF PUBLIC HEALTH

DEMENTIA AND ASSOCIATED SERVICES IN NOTTINGHAMSHIRE

PURPOSE OF THE REPORT

1. This report provides background information about dementia, who are at risk of developing the condition, a local view of the condition, the services required and the anticipated impact on future services.

INFORMATION AND ADVICE

What is Dementia?

2. 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 patients have both vascular dementia and Alzheimer's disease.

The effects on the individual

3. 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.

4. Dementia places a particular burden on carers and family members, since many carers may themselves be old. Early 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. Carer support and education can enable more people to live at home for longer. Carer breakdown is a major cause of people needing to move into long-term care.

Who is at risk?

5. The prevalence of dementia increases with age and is higher in women than in men, as there are more older women than 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 Nottinghamshire is, therefore, estimated to be greatest in those aged over 75 years, especially women, since their life expectancy is greater. 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 Black and Minority Ethnic (BME) groups are early onset compared with 2.2% for the UK population overall, reflecting the younger age profile of BME communities[1].

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

- Mind your brain – keep your brain active
- Mind your diet – eat healthily
- Mind your body – be physically active
- Mind your health checks – manage blood pressure, blood cholesterol, blood sugar and weight
- Mind your social life – participate in social activities
- Mind your habits – avoid tobacco smoke and only drink alcohol in moderation
- Mind your head – protect your head from injury.

7. Local dementia referral guidelines were reviewed by clinicians from across health and social care in Nottinghamshire in the light of revised guidance from the National Institute for Health and Clinical Excellence (NICE) and the Social Care Institute for Excellence (SCIE)[2]. These were launched in July 2010[3].

Why is Dementia a Health and Social Care Issue?

8. Dementia is one of the main causes of disability in later life. NICE-SCIE guidance states that national prevalence is 1.1% which equates to 750,000 people in the UK with dementia. This is rising yearly as the population ages. The East Midlands, along with the South West, faces the most significant challenge in England. In 2010 there were 52,836 people living with dementia in the East Midlands. This is predicted to rise to 82,155 in 2025 (55% increase). Direct costs to the NHS and social care will treble by 2030. The number of people with dementia is expected to rise particularly quickly in some BME groups as first generation migrants from the 1950s and 1970s begin to age[1].

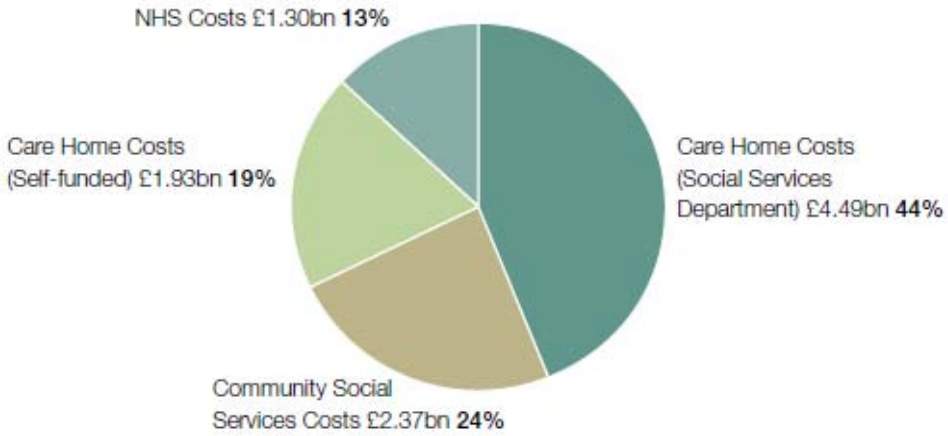
9. Diagnosis is the gateway to appropriate care: only 37% of people with dementia are currently diagnosed in the East Midlands and services for dementia are acknowledged to be underdeveloped in all sectors (community, specialist mental

health, care homes and acute hospitals). As a result, too few people access appropriate prevention, early intervention and intermediate care and too many people with dementia are admitted to high cost services in hospitals and residential care. Up to 1/3 of people in acute hospital beds and 2/3 of people living in care homes have dementia.

10. The *National Audit Office - Interim report*, *2010*[4] estimates the *direct* cost of dementia in 2009 was £10.1 billion (see Figure 2.1 below). However, 2/3 of people with dementia are cared for at home and when the cost of this informal care is included the total is estimated at £17billion.

Figure 2.1

The total estimated direct cost of dementia in 2009 is £10.1 billion, the bulk of which relates to the cost of care home provision



Source: Adapted from Knapp et al (2007) Dementia UK and the King's Fund (2008) Paying the Price

NOTE

1 Direct costs of dementia exclude informal care costs of £5.8 billion borne by families. Two-thirds of the direct costs, £6.42 billion, relate to the provision of care home places for people with dementia and are split between families, the NHS and social services. NHS and social services provision outside care homes (costing £3.68 billion) accounts for the remaining one third of direct costs.

11. Nationally, the number of people with dementia in England is expected to double within 30 years. Estimated costs of care will rise from £15.9 billion in 2009 to £34.8 billion by 2026[4].

12. The financial implications of this for Nottinghamshire are potentially, therefore, very significant.

National and Local Policy Drivers

<u>National Policy</u>

13. Dementia is the subject of a National Strategy, a National Audit Office report and several pieces of NICE-SCIE guidance addressed jointly to health and social care bodies. It is also highlighted in the most recent NHS Operating Framework.

- The key national driver for improving dementia services is the **National Dementia Strategy**, *Living Well with Dementia,* 2009[5] which has 3 themes:

- Improved awareness
- Early diagnosis and intervention
- High quality care and support.

- The **Carers' Strategy**, *Carers at the heart of 21st century families and communities*, 2008[14] recognised the particular demands for carers of people with dementia.

- **NICE-SCIE Guidance**: NICE-SCIE has published a clinical guideline (CG42)[2] entitled: 'Dementia: Supporting people with dementia and their carers in health and social care' and several Technology Appraisals related to drug treatment. The most recent technology appraisal (TA217)[6] has recommended that drugs be available for mild as well as moderate dementia from 2011. In June 2010, NICE-SCIE published a 'Quality Standard for Dementia'[7], setting out evidence based standards and quality measures e.g. referral to a memory assessment service.

- **National Audit Office (NAO)** – *Improving Dementia services in England – an interim report*, January 2010[4]. The NAO reviewed progress to date on implementing the National Dementia Strategy and questioned the Department of Health's expectation around the level of efficiency savings that could be achieved.

- The **2011/12 NHS Operating Framework**[8] reinforces the expectation that NHS organisations will make progress on the National Dementia Strategy, including the four priority areas in the implementation plan:

  - Good quality early diagnosis and intervention for all
  - Improved quality of care in general hospitals
  - Living well with dementia in care homes
  - Reduce the inappropriate use of anti-psychotic medication to manage difficult behaviour in people with dementia.

<u>Local policy</u>

14. Dementia is one of Nottinghamshire's health and social care priorities. The Joint Commissioning Strategy for Older People's Mental Health, 2009[16] identified priorities for dementia across Nottinghamshire and aimed to reduce inequalities in health by ensuring that people with dementia can be supported at home for longer. Key areas identified were:

- Access to age appropriate services for younger people with dementia
- Access to intermediate care for older people with dementia
- Access to early diagnosis and intervention for all people with dementia
- Quality of care in care homes.

15. Local Dementia Strategy workshops were held across Nottinghamshire in 2009/10 to engage with clinicians, service users and carers and other stakeholders. A comprehensive action plan was published in 2010 (**Appendix 2**). The three top priorities were:

- Dementia awareness training for staff

- Memory assessment services
- Crisis/rapid response services along lines of the Principia service.

16. New priorities have been added to meet the requirements of the Operating Framework:

- Improved quality of care in General Hospitals
- Reduced use of anti-psychotics.

17. East Midlands Strategic Health Authority funded a Local Dementia Programme Lead for approximately 12 months to contribute to developing and implementing the National Dementia Strategy.

Health Needs

Prevalence of dementia 2010-2030

18. The prevalence of dementia is set to rise across Nottinghamshire (Figures 4.1 and 4.2). It is projected that by 2030, there will be up to 16,000 adults over the age of 65 with a diagnosis of dementia in Nottinghamshire and nearly 3,000 in Bassetlaw. This represents a 106% increase between 2010 and 2030.

Figure 4.1: Dementia prevalence projections – NHS Bassetlaw

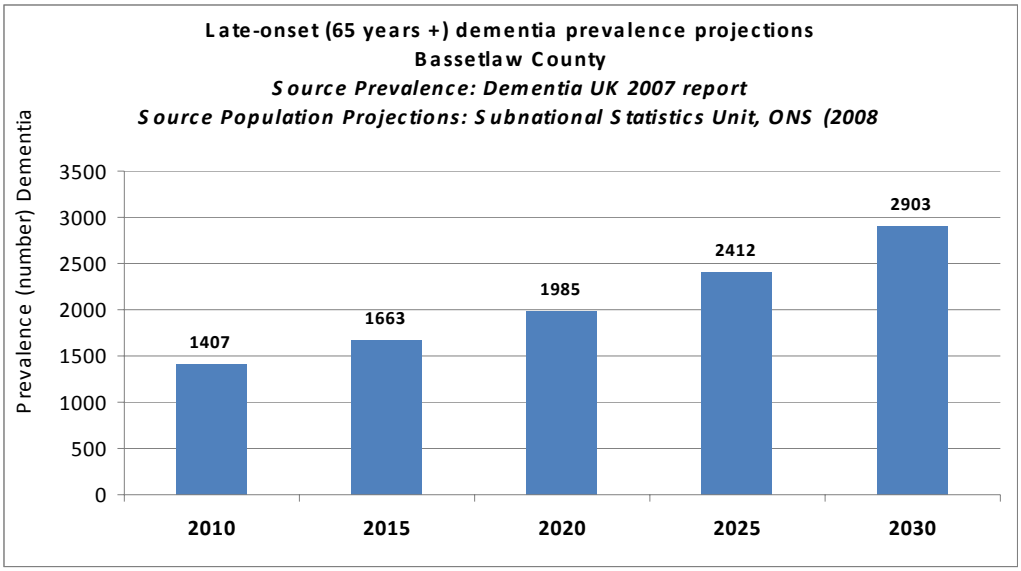
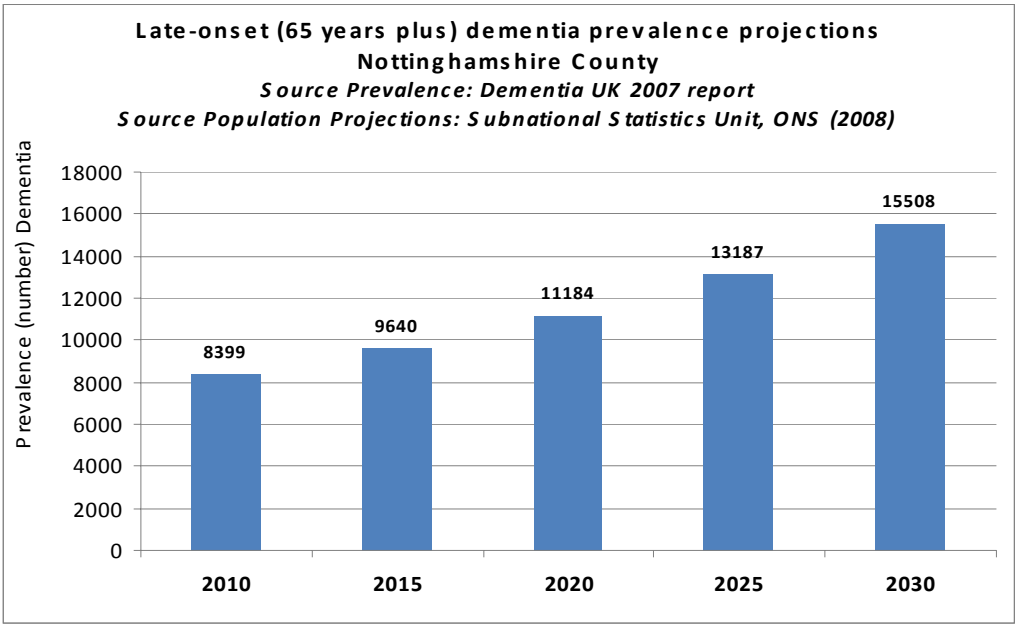


Figure 4.2: Dementia prevalence projections – NHS Nottinghamshire County



Incidence of Dementia 2010-2030

19. The number of people newly diagnosed with dementia is also expected to rise. The number of new diagnoses of dementia projected for NHS Bassetlaw is expected to increase from 391 in 2010 to 782 in 2030. It is predicted that by 2030 in NHS Nottinghamshire, the number of new diagnoses of dementia will have risen from 2,362 in 2010 to 4,201 in 2030.

Dementia and deprivation

20. Data describing the relationship between dementia and deprivation is not available locally. The literature provides evidence that there is a relationship between dementia and educational status[9,10,11,12], such that individuals with low educational attainment have a higher risk of dementia. This finding may equate to an increased risk of dementia in lower socioeconomic groups, especially as individuals with low educational attainment are often in lower socioeconomic groups.

21. While it appears that there is a greater risk of dementia in individuals with lower educational attainment, it should be remembered that individuals in such groups are less able to perform neuropsychological tests which may lead to an over diagnosis of dementia in this group. Cognitive tests may also underestimate the abilities of older people in black and minority ethnic groups giving rise to a higher risk of mistaken diagnosis[3]. There is a need for additional research in both these areas.

Current Provision

22. Services for people with dementia are provided by health and social care, the voluntary and independent sector; provision is therefore complex and multi-agency. A full list of services is provided at **Appendix 1**, categorised under 4 levels of care:

1. Raising awareness and early diagnosis
2. Moderate support at home

3. Intensive support at home
4. Care home or hospital care

Current services - Primary care

23. Most people experiencing memory problems or other symptoms of dementia will initially contact their GP. Local referral guidelines for dementia were redrafted in line with NICE-SCIE Guidance and reissued in July 2010. The Dementia Quality and Outcomes Framework (QOF) indicators support earlier diagnosis and ongoing review. (The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice.[15])

Table 5.1: Dementia QOF indicators[13]

Indicator		Points
Records DEM1	The practice can produce a register of patients diagnosed with dementia	5
Ongoing management DEM 2	The percentage of patients diagnosed with dementia whose care has been reviewed in the last 15 months	15
Ongoing management DEM3 *NICE menu ID: NM09*	The percentage of patients with a new diagnosis of dementia (from 1 April 2011) with a record of Full Blood Count, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded six months before or after entering on to the register	6

Dementia Reporting and Recording

24. Figure 5.1 and Table 5.2 show the expected total number of people with dementia based on an estimate of the prevalence in the population, versus the number of people diagnosed with dementia and recorded by Clinical Commissioning Groups for 2009-2010. The percentage recorded should be 50% of the total expected number, however currently the overall proportion of observed recorded versus expected is 39.1%. The best performing consortium is Nottingham North and East with an observed versus expected proportion of 44.9%. The total estimated number for NHS Nottinghamshire and NHS Bassetlaw together was 10,014 of which 3,911 were recorded.

Figure 5.1 Dementia register count by Clinical Commissioning Group

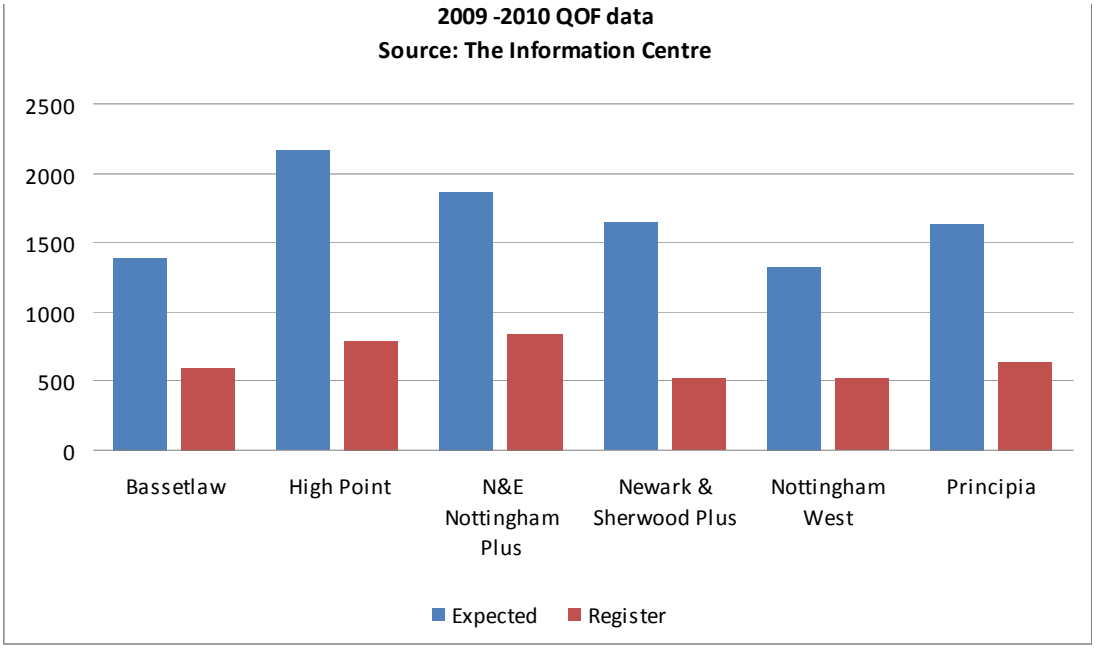


Table 5.2: Actual versus expected numbers of people with dementia on Dementia Register by Clinical Commissioning Group

Clinical Commissioning Group	Expected	Register	Variance	Percentage Observed/Expected
High Point	2166	795	1371	36.7%
Nottingham North & East	1863	836	1027	44.9%
Newark & Sherwood	1645	520	1125	31.6%
Nottingham West	1319	523	796	39.6%
Principia	1634	640	994	39.2%
NHS Nottinghamshire	**8628**	**3314**	**5314**	**38.4%**
NHS Bassetlaw	**1386**	**597**	**789**	**43.1%**
Overall total	**10014**	**3911**	**6103**	**39.1%**

Source: The Information Centre

These data suggests that a large number of people with dementia remain undiagnosed and underscores the need for improved early diagnosis and reporting.

Specialist health care

25. Specialist health care is provided by Nottinghamshire Healthcare NHS Trust and includes:

- Assessment, diagnosis and care planning, including a working age dementia service
- Community mental health services
- Sessional day services
- Specialist inpatient dementia care (acute and challenging behaviour)
- Mental health intermediate care (Principia and Newark and Sherwood only).

26. Significant changes to services have taken place over the last 10 years, specifically:

- Closure of inpatient wards leading to more people being cared for in care homes and, at the end of life, in nursing homes
- Development of community based services to support people to live at home for longer, through mental health intermediate care
- Recognition of the needs of frail older people with dementia and physical health needs, especially the use of acute hospital beds by older people who also have dementia.

27. Specialist services have been commissioned to improve the quality of care in care homes by providing ongoing advice and practical support. This includes:

- Dementia outreach to care homes
- Mental health intermediate care
- Acute hospital liaison (Kings Mill and Newark Hospitals only).

28. Commissioners can only estimate current investment in specialist dementia services since this forms part of the contract for older people's mental health services provided by Nottinghamshire Healthcare which also includes care for functional disorders (anxiety and depression) in those aged over 65. Diagnostic codes are available for inpatients only; commissioners have assumed that 50% of activity relates to dementia in this age group. Estimated annual expenditure for 2011/12 is:

- NHS Bassetlaw £966,829
- NHS Nottinghamshire County £7,873,007

Social care

29. All older peoples' services commissioned by Nottinghamshire County Council include significant numbers of people with dementia who may also have a number of other conditions, any of which may have prompted social care involvement. These principally include:

- assessment & care management
- residential and nursing home placements
- outreach extra care
- day services
- home care
- community support
- Supporting People
- advocacy
- support for carers
- meals service
- specialist social work supporting Mental Health Intermediate Care
- assistive technology
- self-directed support packages.

30. As with services provided by the NHS, it is difficult to separate investment in services for people with dementia from services provided to older people generally. Estimated annual expenditure is:

- Nottinghamshire County Excluding Bassetlaw: £26 million
- Bassetlaw £4.3 million

31. The nature of services is changing due to the shift towards personal budgets, and criteria for access has changed since FACS (Fair Access to Care Services) has been raised from *moderate* to *substantial* from 2011/12.

Support for Carers

32. Services for carers are provided across a range of care groups. Some services are specifically designed to help carers of people with dementia; some are generic and accessed by carers of people with dementia. The services provided include:

- Carers' assessments
- Carers' breaks
- Emergency cards for carers
- Crisis prevention
- Carers' personal budgets.

Acute Hospital usage

33. Objective 8 in the *National Dementia Strategy*, 2009[4] states that the quality of care for people with dementia in acute hospital beds should be improved. The strategy states that up to 70% of acute hospital beds are occupied by older people and up to half of these may suffer from cognitive impairment including dementia. These people have worse outcomes in terms of length of stay, quality of care and are more likely to be admitted to a care home on discharge.

34. Analysis of acute hospital activity in the East Midlands compared Length of Stay (LoS) for the top 3 primary diagnoses which have an additional coding for dementia. These are: urinary tract infections (UTIs), pneumonia and fractured neck of femur. Length of stay was then compared depending on whether the patient was or was not coded has having dementia. Most acute hospital trusts in the East Midlands were found to have a mean length of stay around the national average. Nottingham University Hospitals (NUH) and Sherwood Forest Hospitals Trust (SFHT) both show smaller differences between the two cohorts of patients which could indicate good practice. SFHT appears to show a further reduced length of stay since the introduction of an Acute Care Liaison service which commenced in 2009/10.

Table 5.5 Length of stay comparison for the top 3 admissions (Urinary Tract Infections, Pneumonia and fractured neck of femur) with and without dementia coding

Provider	Total no. of patients	No. of patients with a dementia coding	Average Length of Stay without dementia coding	Average Length of Stay with dementia coding
NUH	3299	1007	12.62	13.98
SFHT	1753	504	11.68	13.56
East Midlands	18327	4757	15.21	17.59
National	228312	59644	15.71	18.03

Source: NHS East Midlands Dementia Workstream Webinar, February 2011
Note1: Admissions from all commissioners
Note 2: Data not available for Doncaster & Bassetlaw Hospitals

Third sector provision

35. Third sector provision encompasses services offered by the private and voluntary sectors. The largest of these are private sector nursing homes, care homes and home care agencies. All home care and care home providers are registered and inspected by the Care Quality Commission There are currently 162 care homes for older people in Nottinghamshire of which 100 are registered for dementia care (36 care homes with nursing and 64 residential care homes). Services are monitored by the County Council contracting team and by NHS Quality Monitoring Officers. Specialist dementia outreach support for care homes has also been commissioned from Nottinghamshire Healthcare.

36. Both Primary Care Trusts and Adult Social Care, Health and Public Protection commission a number of initiatives to support the needs of people with dementia and their carers from the voluntary sector including the Alzheimer's society, Age UK and Central Notts MIND.

Progress to Date

37. The National Dementia Strategy has 17 objectives. An additional objective has been prioritised to reduce the inappropriate use of anti-psychotic medication for managing behaviour in people with dementia. Nottinghamshire Primary Care Trusts and Nottinghamshire County Council have made progress across a range of objectives since 2009 and examples of key activities and initiatives are given below.

38. The Department of Health has also asked local health and social care organisations to join them in signing up to a National Dementia Declaration. Nottinghamshire organisations signed the declaration in Dementia Awareness Week, 3-9 July 2011:

a) Raise public and professional awareness of dementia - events have taken place to raise GPs' awareness in Bassetlaw, Principia, Nottingham West and Nottingham North & East.

b) Good quality early diagnosis, support and treatment for people with dementia and their carers – new GP referral guidelines were launched in July 2010. A specialist diagnosis service has also been commissioned for younger people (under 65) with dementia. Commissioners have also developed a new model of care to ensure that the requirements of the NICE-SCIE Quality Standard, the 2011/12 Operating Framework and other national policy, for good quality early diagnosis and intervention can be met. Local implementation groups are meeting in each Clinical Commissioning Group area to redesign memory services.

c) Quality of care for people with dementia in hospitals - Clinical leads are in place at all 3 acute hospitals: NUH, SFHT and Doncaster & Bassetlaw NHS Trust. All 3 hospitals are now developing strategies for improving care for people with dementia and ensuring that staff in all relevant departments receive training. The training requirement has been incorporated into the Quality Schedule of the contracts of each of the 3 acute Trusts.

d) Reduce the inappropriate use of anti-psychotic medication for managing behaviour in people with dementia – the Strategic Health Authority has provided £26,000 for the three Primary Care Trusts to fund pharmacy support to GPs to review anti-psychotic medication. A Project Group will determine how this funding will be spent. Initial results from the Nottingham West prescribing scheme showed 77/689 patients were on an anti-psychotic (11.2%) with a wide variation between practices, probably influenced by the concentration of nursing homes in some areas.

e) Carers BME project - the BME Carers' Support Worker has supported 22 carers including those caring for people with dementia. All carers who were identified by the BME Support Worker had little or no previous contact with Adult Social Care and Health.

f) The following examples of good practice have been recognised across the East Midlands:

- Nottinghamshire County Council was selected to become an exemplar site for testing training materials in an innovative mix of e-learning and face-to-face training. This will set new, consistent standards for dementia training and is being rolled out to staff in homecare and the care home sector from January 2011

- In conjunction with Health, Nottinghamshire County Council has developed and piloted training to equip staff in care homes to improve end of life care for people with dementia. The team has also developed a website and awareness sessions.

- The Principia Mental Health Intermediate Care service which has also been extended to Newark & Sherwood. Funding has also been identified for Nottingham West by reinvesting specialist mental health nursing from Bramwell. This service is also included in a national compendium of good practice.

- Acute Care Liaison Team based at Sherwood Forest Hospital providing specialist dementia advice and support to Kings Mill and Newark Hospitals to improve care and enable earlier and more appropriate discharge.

STATUTORY AND POLICY IMPLICATIONS

39. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder and those using the service. Where such implications are material, they have been described in the text of the report.

RECOMMENDATIONS

40. It is Recommended that the report be noted.

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Financial Comments of the Service Director (Finance) (RWK 10/08/2011)

421. None.

Legal Services Comments (LMcC 09/08/2011)

42. The report is for noting only.

Background Papers Available for Inspection

43. None.

References:

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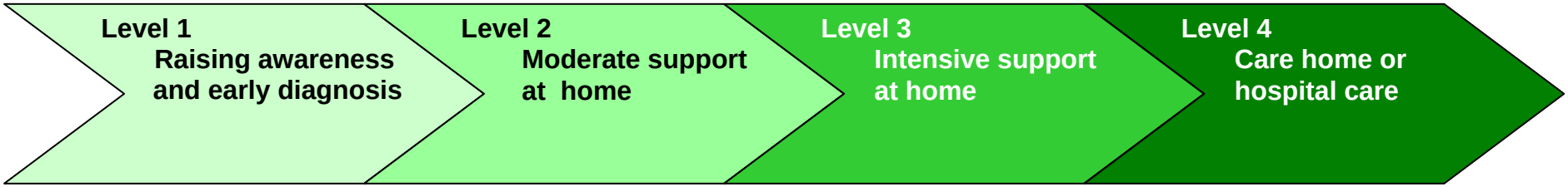
Electoral Divisions Affected

44. Nottinghamshire.

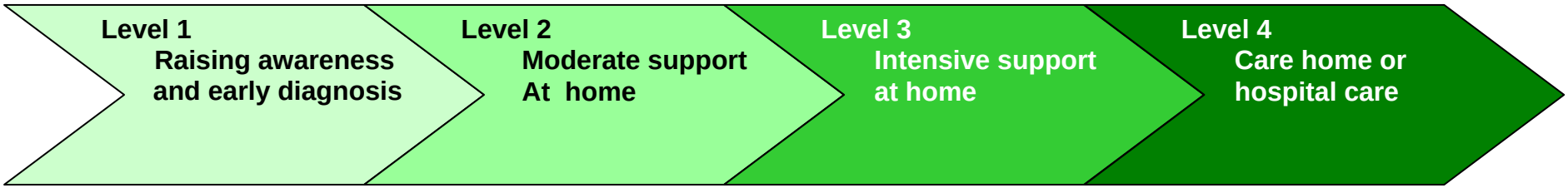
Appendix 1

Current service provision



Level 1	Level 2	Level 3	Level 4
Alzheimer's café	Extracare housing	Mental health intermediate care team	Dementia assessment and treatment ward
Lunch clubs	Housing support sheltered housing floating support schemes	Specialist intermediate care service	Severe challenging behaviour wards
Side by side befriending scheme	Home Care –independent sector, initial response and re-ablement service	Adult social care and health 'safe at home' telecare service	Acute general hospital providers
Working age dementia team	Community care officers	Respite Care	Specialist medical and mental health ward established
Diagnosis GP input	Voluntary sector day services e.g. Mind, Alzheimer's society, Age Concern	Community matron	Specialist Liaison Team
Specialist neurology clinics	Adult social care and health day services (mainstream and specialist)		
Memory clinics	Telecare -Piloting dementia assessment services	Independent Advocacy Service for Patients / Carers	
	Community mental health teams		

Current service provision continued



Pharmacy support systems that work in peoples own home

Specialist rolling respite service programme

Access to rehab and intermediate care

Personal social care budgets for people with dementia

Peer support pilot

NHS Day Services

Speech & Language Therapy

Dementia registered care homes

Practice dementia leads in some independent sector homes

Specialist dementia outreach teams

Carer's services **Ongoing GP management**

Peer support **Sitting service** **Psychological therapies** **Specialist workers** **Assistive technology**

Day breaks extended to evenings and weekends **NHS Carer support groups** **Independent advocacy service** **Carer breaks**

Commissioning plans Appendix 2

What do we want to achieve?	How we will do this?	What will this mean for people affected by dementia?
1. Raise public and professional awareness of dementia	- Workforce awareness training events -Dementia training as a requirement of provider contracts - Dementia awareness campaign	People with dementia living in Nottinghamshire will know the key signs and symptoms of dementia. This will lead to earlier diagnosis allowing people with dementia to live a better life for longer.
2. Good quality early diagnosis, support and treatment for people with dementia and their carers	-review current memory assessment services and develop best practice model. -develop and promote new guidelines on dementia for GPs to support referral for assessment.	All people in Nottinghamshire with dementia will have access to care that gives them • A high quality specialist assessment • An accurate diagnosis delivered sensitively to the person with dementia and their carer • Access to appropriate care, support and treatment after diagnosis.
3. Effective support for people with dementia	- review the dementia advice and support service - Dementia information prescriptions. - more mental health intermediate care	People with dementia and their carers will be able to access support. More people with dementia will be able to stay in their own homes.
4. Easy access to care, support and advice after diagnosis	-Introduce dementia advisors	People with dementia and their carers will have help to access the right information, care and support.
5. Develop structured peer support and learning networks	- Pilot peer support in rural areas and then if successful consider extending to other areas in the County	People with dementia will be able to • Get support from local people with experience of dementia. • Take an active role in developing services
6. Improve community personal support services for people living at home	- Work to promote telecare for people with dementia - Improve homecare for people with dementia -Personal budgets	There will be a range of flexible effective services to support people with dementia and their carers at home. Services include; • Early intervention • Reablement • Assistive technology

What do we want to achieve?	How we will do this?	What will this mean for people affected by dementia?
7. Implement the carers strategy for dementia carers	- Increase number of people having carers assessments - Individual support plans for all carers who want them - Greater variety of carers breaks available	Carers will; • Have an assessment of their needs • Get better support • Be able to have good quality short breaks
8. Improve the quality of care for people with dementia in hospitals	- Appoint hospital clinical leads and participation in dementia audit. - Develop mental health liaison services - Develop alternative pathways for avoidable admissions	Care for people with dementia in general hospitals will get better. Hospitals will work closely with older people's mental health teams to ensure appropriate care is given. People with dementia will be discharged sooner.
9. Improve intermediate care for people with dementia	- Develop health and social care joint crisis response services.	There will be more care to support people with dementia to stay at home, avoid unnecessary hospital admissions and enable earlier discharge.
10. Improve the quality of care for people with dementia in care homes	- Ensure registered dementia care homes have a lead for dementia care. - Improve quality through care home contracts - Introduce specialist dementia outreach into care homes	• Better care for people with dementia in care homes • Clear responsibility for good quality dementia care • Clear requirements for how people will be cared for which homes will be checked against regularly. • Visits from specialist mental health teams
11. Improve end of life care for people with dementia	- Develop an end of life pathway that initiates end of life planning early in the dementia progression.	People with dementia and their carers will be involved in planning end of life care. People with dementia will have access to end of life care
12. Reduce the use of antipsychotic medication	- Clarity in GP dementia guidelines - Requirement of care home contracts -Training and support to staff	• Reduce inappropriate use of antipsychotic drugs. • More person centred care.