



**ANGUS HEALTH AND SOCIAL CARE**  
**INTEGRATION JOINT BOARD – 27 FEBRUARY 2019**  
**TRANSFORMING SPECIALIST DEMENTIA HOSPITAL CARE**  
**REPORT BY VICKY IRONS, CHIEF OFFICER**

**ABSTRACT**

The Transforming Specialist Dementia Hospital Care: Alzheimer Scotland (Scottish Government) report was published in 2018 (Appendix 1). It is an independent review of specialist NHS care in response to the Mental Welfare Commission's report in 2014. It was commissioned by the Scottish Government and makes recommendations on the modernisation of recommended specialist NHS dementia care. This report details the actions required by Angus Health & Social Care Partnership.

**1. RECOMMENDATION**

It is recommended that the Integration Joint Board note the content of this report.

**2. BACKGROUND**

The report was published in 2018, outlining key findings having been commissioned by the Scottish Government. The review and consultation with Carers groups, NHS boards and practitioners was conducted between April 2015 and March 2016. A round table discussion on NHS continuing care hosted by Alzheimer's Scotland and University of West of Scotland was held in September 2014. It is important to note that overall we absolutely agree with the ethos and direction of the report i.e. improving person centred care standards and giving specialist dementia inpatient provision a higher focus/level of importance, allowing us to attract committed enthusiastic staff to work in these areas.

The recommendations from the report are:

1. That specialist NHS dementia care is modernised. Providing high quality, human rights-based care, specifically for individuals who cannot be cared for in the community.
2. Integration Joint Boards develop a transition plan and a local engagement strategy with their partners, including NHS Boards and people living with dementia for any necessary de-commissioning process and re-investment in specialist dementia units and to develop further community capacity in Health and Social Care Services.
3. That the Scottish Dementia Working Group and National Dementia Carers Action Network provide the representative groups for this local engagement.
4. Integration Joint Boards and NHS Boards assess the proportion of people with dementia that can be safely transitioned to more appropriate community settings.
5. The Alzheimer Scotland National Dementia Nurse Consultant provides expert guidance at both a national and local level.
6. Integration Joint Boards and NHS Boards build strong and strategic local engagement on:-

- Any necessary de-commissioning and re-directing of resources to the development of specialist dementia hospital units; and
  - Building further community health and social care services.
7. NHS National Procurement to commission the design of a blueprint for a specialist dementia unit that can be implemented by each NHS Board.
  8. There should be no financial detriment for families as part of the decommissioning process. With the financial cost of the care and treatment of the person with dementia being transitioned to the community continuing to be met by the NHS Board.
  9. The legal status of patients being transitioned to the community is reviewed and the appropriate legal documentation put in place.
  10. The creation of modern Specialist Dementia Units that will provide centres of excellence to treat the small number of people with dementia who have a clinical need to be in hospital. The estimated 45 specialist dementia units required across Scotland will provide a highly skilled practice area and make it an attractive specialism for ambitious and talented practitioners to deliver highly skilled therapeutic approach. They will be underpinned and supported by the Charter of Rights for People with Dementia and their Carers in Scotland, the promoting Excellence Framework and the Standards of Care Dementia in Scotland.
  11. The timeframe for this process will extend beyond the end-point of Scotland's 2017-2020 National Dementia Strategy.

### 3. CURRENT POSITION

In NHS Tayside, there is a Mental Health Older People Sub Group of the Older People Clinical Board. This report and its recommendations have been analysed, discussed and debated at the Mental Health Older People Sub Group. Members include: Heads of Nursing, Consultant Psychiatrists and Allied Health Professionals (AHPs) from each Health & Social Care Partnership. The group has collectively expressed concerns over the report and its recommendations. The faculty of Old Age Psychiatry (part of the Royal College of Psychiatry in Scotland) have also expressed concerns regarding the report directly to the Director for Health and Social Care Integration.

These concerns include:

- The report, due to its understandable generalisation, does not give an impression/view of the position each Health Board is in, therefore it is difficult to interpret fully for NHS Tayside.
- The outcome data and specific bed numbers in Appendix 2 of the report is based on estimates.
- The number of people who need to remain in hospital (60%) is based on 'extensive consultation' and 'general consensus' (page 19). – This level of evidence is insufficient to propose such a specific recommendation.
- It is difficult to understand which beds/units the report pertains to. Initially it was thought this was Psychiatry of Old Age (POA) dementia beds only in NHS Tayside, however, the figures/bed/patient numbers in Appendix 2 of the report (page 40) suggest that this is wider than this i.e.;

Number of POA dementia beds in Tayside in total is 87 (Dundee, Angus & Perth & Kinross) – *from the report*:

- Estimated number of people who can be transferred to community – 76
- Estimated number of specialist hospital beds required – 50
- The number of beds in Scotland is based on an estimate (page 19), and assumes that the bed base has been reduced already, without explanation as to where this figure is used as the basis for all future admissions.
- Moving towards better staffed smaller units would be ideal but costly.

- The proposed models for future care. Advance Dementia Practice Model and Advance Specialist Teams are not yet tested. The wholesale adoption of those models should not be supported without further evidence and testing.
- There is no reference to current and future challenges. These are significant and will impact on healthcare and how/where this is provided; i.e. workforce/recruitment/retention and financial.
- There is reference to difficulties in areas discharging patients to nursing care. We do not feel this accurately represents the specific discharge issues experienced on a day to day basis.
- There is insufficient reference to how certain areas/Health Boards have identified issues and taken very positive and forward thinking steps to address these, taking into account the knowledge and experience of their 'localities and communities' and any engagement/scoping work already carried out.
- The time taken to publish the report. The review was carried out between April 2015 – March 2016, and publication date was June 2018. There have been many changes locally and nationally including; strengthening of integration and partnership working as well as bed reductions, more established pathways of diagnosis and support (Post Diagnostic Support Teams) and the work done in areas regarding continuing care and the challenging issue of financial contributions for care.
- There is no context to the Alzheimer Scotland National Dementia Nurse Consultant's background, i.e. experience, career history and yet the recommendations are based on this.
- At times, the language does not reflect integration/partnerships.
- Colleagues have identified that a few of the statements undermine what individual areas have already worked hard to achieve i.e. dementia design and improvement of environments.
- There is no explanation or reference to nationally approved (and in use) workload/workforce planning tools to determine how the staffing skill mix and use/disciplines were arrived at (page 26 table 2).

It was agreed that each IJB representative from the Mental Health Older People Sub Group would provide an update to their respective IJB area with regard to the recommendations and concerns/issues around implementation.

#### **4. PROPOSALS**

We therefore request that the IJB supports Angus Psychiatry of Old Age inpatient services to:

- (i) Explore alternatives to hospital inpatient care in line with the Angus Care Model.
- (ii) Note that within both inpatient (hospital) dementia units – we have already redesigned and provided 2 purpose built dementia friendly units, which also balance safety and take into account all but one of the key design features in table 3 page 28. The exception being Sound, as we are constricted by Health Improvement Scotland (HIS) Healthcare Environmental Inspection (HEI) and Infection Control guidance regarding soft furnishings and material choices.
- (iii) We continue to work with Alzheimer's Scotland, Scottish Dementia Workers Group and the Carer's Centre with regard to any local engagement that we undertake. National Dementia Carers Action Network is not represented in every Health Board area. However we recognise that there is always room for improvement in this area and this will be included in our strategic plan.
- (iv) Explore working with Alzheimer's Scotland National Dementia Nurse Consultant during any changes. However we have a number of experienced/advanced/operational practitioners both locally and within NHS Tayside including our own Dementia Nurse Consultant that we will seek expert guidance from.
- (v) We should continue to work within our existing financial frameworks and not create any exceptions.

- (vi) We believe that within the 2 units we currently have, these are functioning as modern Specialist Dementia Units that work towards providing Centres of Excellence to treat people with dementia who have a clinical need for hospital based care. We are undertaking further work around reviewing patients in hospital to ensure that they are transitioned to a community setting when appropriate and to ensure that this specialist nursing care provision in the community exists and this is developed.

## **5. FINANCIAL IMPLICATIONS**

Pending further work in relation to alternatives to be explored we are unable to detail any potential financial implications at present.

IJB report 88/18 'Angus IJB – Strategic Financial Plan 2019/20-2021/22 – Update' does note that opportunities within In-Patient Psychiatry of Old Age Services will deliver financial savings that will contribute to the IJB's overall Strategic Financial Plan. It is currently intended that an update regarding this work will be available for the April 2019 IJB meeting.

## **6. OTHER IMPLICATIONS**

That we continue to work with our colleagues in Dundee and Perth & Kinross Health & Social Care Partnerships to share learning and develop services to meet changing need, and support each other in the provision of the Specialist Dementia Hospital Care that we currently provide.

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List of Appendices:

Appendix 1: Transforming Specialist Dementia Hospital Care: Alzheimer Scotland (Scottish Government) 2018