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To: SHA Chief Executives
Cc: PCT Chief Executives
LA Chief Executives
Directors of Adult Social Services

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Dear Colleague,

IMPLEMENTATION OF THE NATIONAL DEMENTIA STRATEGY: LOCAL DELIVERY AND LOCAL ACCOUNTABILITY

Following publication of the National Dementia Strategy for England, I am now writing to highlight issues identified in the National Audit Office report 'Improving Dementia Services in England – an interim report', published in January 2010.

Dementia is an extremely complex, cross-cutting issue so change needs to be locally driven, based on local need, and take into account what may or may not already be available in a given area. Success in delivering high quality dementia services is dependent on PCTs and Local Authorities agreeing to prioritise this area in their commissioning and working together as partners.

The NHS Operating Frameworks for 2009/10 and 2010-11 identified dementia as an area for local prioritisation. Getting dementia care right should be a priority for local services, from an efficiency as well as quality perspective. The facts speak for themselves:

- The NAO report highlights potential for the NHS to identify savings and points to efficiency savings of at least £284m per year
- There are over 570,000 people in England with dementia – and numbers are expected to double in the next thirty years.
- Direct costs of dementia to the NHS and social care are in the region of £8.2bn annually.
- 40% of people admitted to hospital have dementia
- 40% of the work of community matrons is focussed on people with dementia as a co-morbid condition.
- At least 50% of long term care residents have dementia

Following on from the report by the NAO, I have identified three key areas against which I expect all SHAs to consider in the course of your ongoing work with PCTs and wider partners.

1. Joint PCT and Local Authority action plans

By the end of the first year of the Strategy (31 March 2010), Deputy Regional Directors for Social Care (DRDs) and their regional teams will have completed a baseline review of dementia services in their region and will have ensured that there is an action plan for each locality that key partners (including Local Authorities and PCTs) have co-produced and co-owned. I would ask that you consider how the locality action plan aligns with the planning process for PCT operational plans and consider what cross-cutting contributions there are that you can support. The purpose of the action plan is to set out clear goals identifying what and how dementia services will be developed in the area in light of the national dementia strategy.

2. Investment and disinvestment decisions

The 2010/11 NHS Operating Framework set out the need for the NHS to plan to achieve efficiency savings and also ensure that 2% of funds are deployed on a non-recurrent basis to support service transformation. Dementia services are one area in which this funding could be used to transform existing service provision and deliver future efficiency savings.

3. Improving the care pathway for older people with dementia

Improving the care pathway for older people with dementia including appropriate and timely discharge from hospital is important given that 40% of people admitted to hospital have dementia. You may wish to consider what potential there is for reducing lengths of stay in hospital by improving the care pathway for older people with dementia.

Finally, I would like to bring to your attention that the Department of Health will shortly be undertaking a national audit of dementia services. This will look at what how different localities are delivering dementia services for example, the use of dementia leads in hospitals, establishment of memory services and reducing the use of anti-psychotic drugs. We expect the first results to be available by the autumn. To ensure that the results of the audit are statistically robust can I encourage you to participate as fully as possible in the data collection process.

Yours sincerely



Sir David Nicholson KCB CBE
NHS Chief Executive