Care co-ordination in the community for people living with dementia in Midlothian

September 2020

Summary of an appreciative inquiry and data analysis to understand the critical success factors for care co-ordination

About this report

This high level summary for IJB Chief Officers, Strategic Planning Leads, Commissioners, Service Managers and practitioners provides an overview of key findings from an appreciative inquiry and data analysis carried out in Midlothian Health and Social Care Partnership (HSCP). The inquiry related to Midlothian HSCP's dedicated, dementia team and their work co-ordinating care for people with dementia and their carers. This work was led by the Focus on Dementia team in partnership with Scottish Government, Alzheimer Scotland, Midlothian HSCP, NHS Education and Public Health Scotland. The full report can be accessed here.

Background

Whilst care co-ordination as a concept is relatively ill-defined and under researched, available evidence suggests that effective care co-ordination can lead to improved outcomes for people with dementia and their carers, including fewer hospital admissions and lower medical costs for people with dementia[1].

As part of the 2017 National Dementia Strategy in Scotland, there is a commitment to deliver a more flexible, co-ordinated and person-centred approach to supporting people with dementia in the community from diagnosis to end of life[2].

1. World Health Organisation. Continuity and coordination of care: a practice brief to support implementation of the WHO Framework on integrated people-centred health services. 2018 [cited 2019 Oct 28]; Available from: https://apps.who.int/iris/bitstream/handle/10665/274628/9789241514033-eng.pdf?ua=1
2. Alzheimer Scotland, COSLA, Scottish Government. Scotland's National Dementia Strategy 2017-2020. 2017 [cited 2019 Oct 28]; Available from: https://www.gov.scot/Resource/0052/00521773.pdf

Key findings:

- **12 critical success factors for effective care co-ordination were identified.** These success factors relate to the existence of a dedicated, proactive, well trained dementia team with effective work practice and culture (distributed leadership and role blending), that put the needs of people with dementia and carers at the centre, with excellent ongoing communication and support.
- **People with dementia have support needs which result in higher health and social care resource use than people without dementia,** which is consistent with previous findings in Scotland (£7635 v £3541 per annum)
- However, the overall **resource costs for people with dementia in Midlothian are significantly lower** than in other Health and Social Care Partnerships in the NHS Lothian area (£7498 v £8747 per annum)
- The Midlothian bed day rate (acute) for people with dementia following unplanned admission, was **8.7 per person**, significantly lower than the rate, **12.2 per person**, across the other Lothian partnerships. This represents not only a significant cost saving, but also a reduction in the risks to people from unnecessary time spent in hospital.
- **People with dementia in Midlothian are significantly less likely to die in hospital** compared to those in other Lothian areas (36.1% in Midlothian v 49.8% in the other Lothian HSCPs)
- Data analysis suggests **that a higher proportion of people with dementia are diagnosed and identified in Midlothian**, compared to other HSCPs in the NHS Lothian area (84% in Midlothian v 75% in the other Lothian HSCPs)

The work reinforces previous analysis of health and social care data which found people with dementia require higher levels of support, dementia being the condition with the greatest risk ratio in the group of individuals with higher support needs[3]. This is important as a basis for service planning and improvement; and especially so for a care group for whom prevalence is projected to increase significantly over the next twenty years. Findings from this work will be used to inform future improvement and redesign work to support the delivery of services for people with dementia and their carers. This work supports National Health and Wellbeing Outcomes 2, 3, 4 and 9.

3. Healthcare Improvement Scotland, ISD Scotland, Scottish Government. An approach to understanding resource usage data to inform strategic commissioning. 2017 [cited 2020 Sep 01]; Available from: https://ihub.scot/media/1218/20170213-full-hri-paper-12.pdf.