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Todd, S., Wilson, D., McGuinness, B., Craig, D., & Passmore, P. (2010). Northern Ireland Dementia Strategy. *International Journal of Geriatric Psychiatry*, 25(9), 902-904. DOI: 10.1002/gps.2594

Published in:

International Journal of Geriatric Psychiatry

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Northern Ireland Dementia Strategy

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Key words: dementia; strategy; national

History: Received 8 June 2010; Accepted 8 June 2010; Published online in Wiley InterScience
(www.interscience.wiley.com).

DOI: 10.1002/gps.2594

Introduction

The policy of devolution pursued by the United Kingdom (UK) government led to the creation of the Northern Ireland (NI) Executive in 1999. The executive (government) and NI Assembly (parliament) were suspended from October 2002 to May 2007, with direct rule from Whitehall in the interim. During this period, changes within the Department of Health, Social Services and Public Safety (DHSSPS) and in the organisation and structures of health and social care services in NI were planned. The restoration of the NI Executive and Assembly coincided with the implementation of this modernisation agenda.

DHSSPS published a number of policy documents, including *A Healthier Future: A Twenty Year Vision for Health and Well-being in NI 2005–2025* (Department of Health Social Services and Public Safety, 2004) and *Priorities for Action* (Department of Health Social Services and Public Safety, 2009). Within the Executive's *Programme for Government* (NI Executive, 2008b), DHSSPS is the lead department on a number of Public Service Agreements (PSA) in order to deliver on its' mission 'to improve the health and social well-being of the people of NI'. These strategic documents indicate the framework within which the new health and social care organisations must work and the goals that are to be attained.

As this issue of the journal clearly highlights, dementia has been increasingly recognised as a priority by many countries, including adjacent jurisdictions such as England (Department of Health, 2009). So, it may be asked, why does NI require a dementia strategy as well?

Firstly, there had been no consideration of dementia policy in NI since 1994 (Northern Ireland Dementia Policy Scrutiny, 1994). Secondly, in 2002 the DHSSPS commissioned an independent review of the law, policy and provision affecting people with mental health needs or a learning disability in NI. In June 2007, the Dementia and Mental Health Issues of Older People Expert Working Committee of this Bamford Review published its' report *Living Fuller Lives* (The Bamford Review of Mental Health and Learning Disability (Northern Ireland) 2007), which included specific recommendations regarding dementia services. Thirdly, a major legacy of 'The Troubles' is the poor physical and mental health of people in NI in comparison to other regions within the UK and Europe (Department of Health Social Services and Public Safety, 2004).

Against this background, the DHSSPS considered it both necessary and timely to reconsider its' dementia policy and appointed a Steering Group in September 2008 to develop a Dementia Strategy for NI. As the Strategy is currently under development with a proposed timeline for completion towards the end of 2009, this article will highlight relevant issues and themes identified in the reports mentioned previously that will influence the Strategy.

A healthier future

In *A Healthier Future*, DHSSPS presented its' vision of how the health and social care services will evolve over the next 20 years, taking account of projected changes in the population and society within finite resource

availability (Department of Health Social Services and Public Safety, 2004). One of the cross-cutting themes of the strategy is the development of responsive and integrated services. Dementia services is an area specifically mentioned for key action to be completed (Table 1).

Carers provide a vital contribution in support of large numbers of people with dementia. Although caring in dementia is not mentioned specifically in *A Healthier Future*, DHSSPS does recognise the contribution of carers to health and social services and that, at the same time, carers are a vulnerable group with substantial physical and mental morbidity. It has subsequently produced *Caring for Carers* (Department of Health Social Services and Public Safety, 2006), which includes recommendations on key themes in relation to valuing carers (Table 2), which will inevitably have implications on people with dementia.

Bamford review

The Bamford Review of Mental Health and Learning Disability (NI) sought to independently review policy, services and legislation and was driven by several factors, including concurrent reviews in adjacent jurisdictions, the need to ensure that law, policy and services were in keeping with human rights and equality legislation and the need to modernise and reflect current best practice.

Although numerous examples of excellent services and current best practice were noted, such as provision

of information booklets, a training and information resource for carers, nurse-led pre-dementia assessment screening and a voluntary sector aided home support service for people with advanced dementia, the Review also identified a number of deficiencies in current services (The Bamford Review of Mental Health and Learning Disability (Northern Ireland) 2007). An assessment of the implementation of the recommendations of the 1994 Dementia Policy Scrutiny report (Northern Ireland Dementia Policy Scrutiny, 1994) had not been undertaken. As a result, services for older people with mental health issues were not specifically commissioned and had developed in a number of different ways within the various acute and community providers, with no overall strategy in place within or between the numerous (at that stage) purchasers and providers. For example, Memory Clinics with input from both Old Age Psychiatry (OAP) and Geriatric Medicine, Memory Clinics lead by Geriatric Medicine, and dementia assessment and evaluation embedded within general OAP services (NIBGS and RCPsych NI division, personal communication).

The Dementia and Mental Health Issues of Older People Report made 55 recommendations in outlining a vision for the structure of mainstream and specialist health and social care services for older people with dementia and functional mental illness and how these services would function seamlessly to meet the needs of patients and carers, without discrimination (The Bamford Review of Mental Health and Learning Disability (Northern Ireland) 2007). The services envisioned would be person-centred with respect for autonomy, demonstrate equitable and transparent allocation of resources, develop in partnership with users and carers, be easily accessible, deliver high quality, effective treatment, care and support through a comprehensive range of services and accommodation, provide appropriate training and education for staff and carers, demonstrate quality control, and promote the safety of users, carers, staff and members of the public.

In its consultation document in response to the Bamford Review, the NI Executive undertook to develop a dementia strategy (NI Executive, 2008a).

NI dementia strategy

It was judged pragmatic for the NI Dementia Strategy to make use of work relevant to the NI context from the numerous reports and strategies on dementia care and services within NI or UK published in recent years (Dementia UK, 2007; National Audit Office, 2007;

Table 1 Key actions for completion relating to dementia services

Dedicated support services for people with dementia and their carers Multidisciplinary dementia teams, with specialist staff Early diagnosis and support services for people with dementia and their carers Needs assessment on availability of appropriate housing with care, residential and nursing home accommodation Review of palliative care services for people with dementia

Table 2 Key themes in valuing carers

Identification of and interface with carers Information for carers Training Employment Support services Young carers

National Collaborating Centre for Mental Health, 2007; The Bamford Review of Mental Health and Learning Disability (Northern Ireland) 2007; House of Commons Committee of Public Accounts, 2008; Department of Health, 2009). Themes common to the existing reports and strategies, which are widely accepted as crucial elements of a comprehensive and holistic service, form the basis of the proposed structure of the Strategy. These are highlighted in Table 3.

As the NI strategic background has been largely described by the Bamford Report (The Bamford Review of Mental Health and Learning Disability (Northern Ireland) 2007), the emphasis of the proposed Strategy is on development of an action plan to implement the specific recommendations relating to dementia services.

Previous reports have demonstrated that dementia is common, costly and under-identified with variation in provision of services (National Audit Office, 2007; National Collaborating Centre for Mental Health, 2007; House of Commons Committee of Public Accounts, 2008). Variation in services in NI is particularly prevalent due to the absence of specific commissioning and the resulting development of several models of provision in different localities within the province. Equity of access to and availability of services within NI, a predominantly rural population outside the greater Belfast area, is an important goal of the Executive.

The exact cost of dementia services in NI is not known due to the fragmented nature of the current services. NI executive estimates that the cost was almost £200 million in 2007/8, based on figures from the elderly programme of care (NI Executive, 2008a). This will be increased to £219 million by 2010/11 (2007/8 prices) under the current Comprehensive Spending Review cycle (NI Executive, 2008a), which includes adjustment for demographic growth as well as funding earmarked for the additional respite places for people with dementia specified in DHSSPS PFA (Department of

Health Social Services and Public Safety, 2009). Disjointed services are more expensive and evidence from the UK indicates that a 'spend to save' policy to invest in dementia services and improve cost-effectiveness will pay dividends over a 10-year period (National Audit Office, 2007; Department of Health, 2009). This was highlighted by the Parliamentary Accounts Committee as its most important report of the year (House of Commons Committee of Public Accounts, 2008).

Conclusion

Never has the interest and attention of the public and government in dementia been greater. Therefore, it becomes even more crucial to grasp the present opportunity to plan, develop and implement first-class services for people with dementia and their carers, which will be responsive to the demographic changes in the population and technological advances that will characterise the coming decades.

Conflict of interest

None declared.

References

- Dementia UK. 2007. *A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society*. The Alzheimer's Society: London.
- Department of Health. 2009. *Living well with dementia: a National Dementia Strategy*. DoH: London.
- Department of Health, Social Services and Public Safety. 2009. *Priorities for Action*. www.dhsspsni.gov.uk/pfa_09-10.pdf
- Department of Health, Social Services and Public Safety. 2006. *Caring for Carers: Recognising, Valuing and Supporting the Caring Role*. DHSSPS: Belfast.
- Department of Health, Social Services and Public Safety. 2004. *A Healthier Future: A Twenty Year Vision for Health and Well-being in Northern Ireland 2005–2025*. DHSSPS: Belfast.
- House of Commons Committee of Public Accounts. 2008. *Improving Services and Support for People with Dementia: Sixth Report of the Session 2007–8*. The Stationary Office: London.
- National Audit Office. 2007. *Improving Services and Support for People with Dementia*. The Stationary Office: London.
- National Collaborating Centre for Mental Health. 2007. *Dementia: the NICE-SCIE Guideline on Supporting People with Dementia and Their Carers in Health and Social Care*. The British Psychological Society and Gaskell: London.
- NI Executive. 2008a. *Delivering the Bamford vision: the response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability*. www.dhsspsni.gov.uk/bamford_consultation_document.pdf
- NI Executive. 2008b. *Programme for Government*. www.pfgbudgetni.gov.uk/finalpfg.pdf
- Northern Ireland Dementia Policy Scrutiny. 1994. *Dementia in Northern Ireland: Report of the Dementia Policy Scrutiny*. DHSS: Belfast.
- The Bamford Review of Mental Health and Learning Disability (Northern Ireland). 2007. *Living Fuller Lives*. www.rmhdni.gov.uk/living_fuller_lives.pdf

Table 3 Proposed themes of a proposed NI Dementia Strategy

Improving dementia awareness
Dementia training
Early diagnosis and intervention
Better information
Continuous support and care pathways
High-quality care and support
1. Acute settings
2. Intermediate care
3. Community
Carer support
Commissioning
Care homes
Implementing the Strategy
Information and research