

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	15 June 2018
Officer/Author	Diane Bardwell, Dementia Services Review Project Manager, NHS Dorset Clinical Commissioning Group
Subject of Report	Dementia Services Review update
Executive Summary	This update gives a summary of stages and activities relating to the Dementia Services Review being led by NHS Dorset Clinical Commissioning Group. The report outlines the context for the review, the work undertaken so far and the emerging new models.
Impact Assessment:	Equalities Impact Assessment: Completed within the review
	Use of Evidence: Report provided by NHS Dorset CCG.
	Budget: N/A for DCC
	Risk Assessment: In relation to project progress Current Risk: LOW
	Outcomes: N/A
	Other Implications: N/A

Recommendation	To note and comment on the progress of the review.
Reason for Recommendation	In preparation for the Health Scrutiny Committee to be consulted on the future Strategic Outline Case for the delivery of Dementia Services.
Appendices	1 Presentation slides: Dementia Services Review, design and modelling stage
Background Papers	<p>Dementia Services Review - Project Initiation Document (Joint Health Scrutiny Committee, October 2016, see agenda item 14): DCCG Dementia Services Review Project Initiation Document Sept 2016</p> <p>Dementia Services Review - View Seeking report: DCCG Dementia Services Review View Seeking Report</p> <p>Dementia Services Review - Health and Social Care needs analysis: DCCG Dementia Services Review Health & Social Care Needs Analysis</p>
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1. INTRODUCTION

- 1.1 During 2014 a review of specialist dementia services to design a service model to deliver consistent, quality, agreed outcomes across Dorset, was prioritised and included in the Clinical Commissioning Programme 5 Year plan. This was against a backdrop of increasing demand for services, an ageing population and national policy. Noting in particular that specialist dementia services had inequity of provision particularly across the West of the county and service provision following the closure of the inpatient unit 'Betty Highwood' in Blandford (due to inability to recruit and retain registered staff) had not been fully considered. However due to commencement of the Clinical Services Review there was a postponement and the review re-commenced during 2016.
- 1.2 At the reinitiating of the Dementia Services Review the three Local Authorities requested to become full partners within the review and for the review to take a whole system approach including some social care services and co-dependant services and to consider the whole of the dementia pathway.
- 1.3 However, despite the best efforts of all partners as the review progressed it became apparent that the considerable stretch on local authority resources, the Local Government Review and service developments running at different timeframes were having an impact on joint working. It was confirmed on 1st February 2018 Project Board meeting that the Local Authorities were not able to deliver the next stages for an integrated review. The Project Board agreed to work together where possible but the project scope to focus more on health provision.

Statutory drivers

- 1.4 There have been a range of national documents since the 2009 'Living Well with Dementia: National Dementia Strategy'. Most current is 'Prime Minister's Challenge on Dementia 2020' and the 'Implementation plan'¹ which includes:
- improving diagnosis, assessment and care for people living with dementia;
 - ensuring that all people living with dementia have equal access to diagnosis;
 - providing all NHS staff with training on dementia appropriate to their role;
 - ensuring that every person diagnosed with dementia receives meaningful care.
- 1.5 Dementia remains a national priority with delivery of '*Challenge on Dementia 2020 Implementation plan*' by 2020¹.
- 1.6 NHS England 2018/19 mandates for dementia are:
- maintain a minimum of two thirds diagnosis rates for people with dementia;

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/507981/PM_Dementia-main_acc.pdf

- implement and embed the dementia pathway, set out in the 'Implementation Guide for dementia care', and improve the quality of post-diagnosis treatment and support.
- 1.7 The Care Act 2014² created a new legislative framework for adult social care, and also gives carers a legal right to assessment and support.
- 1.8 NICE guidance 'Dementia: assessment, management and support for people living with dementia and their carers' is currently in consultation³ and will replace NICE guideline CG42 (November 2006) and 1.3 of NICE technology appraisal guidance 217.

Aim and objectives

- 1.9 The agreed vision with Dorset Dementia Partnership included in 'Living Well with Dementia in Dorset strategy':

'Every person with dementia, and their families and carers, receive high quality, compassionate care from diagnosis to end of life care. This applies to all care settings, whether home, hospital or care home'.

- 1.10 The agreed objectives to underpin the vision were by utilising a 'co-production', partnership working approach throughout the project and deliver within the current health and social care resources and finances to:
- design and deliver consistent and high quality, compassionate care and support to meet the needs of people living with dementia and their carers from diagnosis to end of life;
 - ensure equity of outcomes for people living with dementia and their carers across Dorset localities;
 - achieve and maintain a diagnosis rate of two thirds of prevalent population;
 - increase the number of people being diagnosed with dementia, and starting treatment, within six weeks from referral;
 - improve the quality of post diagnosis treatment and support for people with dementia and their carers.
- 1.11 Throughout the Dementia Services Review, the Project Board's methodology has been to apply best practice in its decision-making processes and in particular to embed 'co-production'. Co-production is a value driven approach in which decision makers e.g. professionals and citizens are involved in a relationship in which power is shared wherever possible and where there is recognition that everyone involved has a contribution to offer.
- 1.12 All engagement and communication throughout this review will ensure the legal requirements to consult about the way the NHS and Social Care is operating and about any proposed changes are followed. This includes:

² <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

³ <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/dementia>

- Consulting patients and the public;
- Keeping the local authority Overview and Scrutiny Committee informed and consulting them on the review proposals.

1.13 An Equality Impact Assessment and Privacy Impact Assessment have been completed as part of the review.

1.14 Services in scope have been adapted following the revised agreement to cover health provision directly.

Table 1. Services in scope and interdependencies

Dorset Healthcare NHS Foundation Trust	Services
	48 commissioned In-patient beds Alderney Hospital, Poole
	16 commissioned In-patient beds Chalbury Unit (currently closed)
	12 commissioned In-patient beds Betty Highwood (currently closed)
	In-reach Service
	Intermediate Care Service for Dementia (ICSD) East – providing an intensive support service
	Older persons Community Mental Health Teams
	Haymoor Day Hospital, Alderney
	Melcombe Day Unit, Weymouth
	Memory Assessment Service
Alzheimer’s Society	Memory Support and Advisory Service
Inter-dependant services	Care UK: Specialist dementia care at home (commissioned by BoP)
	Early Help and Prevention services commissioned by BBC to support people living with dementia in the community
	Respite provision
	Dementia Care homes
	Psychiatric Liaison Services
	Information provision
	Out of Hours crisis services
	Care home providers providing dementia care
	Domiciliary providers
	Safe Havens within care homes
	Dementia workforce – recruitment, retention and training
	Hospital links to Community
	Community Services Review including Frailty services

Case for change

1.15 Key influencing factors for taking forward the Dementia Services Review include:

- Ageing population – increasing pressure on health and social care;
- Inequity of outcomes – Intermediate Care Service for Dementia (ICSD) and Inreach currently only formally commissioned in the East of Dorset;
- Improving post diagnostic services
- Improving waiting times for diagnosis with a possible new national target of 6 weeks from referral to diagnosis;
- Ensuring provision of services for those with early onset dementia;

- Access to specialist dementia inpatient provision across Dorset;
- Recruitment and retention of dementia workforce;
- End of Memory Support and Advisory Service contract in September 2019.

2. HEALTH AND SOCIAL CARE NEEDS ANALYSIS

- 2.1 Stage one of the project included a comprehensive health and social care needs analysis and the output was a Needs and Data Analysis report developed jointly with the three local authorities, Public Health Dorset and Dorset HealthCare NHS Trust. A full copy of the report can be found at the following link: <http://www.dorsetccg.nhs.uk/aboutus/dementia-services-review.htm>
- 2.2 Across Dorset there are currently 187,456 people aged over 65, from this figure it is estimated that NHS Dorset CCG has 13,089 people aged over 65 living with dementia. Dorset and Poole have a higher proportion of over 65s than the England average, with Bournemouth being similar to the England average. Dorset overall has a higher life expectancy at birth and at age 65 than England averages.
- 2.3 Dorset overall has only 0.7% of over 65 years from a black and minority ethnic background. This is significantly lower than the England average of 8%. The majority live within Bournemouth localities (1.3%). People from these backgrounds are at a greater risk of developing dementia and at an earlier age than the general population.
- 2.4 Research estimates that dementia is an age related disease present in 0.9% of people aged 60 – 64 and increasing to 41.1% of those aged 95+. 61% are female and it is estimated nationally that 55% have a mild form of the disease, 32% moderate and 13% severe. The most common type of dementia is Alzheimer's Disease (62%), followed by Vascular Dementia (17%) and Mixed (10%)
- 2.5 Risk factors for dementia include age, gender, vascular health, diabetes and education. People with developmental disabilities are at increased risk of dementia, especially people with Down's Syndrome. People living in areas of deprivation are more likely to experience poorer health outcomes. Bournemouth and Weymouth & Portland experience the highest levels of deprivation. Poor vascular health, diabetes and education may link with deprivation and are modifiable risk factors.
- 2.6 Men are more at risk of developing vascular dementia due to higher rates of poor vascular health. Dorset has higher rates of coronary heart disease, stroke and transient ischaemic attack than the England average
- 2.7 The numbers of people aged over 65 diagnosed with dementia and on GP registers was 8,164 in December 2017. This indicates, against the estimated prevalence, that Dorset has diagnosed 62% of the expected population. NHS England has a target for Clinical Commissioning Groups to achieve diagnosing two thirds of its prevalent population (66.7%) so Dorset at this point had a gap of 616 undiagnosed patients.

3. VIEW SEEKING

- 3.1 Stage two was a substantial public engagement and view-seeking exercise led by Dorset CCG in partnership with the Local Authorities, Dorset HealthCare and Alzheimer’s Society. There was overall 2,107 comments made by respondents. There were 275 responses to the online or postal surveys and one email response. There were 106 attendees to the 15 community events and 149 attended the 10 outreach events and meetings. Views were gathered from service users, carers and staff. There were 498 comments mentioning aspects of services that work well, 843 comments relating to what works less well and 766 relating to ideas for improvements.
- 3.2 Key areas highlighted were around the dementia care pathway in terms of waiting times, fragmented services, confusing diagnostic pathway, poor communication and also needing improvements with respite, carer support and more joined up services.
- 3.3 The output from stage two was a comprehensive, thematic analysis report with the evaluation and report produced by Bournemouth University. Commissioning the university as an external organization to the review ensured the analysis was impartial. The View Seeking Report can be found at the following link: <http://www.dorsetccg.nhs.uk/aboutus/dementia-services-review.htm>.

4. DESIGN AND MODELLING

- 4.1 A robust co-production process has been followed within the Design and modelling stage. Membership at all events and groups was mixed and included people living with dementia, carers, voluntary sector, private sector, health and social care representatives including clinicians, GPs and commissioners. See Table 2 below.

Table 2 Summary of Design and Modelling Stage co-production

Type of group	Purpose	Attendance	Outputs
Innovation open group 16 May 2017	An open event was held for anyone interested in dementia services. National Clinical Lead as Keynote	101	Innovation and visioning Consider ‘what is’ and ‘what might be’
Co-Production Design & Modelling Groups: Poole, Bournemouth Dorchester. May – Sept 2017	3 groups made up of a wide variety of stakeholders whom considered different areas along the whole care pathway. All met together for final group to summarise the model design	Total attendance 333	Staged workshops across stages. ‘What should be’ 8 modelling summaries of whole pathway developed
Working Groups Sept 2017 – April 2018	Modelling group Diagnosis sub group Acute sub group Crisis and inpatient sub group Data and intelligence sub group. Local authorities DSR meetings	Overall approx. 70 members	Detailed model options developed across pathway. Acute hospital Action plan Data and costing of model options. Linking to local authority initiatives

Cross check event 11 April 18	Checking and validating the potential care models against critical success factors	67	Feedback and scoring on emerging model options
GP Survey (Feb 2018)	Online survey	14	Views on current services and how to improve
Community Mental Health Team survey (March 2018)	Online survey	21	Views on current services and how to improve
Team meeting visits March/April 2018	Discussions with CMHT OP and ICSD teams and Memory Advisors	Approx. 50	Checking emerging options and capturing ideas
Dementia Partnership	Update on the phases of the review and obtain feedback on related projects.	Varied Approx. 25 - 50	Regular updates
Other groups & engagement	Equality and Diversity workshop	20	Updates on review and how to be involved
	STP Patient Engagement Group	16	
	Poole Forum Learning Disability group	25	Gave solutions and ideas to support design & modelling phase
	Alzheimer's society volunteer groups	30 + 25	
	Information task and finish group	10	

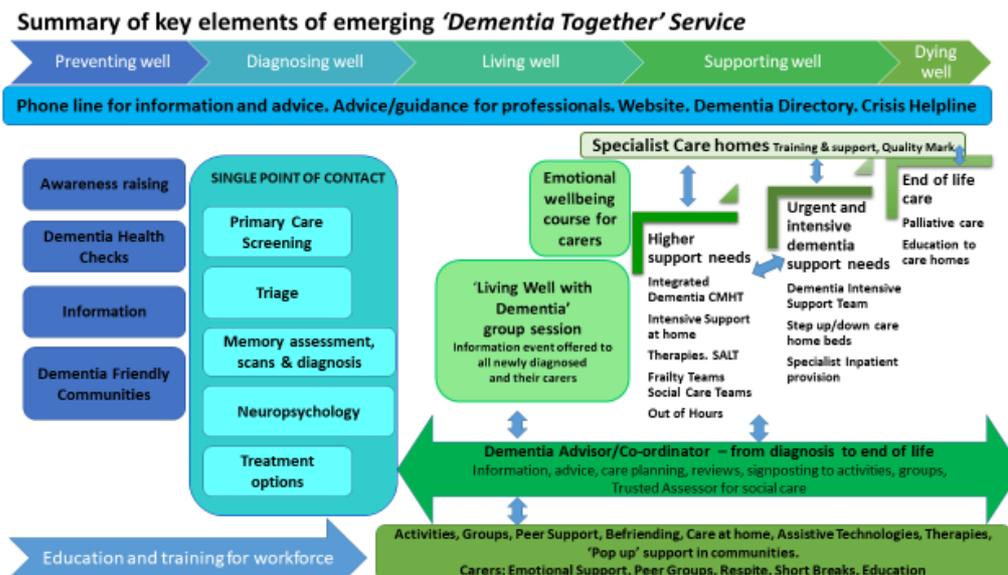
4.2 Initially the evidence from the Data and Needs Analysis, View Seeking and benchmarking was considered. Then stakeholders drawing on this and their own expertise and experiences began designing the 'ideal' model of care and this was then refined by specific 'expertise' groups considering key elements of the care pathway.

4.3 Crucial elements that were consistently flagged as important was having a single point of access to the dementia service, having a much simpler pathway and for patients and carers to have ongoing support and guidance from diagnosis to end of life. See diagram 1 below.

4.4 At a 'Cross check' event on 11 May 2018 67 stakeholders attended and critically analysed the different options and identified preferences against different options for:

- telephone helplines;
- diagnostic models;
- different models for dementia co-ordinators/advisors;
- post diagnostic support, groups and treatment;
- higher levels of need and crisis.

Diagram 1.



5. NEXT STEPS

5.1 Final modelling and costing is currently being worked upon for the Project Board to agree the different options within the Strategic Outline Case. See Table 3 for the critical success factors that will be considered.

Table 3 Critical success factors

Factor to be considered	Issues to be included when considering this factor
Can the option really be implemented?	Will there be sufficient / appropriate workforce? Will it be attractive enough to <u>retain</u> the workforce? Will the necessary IT systems be in place? Will all other necessary systems be in place?
Does the option deliver services which are safe and sustainable?	Will there be sufficient staffing and systems to ensure the safety of staff and people who use services in all settings? How vulnerable will the services be to unexpected staff shortages?
Will the option be affordable?	Using high-level estimates, do we believe that the option can be delivered by reshaping existing resources? If there will be short-term transitional costs, do we believe there will be a way of funding them? Will the option be affordable in the long term?
Will this option deliver services which will be acceptable to people?	Will services be acceptable / attractive to people who use services and the families/carers? Will they be acceptable / attractive to all groups – for example, BME communities?
Is the option based on evidence of best practice?	Is there objective, accepted evidence of the effectiveness of the proposed service model?
Will this option result in a better experience for those who use the service?	Will it promote positive relationships between those who use the service and the clinicians who support them? Will it enable people to live the lives they wish to live?

- 5.2 An NHS Assurance Stage 1 visit is being booked for July 2018. A consultation plan is beginning to be drafted with plans for consultation to commence from October over an 8 – 12week period subject to Board approval.
- 5.3 The Project Team would wish to present the Strategic Outline Case to all Health Overview and Scrutiny committees across Dorset either individually or through a Joint Agreement Process from September 2018.

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