



Dorset Health Overview and Scrutiny Committee

NHS Dorset CCG dementia services review update

Date of Meeting: 26 September 2019

Portfolio Holder: Cllr L Miller, Adult Social Care and Health

Local Member(s):

Director: Mathew Kendall, Executive Director of People - Adults

Executive Summary: This report offers a summary update from the Dementia Services Review following public consultation.

Equalities Impact Assessment: completed within the review.

Budget: n/a

Risk Assessment: In relation to project progress.

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW (Delete as appropriate)

Residual Risk LOW (Delete as appropriate)

Climate implications:

Other Implications:

Recommendation: To note progress of review and timeline to final decision making.

Reason for Recommendation: To ensure the HOSC are kept updated and informed on proposals for future model of care for dementia services.

Appendices: none

Background Papers:
Dementia Services Review Project Initiation Document

Dementia Services Review View Seeking report
Dementia Services Review Health and Social Care needs analysis
Dementia Services Review Strategic Outline Case and Annex docs
Found at www.dorsetccg.nhs.uk/dementia

Officer Contact:

Name: Diane Bardwell. NHS Dorset CCG

Tel: 01202 541443

Email: diane.bardwell@dorsetccg.nhs.uk

1. Introduction

- 1.1 The Dementia Services Review was enacted following concerns about the existing pathways of care, increasing demand for services, rising costs, an ageing population and national policy.

2. Aim and objectives

- 2.1 The aim of the review aligns with the vision developed by the Dorset Dementia Partnership and included in the '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'*.
- 2.2 Specific Dementia Service Review objectives include:
- 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 within the existing financial resource;
 - ensure equity of outcomes for people living with dementia and their carers across Dorset localities;
 - support an ambition to achieve a diagnosis rate of two thirds of the prevalent population;
 - consider implications and any additional resource requirements associated with increasing 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.

3. Scope

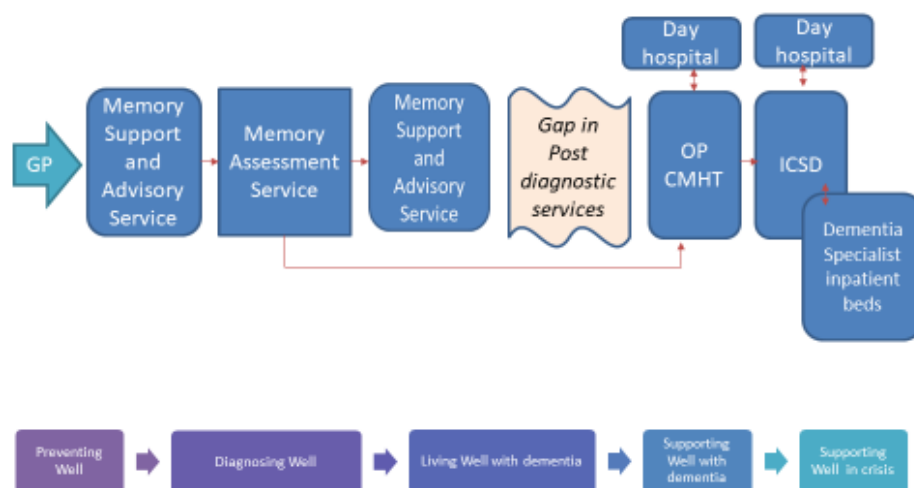
- 3.1 The scope of the review includes the services outlined within Figure 1:

Figure 1. Services in scope

Provider	Services in scope
Dorset HealthCare NHS Foundation Trust	Memory Assessment Service
	Dementia In-reach Service
	Intermediate Care Service for Dementia (ICSD) East
	16 commissioned In-patient beds Chalbury Unit (closed in 2016)
	12 commissioned In-patient beds Betty Highwood (closed in 2013)
	Older persons Community Mental Health Teams
	Haymoor Day Hospital, Alderney
	Melcombe Day Unit, Weymouth
	40 Specialist Dementia In-patient beds Alderney Hospital, Poole
Alzheimer's Society	Memory Support and Advisory Service

- 3.2 The operational budget associated with the services in scope equates to £11,157,781 (based on 2018-19) with a total of 291.71 whole time equivalent staff

Figure 2. Current summary of dementia pathway



4. Review Methodology

Co-production approach

- 4.1 Throughout the Dementia Services Review, the Project Board's methodology has been to apply best practice in its decision-making processes and 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 make. Stakeholders included people living with dementia, their family carers, Dorset HealthCare NHS Foundation Trust, the Local Authorities, Alzheimer's Society, voluntary sector providers, acute and community hospitals providers, care home sector and local councillors.
- 4.2 An Equality Impact Assessment and Privacy Impact Assessment have been completed as part of the review.

5. Case for Change

- 5.1 Across Dorset we have among the longest life expectancy in the country and the number of Dorset pensioners is predicted to rise by 30 per cent over the next decade. Although this is good news, increased longevity brings new challenges. One of the most significant is that more people are living with dementia thereby placing an increasing demand on dementia services and associated costs.
- 5.2 Significant engagement was undertaken with the local population to gain their views on local Dementia Services and alongside a health and social care needs analysis identified key themes that support the case for change:

- Inequity of outcomes and access to services
- Ageing population
- Lack of integrated services
- Memory Support and Advisory Service contract end
- Dementia workforce challenges
- Dementia training for workforce
- Access to Information and Communication across services
- Needs of family carers
- Dementia diagnosis
- Long Waiting times for diagnosis
- Early onset dementia and lack of specific services
- Dementia treatments and lack of support for those with vascular dementia
- Lack of ongoing post diagnostic support to live well with dementia
- Different models of support offered via local Day hospitals
- Decline in specialist dementia inpatient admissions.

6. Design and modelling stage

- 6.1 Stage three of the project was the design and model options stage. Approximately 300 individual stakeholders including people living with dementia and family carers were involved in designing the new models.
- 6.2 During this stage an initial long list of options went through a range of different analysis in order to shortlist to four options including a 'do minimum' and then identify the most acceptable preferred option to be presented for consultation.
- 6.3 Critical success factors (agreed at commencement of the review) were used to define the shortlist which is outlined in figure 3. These included:
 - Can the option really be implemented?
 - Does this deliver services which are safe and sustainable?
 - Will option be affordable?
 - Will this option deliver services that will be acceptable to people?
 - Is the option based on evidence of best practice?
 - Will this option result in a better experience for those who use the service?

Figure 3. Summary of dementia care pathway options and costs for year 1

	Core – minimum offer Option A		Preferred option B		Option C		Option D	
	Cost £000		Cost £000		Cost £000		Cost £000	
Preventi ng Well	Info	-	Info & General helpline	-	Info & General helpline	-	General helpline	-
Diagnos ing Well	Memory Assessment Service	1,282	Diagnostic model 4	1,476	Diagnostic model 4	1,476	Diagnostic model 4	1,476
	Neuropsych ology (limited)	29	Neuropsychology (all)	147	Neuropsych ology (limited)	29	Neuropsycholog y (all)	147
Living Well	Memory Advisors as current	591	Dementia Co- ordinators (different offer to care homes) & Memory Roadshow	803	Dementia Co- ordinators & Memory Roadshow	1093	Dementia Co- ordinators & Memory Roadshow	1093
			Early onset Co- ordinators	24	Early onset Co- ordinators	24	Early onset Co- ordinators	24
	Psychology	208	Psychology	208	Psychology	208	Psychology	208
			Cognitive Stimulation Therapy (vascular)	57			Cognitive Stimulation Therapy (all)	311
			Carer emotional support	65	Carer emotional support	65	Carer emotional support	65
Support ing Well	OP CMHT (based 54% of budget)	2068	OP CMHT (based 54% of budget)	2068	OP CMHT (based 54% of budget)	2068	OP CMHT (based 54% of budget)	2068
	In-Reach Team	191	In-Reach Team	191	In-Reach	191	In-Reach	191
Support ing Crisis Well	Intensive Support Team	2138	Intensive Support Team	2138	Intensive Support Team	2138	Intensive Support Team	2138
	Day hospitals with different models	294	2 day hospitals aligned to Intensive support	294			2 day hospitals aligned to Intensive support	294
	Modern Matron	53	Modern Matron	53	Modern Matron	53	Modern Matron	53
			Crisis helpline	-	Crisis helpline	-	Crisis helpline	-
	40 Inpatient beds	4,303	40 Inpatient beds	4,303	40 Inpatient beds	4,303	40 Inpatient beds	4,303
Total cost		11,158		11,827		11,648		12,371
Cost Variati on		-		(669)		(490)		(1,213)

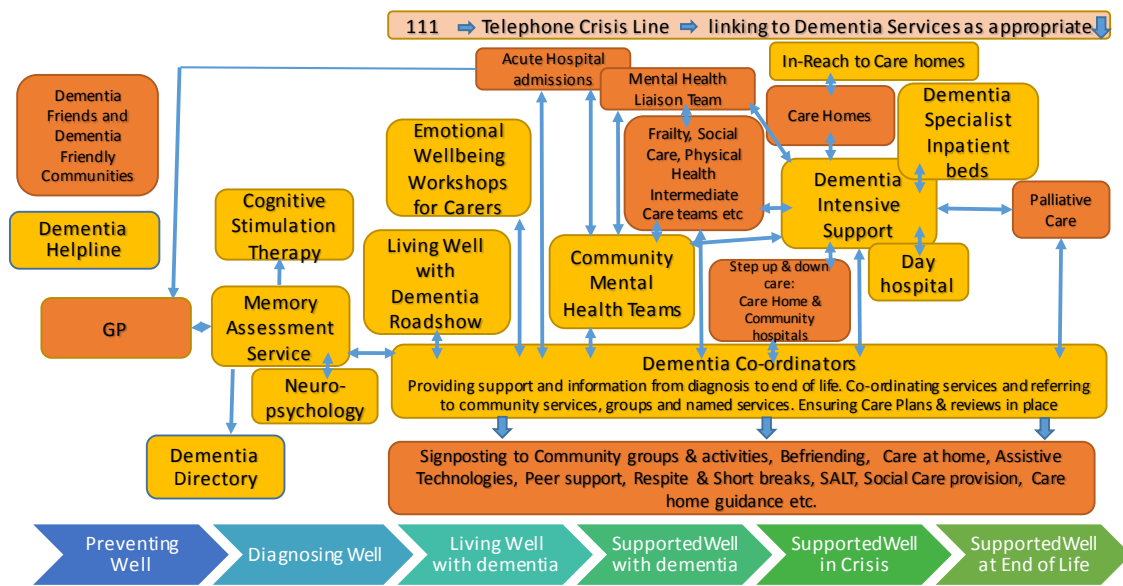
Preferred option

6.4 The preferred option that was agreed and was consulted upon includes:

- Provision of a Dementia Directory and website on Dementia;
- Utilising a national Dementia Helpline to signpost people to for general queries and information;
- A revised diagnostic service where patients are referred directly to the Memory Assessment Service from their GP whereby minimising any delay. This service would utilise Specialist Nurse Practitioners to assist with less complex dementia cases working alongside psychiatrists. Also, a neuropsychology service would be aligned to support cases which are more complex to diagnose;
- 'Cognitive Stimulation Therapy' offered particularly to those given a diagnosis of vascular dementia, whom currently receive no treatment for their dementia diagnosis;
- New roles in the form of 'Dementia Co-ordinators' to support, signpost, ensure a care plan is in place and offer patients and family carers a person to contact from the point of receiving a diagnosis of dementia onwards. These Co-ordinators would work in a locality based team structure alongside the other dementia team members;
- New roles of 'Early onset Dementia Co-ordinators' specifically for people diagnosed with dementia whom are aged under 65 years to better meet their needs;
- A new initiative of 'Dementia Roadshows' in which small events would run across all localities of Dorset giving basic information on dementia and dementia services. This would ensure people gain some understanding of what a dementia diagnosis might mean to them, to have awareness of the services and support offered across Dorset and meet representatives from these services. This would be offered to everyone who has received a dementia diagnosis and to their family and friends supporting them;
- A new initiative 'Carer Emotional Wellbeing workshops' to be offered for all family carers of those living with dementia. These training sessions over a number of weeks would offer education around dementia, developing personal resilience and managing carer stress;
- Formally commissioning 'Dementia In-Reach' services into the West of Dorset (this service had only been commissioned in the East of Dorset) to ensure the whole of Dorset is covered. This service would offer dementia education to care homes and community hospitals particularly around behaviours that challenge others;
- Community Mental Health Teams for older people to work within locally based teams across Dorset continuing to cover both dementia and other mental illness. These teams will include working closely with Dementia Co-ordinators to ensure if patients need more assistance then services are more aware and responsive;

- Providing a Crisis Helpline through the new Connections service provided by Dorset Healthcare and patients/family carers would be referred to appropriate service;
 - Formally commissioning and expanding the 'Dementia Intensive Support Service' (previously known as Intermediate Care Service for Dementia) into the West side of Dorset so all of Dorset is included. This service offers intensive support and treatment in the person's own home/residence to those experiencing a crisis for a period of up to six weeks and to try to maintain the person in their own home if possible. Furthermore, this service offers the gatekeeping role to the Dementia Specialist Inpatient beds as a means of preventing admissions where possible;
 - Revising the model of care within Melcombe Day Hospital in Weymouth to align to the same approach as Haymoor Day Hospital in Poole. Day hospital provision would be integrated as part of the Intensive support service offering support and a safe place during daytime for those in a crisis and as a means of enabling people to remain in their own homes;
 - Offering one dementia specialist inpatient unit based at Poole in order to try to ensure successful recruitment and sustainability of specialist registered staff. Travel costs and accommodation support would be offered to those family carers needing to travel from the West of the county. This unit will be supported by various other 'Step up or Step down' provision across the whole of Dorset based in care homes and community hospitals as a means of ensuring different levels of care are available for those potentially requiring an admission from the dementia specialist unit or requiring discharge.
- 6.5 Whilst the original plan for this review was to achieve the changes within the current budget. Option B will require extra investment of an estimated £670,000 both to develop the new services and would require recruiting significantly more dementia staff.

Figure 4. The preferred option - Option B



Note: the boxes in orange will be provided but are not part of the direct scope of this review

7. Anticipated Benefits

7.1 The anticipated benefits from this option include:

- People will experience a smoother and quicker diagnostic process and receive post diagnostic support from diagnosis to end of life;
- People will be supported to live well with dementia, have more responsive services which may prevent some crisis;
- More choice and support for people living with dementia through an increased range of community options including education and support for carers;
- More efficient and cost effective services;
- Greater compliance with NICE Standards;
- Reduced inpatient admissions and system wide cost savings.

8. Public Consultation

8.1 Following a successful NHS England assurance process with Stage 2 assurance given in April 2019 public consultation began on 17th June for a period of eight weeks and closed on the 11th August. Consultation materials included:

- an online survey;
- a hard copy consultation document including a questionnaire;
- an Easy Read version;
- an animation video explaining the review and the proposals.

8.2 12 drop in events were held across Dorset during daytime and evenings. Outreach to existing community groups, staff meetings and events was also facilitated.

Interim findings

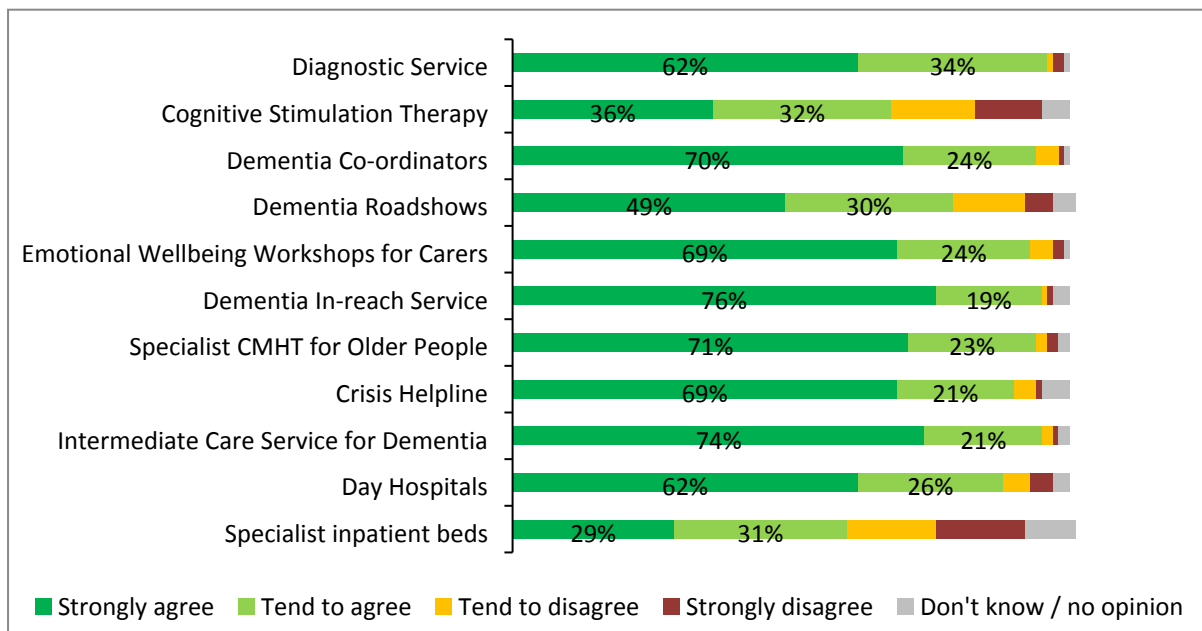
8.3 The evaluation of the consultation is being undertaken by Bournemouth University Market Research Group with the final report due for publication in October 2019. Interim findings have suggested 498 responses were received.

Online	277
Paper	136
Easy Read	85
Total	498

8.4 Interim findings suggest a strong level of support overall for the new model of care:

- 96% agree with the new diagnostic service;
- 94% agree with the development of a Dementia Co-ordinator service;
- 60% agree with the specialist Dementia inpatient beds being located at Alderney Hospital.

Figure 5. Interim consultation findings (Sept 2019)



9. Next Steps

- 9.1 The consultation evaluation report will be finalised by October 2019, published and shared with stakeholders. Consultation comments will be carefully considered and revisions made to the preferred option as appropriate.
- 9.2 A Dementia Services Review Steering Group has been re-convened to support the development of the Full Business Case. This is anticipated to be completed by end of October 2019 with a view to the relevant approvals being completed by the Dementia Services Review Project board and the Mental Health Integrated Programme Board.
- 9.3 Following these approvals the business case will be submitted to NHS Dorset CCG Governing Body for a final decision – this is currently scheduled for the November meeting.
- 9.4 Subject to a final decision in November, implementation planning will then commence.