Agenda I tem No: 8

#### **Adults' Services Select Committee**

September 23<sup>rd</sup> 2010

Services for Older People with Dementia (Phase 3)

# Report by the Task Force

## **Executive Summary**

The Dementia Task Force has scrutinised the provision of dementia services in West Sussex since 2006. During this time the national profile of dementia has been raised considerably, most notably through the launch in February 2009 of the Department of Health's National Dementia Strategy.

Providing a blueprint for the future shape of services in England, the Strategy has been positively welcomed by stakeholders, and the Task Force found that those involved in the commissioning and delivery of services in West Sussex had made good progress in implementing the 17 recommendations. Members did find some cause for concern where social care and health care professionals were required to work together in the frontline of service delivery. Such relationships needed to function seamlessly and, while this might be taken for granted, it was not always the case.

Given that the model for future care outlined in the National Dementia Strategy relies upon caring for people while they remain in their homes, for as long as possible, the Task Force had doubts that external providers of home care to the County Council could reduce their prices while at the same time ensuring their staff had the specialised skills and training to care for those with dementia.

This is a time of uncertainty for all areas in the public sector. Members were keen to stress the importance of these services, and hoped that the momentum that had gathered behind efforts to improve the quality of care for dementia sufferers and their carers would not be allowed to dissipate.

# Recommendations

- 1. That the Committee acknowledges the good progress achieved in implementing the National Dementia Strategy in West Sussex.
- 2. That the Committee notes ongoing concerns around the effectiveness of Community Mental Health Teams.
- 3. That the needs of those with dementia, and their carers, are made a priority when the new service model for the external delivery of domiciliary home care is developed in spring 2011.
- 4. That dementia services continue to attract the resources and visibility that they are currently benefiting from.

- 5a) That Adults' Services Select Committee Business Planning Group adopts the monitoring role for services for older people with dementia.
- 5b) That monitoring includes consideration of the following targets, which have been set, and will be reported, by the PCT:
  - Launch of the Memory Assessment Service by April 2011
  - That the rate of referrals to the service climbs to 190 per month within nine months of launch.
  - That the dementia diagnosis rate in West Sussex climbs from its current level of 42% to 70%, by March 2012.

# 1. Background

- 1.1 The Task Force (TF) was initially commissioned in February 2006 to consider services for older people with dementia. The TF published a first report of its findings in April 2007<sup>1</sup> and a second in April 2009<sup>2</sup>. One of the phase II recommendations was that the TF be convened for a third time. The Task Force was appointed at the Adults' Services Select Committee meeting of April 23<sup>rd</sup> 2009, with the following terms of reference.
  - (1) To monitor and act as a "critical friend" to the development and implementation of the National Dementia Strategy (NDS) in West Sussex.
  - (2) To scrutinise the implementation of the recommendations arising from phases I & II of the Services for Older People with Dementia Task Force.
  - (3) To act as a 'critical friend' to West Sussex County Council's (WSCC)
    Adults' Services and the Primary Care Trust (PCT) in their joint work to
    deliver service improvement
  - (4) To submit a final report in accordance with a timescale determined by the Task Force once it has gained a clear picture of the duration of the implementation plans

## 2. **Discussion**

2.1 The Task Force (TF) met on 5 occasions, and considered a number of issues under its terms of reference.

#### The National Dementia Strategy

2.2 The Department of Health's five-year National Dementia Strategy was published on February 3<sup>rd</sup> 2009. Progress on delivering the NDS in West Sussex was initially slow, due to the difficulty in recruiting a Project Manager

<sup>&</sup>lt;sup>1</sup> Report can be found here: <a href="http://www2.westsussex.gov.uk/CS/committee/as/as170407i5.pdf">http://www2.westsussex.gov.uk/CS/committee/as/as170407i5.pdf</a>

<sup>&</sup>lt;sup>2</sup> Report can be found here: <a href="http://www2.westsussex.gov.uk/ds/cttee/AS/as230409i7a.pdf">http://www2.westsussex.gov.uk/ds/cttee/AS/as230409i7a.pdf</a>

to drive through the plans. Although the rate of progress improved considerably once an appointment was made, work had halted in the interim and the implementation schedule seems to have been delayed by approximately one year as a result.

- 2.3 Despite this, members learned that progress within West Sussex was considered to be relatively advanced, in comparison with neighbouring authorities, and that PCT funding compares favourably with that by partner PCTs in other local authority areas.
- 2.4 A National Dementia Strategy Joint Implementation Group, with membership drawn from a broad range of stakeholders, is tasked with overseeing implementation of the plans agreed between the PCT and WSCC. The plans are known as the Joint Commissioning Intentions. The group meets quarterly and comprises around 30 participants.
- 2.5 Several of the 17 key strands of the NDS rely upon the successful delivery of the Memory Assessment Service and members were encouraged to learn that the commissioning process was on track to commence delivery of this service in April 2011.
- 2.6 The TF noted the reliance upon the work of Community Mental Health Teams (CMHTs), under which health and social care staff deliver community-based care. Members learned of ongoing difficulties in bringing these professional groups together to achieve the level of partnership working necessary to enable the model to function effectively. Evidence corroborating this view was provided by the Task Force on Mental Health Service Change, in an interim report published in July 2010<sup>3</sup>, which reported dissatisfaction with the community services delivered by CMHTs.
- 2.7 Although evidence suggested ingrained differences in organisational culture were a factor, pursuing exploration of the issue (which is mirrored elsewhere in the country and has been researched by others) was considered to be of limited value.

#### **Recommendation 1**

That the Committee acknowledges the good progress achieved in implementing the National Dementia Strategy in West Sussex.

#### **Recommendation 2**

That the Committee notes ongoing concerns around the effectiveness of Community Mental Health Teams.

#### **Role of Home Care Services**

2.8 Objective 6 of the NDS is for improved community personal support services. According to the Alzheimer's Society<sup>4</sup>, two thirds of people with dementia live

<sup>&</sup>lt;sup>3</sup> See WSCC Health Overview and Scrutiny Committee web pages: <a href="http://tiny.cc/lox6e">http://tiny.cc/lox6e</a>

<sup>&</sup>lt;sup>4</sup> See Alzheimer Society's Website: <a href="http://tiny.cc/5vd32">http://tiny.cc/5vd32</a>

- at home, which would equate to around 9000 people in West Sussex. Caring for those with dementia requires skills and training, as well as patience and sensitivity.
- 2.9 In support of this, the County Council's new Regaining Independence Support Service has been designed to accommodate the needs of people with dementia. However, this service is specialised and only provides a small proportion of the overall demand for home care services in the County.
- 2.10 Recent plans to reconfigure the external provision of domiciliary home care (that which is currently commissioned by the County Council) were scrutinised by Adults' Services Select Committee (ASSC) at its meeting on June 22<sup>nd</sup> 2010, and members were informed of the objective to reduce the hourly rate charged by external providers for their services. ASSC members were doubtful that providers, already operating at what must be very low profit margins, could afford to cut costs further.
- 2.11 The TF considered that providing the necessary staff training and recruiting staff skilled enough in the first place to support people with dementia, on reduced revenues, was challenging, if not impossible. Since the provision of good quality care in the home is an important element of keeping people with dementia out of relatively expensive residential and inpatient care, the TF felt that the objectives and planned outcomes from the NDS were not supported by County Council policy in this particular respect.

#### Recommendation 3

That the needs of those with dementia, and their carers, are made a priority when the new service model for the external delivery of domiciliary home care is developed in spring 2011.

## National Audit Office Report on Improving Dementia Services

2.12 In a report published in January 2010<sup>5</sup>, the National Audit Office (NAO) looked at the progress achieved nationally in implementing the NDS, and highlighted the commonly faced challenges. It was encouraging to the TF that the majority of these challenges had been addressed, if not overcome, in West Sussex. The Task Force explored the following commonly faced challenges, which were considered particularly important:

#### **Performance Metrics**

2.12.1.1 The Task Force was pleased to note that South East Coast Strategic Health Authority has developed a set of dementia performance indicators that are relevant to the joint commissioning intentions of the Primary Care Trust and West Sussex County Council. There is no centrally-developed set of NHS performance metrics for measuring progress on dementia care, and local authorities have no specific performance requirement for improving dementia care. The lack of a prescriptive

<sup>&</sup>lt;sup>5</sup> See Improving Dementia Services in England - an Interim Report (National Audit Office 2009) http://tiny.cc/3rk2q

monitoring mechanism has presented a challenge to those in other parts of the country attempting to scrutinise NDS implementation, and the creation of a performance measurement framework in West Sussex is a positive development.

## Leadership

2.12.1.2 The NAO report stressed the importance of having a senior clinician take the lead on dementia in each of our acute hospitals, in order to "...ignite passion, pace and drive for transforming dementia care". A clinical lead has been appointed within the Western Sussex Hospitals NHS Trust, and it is foreseen that leads will be appointed at the Princess Royal Hospital and Surrey and Sussex Healthcare NHS Trust during autumn 2010. Members recognised this as an important step in providing local leadership.

#### **Training**

- 2.12.1.3 Training is a vital area of the NDS, both in primary care (to facilitate "good quality early diagnosis and intervention"), and for health and social care staff involved in the care of those with dementia (to ensure the best quality of care).
- 2.12.1.4 The TF was informed that the lead organisations for delivering "robust training arrangements" for primary care staff were Practice Based Commissioners, and that implementation would roughly follow the timescales of the Memory Assessment Services (implementation by April 2011). Efforts to train health and social care staff involved in dementia were being co-ordinated through a Workforce Development Team.

#### **Links with Independent Sector Care Homes**

- 2.12.1.5 The NAO report identified the need to work with independent care homes, to ensure the sector is gearing up to meet the forecast future demand for dementia care beds.
- 2.12.1.6 In West Sussex it is planned that Care Home In-reach Teams will visit care homes to provide guidance and training, and foster a collaborative working relationship.

# Progress against the Recommendations from Phases I and II of the Dementia Task Force

- 2.13 The TF reviewed progress against recommendations from phases I and II (see para 1.1) and members could identify no areas of significant concern. To a great extent the recommendations have been addressed by the scope of work outlined in the statement of Joint Commissioning Intentions (see para 2.8) and the subsequent progress that has been made in implementing the plans outlined therein.
- 2.14 The TF was mindful of the anticipated changes to the way health services and social care services are commissioned and delivered, and the uncertainty around future funding arrangements. Although the implications will likely be

far-reaching, there is not yet any clarity around the implications for dementia services.

#### Recommendation 4

That dementia services continue to attract the resources and visibility that they are currently benefiting from.

## **Future Arrangements**

2.15 The Task Force was satisfied with the progress made in re-shaping dementia services, but, given the uncertainty surrounding commissioning arrangements, service provision, and funding, felt that some degree of ongoing monitoring was warranted.

#### **Recommendation 5**

- 5a) That Adults' Services Select Committee Business Planning Group adopts the monitoring role for services for older people with dementia.
- 5b) That monitoring includes consideration of the following targets, which have been set, and will be reported, by the PCT:
  - Launch of the Memory Assessment Service by April 2011
  - That the rate of referrals to the service climbs to 190 per month within nine months of launch.
  - That the dementia diagnosis rate in West Sussex climbs from its current level of 42% to 70%, by March 2012.

# 3. Resource Implications and Value for Money

3.1 There are no specific resource implications associated with these recommendations.

#### 4. Risk Management Implications

4.1 In 2008 there were an estimated 25,500 people aged 85 years or over in West Sussex. The latest projections estimate that by 2026 there will be a rise of over 50%, to 39,100 people aged 85 or over. In research published in Aug 2008, the Eastern Region Public Health Observatory found the prevalence of dementia among this age group to be 25 percent for women and 20% for men<sup>6</sup>. Research published in 2010 by the Alzheimer's Research Trust estimates the combined annual health and social care cost of caring for those with dementia as £12.5K per patient<sup>7</sup>.

<sup>&</sup>lt;sup>6</sup> See POPPI Dementia Projections for Men and Women aged 65+, 2006-2031 (Eastern Region Public Health Observatory 2008) <a href="http://tiny.cc/0ip3r">http://tiny.cc/0ip3r</a>

<sup>&</sup>lt;sup>7</sup> See Dementia 2010 (Alzheimer's Research Trust 2010) <a href="http://tiny.cc/k36ch">http://tiny.cc/k36ch</a>

4.2 Without change, the cost of caring for older people suffering from dementia will rapidly become an unsustainable burden on health and social care resources.

# 5. Crime and Disorder and Human Rights Act Implications

Not applicable

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# **Background Papers**

Living Well with Dementia: A National Dementia Strategy. Department of Health, February 2009