

**Decision Maker:** Executive

**For Pre-Decision Scrutiny by Care Services PDS Committee on:**

**Date:** 23<sup>rd</sup> September 2015

**Decision Type:** Non-Urgent Executive Key

**Title:** **POST DIAGNOSIS DEMENTIA SUPPORT**

**Contact Officer:** Andy Crawford, Commissioning Manager  
Tel: 020 8461 7446 E-mail: andy.crawford@bromley.gov.uk

**Chief Officer:** Lorna Blackwood, Assistant Director: Commissioning (ECHS)

**Ward:** (All Wards);

---

**1. Reason for report**

- 1.1 Bromley is known to have the highest number of people with dementia in London and dementia support remains a key priority under the Council's Health and Wellbeing Strategy.
- 1.2 In recent months there has been a national programme, led by NHS England to increase diagnosis rates. In the last 12 months diagnosis rates in the borough have gone up from 47% to 58% due to the work of Oxleas and GP Surgeries in primary care. The Council and local Clinical Commissioning Group now propose to commission against the funds set aside in the Better Care Fund for Dementia to improve and in some cases fill a critical gap in post diagnosis support to Bromley residents with dementia.
- 

**2. RECOMMENDATIONS**

- 2.1 **The Care Services Policy Development and Scrutiny Committee is asked to comment on the proposals in the report.**
- 2.2 **The Care Services Portfolio Holder is asked to recommend approval of the commissioning approach to the Council Executive**

**The Council Executive is asked:**

- 2.3 **To note that funding for these services comes from the Better Care Fund where funds had previously been set aside for dementia services and approved by the Executive and Health and Wellbeing Board, as well as the CCG Clinical Executive in 2014.**
- 2.4 **To approve:**
- a) **The proposed service as set out in 3.5**
  - b) **The procurement approach as set out in 3.6 a)**
  - c) **The extension of contracts as set out in 3.6 b)**

## Corporate Policy

1. Policy Status: Existing Policy
  2. BBB Priority: Supporting Independence:
- 

## Financial

1. Cost of proposal: Estimated Cost: £566k
  2. Ongoing costs: Recurring Cost £566k
  3. Budget head/performance centre: Care Services; NHS Support for Social Care; Carers Budget
  4. Total current budget for this head: £152k
  5. Source of funding:                      New investment - Better Care Fund  
Continued projects - CS Portfolio
- 

## Staff

1. Number of staff (current and additional): N/A
  2. If from existing staff resources, number of staff hours: N/A
- 

## Legal

1. Legal Requirement: Non-Statutory - Government Guidance
  2. Call-in: Applicable
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 4,200 people with dementia and their carers, projected to rise to 4,650 in 2020
- 

## Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

### 3. COMMENTARY

#### 3.1 Introduction

- a) It is estimated that there are currently over 4,200 people with dementia in Bromley, with this number set to rise to 4,650 by 2020. Since 2014 NHS England has had a national project to increase diagnosis rates to 67%. Some 12 months ago only approximately 47% of the estimated number of people in Bromley with dementia had received a diagnosis. This has now increased to 58% and the trajectory continues upwards.
- b) The push to increase diagnosis is based upon the premise that having a diagnosis can help people to live well with dementia, assist their carers to know how to support and help appropriately and to enable people with dementia and their carers to make good plans. This can only happen however if there are good post-diagnosis support services that are universally accessible.
- c) A diagnosis of dementia does not in itself mean that a person meets the eligibility criteria applied by the Council for access to Council funded services (critical or substantial needs pre April 2015, Care Act national threshold post April 2015). This means that for many people there is a break in the dementia pathway, often accelerating the decline to high level needs and precipitating carer stress and breakdown.
- d) The context of post-diagnosis dementia support services in Bromley is that they have largely grown out of services that have been commissioned and designed to meet wider care needs as opposed to being dementia specific in their focus. Examples of this are day centres, respite services and care homes.
- e) Because of the needs and demands of people with dementia accessing those services, they have adapted to be able to meet those specific needs as best they can within the context of their overall service. However, there are very few services that are specifically commissioned to meet the specific needs of people with dementia and the needs of their primary carers. Where there are services in place they have been commissioned as very much stand-alone services, not part of a wider dementia-specific strategic commissioning plan and dementia pathway.

#### 3.2 Contracted Activity

- a) Only a small number of dementia related services that have a primary focus on providing support in the community (excluding care home beds) are delivered under contract to the Council, these are detailed below.

<b>Provider</b>	<b>Service</b>	<b>Service type</b>	<b>Annual value £000</b>
Bromley and Lewisham Mind	Sitting service	Respite	161
BUPA Elmstead care home	Residential care	Respite	56
Bromley and Lewisham Mind/Carers Bromley	Coping with Caring	Support	66
Alzheimer's Society	Café	Support	6
Bromley and Lewisham Mind	Training and consultancy in ECH	Training	30
Oxleas NHS Foundation Trust	Support to care homes	Training	50
			<b>369</b>

- b) The vast majority of spend is on services for people who meet eligibility requirements based on need rather than in a direct response to a dementia diagnosis. These are funded either on a contracted basis for nursing home beds or on an individual basis through

personal budgets or spot purchase arrangements for care home beds (nursing and residential) and day opportunity services.

### **3.3 Other organisations**

- a) Some organisations in Bromley, such as church groups, have set up services to provide support and services to people with dementia and their carers in their own community or in a small locality. Similarly some of the organisations, such as Alzheimer's Society and Age UK, have set up some very small services using funds from other sources such as charitable grants to try to meet some of the need that they perceive. Bromley Council does not fund any low level, dementia specific universal access information advice and guidance or community dementia support service.

### **3.4 Gaps in service provision**

- a) Because of the current position people who have passed through the Memory Clinic and have received a diagnosis of dementia do not have a consistent and simple pathway to follow through which they can receive information, advice, guidance, practical support and assistance to have control over their own lives or through which family members can be informed and supported in undertaking their caring role.
- b) The current pathway is illustrated in appendix 1.
- c) The consequences of this are that:
- i) people with dementia are often isolated and unsupported
  - ii) carers of people with dementia are often isolated and unsupported.
- d) This results in:
- i) people's condition deteriorating more rapidly than it would otherwise
  - ii) increased pressure on front line social care services and primary health services through people seeking support, advice and information not otherwise available to them and which could be more appropriately provided by the community sector in a non-clinical setting
  - iii) people with dementia being unable to manage other health conditions, precipitating unnecessary presentation to primary health services
  - iv) carers not knowing how to best support the person with dementia to remain independent in the community
  - v) carers becoming unnecessarily stressed, precipitating carer breakdown
  - vi) carers making poor decisions about long-term care, such as placing relatives into care home care at too early a stage

### **3.5 Proposed service**

- a) To address these shortfalls, funded through the money specifically set aside for dementia within the BCF and approved by the Executive and Health and Wellbeing Board, it is proposed to establish a dementia hub, a co-ordinated framework of community support services with a central point of access that can work directly with integrated care networks (ICNs). This will build upon, wherever possible, the dementia-specialist organisations that already have a strong presence in Bromley, specifically:
- Alzheimer's Society
  - Bromley and Lewisham Mind
  - Age UK Bromley and Greenwich
  - as well as the expertise of Carers Bromley in working with carers.

b) These universal post diagnosis services will include:

- Dementia Advice Service - to provide the first point of contact for those newly diagnosed with dementia. This will provide tailored, accessible, accurate information about dementia from diagnosis and, if needed, throughout a person's life, as well as supporting people to make use of this information, including signposting and facilitating access to services and support to ensure people have the help and care they need.
- Expanded Coping With Caring project - to improve the knowledge, skills and understanding of those caring for a person with dementia, by providing effective support and up to date, relevant and evidence based information through a structured training programme for families and friends of people with dementia
- Dementia Information Coordination - to ensure a comprehensive source of high quality information about dementia and support services are available for people with dementia, carers and professionals in the local area and that this information is disseminated out to key community services.
- Support group provision - to enable engagement with more people at early point of diagnosis and retain a supportive relationship throughout their dementia journey. This will include Dementia Cafés that provide access to practical information, open discussion and social engagement for both people with dementia and carers and Activity Groups that provide the opportunity for people to participate in stimulating and meaningful activities that enhance well-being and confidence.

The proposed post diagnosis pathway is shown in appendix 2.

- c) The new post-diagnosis support service will also include the following currently contracted services:
- Support to care homes
  - Dementia skills training in Extra Care Homes
  - Coping with caring
- d) The new specification for post diagnosis dementia services will comprise several components with organisations invited to bid for all or any parts of the service. Joint bids from providers will be encouraged either through an alliance arrangement or having a lead provider.
- e) The specification for these services will be set in the context of delivering services within the new Integrated Care Networks. As a core provider within those networks the 3<sup>rd</sup> sector will need to organise themselves to be able to provide a coherent offer back to joint commissioners at the Local Authority and Bromley Clinical Commissioning Group.

### **3.6 Proposed procurement route**

- a) The procurement route to establish the Post Diagnosis Support Service and associated services will be through competitive tender. The anticipated timescale for this is shown below.

	SEPTEMBER			OCTOBER			NOVEMBER			DECEMBER			JANUARY			FEBRUARY			MARCH		
Gateway report			23rd	14th																	
Tender process																					
Evaluation etc																					
Report for award															10th						
Contract award																					
Implementation																					

- b) A number of existing contracts are due to expire before this date as detailed below and it is therefore recommended that, to ensure continuity of service, these all be extended until the 30<sup>th</sup> June 2016 in order to allow time for the procurement activity to be completed, with new contracts that cover any existing services to commence from 1<sup>st</sup> July 2016.

Provider	Service
Oxleas NHS Foundation Trust	Support to care homes
Bromley and Lewisham MIND	Dementia skills training for Extra Care Housing Staff
Bromley and Lewisham MIND	Coping with Caring project
Carers Bromley	Coping with Caring project
Alzheimer's Society	Dementia café

- c) Note, the contract with Bromley and Lewisham Mind for the sitting service and BUPA for residential respite referred to in 3.2a) are the subject of a separate report to Members on respite care. The dementia café currently run by the Alzheimer's Society will be part of the new allocation for community support services and included in the tender and will not continue beyond the proposed extension period.

#### 4. POLICY IMPLICATIONS

- 4.1 The Better Care Fund, which was created largely through top slicing health budgets, has created a pooled budget for joint commissioning. The drivers for joint commissioning are to better integrate and co-ordinate services across the local health and care system. This is an early example of utilising the Better Care Fund to:

- Address gaps in required service delivery
- Jointly commission for key services that impact on health and care spend
- Shift the focus to early intervention and focus on maintaining peoples independence in the community

- 4.2 Addresses a shared priority as dementia was highlighted as an area to tackle within the Health and Wellbeing Strategy and Portfolio Holder Plan as well as in the CCGs 5 year strategy.

#### 4.3 FINANCIAL IMPLICATIONS The cost estimates of the new programme are:

NEW SERVICES	Part year cost (July to Mar 16) £000	Full year cost £000	BCF Funded £000	Core funded £000
Dementia Advice Service	191	254	254	0
Coping With Caring	38	50	50	0
Information Worker	33	44	44	0
Community Support Groups	54	72	72	0
<b>EXISTING SERVICES</b>				
Support to care homes	38	50	50	0
Dementia skills training for Extra Care Housing Staff	23	30	30	0
Coping with Caring project	50	66	0	66
<b>TOTAL</b>	<b>425</b>	<b>566</b>	<b>500</b>	<b>66</b>

4.4 For 2016/17 funding is available from the BCF grant and will be taken from the allocated dementia pot. The BCF allocation has been confirmed previously at Executive and the most recent allocation of £500k to Bromley has been agreed at the Joint Integrated Commissioning Executive (JICE) on the 4<sup>th</sup> September 2015. The balance of £66k will continue to be met from the current budget for this service.

4.5 The estimated costs are based upon known and established models in operation elsewhere with costs scaled as appropriate to Bromley's requirements and the known costs of the currently contracted services.

4.6 In order to align service the services together some contracts will need to be extended to the June 30<sup>th</sup> 2016. The costs are as follows:

Provider	Service	Extension value	
		2015/16 £'000	2016/17 £'000
Oxleas NHS Foundation Trust	Support to care homes	25	13
Bromley and Lewisham MIND	Dementia skills training for Extra Care Housing Staff	15	8
Bromley and Lewisham MIND	Coping with Caring project	18	9
Carers Bromley	Coping with Caring project	15	7
Alzheimer's Society	Dementia café	3	1
		76	37

4.7 In 2015/16 funding is available in the budget for these extensions. In 2016/17 the extension will be funded in the main from BCF with the exception of the coping with caring service which will continue to be funded from core budgets.

4.8 The overall aim is to generate greater efficiencies and outcomes through the strategic commissioning approach.

## 5. LEGAL IMPLICATIONS

It is a requirement of the Care Act that the Council supports people who are eligible for Council funded services and to identify carers with needs and to assess their needs for support.

<b>Non-Applicable Sections:</b>	Personnel implications
Background Documents: (Access via Contact Officer)	





