

**NHS DORSET CLINICAL COMMISSIONING GROUP
GOVERNING BODY MEETING
DEMENTIA SERVICES REVIEW – CONSULTATION OPTIONS**

Date of the meeting	20/03/2019
Author	D Bardwell - Principle Programme Lead
Sponsoring Clinician	Dr P French – Clinical Lead for Mental Health and Learning Disabilities
Purpose of Report	The purpose of the report is to seek Governing Body approval for the Strategic Outline Case and approval to proceed to public consultation, subject to the further national assurance required on the preferred model option that has been recommended through the Dementia Services Review.
Recommendation	<p>The Governing Body is asked to consider the report recommendations and to:</p> <p>a) approve the Strategic Outline Case co-produced proposed model options and the preferred way forward - option B</p> <p>b) approve the proposal to proceed to consultation</p> <p>c) approve the proposal to proceed through NHS England assurance</p> <p>d) approve the delegation of authority to the Chair and Chief Officer to make reasonable amendments to the public consultation proposal to address external assurance feedback</p> <p>e) approve the delegation of authority to the Chair and Chief Officer to sign off the public consultation document</p>
Stakeholder Engagement	A co-production approach has underpinned the whole review. A summary of all stakeholder engagement is outlined within the Strategic Outline Case.
Previous GB / Committee/s, Dates	<p>The Strategic Outline Case has been approved:</p> <p>Mental Health Programme Board: 22.11.18 Clinical Commissioning Committee 19.12.18 Clinical Reference Group: 17.1.19</p> <p>Directors approval to consult: 22.1.19 HOSC and HWB have received presentations at key stages of the review</p>

Monitoring and Assurance Summary

This report links to the following Strategic Objectives	<ul style="list-style-type: none"> • Prevention at Scale • Integrated Community and Primary Care Services • One Acute Network • Digitally Enabled Dorset • Leading and Working Differently 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓	✓	
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓	✓	
Legal/Regulatory	✓	✓	
People/Staff	✓	✓	
Financial/Value for Money/Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓	✓	
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : DB

1. Introduction

- 1.1 The vision of the Dementia Services Review is to ensure people living with dementia and their carers will achieve similar outcomes, regardless of where they live in Dorset and to be enabled to live well with dementia, no matter what the stage of their illness or where they receive care.
- 1.2 The CCG and partners have undertaken a rigorous process of needs and data analysis, engagement and view seeking to coproduce a new model for dementia care in Dorset. The proposed new model of care is presented within the enclosed Strategic Outline Case (SOC). This outlines a shortlist of four options including a 'Do minimum' and a preferred way forward – 'Option B' which has been agreed as part of the co-production process.
- 1.3 The Strategic Outline Case follows the Five Case Business Model approved by the Treasury Department and constitutes the Pre-Consultation Business Case as required by NHS England assurance process. The document outlines in detail the strategic context and the economic and commercial landscape. The financial implications are fully described and the management case highlights the project methodology the review followed and proposed methodology for implementing the new dementia care pathway.

2. Report

- 2.1 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.
- 2.2 Throughout the work to date, the review has adhered to the principles of co-production. This has involved strong engagement with multiple stakeholders including people living with dementia, their family carers, Dorset HealthCare NHS Foundation Trust, the three Local Authorities, Alzheimer's Society, other voluntary sector providers, acute hospital providers, care home sector and local councillors.
- 2.3 Utilising this process, the review stages has been co-designed with all stakeholders directly influencing and being part of the design of the proposed future model options. A summary of stakeholder involvement and events is outlined within table 1 below:

Table 1 - 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	<ul style="list-style-type: none"> • Modelling group • Diagnosis sub group • Acute sub group • Crisis and inpatient sub group • Data and intelligence sub group. • Local authorities DSR planning 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
Final Options event 5 th Sept 18	Applying an analysis to models and identifying preferred way forward	60	Evaluation of options. Identify preferred way forward
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	<ul style="list-style-type: none"> • Equality and Diversity workshop • STP Patient Engagement Group • Poole Forum Learning Disability group • Alzheimer's society volunteer groups • Information task and finish group • Dorset HealthCare Operational Dementia Steering Group 	20 16 25 30 + 25 10 10	Updates on review and how to be involved Gave solutions and ideas to support design & modelling phase Developed dementia directory. Update on review including feedback from Cross check event

3. Case for Change

3.1 The SOC (Appendix 1) outlines the need and makes the case for change. Key headlines are:

- Inequity of outcomes and access to services across the county of Dorset

- Ageing population in Dorset with over 65 population forecast to increase to 30% by 2030. Based on Ordinance Survey data (2018) dementia prevalence is forecast to increase by just under 2,000 people by 2025.
- Feedback from stakeholders including service users and carers that health services need to be more joined up. Specific reference was made to fragmentation within the diagnostic pathway.
- Significant workforce challenges specifically in relation to in-patient services.
- Long waiting times for diagnosis and continuing challenges associated with achieving the national dementia diagnosis target.
- A clear emphasis around the lack of post diagnosis support highlighted within the view finding.

4. Future Options

- 4.1 Following a comprehensive design and modelling phase, a number of options have been proposed for the future model of care. These are based on five core elements of the pathway as suggested by the co-production process – preventing well; diagnosing well; living well, supporting well; and supporting crisis well.
- 4.2 Key changes proposed as part of these core elements centre on a revised diagnostic model, provision of additional community based resources including the addition of ‘Dementia Co-ordinators’, and a pan Dorset approach to provision of intensive support and treatment aligned to and integrated with day hospital provision.
- 4.3 Other changes within the revised pathway proposals include the development of a crisis helpline and extension of In-Reach Services to care homes and other community based services.
- 4.4 The emphasis of the proposed changes is based on supporting people to be managed more intensively closer to home; thereby reducing the need for specialist in-patient admission. Evidence suggests the provision of more intensive support and treatment in the community supports this ambition.
- 4.5 Within the future model of care, the proposals include the recommendation to retain the existing 40 specialist dementia inpatient beds in use on the Alderney site and formally close two units (Betty Highwood in Blandford and Chalbury in Weymouth) that were temporarily closed in 2013 and 2016 respectively on the grounds of safety associated with workforce challenges following CQC feedback.
- 4.6 The recommendation to retain the 40 beds is based on local needs analysis and benchmarking with other CCG areas.

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- 4.7 Within the SOC the financial case summarises the affordability of each of the proposed options and includes a profile of investment requirements over a five-year period.
- 4.8 The required investment for the preferred option B is £669,000 in year 1 rising to £1,061,000 by year 5 due to growth in demand.
- 4.9 This investment requirement will be considered within the overall profile of investment priorities for mental health.
- 4.10 Table 2 below depicts a summary of the shortlisted care pathway options including year 1 outline costs. Option B is identified as the preferred way forward.
- 4.11 Table 3 outlines the trajectory of investment requirement across 5 years.
- 4.12 Although the preferred way forward has identified the need for new investment, anticipated benefits indicate that this investment may be offset by savings across the wider health system through a reduction in primary dementia acute hospital admissions. Examples of areas whom have taken whole system approaches to dementia have evidenced a range of positive clinical outcomes and financial savings. The dementia service redevelopment in Mersey Care NHS Trust (2012) has evidenced net savings of £2.1m, or £246,000 per 100,000 population based on a reduction in hospital bed days, length of stay and a reduction in older adult beds.

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Table 2 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	
Preventing Well	Info	-	Info & General helpline	-	Info & General helpline	-	General helpline	-
Diagnosing Well	Memory Assessment Service	1,282	Diagnostic model 4	1,476	Diagnostic model 4	1,476	Diagnostic model 4	1,476
	Neuropsychology (limited)	29	Neuropsychology (all)	147	Neuropsychology (limited)	29	Neuropsychology (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
Supporting 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
Supporting 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
Variation		-		(669)		(490)		(1,213)

Table 3. Summary of estimated five-year costs for each option

	Option A	Option B		Option C		Option D	
	Do min	Preferred					
		Full Cost	Investment	Full Cost	investment	Full Cost	investment
		£000	£000	£000	£000	£000	£000
Year 1							
£000	11,158	11,827	669	11,648	490	12,371	1213
Year 2							
£000	Not modelled	11,949	791	11,687	529	12,479	1321
Year 3							
£000	Not modelled	12,021	863	11,830	672	12,567	1409
Year 4							
£000	Not modelled	12,141	983	11,908	750	12,657	1499
Year 5							
£000	Not modelled	12,219	1061	11,988	830	12,750	1592

To note: Services that have not been included within the modelling have been based on year 1 costs throughout. These include psychology, CMHT, In-Reach Team, Intensive Support Team and Inpatients. Further modelling and costing will be required on these elements as part of developing the Outline Business Case (OBC).

5. Anticipated Benefits

5.1 Key benefits and outcomes associated with the proposed model of care 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 and experience less crisis;
- More choice for people living with dementia through an increased range of community options including more support for carers;
- More efficient and cost-effective services;
- Greater compliance with NICE Standards;

- Reduction in acute inpatient admissions and associated system wide cost savings;
- Reduced acute length of stay associated with improved discharge planning and improved connectivity to community based services.

6. NHS England Assurance and Approvals

- 6.1 NHS England Stage I Assurance – ‘Strategic Sense Check’ – was completed on 17 September 2018. Preparations for NHS England Stage II Assurance are progressing with completion anticipated towards the end of April / beginning of May 2019.
- 6.2 The Wessex Clinical Senate have convened an external review team who are currently considering the proposals. The Senate Council will meet on the 14th March to finalise their response to the CCG which will then feed into the subsequent Stage II assurance meeting.
- 6.3 On 22 January 2019 NHS Dorset CCG Directors approved the proposal to go forward to consultation subject to GB approval.
- 6.4 Subject to GB approval and NHS England assurance, the current proposal is to consult the public for a minimum of 8 weeks during June and July 2019 following a period of purdah related to local government elections in May. Consultation materials including the consultation document and associated questions are currently being developed.
- 6.5 The Governing Body is requested to delegate authority for approval of the consultation proposal and consultation document to the CCG Chair and Chief Officer in order to allow for any amendments as a result of external assurance feedback.

7. Decision Making Timeline

Milestone	Completion Date
Stage II NHS England Assurance	April/May 2019
Public Consultation & evaluation	June & July 2019
Consultation Evaluation	September 2019
Draft Outline Business Case	January 2020
CCG Governing Body decision	March 2020
Mobilisation of new model of care	April 2020 onwards

8. Conclusion & Recommendation

- 8.1 The Dementia Services Review Strategic Outline Case is the culmination of a comprehensive review of existing dementia specific health services in Dorset.
- 8.2 Using the principles of co-production, options for the future model of care for dementia in Dorset have been produced.
- 8.3 Key elements of the proposed new model of care will see a revised diagnostic pathway, improvements in post diagnostic support and enhancements to the management of crisis episodes culminating in improved equity of access pan Dorset.
- 8.4 The Governing Body is asked to approve the following recommendations:
- **Approve** the proposed shortlisted options and preferred way forward for future model of care (Option B)
 - **Approve** the proposal to proceed to consultation
 - **Approve** the proposal to proceed with NHS England assurance
 - **Approve** the delegation of authority to the Chair and Chief Officer to make reasonable amendments to the public consultation proposal to address the external assurance feedback
 - **Approve** the delegation of authority to the Chair and Chief Officer to sign off the public consultation document

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Date : 19 February 2019

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APPENDICES	
Appendix 1	Dementia Services Review Strategic Outline Case
Appendix 2	Equality Impact Assessment