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NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY MEETING

DEMENTIA SERVICES REVIEW

Date of the meeting	13/11/2019
Author	D Bardwell, Principle Programme Lead
Sponsoring Clinician	Dr P French, Clinical Lead for Mental Health and Learning Disabilities
Purpose of Report	To seek approval on the recommendations within the Dementia Services Review Full Business Case.
Recommendation	The Governing Body is asked to **approve** the new model of care for Dementia Services as detailed within the Full Business Case and to **approve** the investment requested to deliver the model of care.
Stakeholder Engagement	Co-produced model of care with large number of Stakeholders
Previous GB / Committee/s, Dates	N/A

Monitoring and Assurance Summary

This report links to the following Strategic Objectives	• 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 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.

1.2 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'.*

1.3 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.

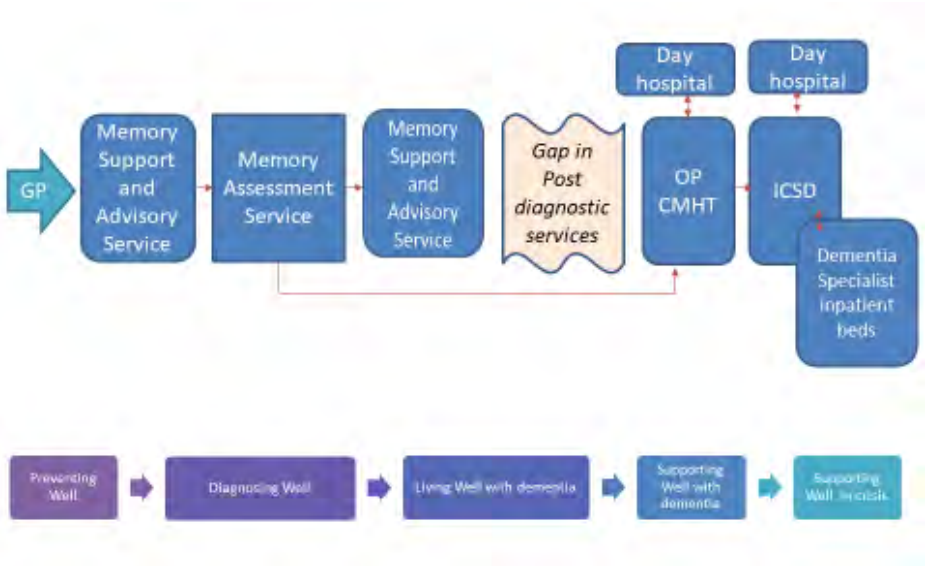
1.4 The scope of the review includes the services outlined within Figure 1:

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

1.5 The operational budget associated with the services in scope equates to £11,380,442 (based on 2019-20) with a total of 292 whole time equivalent staff.

Figure 2. Current summary of dementia pathway



1.6 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'. 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.

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

2. Case for Change

2.1 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.

2.2 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 which 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;
- Access to Information and Communication across services;
- Needs of family carers;
- Dementia diagnosis and waiting times for diagnosis;
- Early onset dementia and lack of specific services;

- 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.

3. Design and modelling stage

3.1 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.

3.2 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.

3.3 Critical success factors were used to define the shortlist:

- 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?

4. Preferred option

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

- Provision of a Dementia Directory and website on Dementia;

- 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 to end of life. These Co-ordinators would work within Primary Care Networks alongside the other dementia team members and multi-disciplinary teams;

- 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 and have representatives from various health and social care and other services available;

- 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 to ensure the whole of Dorset is covered. This service would offer support and 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 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 try to maintain the person in their own home if possible.

- Revising the model of care within Melcombe Day Hospital in Weymouth to align to the same approach as Haymoor Day Hospital in Poole and offer 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 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.

5. Public Consultation

5.1 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:

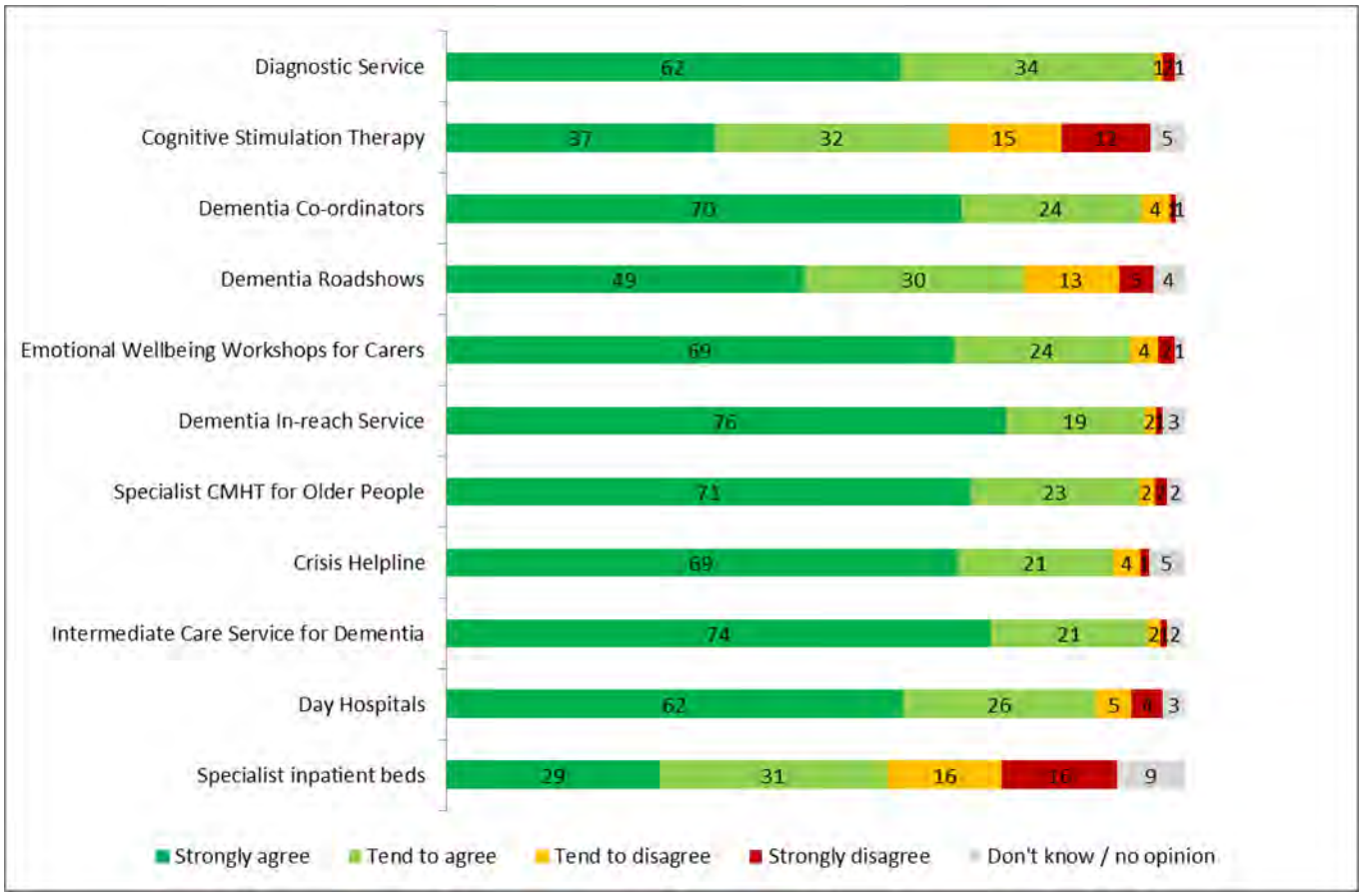
- an online survey;
- a hard copy consultation document including a questionnaire;
- an Easy Read version;
- an animation video explaining the review and the proposals.

5.2 12 drop in events were held across Dorset during daytime and evenings. Outreach to existing community groups, staff meetings and events was also facilitated.

5.3 Evaluation of responses was commissioned by the Market Research Group at Bournemouth University. There was a total of 503 responses with a very significant level of agreement for the new model of care overall. The full report can be found at

www.dorsetccg.nhs.uk/dementia

Figure 3. Main survey agreement



6. Business Case

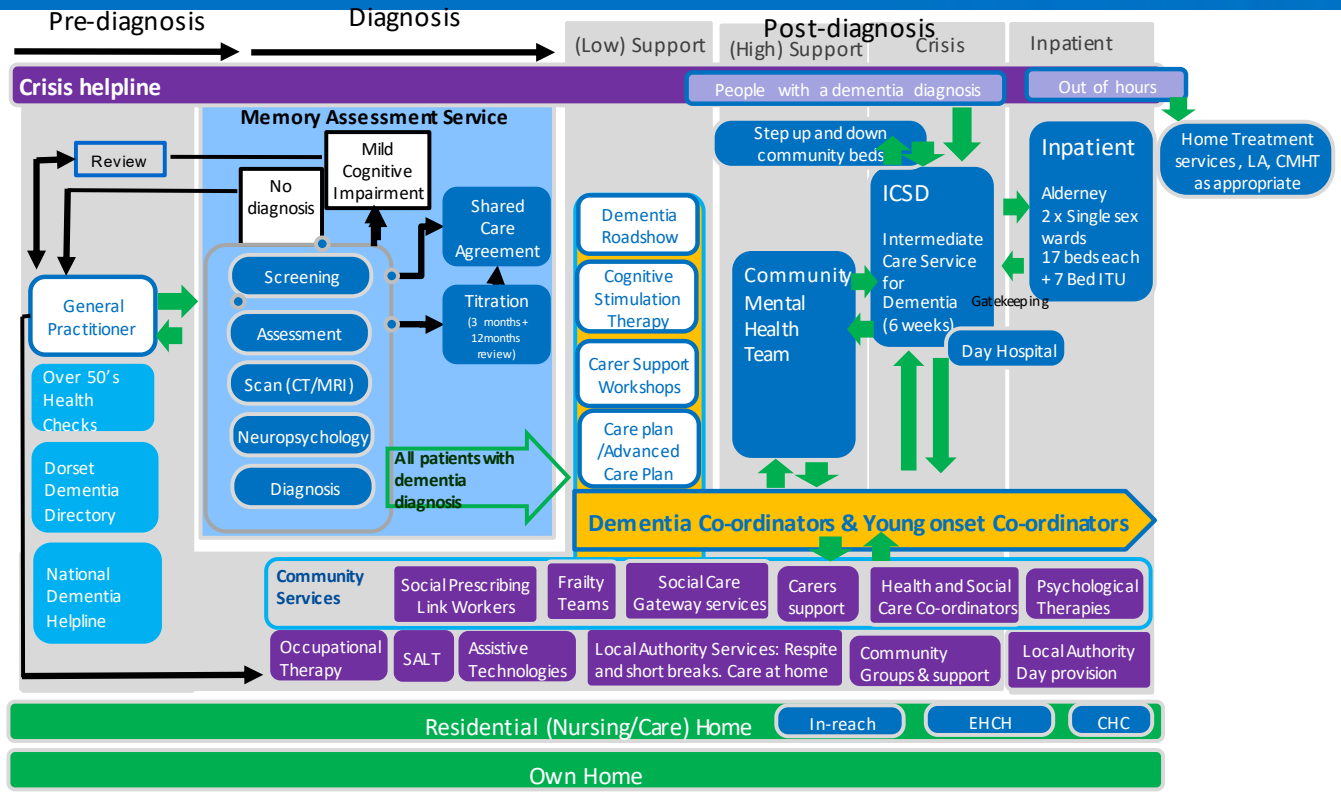
6.1 The Full Business Case (appendix 1) has been developed in line with the five Case Business Model and builds on the previously published Strategic Outline Case. See www.dorsetccg.nhs.uk/dementia

6.2 The consultation findings were carefully considered and the preferred model adapted slightly to take findings into account. As can be seen in Figure 3 the results were very positive and reflected the co-production approach.

6.3 Whilst the majority agreed with the overall model there were significant comments around limiting the offer of Cognitive Stimulation Therapy to those with vascular dementia alone. So it was agreed by the Dementia Review Board to widen this offer.

6.4 Although 60% of people agreed with the specialist inpatient unit to be based in Poole many were concerned around this. Whilst it is unfeasible to offer another unit in the West travel and overnight accommodation costs for those needing public transport and living more than 30 miles away is being proposed.

6.5 Figure 4 below highlights the new proposed dementia care pathway.



CHC = Continuous Healthcare Funding
EHCH = Enhanced Health in Care homes programme
OOH – Out of Hours

6.6 The proposed services were carefully modelled utilising data and agreed projections. It was agreed that the services would be implemented with a phased approach. In particular, the Dementia Co-ordinator service would commence from September 2020, Cognitive Stimulation Therapy to commence from September 2020 and neuropsychology from January 2021.

6.7 This phased approach reduced the year one costs and the summary can be seen in Figure 5 below. The first year investment is lower than the subsequent years to take into account new services being implemented at different times during the year.

- Year 1 requires £823,021. This includes non- recurrent set up costs of £64,512 and recurrent pay and non-pay costs of £758,509 above the baseline funds.
- Year 2 and thereafter requires £1,108,554 recurrent pay and non-pay above the baseline fund.

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Figure 5. Summary of new model of care costs for year 1 & 2

Original service 19/20		NEW MODEL			
	Cost £000		WTE	YEAR 1 Cost with set up £000 Phased implementation	YEAR 2 Recurrent Cost (excluding uplift costs) £000
Info	-	Info & General helpline & Directory		11	11
Memory Assessment Service 23.47 WTE	1,300	Diagnostic model 4 From April 2020	32.74	1,572	1,566
Neuropsychology 0.51 WTE	29	Neuropsychology	2.31	65	140
Memory Advisors as current 18 WTE	597	Dementia Co-ordinators & Young onset and Memory Roadshow (incl 3x managers)	35.40	884	1021
Psychology 2.40 WTE	138	Psychology	2.40	138	138
		Cognitive Stimulation Therapy	4.02	126	216
		Carer emotional support	1.51	67	67
OP CMHT (based 54%) 50.49 WTE	2150	OP CMHT (based 54% of budget)	50.90	2150	2150
In-Reach 4.00 WTE	182	In-Reach Team	4.60	182	182
Intermediate Care Service for Dementia 58.56 WTE	2,233	Intensive Care Service for Dementia	52.90	2233	2233
Day hospitals - different models 10.63 WTE	314	2 day hospitals aligned to Intensive support	10.00	314	314
Matron 1 WTE	57	Modern Matron	1.00	57	57
		Crisis helpline		-	-
40 Inpatient beds 125.36 WTE	4,379	40 Inpatient beds with travel and accom	125.30	4,393	4,393
Cost	**11,380**			**12,202**	**12,488**
Variance	**-**			**823**	**1,109**

7. Anticipated Benefits

7.1 The anticipated benefits 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.

7.2 Research by the Alzheimer's Society on Dementia Advisors (with a similar role to the Dementia Co-ordinators) in 2016 found for every £1 invested in post diagnostic support from Dementia Advisors resulted in nearly £4 worth of benefits[1]. This would equate to approximately £4 million return on investment in Dorset.

7.3 Analysis of the impact of the 'Intermediate Care Service for Dementia' (ICSD) has shown this service is very cost effective as well as highly regarded by people using the service. It is providing a crisis service maintaining people within their own homes for broadly half the cost of a dementia specialist inpatient service and supporting nearly four times more people in the course of a year.

7.4 This is apparent when applying a basic unit cost to both services (see Figure 6) based on patient usage and overall cost. An estimated cost per head for ICSD is £4,741 whereas the Dementia specialist inpatient beds are £34,424 per head based on 2019/20 data.

Figure 6. Costs per head based on service cost and average activity

ICSD operational cost £	Average patients 18/19	Unit cost £	Dementia operational Inpatient bed cost	Average patient numbers 18/19	Unit cost £
2,138,000	451	4,741	4,303,000	125	34,424

7.5 ICSD across Dorset prevented on average 366 admissions for a 12- month period. Relating this into costs savings by utilising a bed rate of £536.09 for an admission on Herm Ward and basing on the average length of stay for females of 87 days this would equate to savings of £46,639 per patient and £17,070,177 for all 366 patients.

7.6 Studies have estimated 10% up to 25% of beds in acute hospitals can be occupied by people living with dementia[2]. Their length of stay is often longer than people without

[1] https://www.scie-socialcareonline.org.uk/dementia-advisers-a-cost-effective-approach-to-delivering-integrated-dementia-care/r/a110f00000Kvpz1AAB

[2] *QJM; 2016: 41–44*

dementia, readmission rate is higher[3]. and there can be delays in supporting them to leave hospital and estimations are that 20% of hospital admissions of people living with dementia are for preventable conditions[4].

7.7 For those with a primary diagnosis of dementia whom were emergency and short stay admissions for patients aged 65 and above there were 503 admissions during 2016-17 and 427 during 2017-18. This equates to a 37% reduction of avoidable admissions through improved community support as proposed in the new model and a cost benefit saving of £278,000 per annum.

7.8 Across Dorset there has been a growth in people with dementia becoming eligible for Section 117 with an increased cost of circa £1m since 2014-15. With greater support and investment into community services, it is anticipated that crisis episodes will be minimised reducing the incidence of formal Mental Health Act admissions and subsequent Section 117 eligibility. Reducing Section 117 by only 10% would release savings of £295,472 to the overall health & social care system as well as potentially reduce the demand for inpatient beds further.

Figure 7. Summary of estimated cost benefits and Return on Investment

Assumption	**Cost benefit £**	**Return on Investment ratio**
Dementia Co-ordinators	95,833	1:4
Dementia Roadshows		1:5
Carer workshops		1:5
10% reduction in Dementia inpatient admissions	582,987	1:9
Day hospital provision instead of Dementia Specialist inpatient admission	950,000	
37% reduction in acute hospital inappropriate admissions	278,000	
10% reduction Section 117	295,000	
	£2,201,820	

7.9 It is estimated that the direct cost benefit will be £2,201,820 per year, although not all will not be cash releasing. In addition, the evidence summarised above indicates that there will be a substantial return on investment, that would be realised across the life of the patients.

[3] The Right care: creating dementia friendly hospitals. Dementia Action Alliance
[4] Alzheimer's Research UK at https://www.dementiastatistics.org/statistics/hospitals/

7.10 As Dementia services do not fall under the remit of the Mental Health Investment Standard it is proposed that the extra funding to support the implementation of the revised pathway will be through the Integrated and Primary Care Services additional £3 million investment for 2020-21.

7.11 Evaluation and monitoring is being built into the implementation of the new model of care with a Logic Model. This will ensure meaningful capture of the inputs, activity, outputs and overall outcomes including cost benefits.

8. Recommendations

8.1 It is recommended that the Governing Body approve the Full Business Case with the revised model of care for dementia services. This includes the respective elements listed above and the associated investment required.

8.2 It is proposed that funding to support the implementation of the revised model will be sourced from the integrated community and primary care services additional £3m 2020-21 investment funds.

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APPENDICES	
Appendix 1	**Dementia Services Review Full Business Case**