NHS
Halton and St Helens

Business Case

Halton and St Helens 'Living Well with Dementia'

(Incorporating Stage 1 and Stage 2 of PCT Commissioning Cycle)

Executive Summary

Objectives

This business case sets out to ensure that services for people with Dementia and their carers in Halton and St Helens help those individuals to live well with dementia and to do this they need to be stretched beyond their current standards and boundaries.

The objectives of this business case resonate entirely with the 4 key principles underpinning the recently published Mental Health Commission report *A Better Future in Mind - Mental Health Services in the North West, 2008.* John Boyington led the Commission that published the report and he leads the Mental Health Improvement Programme for NHS Northwest. His 4 key principles are:

- Making service users and carers more powerful
- Enhancing Commissioning to deliver services that are valued by users and carers
- Shifting the balance of investment towards prevention and early intervention
- Helping staff to provide services people want in a way that they want to receive them

The key local priorities, borne out of the national priorities for health and social care are as follows:

- Early intervention and diagnosis for all
- Improved community and personal support services
- Implementing the new deal for carers
- **Improved quality of care for people with dementia in general hospitals**
- Living well with dementia in care homes
- Considering the potential for housing support, housing related services and telecare to support people with dementia and their carers
- Improved end of life care for people with dementia
- An informed and effective workforce for people with dementia
- **A joint commissioning strategy for dementia**

Improving the quality of care for people with dementia in general hospitals has already been subject to a PCT business case approved in 2008. As a result of

	this a new service was commissioned for the provision of an acute hospital older person's mental health liaison team. A Joint Commissioning Strategy for Dementia has been developed and is currently awaiting full approval by Halton and St Helens Councils. The Joint Commissioning Strategy illustrates the importance of working across Health and Social Care to ensure that we are able to address the challenges that we face in the future. Positive partnership working will be integral to delivering quality service provision throughout community, hospital, social care and residential settings. This business case is **seeking recurrent funding of £125 K from the PCT.** St Helens Council has secured matched recurrent funds to help to deliver this business case in a joined up way and similarly Halton Council has given an in principle agreement to match fund based on redesign and invest to save and an absolute agreement to provide immediately an equal share of the cost of the Dementia Redesign Manager post.
Deliverables	• A service defined by need and not age • A direct, rapid and simple referral process for primary care services, social care, voluntary sector and community services. • Rapid access to the service for patients/service users and carers • Community based assessment - in people's homes wherever possible • A comprehensive specialist assessment and treatment service that will give service users and carers access to all the key services and professionals through one access point • Access to a range of services not currently generally available to patients/service users with organic mental health needs, such as psychology, counseling, physiotherapy, dietetic advice, speech and language therapy and dedicated carer assessment and support • A service that can respond to the needs of people with young onset dementia including people with learning difficulties and alcohol related dementia • Early detection, diagnosis, support and intervention for dementia enabling people to stay at home and be supported effectively in the community • Continuing periodic review of memory and management of medicines in accordance with NICE Guidance for patients / service users in receipt of the specified treatments • Closer and more integrated work with social care services will assist them to reduce the level of admission to long term care homes and enable people to remain longer in the community living more fulfilling lives • Improved community support that should result in fewer and shorter hospital admissions allowing a reduction in the number of high cost in-

	patient beds with commensurate savings • Access to specialist older persons mental health assessment and support for older people with depression or anxiety that hasn't responded to primary care mental health interventions and/ or is co morbid with dementia • Dedicated assessment and support for carers improving carer assessment performance and providing an important source of advice and information • Continuity of access to information and advice through the Dementia Care Advisor • Improved care for people in residential and nursing home care through in-reach, particularly linking into the Dignity in Care agenda • Improvement in awareness, knowledge and skills in other local services through ACTS training input, this will include Sport, leisure, Arts and Cultural services that will enable people with dementia to maintain the lifestyle and activities that they want. • A service that will actively promote patient and carer involvement and peer support to directly support the role of the newly established Dementia Care Advisors in the community • Creation of a balanced and comprehensive older person's mental health service in which the specialist OPCMHT can focus more effectively on people with more complex needs. • Essential and timely capacity development that will enable Halton and St Helens to be better prepared to respond effectively to the forecast growth in demand • The development of a cohesive Multi-disciplinary team across Health and Social Care that can train and develop together establishing appropriate conditions for the ACTS function to develop into a centre of excellence
Needs, Objectives and Current Service	
Strategic Context	• **Our Health, Our Care, Our Say DH 2006.** The 4 main aims promoted in this policy are: - better prevention services with early intervention

	- giving more choice and a stronger voice to service users - more activity on tackling inequalities and improving access to community services - high quality and sufficient support for people with long term needs • **Improving services and support for people with dementia, National Audit Office 2007.** In this report the NAO likened dementia care in the UK as poor as cancer care was in the 1950's. The NAO found that significant sums of money are being wasted on bad care and through its fieldwork the NAO found evidence on how a better community service response can shift care out of acute hospitals. • **Putting People First: Transforming Social Care DH 2008**. This has brought change funding to local councils a 3 year grant to support the shift to prevention; enablement and personalization in adult social care. • **Living well with dementia**: **DH A National Dementia Strategy February 2009.** This strategy sets out 17 key objectives. The local Joint Commissioning Strategy for Dementia includes the local response to meeting these 17 objectives. In view of the specific needs of people with dementia and their level of vulnerability particularly in the later stages of the condition the following policies are also highly applicable: • The Mental Capacity Act 2005 • No Secrets: The Safeguarding of vulnerable adults and compliance with local multi-agency policy and procedures. • Dignity in care DH 2006
Pressure for change	QOF data for 2008/09 indicates that 1369 patients across Halton and St Helens PCT are registered as having dementia (0.42%). The Alzheimer's Society, in a national report published this year, state that the numbers on the QOF register will **only represent 45% of the total number of people** with dementia in Halton and St Helens. So the real number of adults with dementia locally is likely to be closer to **2021 showing prevalence closer to 0.7%.** Figures from POPPI estimate that numbers of dementia sufferers **over 65 years old could increase by 155% by 2025, with over 4,000 patients in Halton and St Helens**. Estimates of dementia shown in Table 1 suggest a prevalence of over 30% in the over 95 population.

The consensus estimates of the population prevalence of late-onset dementia

Age (years)	*F (%)*	*M (%)*	*Total (%)*
65–69	1.0	1.5	1.3
70–74	2.4	3.1	2.9
75–79	6.5	5.1	5.9
80–84	13.3	10.2	12.2
85–89	22.2	16.7	20.3
90–94	29.6	27.5	28.6
95+	34.4	30.0	32.5

Table 1: Estimates of the prevalence of dementia in the general population, 2007 (Source: King's Fund)

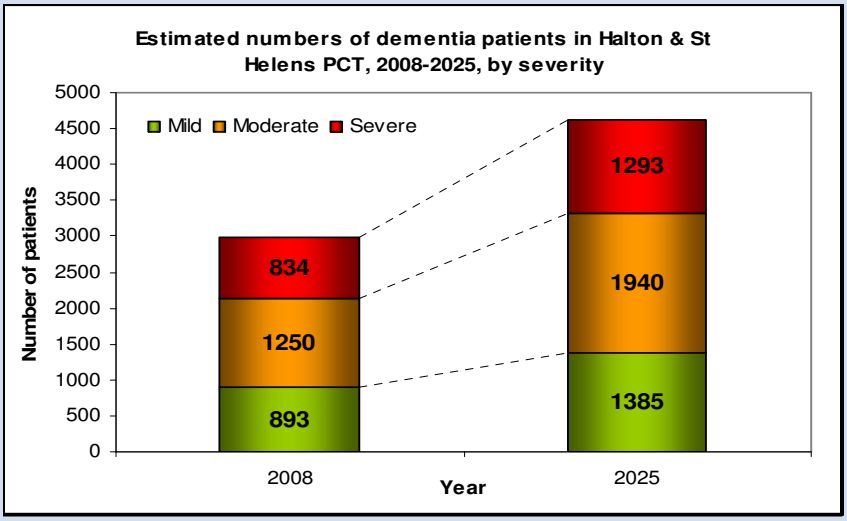
(Taken from: Alzheimer's Society, et al. Dementia UK: a report into the prevalence and cost of dementia. London: Alzheimer's Society, 2007)

The following table shows the predicted increase in the numbers of men and women with dementia in Halton and St Helens compared to the England average. The table shows the predicted increase in dementia cases from 2008 to 2025 as a percentage difference. Although there are predicted to be more numbers of female patients than male, the increase between these years is greater in the male population. Overall for the PCT, numbers of males over 65 years old presenting with dementia is expected to increase by 105% compared to 43% in females. This is also much higher than the national figure of 73%.

	ENGLAND	HALTON	ST HELENS	HSTH PCT
Predicted Percentage Increase: Males 65+	73.0%	81.6%	77.4%	105.0%
Predicted Percentage Increase:Females 65+	39.6%	45.5%	41.7%	43.0%
Predicted Percentage Increase: Total Population 65+	51.1%	58.6%	53.2%	55.1%

Table 2: Projected growth in dementia cases (%) between 2008 and 2025 (Source: POPPI)

The diagram below shows the estimated numbers of dementia by severity 2008-2025 (Public Health Intelligence Team, NHS Halton & St Helens)



It is estimated that 30% of people with dementia have mild dementia, 42% moderate and 28% severe dementia.[i]

If we apply these estimates to the Halton & St Helens dementia burden, we can forecast numbers of dementia by severity, as shown above.

Key findings from the National Audit Office's publication "Improving Services and Support for people with Dementia" (2007) indicate that almost two thirds of patients live in the community and one third are in care homes. Applying this data to Halton & St Helens we can estimate that by **2025 over 3,000 dementia patients will live in the community and over 1,500 will require a care home**.

	The local mapping and needs analysis already undertaken in preparing the Joint Commissioning Strategy for Dementia strongly suggests that the current numbers are not manageable and that the balance of care is weighted towards high dependency and long term care. **Given the predicted increase in prevalence shown above there is no 'do nothing' option with dementia care.** The Joint Commissioning Strategy for Dementia, the Assessment, Care and Treatment Service and this business case all clearly outline the need to shift to early intervention and prevention. By supporting people diagnosed with dementia at an earlier stage and helping them to remain in the community there will be a positive impact on Hospital admissions, residential placements, nursing provision and Continuing Health Care. This will need to be balanced with the increase in support required across some parts of Social Care, Intermediate Care, Domiciliary Care, Voluntary sector, community services and other mainstream services (e.g. Sports and leisure, Arts etc.)
Current Pathway	The current pathway is heavily reliant on the specialist older person's mental health services to accept all referrals, screen, assess and refer on to other services. The lower level community services do support people with dementia but they lack the confidence and skills to retain people in their services when the condition starts to markedly progress. All services work hard, are fully committed and are in the main highly valued by service users and carers. But given the current service model there is little or no community based multidisciplinary service available to people with dementia regardless of age that can provide the early support package designed with the specific needs of dementia in mind. Our view is that currently there is an over reliance on residential and nursing home care for people with dementia locally and an over reliance on out of area residential placement for younger adults with dementia. In order to transform the pathway and adjust the balance towards early detection and support , using specialist and high dependency care an

	absolute necessity once individuals have reached this stage the development of the Assessment, Care and Treatment Service (ACTS) is required. This is a direction supported by patients, carers and professionals. ACTS would bring together existing services in order to combine skill mix and a central place for all referrals with the ability to respond quickly (within 48 hours following receipt of referral) and ensure that requests for help are screened and acted on according to priority and level of need. ACTS will also be commissioned to provide new and additional services : • Dementia Care Advisor role • Awareness raising and training for all local services including specific in reach support packages for care homes staff To make ACTS work effectively other services will be asked to work differently in order to ensure that people with dementia and their carers gain optimum benefits from the new dementia pathway. (See new Dementia Pathway attached). A number of other commissioned services and pathways will also need to work together more closely with the ACTS service, for example Health Checks +, Alcohol harm reduction; Learning Disabilities; Healthy Living Services; Social Care teams; community and voluntary sector; to ensure that risk factors leading to dementia are picked up and minimized and that people with dementia benefit from physical health checks and good management of their physical health.
Current Activity	
Project Management	
Project Owner	Director of Strategic Planning and Service Development
Project Lead	Head of Partnership Commissioning
Clinical Lead	Dr Lindon and Dr Watson (5BPT) ; Dr Frith and Dr Pogue (GPs)
Project Structure	The governance is provided through the Halton and St Helens Older People's Partnership Boards and use of short lived task and finish groups. In January 2010 a Halton and St Helens Dementia Strategy Implementation group will be established and this will provide the Project Board function required to deliver the service transformation requirements.
Stakeholders	The following teams/groups and individuals have been involved in and asked to comment on the ACTS specification and the Joint Commissioning Strategy for Dementia: • Halton and St Helens Older People's Community Mental Health Teams • Local Alzheimer's Society

	• PCT PBC Strategy Group • CEC • PCT Management Executive • St Helens Council Adult Social Care Senior Management Team • Halton Council Adult Social Care Senior Management Team • The 4 Borough Mental Health Commissioning Alliance • Service user and carer members of the St Helens Alzheimer's Disease Society • Service user and carer members of the Halton Dementia Pathways and Dementia Reading groups • The elderly care team at SHKHT **Regular reports have been presented to the following:** • Halton and St Helens Older People's Local Implementation Team/Partnership Boards
Stakeholder Involvement	See above. The 5 Boroughs Partnership Trust has been fully involved throughout the process and is in full support to the proposed redesign and developments. St Helens and Halton Council Adult Social Care have been fully involved and are in support of the proposed redesign and service developments.
Procurement Process	Working with the established providers with an enhanced and expanded role for the third sector.
How will project be evaluated	The Dementia Project Steering Group will receive performance reports from all services and will consider commissioning external evaluation at the end of Year 1 of the redesign process. The following performance measures will be used to assess the outcomes as the project is progressed: • The impact of the service on hospital and residential / nursing home admissions • The responsiveness of the service including measures of the time taken from referral to initial contact with the service user / patient, and the

time to the communication of the outcome of the assessment to the service user and carers.

- Outcomes for service user and carer, measuring their satisfaction with the service and the impact on their quality of life, health and well-being
- Process measures recording the activity of the service in relation to such areas as in-reach into care homes, training sessions provided, and service user and carer group sessions, for example.
- The number of older people supported to remain independent in their own homes
- Measuring the quality of services for those people with dementia in a residential or nursing setting, particularly ensuring that the Dignity in Care agenda is being addressed.

It will be important to measure the impact ACTS has on earlier detection and intervention. Individuals who had previously not been helped to access low level support services such as respite care; personal assistance in the home and peer support will need to be identified. The overall number of people with a care plan will increase and the % of those with a care plan who fall into the lower and medium dependency bands should also increase and this will be monitored. Some measure of change is included in the following table:

Performance targets relating to the number of people with Dementia living in Halton and St Helens in receipt of a health and social care information and support plan.

	2008/9 Baseline year	2009/10	2010/11ACTS to commence June 2010 **(in development phase)**	2011/12 YEAR 1	2012/13 YEAR 2
Number of people with Dementia	2977	3000	3051	3132	3213

	(based on POPPI data for people aged 65+)					
	Number of people with Dementia in receipt of health and social care information and support plan (estimated based on current team caseloads)	780	800	1000	1500	2000
	Of those in receipt, the percentage that are in the low and medium dependency categories	30%	30%	40%	60%	70%
	NB: Target achievement level will be assessed based on the end of year final outturn 2011/12					
Options						
Proposed Pathway	(please see proposed pathway attached)					
Alternative 1	Do Nothing					
Benefits Evaluation						
"Do Nothing" threat	(see Risk Analysis)					
Anticipated	By the end of the first Year new pathway implementation, the anticipated					

Benefits	benefits are: • 20% increase in the number of people with dementia who have an integrated care plan • 10% increase in the number of people at the lower and medium dependency bands in receipt of an integrated care plan • A dementia care redesign plan for Halton and St Helens that identifies how commissioners will transfer funding from high dependency care services to support individuals and carers in the community and closer to home • Dementia Care Advisers commissioned and in post • Consistent training programme designed with input from current providers and ready to be commissioned across the two boroughs • An outcome based performance management framework for dementia
Investment Appraisal	The **total current spend in Halton and St Helens on older people's mental health** services, of which a high percentage is on dementia, **is £11,267,285** • **Residential / Nursing care £4,756,724** • **Continuing Health Care £3,570,000** • **Out of Borough Placements £1,300,053** • **Community Mental Health Teams £ 779,000** • **Kershaw Day Centre (St Helens) £ 562,744** • **Oak Meadow (short stay) £ 145,600** • **Low-Level Services (Halton) £ 77,500** • **Community Services (Halton) £ 75,664** **<u>Only 8%</u> of this spend is invested in low level community based support the remainder is invested in specialist and high dependency care. (This excludes the investment tied up in the older people's in-patient services).** The Financial Plan in the strategy does assume the majority of the actions can be realised through the re-design of existing services, either the specialist dementia services or generic

services. However some additional resource will be required to deliver ACTS and other elements of the strategy

The highest priority action contained in the strategy is the development of early diagnosis, treatment and care. A specification has already been prepared to enable a specifically commissioned part of the current system to deliver this and to that end the councils and PCT have agreed to frame the pending business case around this action.

St Helens Council has made provision of £125k p.a in its 2010/11 budget for recurrent funding based on a share of the predicted cost of delivering this development in St Helens. Halton Council has given an in principle agreement of £125k p.a from 2010/11for the Halton development but it has made provision in 09/10 for 50% share of a Service re-design Manager post (£40-£45k) to be dedicated to the implementation of the dementia strategy. St Helens Council also supports the appointment of a Service re-design Manager.

The business case outlines the benefits to be gained from a small matched investment by the PCT of 125K (currently in Table A in the PCT Financial plan) toward early diagnosis, treatment and care and will serve to maintain a strong partnership focus in this important area.

The summary financial plan is a follows:

Costs	£k	Funding	£k
Halton	388	Halton	188
St Helens	687	St Helens	888
Total	**1,075**	**Total**	**1,075**

Halton funding = £125k (HBC) + 50% of £125k (PCT)

St Helens funding = £700k (Seddon Court) + £125k (St Helens MBC) + £50% of £125k (PCT)

It should be noted that total funding = total costs and that outside of the £125k referred to above, there are no additional costs for the PCT. The £700k referred to in Seddon Court is PCT funding which will be reviewed and used to the St Helens aspect of the ACTS elements within the dementia strategy.

The borough based Service re-design manager will be a key resource for the respective Older People's Partnership Boards in developing dementia specific (all ages) delivery programmes. The local dementia programme boards will take forward reviews of local OP MH CMHTs and other services that need to be reviewed with a view to de-commissioning or re-designing as appropriate. The dementia project steering group will be looking at all the current investment in dementia and seeking opportunities for strategy implementation within this whole resource over the next 5 years.

A joint agreement has been reached with St Helens Council to ensure that the financial package tied up in the re-design of Seddon Court will play a significant part in achieving ACTS in St Helens. Therefore it is estimated that the financial input into St Helens will be minimal or cost neutral (detail in business case to follow). By expanding the service redesign across the whole pathway key service and financial investments like Seddon Court will hold the key to innovation, value for money and more importantly improvement patient outcomes.

Working with our existing provider (5BP) will ensure not only net but service redesign savings across the two borough footprint. As stated by the current Health Secretary this approach will ensure "*higher performance and value for*

	money". Locally this means our incumbent provider can shift resources to meet the inequity between Halton and St Helens.	
Best /Worse/Likely Analysis	See sensitivity analysis for important co-dependencies and Savings plan below	
Sensitivity Analysis	The business case is dependent on another of associated actions: • Health Checks plus • Social marketing to raise awareness and reduce the stigma and fear associated with dementia • Personal health and social care budgets • A comprehensive staff training programme in acute hospitals, in primary, community and social care • The development of a thriving third sector provision • Implementation of the Carers Strategy	
Financial Data		
One Off (Non recurrent)	Capital Costs	IT to support performance management requirements Cost to be finalized with provider
	Set Up	
	Total	
Recurrent Costs	Staffing - Administration	**10K A&C** **52K Service redesign manager** (both for initial 2 year period to complete the redesign project)
	Staffing -Clinical	**2 full time Dementia Care Advisers** Banding to be determined – to be employed in the third sector **Estimated costs are 45K each post** **The remaining clinical posts are either already employed in existing services and will be redeployed to ACTS or the costs will be covered from the balance of the initial growth funding and future year's savings.**
	Training	To be determined

	Total Year 1	**152K plus training costs**
Phasing	**(see attached the implementation action plan)**	
Source of Funding	125K new funding from PCT, 125K new funding from St Helens Council, 15 K from HBC for its share of re-design posts and admin.	
Financial Template	**NB : Meeting in diary with Martin McDowell – 2nd December to obtain financial approval.**	
Savings	**Until the redesign plan has been developed and agreed it is not possible to identify savings above those to be available to pay for the ACTS developments.**	
Risks & Risk Management		
Summary of Risks	1. Risk of not achieving national and local policies resulting in poor CQC ratings. 2. Cost implications for PCT if not invested in as dementia prevalence already predicted to rise at a higher rate than the average for England. 3. If we do not implement the new proposed pathway we are at risk of not addressing our key strategic objectives – Early detection and prevention as part of CSP objectives. 4. We will fail to meet the high patient and carer expectations arising from the publication of the National Dementia Strategy 5. Failure to help to reduce the burden of CHC escalating costs 6. Increased risk of no appropriate bed availability, major impact on Intermediate Care sub-acute unit, community and domiciliary care. 7. In the absence of a small amount of new investment the proposed redesign of the dementia care pathway will face significant delays 8. More people diagnosed with dementia supported within the community without any additional resource, this will create capacity issues on a range of health and social care services 9. Potential impact on Local Authority priorities in relation to prevention, individualized budgets and direct payment.	

Risk Mitigation	• **PCT pump prime a loan amount of 125K to realize the benefits of the new dementia pathway and ACTS developments. This will result in immediate actions to redesign the dementia care pathway.** • Ensure continued collaboration and engagement with multi-disciplinary teams to ensure that we are able to deliver against a better dementia pathway. • Ensure that the commissioners and providers maximize opportunities provided through the 4 borough commissioner's alliance. • Ensuring that all providers of both specialist dementia and generic health and support services are supported and that there is clear evidence of links with other relevant services and teams • Ensure that local developments in improving care of adults and older people with Long Term Conditions (e.g. Widnes Virtual Ward) give weighted priority to people with dementia and their carers • Ensure that patients with dementia and set to benefit from the Health Checks plus service are given priority in relation to reducing risk of failing health • Continue to work with PCT Performance Team, local acute trusts, and 2 council performance leads to implement the whole system dementia performance framework • Continue to build on the already good partnership working in health and local authority commissioning to keep dementia as a high priority within existing programmes.

Timescales and Next Steps in Commissioning Cycle		
Key Milestones	1	(see attached implementation plan)
	2	
	3	
	4	

Approval by Business Case Panel/PBC Strategic Group			
Project Lead	**Print Name**	**Date**	
Executive Director Sign Off	**Print Name**	**Date**	
Director of Financial Strategy	**Print Name**	**Date**	