

**REPORT TO:** Healthy Halton Policy & Performance Board

**DATE:** 12 January 2010

**REPORTING OFFICER:** Strategic Director – Health & Community

**SUBJECT:** Local Dementia Strategy & Dementia Business Case

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To present the local dementia strategy and business case, and clearly define the key priorities within the local dementia strategy.

**2.0 RECOMMENDATION:**

**That Members of the Healthy Halton Policy & Performance Board:**

**i) Comment on the overall strategy;**

**3.0 SUPPORTING INFORMATION**

3.1 The National Dementia strategy – Living Well with dementia was published in February 2009 and outlined 17 objectives designed to deliver on the three overarching aims:

- Improved public and professional awareness of dementia;
- Early diagnosis and intervention; and
- High quality care and support

3.2 The joint commissioning strategy for dementia was developed across Halton & St Helens to outline the current service position and identify gaps in provision that would be central to commissioning plans in the future.

3.3 The dementia business case outlines the clear shift from long-term care, residential and acute care to low-level community support. By changing the focus of our service provision our main objective is to reduce the need for continuing health care beds, residential beds and nursing care. If we do not effect this change then there is an increasing risk of more high cost residential care required in the borough.

3.4 By improving the efficiency as described in the business case we will see a more planned approach to service delivery, which should result in a reduction in the financial resources required. This will be further

enhanced by completion of a service review and redesign of the current Community Mental Health Team.

- 3.5 The dementia strategy and business case clearly demonstrate the direction of travel that will result in a planned shift from expensive, high-level packages of care to low-level preventive services based in the community. This investment in low-level services will offer savings to allow for the future increase in the older population and increased prevalence of dementia, as illustrated in the table below.
- 3.6 The table below outlines the current level of people diagnosed with dementia in Halton and the projected number for 2025.

2008	<u>2025</u>
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- 3.7 The implementation plan will be owned by the Older People's Commissioning Manager and will be performance managed through the Older People's Local Implementation Team. In addition a time-limited steering group will be developed to support the completion of the project plan.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 There are three National documents and one local document that will further support the development of the dementia strategy and business case. **Living well with Dementia: A National Dementia Strategy (Feb 2009)** clearly identifies the direction of travel and the commissioning priorities, the key points are covered earlier in this report at 3.1. The **Government White Paper; Our Health, Our Care, Our Say (January 2006)** outlines the overall shift from complex care to prevention. Although this document does not discuss dementia it does demonstrate the importance of prevention and how an agreed model of early intervention could work across a number of service areas.

On 17<sup>th</sup> January 2008, the **Department of Health issued a Local Authority Circular entitled 'Transforming Social Care'**. The circular sets out information to support transformation of social care and at the heart of this change is the personalisation agenda. As we develop community provision within dementia services we will need to consider the implications of personalisation for people diagnosed with dementia to maintain their independence.

Locally, to support these three National documents, the **Older People's Commissioning Strategy** identifies Mental Health in Older People and particularly dementia as one of its main priorities. In addition quality of life is a major theme of the document and by moving to more community-based provision we will look to achieve an improved quality of life for people diagnosed with dementia and their carers.

## 5.0 **FINANCIAL IMPLICATIONS**

5.1 The business case is asking for support from Halton Borough Council, St Helens Metropolitan Council and NHS Halton & St Helens of £125,000 each on a recurring basis to support the development of low-level dementia services. The contribution from HBC will be met from the re-design of existing services.

5.2 The shift in investment from high cost crisis intervention to community led preventive services will be the most efficient system by ensuring that we get the right people, at the right time into the right part of the system to support people diagnosed with dementia and their carers. The Local Authority will continue to be faced with the challenges of making best use of resources and evidencing value for money. In undertaking this redesign in dementia services we will continually monitor and evaluate the effectiveness of the services to support value for money and improved outcomes for service users.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 6.1 **Children & Young People in Halton**

It is important that we acknowledge through carer's services how this might impact on young families. In Halton we do have a number of younger people who have been affected by a parent diagnosed with dementia.

### 6.2 **Employment, Learning & Skills in Halton**

Dementia does affect people of working age and this needs to be factored into service provision. We need to ensure that there are still opportunities for people with dementia and their carers to realise their potential through employment and volunteering. This has been identified as a Local Area Agreement target (NI150) within Mental Health.

### 6.3 **A Healthy Halton**

As we continue to increase life expectancy the numbers of people with dementia increase. It is clear that everybody has the right to enjoy the best quality of life they can and this should be no different for people diagnosed with dementia. This includes performance towards healthier lifestyles, better access to mainstream services, improved accommodation, dignity and improved mental health outcomes.

### 6.4 **A Safer Halton**

Contracts within this report will be able to support specific Local Area Agreement targets linked to information provision, satisfaction with

services and overall perception of the area that they reside. These targets will be agreed as part of any revised contract and will be monitored through the relevant Commissioning Manager.

**6.5 Halton’s Urban Renewal**

None

**7.0 RISK ANALYSIS**

7.1 This strategy outlines the key risks and issues that commissioning faces in relation to ensuring that people diagnosed with dementia have the same opportunities to access services and support that helps them to remain independent. If these areas are not addressed then the risk to health inequalities, economic burden, strain on frontline health and social care services would continue to grow in the coming years.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 Dementia will play an important role within the emerging dignity agenda as well as cutting across a number of service areas including adults of working age. This is due to an increase in the number of people under 60 who have been diagnosed with dementia.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
None identified		