

CHESHIRE EAST COUNCIL

People Advisory Panel

Date of meeting: 2.03.09
Report of: John Weeks
Title: Living Well With Dementia : A National Dementia Strategy

1.0 Purpose of Report

- 1.1 In 2008, the Government published “Transforming the Quality of Dementia Care” a consultation document on a National Strategy for Dementia. The consultation period ran from 19 June 2008 to 11 September 2008 and Cheshire County Council submitted a response to the Department of Health in conjunction with CECPC, West Cheshire PCT and Cheshire and Wirral Partnership Trust.
- 1.2 The Government published its final report “Living Well with Dementia” on 3 February 2009. This final strategy has been amended in the light of feedback from the consultation.
- 1.3 The purpose of this report is to inform Panel Members about the recommendations of this Government report.

2.0 Decision Required

- 2.1 Panel Members are asked to note the content of the National Dementia Strategy and to seek a further paper on its implications for Cheshire East.

3.0 Financial Implications for Transition Costs

- 3.1 £35k – Project Management time.

4.0 Financial Implications 2009/10 and beyond

- 4.1 The Strategy reiterates the issues in the consultation document, in relation to the growing numbers of people likely to suffer from dementia over the coming years and describes the need for significant investment throughout the whole health and social care economy to improve services.
- 4.2 The Government is to invest £150 million over 2 years, though at present there is no further information regarding the allocation of this funding.
- 4.3 The Department of Health has also published a document on its assessment of the Financial Impact of the Strategy.

- 4.4 Total costs identified by that report are approximately £300 million per year nationally, which assuming approximately 0.6% of the national requirement for Cheshire East Council and CECPCCT, equates to £1.8 million per year.
- 4.5 However, the report also assumes nil costs for significant aspects of service development, where we know there are already identified gaps locally. Its estimates do not cover, in general, the costs of providing services to the increased numbers of people with dementia, who should be identified and supported nor developmental, management costs or resources for involving and consulting service users and carers locally.

Therefore, this is likely to be an unrealistic assessment of total costs involved. Further details of the Financial Impact Assessment are included in the attached report, as Appendix 1.

- 4.6 The financial impact assessment divides the objectives of the strategy and roll out into three groups where either:-
- Projected costs are identified or
 - Nil costs are assumed, sometimes because funding is assumed to be available from other workstreams such as the Carers Strategy or
 - Further evaluation work is planned before implementation to identify cost effective actions.

5.0 Legal Implications

- 5.1 There could be claims from service users and carers against the Authority for providing poor quality or inadequate services.

6.0 Risk Assessment

- 6.1 A performance management system to measure and track progress is planned.

The risks of taking no action to implement this Strategy include:-

- Increased costs of providing residential or nursing care to people, who have not received adequate support to remain in their own homes.
- People with dementia and their carers receiving inadequate help and support.
- Poor quality care or safeguarding issues for people receiving contracted services.
- Poor achievement of performance targets and reduced star rating for the Authority.

7.0 Background and Options

7.1 The aim of the Strategy is to ensure that significant improvements are made to dementia services in three areas:-

- Improved awareness and help seeking.
- Earlier diagnosis and intervention.
- A higher quality of care.

so that all people with dementia and their carers should have the best possible healthcare and support, no matter what the stage of their condition or where they are in the health and social care system.

7.2 The Strategy has 17 objectives, which provide a framework for improving services over a 5 year period and beyond. They include areas for both national and local action and make it clear that a whole systems approach to dementia is required, through joint commissioning between Health Services and Local Authorities. The strategy also highlights the connection with the World Class Commissioning programme for Primary Care Trusts.

Priorities for implementation nationally include:-

- Early diagnosis and intervention for all.
- Implementing the New Deal for Carers.
- Improved care in general hospitals and care homes.
- Informed and effective workforce.
- Joint commissioning for dementia.

The 17 objectives are listed in Appendix 2.

7.3 Areas of particular responsibility and opportunity for Adult Social Care services include:-

- Improved community support services for people with dementia and their carers.
- Improved care in care homes.
- Workforce development.
- Partnership working through Local Strategic Partnerships, Local Area Agreements and joint commissioning.
- Extra care housing and telecare.
- The development of Self Directed Support and personal budgets, which actively support people with dementia and their carers.

7.4 Services should aim to offer high quality experiences for people with dementia as well as offering breaks to carers. Home Care Services should be person centred, flexible and meet the outcomes required by service users and carers, not specifically designed around tasks and time slots. Specialist services where staff have particular expertise in working with people with dementia will need to be developed.

- 7.5 An important theme of the Strategy is that people with dementia and their carers should have a range of options for services to support them. These include respite care both in their own homes and residential options, which will require a shift in the current delivery of services
- 7.6 CECPCT World Class Commissioning objectives for dementia have also identified priorities including early diagnosis and support services, the quality of care in acute hospitals and workforce development.

8.0 Overview of Day One, Year One and Term One Issues

- 8.1 Substantial work needs to be undertaken locally to implement this national strategy. Work has begun to identify a baseline of needs and services across Cheshire and a project has been initiated with CECPCT to implement the strategy. Work is already underway on a variety of areas including end of life care, care pathways and workforce development. Costs will be identified as part of this work.

9.0 Reasons for Recommendation

- 9.1 The National Dementia Strategy is a significant document providing a framework, within which health and social care services, in particular, will be expected to provide or commission a wider range and improved services for the increasing numbers of older people with dementia and their carers in the coming years. It is important, therefore that Members are fully aware of the Strategy and its implications for Cheshire East.

For further information:

*Portfolio Holder: Cllr Roland Domleo
Officer: June Westley
Tel No: 01625 37 4717
Email: june.westley@cheshire.gov.uk*

Background Documents:

Living Well with Dementia : A National Dementia Strategy

Documents are available for inspection at:

www.dh.gov.uk/en/PublicationsandStatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

APPENDIX 1

DEPARTMENT OF HEALTH FINANCIAL IMPACT ASSESSMENT

<u>Objectives where costs are identified</u>	<u>Local Costs</u>
Objective 1 : Raising Awareness Year 1 - £1m Year 2 - £3.5m Year 3 – onwards £4m	Based on 0.6% national figure. £6,000 £21,000 £24,000
Objective 2 – Early Diagnosis and Intervention. Memory clinic costs £220m/year.	 £1,320,000
Objective 3 – Information for people diagnosed and their carers. £1.5m over 2 years.	 £9,000.
Objective 8 – Improved care in general hospitals. £3m/year for senior clinician in each hospital.	 £180,000
Objective 9 – Intermediate care – dementia specific services. £38 million / year	 £228,000
Objective 11 – Living well with dementia in care homes. 4 CPNs for each PCT – in reach service to care homes.	 £240K

Objectives where extra costs for Local Services are identified as nil

Objective 7 : Implementing the Carers Strategy.

Objective 9 : Intermediate care – mainstream.

Objective 10 : Housing and telecare.

Objective 12 : End of Life Care.

Objective 14 : Joint commissioning.

National Objectives where costs are identified as nil

Objective 15 : Inspection and registration.

Objective 16 : Research.

Objective 17 : Implementation

Objectives where further research and evaluation is planned

For some objectives it is planned to undertake further evaluation work before full roll out. These are:-

Objective 4 – Access to care, support and advice.

£4.5m over 2 years – evidence to be considered before full roll out.

Objective 5 – Structured peer support and learning networks.

£3 million over 2 years for demonstration sites and evaluation.

Objective 6 - Improved community personal support services.

£0.5 million over 1 year for evaluation of current services.

Appendix 1 Contd/.....

Objective 8 - Improved care in general hospitals.

£0.7 million over 1 year for evaluation of current psychiatric liaison services.

Objective 11 – Living well with dementia in care homes.

£1.5m over 2 years to develop materials support leadership.

Objective 13 – An informed and effective workforce.

£2m over 2 years for consultation and development of training for providers and cost analysis.

APPENDIX 2

Living Well With Dementia OBJECTIVES

- Objective 1 : Improving public and professional awareness and understanding of dementia.
- Objective 2 : Good quality early diagnosis and intervention for all
- Objective 3 : Good quality information for those with diagnosed dementia and their carers.
- Objective 4 : Enabling easy access to care, support and advice following diagnosis.
- Objective 5 : Development of structured peer support and learning networks.
- Objective 6 : Improved community personal support services.
- Objective 7 : Implementing the Carers' Strategy for people with dementia.
- Objective 8 : Improved quality care for people with dementia in general hospitals.
- Objective 9 : Improved intermediate care for people and dementia.
- Objective 10 : Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.
- Objective 11 : Living well with dementia in care homes.
- Objective 12 : Improved end of life care for people with dementia.
- Objective 13 : An informed and effective workforce for people with dementia.
- Objective 14 : A joint commissioning strategy for dementia.
- Objective 15 : Improved assessment and regulation of health and care services and of how systems are working for people with dementia and their carers.
- Objective 16 : A clear picture of research evidence and needs.
- Objective 17 : Effective national and regional support for implementation of the Strategy.