1. SUMMARY

1.1 The outcomes for Waltham Forest residents with dementia are poor compared to similar localities; including high levels of hospital usage, frequent emergency admissions and long subsequent Lengths of Stay.

1.2 The Council's in-house Dementia Support Service is a high-cost provision that supports limited numbers of people without demonstrating tangible benefits. There is evidence that better outcomes would be achieved through an alternative model of support.

1.3 The population of residents with dementia is growing and so a pathway is required that achieves the best outcomes.

1.4 This report outlines how improvements would be achieved by delivering a jointly commissioned dementia offer with the CCG to support residents through each stage of the condition. To pursue this proposal the current in-house Dementia Support Service would need to be decommissioned to reinvest the necessary proportion of the budget.

1.5 This report seeks Cabinets agreement to undertaking a consultation on this proposal.

2. RECOMMENDATIONS

2.1 Cabinet is recommended to:

2.1.1 Agree that there be a consultation on the proposal to decommission the current Dementia Support Service and re-invest in a new model of support.
2.1.2 To delegate to the Deputy Chief Executive for Families in consultation with the Portfolio Holder for Adult Social Care the decision on the future of the existing service provision having due regard to the outcome of the consultation and any representations received.

3. PROPOSALS

Background

3.1 The term ‘dementia’ describes a set of progressive symptoms that include loss of concentration and memory problems, mood and behaviour changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases, a series of small strokes or other neurological conditions.

3.2 As of May 2017, there are 1,293 people aged sixty-five and over with a diagnosis of dementia in Waltham Forest, with an estimated further 545 people undiagnosed. A 64% increase is predicted in the number of residents with the condition between 2017 and 2035.

3.3 A review of the most recent data sets available has indicated that the outcomes for Waltham Forest residents with dementia are poor compared to similar localities. For example:

i. In 2015/16: Waltham Forest had the highest ratio of inpatient service use to recorded diagnoses of any London borough; 25% higher than the regional average and 30% higher than the national average.

ii. In 2015/16, Waltham Forest had the fifth highest number of emergency inpatient hospital admissions of people aged 65+ with dementia per 100,000 population amongst the London boroughs. This was 29% higher than the regional and 52% higher than the national averages.

iii. In 2014, Waltham Forest had the lowest percentage of people aged 65+ with dementia who died in their usual place of residence compared with the ten closest comparator CCGs. This was 27% lower than its highest performing comparator and 26.6% lower than the national average.

3.4 A case study review and interviews with stakeholders have demonstrated the lack of a coherent post-diagnosis dementia care pathway within the Borough. A joint LBWF and CCG Transforming Dementia Services project group has been formed to address these issues.
The Dementia Support Service

3.5 The Dementia Support Service is a non-statutory in-house service. It supports approximately 114 people with dementia a year through dementia clubs, home visits, advice and information for carers and introductory dementia training for organisations.

3.6 The Dementia Support Service is accessed via a formal dementia diagnosis, a social care assessment or living in one of the Extra Care venues which are used by the service to hold their groups (no diagnosis is required in the latter instance). This service is accessed by both Council-funded and partial/fully self-funded Packages of Care.

3.7 The service runs two Support Groups a day across six different Extra Care facilities throughout the borough. Transportation is provided if required and meals are included. Currently four members of staff support up to ten service users from the community. In addition, up to ten residents who live in the facility can attend supported by their own staff. The clubs engage people in various activities aimed at engaging and stimulating the mind and senses, and keeping people physically and socially active.

3.8 A one-to-one home visit scheme operates seven days a week between 7:00 – 18:00, primarily for people too frail to attend groups or those at End of Life. There are currently no visits scheduled on a Sunday, with only three taking place on a Saturday. Visits vary between one and two hours and are supplementary to any domiciliary support package or community health services. The service also operates on bank holidays. During home visits, staff will support individuals and their carers to keep stimulated and remain as active as possible.

3.9 A service review has highlighted a number of issues that indicate we should review investment in this model:

i. The Dementia Support Service is one component of the wider system of dementia-specific support. However, it is only accessed by approximately 5.8% of people aged 65 and over with dementia in the borough.

ii. There are no known instances of other local authorities investing within this model.

iii. There are no outcomes recorded for people accessing the service and no KPIs are reported; there appears to be little documented evidence available to demonstrate Value for Money or key outcomes for individuals. Anecdotal commentary from staff supports positive outcomes for carers and service users.
iv. The unit cost remains high despite the lack of benefit evidenced: the 2016/17 actual unit cost was £7,465 per annum including transport and £5,921 excluding transport.

v. The service is non-statutory: people’s eligible needs under the Care Act 2014 are met separately. For example, 66% of current service users also have domiciliary care packages or Personal Assistants.

vi. Currently 5% of people classed as accessing the service from the community live in Extra Care facilities, where they are already in receipt of funding for day support.

vii. 43% of 2016/17 Dementia Support Group capacity was used by the Extra Care residents who did not have to demonstrate a formal dementia diagnosis, and who already had day support commissioned from the Extra Care provider.

viii. The information sharing element of the service appears to duplicate the Dementia Outreach and Advisor service commissioned by the CCG, in addition to signposting from other organisations and the Council’s own information and advice pathways.

ix. The service is under-used; group attendance achieved 62% of capacity during 2016/17, while the home visiting service usage was not accurately recorded.

3.10 There is evidence that different models of provision from demographically similar areas have demonstrated beneficial outcomes from lower levels of funding. For example, the Greenwich Advanced Dementia Service has evidenced approximately £304,400 savings from hospital admissions and care home placements against a staffing cost of £25,000. A meeting with the Greenwich Advanced Dementia Service took place on the 12 October 2017. In addition, the Merton Dementia Hub has also been visited: this provision supported 1,331 people to achieve evidenced outcomes between October 2016 and November September 2017 for a total cost of £308,000 (of which the local authority contributed £238,000).

3.11 The current health care pathway is as follows, and it is proposed that this would be improved through service reconfiguration to constitute a new Dementia Offer:

i. Initial diagnosis and treatment at the Memory Clinic.

ii. Onward referral for post-diagnostic support provided by Alzheimer’s Society, who signpost and provide advice.

iii. The GP undertakes care planning, with both the Memory Clinic and the Alzheimer’s Society contributing to the care plan.
3.12 The proposed new Dementia Offer would support people with dementia through Universal Services, Social Care and Social Prescribing. In addition, people would be supported to remain independent within the community through the Local Area Coordination scheme. A diagram summarising the proposed New Offer can be found in Appendix 1.

3.13 The Council's primary community support within the proposed new Dementia Offer would be provided from within a new building-based Dementia Hub, located at Sidmouth House in Leyton. This would be accessed by people with dementia, their carers and family, voluntary sector providers and health services. The Hub would provide support from diagnosis until End Stage, including advice and information; drop-in services; day care; groups, while also acting as a referral nexus to the wider health and social care system. This would enable people with dementia to remain within the community for as long as possible and delay progression of the condition by accessing the correct support in a timely manner, supporting carers, and reducing the risk of crises that could lead to unplanned hospital admissions.

3.14 People currently accessing the Dementia Support Service from the community will be able to access a variety of services across the Dementia Pathway, including the proposed new Dementia Hub. Those accessing the service who live in Extra Care already have day activity provision provided within the contract. Those who are receiving home-support will be reviewed on a case-by-case basis to ensure that they are not adversely affected by the decommissioning of the current service.

4. OPTIONS & ALTERNATIVES CONSIDERED

4.1 To do nothing and the service continues as normal. This option is not recommended since the service would continue as a high-cost provision that supports limited numbers of residents with dementia whilst being unable to demonstrate benefits and outcomes; nearly 50% of service users will continue to access the Support Groups without demonstrating a dementia diagnosis or dementia need; and required savings will not be achieved.

4.2 The Dementia Support Service could continue with a Service Improvement Plan being developed and implemented. This may ensure that the service has a service specification, KPIs and outcome monitoring, a clear referral pathway and clarity as to where it aligns with the local Dementia Offer. This option is not recommended since it would entail the service continuing as a high-cost provision which supports limited numbers of the residents with dementia; there is evidence that better outcomes would be achieved through an alternative model of support which would also achieve the required saving target.
5. SUSTAINABLE COMMUNITY STRATEGY PRIORITIES (AND OTHER NATIONAL OR LOCAL POLICIES OR STRATEGIES)

None.

6. CONSULTATION

6.1 If Cabinet agree then a six week consultation with service users, their carers/family and voluntary sector organisations will be held with opportunities to contribute at organised meetings, via post and through the website. Background information for this consultation will be provided in an information pack, and advocates will be arranged by case workers when required. The duration of the public consultation has been recommended by the Insight and Communication Team.

6.2 This public consultation will commence alongside a 30-day staff consultation commencing in January. The dates are still being finalised.

7. IMPLICATIONS

7.1 Finance, Value for Money and Risk

7.1.1 The total budget available in 2018-19 will be £214,200. It is assumed that the Council’s contribution to the new Dementia Offer will be met from this resource, bearing in mind that the vast majority of the Care Pathway will be continue to be commissioned by the CCG. Finance will be working with the service to cost the new evidenced based model once proposed.

7.1.2 If the cost of the new evidenced based model is higher than the available budget, the service will need to cover the additional cost within existing available resources in Adult Social Care.

7.2 Legal

7.2.1 The Care Act Guidance does specify that when introducing a significant change in policy or practice that may adversely affect service users, there is a need to consult. Closing the current service is a significant change which affects these service users.

7.2.2 The Council must ensure compliance with the Public Sector Equality Duty (PSED), under s.149 Equality Act 2010 which may require consultation where there are protected groups who are adversely affected, to ensure decision makers have sufficient information to
enable them to have due regard to the need to advance equality of opportunity and eliminate unlawful discrimination.

7.2.3 Consultation must take place at the formative stage and provide adequate time for consideration and response.

7.3 **Equalities and Diversity**

7.3.1 People with dementia sharing the protected characteristics of age, disability, race and sex will be impacted by these proposals, along with their carers and support staff.

7.3.2 An Equality Impact Assessment will be carried out as part of the consultation process and presented to those taking any final decision.

7.4 **Sustainability (including climate change, health, crime and disorder)**

7.4.1 If the Cabinet do accept the proposal then there will be a corresponding reduction in fuel admissions since service users will no longer be transported to groups and staff will no longer be travelling to people’s homes. However, there may be a corresponding increase as people are transported to access alternative services, including the proposed Dementia Hub. This may in part be mitigated through the case worker discussing a travel plan if supporting the person to access alternative provision.

7.4.2 The Regeneration and Sustainability Programme Manager has advised that a full Sustainability Matrix is not required due to the limited impacts.

7.5 **Council Infrastructure**

7.5.1 This project is part of the Council’s Transformation programme.

7.5.2 If the decision is made to decommission the Dementia Support Service post-consultation then the 15.5 members of staff would require HR support through the Managing Change process. The Council will abide by TUPE regulations and principles as they apply.

**BACKGROUND INFORMATION (as defined by Local Government (Access to Information) Act 1985)**

None.