Agenda Item 14

Leicestershire County Council

CABINET - 10 MARCH 2017

INTEGRATED COMMISSIONING OF A DEMENTIA COMMUNITY AND HOSPITAL IN-REACH SUPPORT SERVICE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

PART A

Purpose of the Report

1. The purpose of this report is to seek approval to proceed with joint commissioning and procurement arrangements for a single community and hospital in-reach dementia support service for Leicester and Leicestershire. This will provide a more joined-up service for the area, replacing three separately commissioned services.

Recommendations

2. It is recommended that:

   (a) Approval is given for the joint commissioning arrangement for dementia support services under a single contract for Leicester and Leicestershire, noting that contract management arrangements are still to be finalised;

   (b) The Director of Adults and Communities be authorised to take action as necessary to implement the proposed joint procurement and commissioning of a single community and hospital in-reach dementia support service as set out in paragraphs 40 to 45 of this report, which will include appropriate contract management arrangements.

Reasons for Recommendations

3. Joint procurement of a single model of service across Leicester and Leicestershire will offer a more consistent approach to people affected by dementia (both those with a diagnosis and their carers) who need support in the community, and to other stakeholders.

4. The future joint commissioning and procurement of services, through combining health and social care funding, will make the best use of available resources and will support easier transition between hospital and community settings. It will also support the aim of co-ordinating care and integrating services around the person in order to improve outcomes and ensure high quality and sustainable service provision.

5. The new model will support outcome-based commissioning and delivery in line with the principles set out in the Adult Social Care Strategy.

6. The allocation of Better Care Fund (BCF) funding is a matter for decision by the Health and Wellbeing Board.

Timetable for Decisions (including Scrutiny)

7. Subject to approval by the Cabinet, the process of procuring providers to deliver the new service model will begin as soon as practicable with a view to the new contracts being in place by June 2017. This will allow for a minimum three-month transition period, ensuring that the new providers are ready to commence delivery from 1 October 2017. This timetable aims to support the smooth transfer of users to the new model.

8. The use and allocation of BCF has been delegated by the Cabinet to the Health and Wellbeing Board (February 2014) and agreement to the funding arrangements for the proposed service will be sought from the Health and Wellbeing Board on 16 March 2017.

Policy Framework and Previous Decisions

9. The relevant policy framework includes:

- The Care Act 2014;
- Adult Social Care Strategy ('Promoting Independence, Supporting Communities; Our vision and strategy for Adult Social Care 2016);
- Better Care Together (BCT) Five Year Strategic Plan (2014);
- LLR Sustainability Transformation Plan (LLR STP) (2016).

10. The Care Act 2014 requires local authorities and health partners to work in partnership and integrate services where possible, in order to provide seamless support, avoid duplication and achieve best value for money. It states that local authorities must ensure the integration of care and support services with health provision where this will promote and support wellbeing, prevent or delay the development of need for care and support, or improve the quality of care and support.

11. The County Council's Adult Social Care Strategy 2016-2020 outlines the vision and strategic direction of social care support for the next four years. The service model is a "stepped" approach, including the Department's aims to work to reduce or delay the need for formal social care through supporting people to stay well and independent.

12. Support for people affected by dementia[1] is one of the priority areas for development identified in the Joint Strategic Needs Assessment (JSNA) 2015[2], to support the BCT aims of citizen participation and empowerment, prevention and early intervention, and integrated, proactive care for people with long term conditions.

[1] People Affected By Dementia (also referred to as PABD) means people with a diagnosis of dementia and their informal/family carers.
[2] http://www.lsr-online.org/uploads/mental-health-report.pdf

13. The introduction of this model will also support the dementia aim outlined in the draft (November 2016) LLR STP, to support effective transfer from hospital to community settings.

14. In February 2014, the Cabinet authorised the Health and Wellbeing Board to agree the BCF plan and plans arising from it.

Resources Implications

15. The current Leicestershire Memory Support Service is 100% funded from the County BCF and is contracted for £318,673 per annum.

16. The Hospital Dementia Service is 100% funded from health BCF for a total of £100,200 per annum (each CCG contributes £33,400).

17. The table below indicates the level of annual funding available for the integrated service.

	Funding £000
County BCF*	347
Leicester City Council	102
City BCF*	30
Total Integrated Community and Hospital In-Reach Service Funding	**479**

*Includes a targeted 10% reduction as part of Leicestershire's Integration and BCF Planning Requirements 2017-19. City BCF contribution to match in proportion to County's allocation.

18. This will result in a total budget for the new proposed service for Leicester and Leicestershire of £479,000 per annum.

19. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Circulation under the Local Issues Alert Procedure

20. This report is being circulated to all members of the Council via the Members' News in Brief service.

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PART B

Background

21. The proposed new pathway for dementia support is to commission a joint health and social care community and in-reach service for people affected by dementia. This will replace the three separate services which are currently commissioned by Leicester City Council, the County Council, and the three local CCGs.

22. The proposed model has been informed by feedback from current provider surveys and by direct engagement with people affected by dementia (both people with a diagnosis and carers accessing services).

23. A review of service provision for people affected by dementia across health and social care identified the need for an overall integrated community service for the City and County, and to ensure that support continued if this involved a period in one of the University Hospitals of Leicester.

CCGs - Current Service Provision

24. The three local CCGs (East Leicestershire and Rutland, West Leicestershire, and Leicester City) currently commission a Hospital Dementia Support Service to which they all contribute equally, at a total cost of £100,000 per annum (from the BCF). This service is separate from, and in addition to, the community services commissioned by the County Council and, in Leicester, the City Council.

25. In 2015/16, a total of 495 people accessed this hospital service. Of these, 116 were supported with information only (this includes ward staff seeking assistance to support inpatients and/or their carers). Of the 379 who received direct support, 220 were County residents, 117 were City residents and 42 were unknown – the latter are likely to be carers of people who live in Leicester or Leicestershire, but who themselves live outside the area.

Leicestershire - Current Service Provision and Review

26. The current County Council commissioned service is provided by the Alzheimer's Society, which was awarded the contract through a competitive tender process in 2014. The service commenced on 1 October 2014 for an initial period of one year, with an option for the contract to be extended for a further two years, in one-year periods.

27. The service currently provides a range of 'memory cafes' and groups for carers and service users to engage in activities and find peer support, a carers' training programme and one-to-one episodic support in response to particular need.

28. In 2015/16, the service handled 2,673 referrals, and an average of 620 people per month used dementia cafes, carer support groups and activity groups, all located in and around the county. During the year 52 carers attended the CRISP training programme (a Carer Information and Support Programme run by the Society).

29. The current budget for this service is £319,000 per annum (from the BCF).

Demand for Services in Leicestershire

30. In 2013/2014 4,170 people within the registered population were diagnosed with dementia (0.6%), the same as the England average. This represents an increase of 10% in the number of people recorded with dementia; a reflection of the work undertaken within primary medical care to improve diagnosis and recording.

31. The number of adults with early onset dementia (i.e. affecting people under 65 years of age) is predicted to rise from 178 in 2014 to 190 in 2,030, with a peak of 198 by 2025. The number of older people with dementia is predicted to rise from 9,125 in 2015 to 12,927 in 2025.

32. Both locally[3] and nationally people with dementia tend, on average, to stay in hospital for twice as long as people over 65 without dementia.

Outcomes of Engagement

33. In preparation for the joint commissioning, a series of visits to dementia cafes, carers' groups and activity groups during February 2017 was undertaken to engage with people affected by dementia and inform the development of the new model. This work identified support for strengthening locality based approaches, working closely with both primary and secondary care services, and the importance of post-diagnostic support.

34. Other issues which emerged during engagement were the:

- importance of good links between the provider and primary care services'
- need to ensure appropriate referral pathways are understood and used;
- need for good, timely, accessible information;
- value placed upon peer support found in groups and dementia cafes.

The Proposed New Service Model

35. It is proposed that the East Leicestershire and Rutland, West Leicestershire, and Leicester City CCGs and the local authorities (the City and County Councils) will undertake a joint procurement process to commission a single community and hospital in-reach service for the area.

36. The model will offer post-diagnostic support services and guidance for people with memory issues and/or a diagnosis of dementia and support and guidance for their carer(s), to ensure seamless support in the community, during hospital admissions, and transferring back into the community.

37. This service will continue to help to prevent carer breakdown and help enable families to remain together in the community for longer, delaying inappropriate admission to statutory services, residential care, and hospital. If a person does require hospital admission there will be support for them and their carer during their stay, providing a smooth transition back into community support.

[3] CCG analysis of UHL data

38. The following key elements will be provided to everyone who is diagnosed with dementia (and their carers) and/or anyone worried about their memory and encompasses current provision offered across the three separate services:

- Advice and information;
- Training for informal carers;
- A range of carers and activity groups, and dementia cafes;
- Episodic one-to-one support in response to specific need.

39. An outcome based procurement exercise will determine the service delivery model with providers' proposed approaches evaluated against the outline service model, service level outcomes and local needs of the population. It is expected that delivery models will include face to face contacts, telephone support and a web-based offer, which is as per existing service provision.

Commissioning Proposals

40. It is intended that there will be a single Invitation to Tender for a single service. Leicester City Council will organise the procurement exercise on behalf of the joint commissioners and will award a contract to the preferred provider.

41. The contract management arrangements are still to be finalised, but will ensure that service delivery to Leicestershire residents is proportionate to the County BCF funding contributions. The contract will also include appropriate mechanisms to review this on an annual basis. All of this work will be undertaken in partnership with the relevant strategic commissioning partners from social care (both Councils) and health (all three CCGs).

42. The service will be funded by reinvesting existing County BCF funding, City Council funding and the City BCF funding (subject to approval of the BCF Plan) into an outcomes-based model which will aim to offer a service that enables people to:

- Receive support when they need it;
- Make informed choices and decisions;
- Be supported during a hospital stay and with getting back home;
- Feel part of a community and have opportunities for social activity;
- Feel well supported;
- Be treated with dignity and respect.

43. A contract will be issued for two years with a three-year extension facility. There will be a contractual requirement for providers to attend a quarterly group meeting with the joint commissioners to review progress, build ongoing relationships and develop good practice.

44. The contract will require the provider to submit quarterly monitoring information which will include details of the residency of people using the service, by CCG area, services delivered and outcomes achieved. This monitoring information will be available for review by all commissioning partners, and will also review performance in relation to equalities issues and outcomes achieved.

45. The pooled budget arrangement will support easier access for all referrers, allow a more flexible staffing model, and eliminate duplicated administration costs for the provider, thereby still ensuring sufficient capacity at a lower overall cost.

Background Papers

- Adult Social Care Strategy 2016-2020 – Report to Cabinet, 5 February 2016 http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=4599&Ver=4
- The Prime Minister's Challenge on Dementia 2020 http://ow.ly/gm3t309kj0l
- Better Care Together Five Year Strategic Plan (2014) – http://ow.ly/o3oA301Nftz
- Leicester, Leicestershire and Rutland Sustainability and Transformation Plan Draft http://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=46236

Relevant Impact Assessments

Equality and Human Rights Implications

46. Equalities and Human Rights Impact Assessment screening will be completed to inform a joint (across all commissioners) full impact assessment. It is envisaged that the future proposed model, offering a single integrated service, will better support equality across Leicester and Leicestershire. Any emerging issues will be addressed within the service specification, procurement exercise and (if required) through contract management.

Risk Assessment

47. Any changes to the BCF allocations could affect the various contributions to the total budget for this service. A formal Joint Working Agreement will be put in place so that in the event that the funding situation changes, any partner may give six months' notice of withdrawal from the arrangement.

Partnership working and associated issues

48. Engagement with partners including health and independent and voluntary sector organisations in the production and delivery of the new model is critical.

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