

# JOINT COMMISSIONING BOARD

## Agenda Item 30

Brighton & Hove City NHS  
Teaching Primary Care Trust  
Brighton & Hove City Council

**Subject:** Dementia Care At Home – Review of performance and suggested way forward

**Date of Meeting:** Monday 8<sup>th</sup> December 2008

**Report of:** Director of Strategy, Brighton and Hove City PCT

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**Wards Affected:** All

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 A proposal for a new model of intensive support at home for people with dementia, provided by Sussex Partnership NHS Foundation Trust, was approved by Joint Commissioning Board in October 2007. The service, Dementia Care at Home (DCAH), originally called ICAST (Integrated Community Advice and Support Team) Plus, was intended to provide an alternative to specialist long term OPMH (older people mental health) nursing home placements. It was commissioned in response to a lack of capacity within the local market. The proposal stated that a caseload of ten people would be managed by December 2007 with an anticipated caseload of twenty by early 2008.
- 1.2 This report is to inform the JCB of DCAH's performance to date, and to outline recommendations for the development of a more detailed options paper for the future of the service, which will come back to a future JCB meeting.
- 1.3 The current model of DCAH is not delivering against expected outcomes. The reasons for this are outlined below. In light of this, the referral criteria for the service have been temporarily modified to support people earlier in the care pathway. This will allow the service to support an increased number of people with less intensive need, on an interim basis, to ensure maximum utilisation of capacity prior to the determination of future commissioning arrangements.
- 1.4 In summary, the JCB is asked to support the interim arrangements for the service whilst options for future commissioning, within the community care funding allocation, are explored.

## **2. RECOMMENDATIONS:**

- 2.1 It is recommended that the JCB approve the interim service model whilst future commissioning options are determined.
- 2.2 To ensure that there is an agreed way forward prior to the start of the new financial year, it is recommended that a JCB meeting is convened in February 2009. This will enable the development of future commissioning arrangements within the community care allocation.

## **3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:**

### **Factors contributing to the development of the DCAH service**

- 3.1 Historically there has been a lack of OPMH nursing placements within Brighton and Hove. This has led to a number of residents being placed into nursing homes outside of the city.
- 3.2 A new local nursing home was approved to provide placements for older people with mental health needs by the JCB in December 2006.
- 3.3 Following a series of concerns, placements were suspended and fifteen residents were transferred from the new nursing home. Four of these residents were placed within the city, but eleven were placed out of area.
- 3.4 To address both the general lack of OPMH nursing placements, and this specific suspension of placements, DCAH was approved by the JCB in October 2007.

### **Resource allocations for DCAH**

- 3.5 The financial resource agreed for DCAH was £873,865. The breakdown of expenditure was previously agreed by the Health and Social Care Programme Board in September 2007
- 3.6 It was anticipated that the service would support up to twenty people at any one time. This gave a unit cost of £840 per week, which compared favourably with the option of purchasing additional specialist beds outside of the city.

### **DCAH Performance to Date**

- 3.7 DCAH commenced in April 2008. By fulfilling the criteria as an alternative to long term admission to OPMH nursing homes, the service has only been available to a very small number of individuals. In total, between April and September 2008, eleven people received care from DCAH. At any one time, the maximum number of people on the caseload was three. This is significantly less than the maximum figure of twenty people specified in the service proposal due to the intensity of care required to managed the level of need.

- 3.8 As a result of the lower than anticipated caseload, the actual unit cost of the service exceeds the anticipated unit cost, and does not represent value for money. In the current format, the service is not financially viable as it is unable to accommodate a high enough number of service users to provide comparable unit cost figures to long term placements, including traditionally more expensive out of area placements.
- 3.9 It should be noted that service user and carer feedback regarding the service has been extremely positive. The service provides a very high quality alternative to long term OPMH nursing placements. It is also in line with local and national policy for supporting people to remain independent and maximising quality of life. However, the original service model is financially unsustainable.
- 3.10 Based on the identified performance issues it is recommended that use of the allocated resource is reviewed, whilst DCAH continues using the modified service referral criteria in the interim.
- 3.11 Future commissioning recommendations will be brought back to the JCB for agreement.

#### **4. CONSULTATION**

- 4.1 Consultation at this stage is purely with the JCB for their endorsement of this suggested way forward. Any possible future service options may require further consultation.

#### **5. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

- 5.1 It is agreed that the DCAH service is financially unsustainable, as it does not deliver value for money. Therefore the suggestion of a future options paper is supported.

*Finance Officer Consulted: Michael Schofield*

*Date: 17/11/08*

##### Legal Implications:

- 5.2 Community Care Legislation requires the Local Authority to make provision for the assessed needs of vulnerable adults. DCAH represents an appropriate form of provision for some service users with dementia and as alternative to nursing care takes into account choice for service users and rights enshrined in Article 8 ECHR. Value for money and responsibility to the public purse is an integral part in the decision making process involved in both commissioning and delivering services in accordance with statutory requirements. The suggestions within this report to address the difficulties within the current model pending a fuller investigation of the best approach to the future of the service represents attention to the expenditure of public funds. As set out in the body of the report a full consultation with all interested and affected persons/bodies will need to be undertaken in terms of developing the service to ensure compliance with Article 6 ECHR.

*Lawyer Consulted: Sandra O'Brien*

*Date: 14/11/08*

Equalities Implications:

- 5.3 DCAH enables marginalised people with dementia to maintain dignity (as described within the Human Rights Act) and receive appropriate and sensitive care at home. However, as the service is only available to a limited number of people at any one time, the service is not equitable in its current form. The PCT has a duty and a commitment to commission services appropriate for the diverse population of the City.

Identifying ways to improve and develop this service, to meet the needs of a wider proportion of the population, is an essential way to meet this need and the organisation's legal obligations.

*Equality and Diversity Manager consulted: Phil Seddon Date: 17/11/08*

Sustainability Implications:

- 5.4 There are no specific implications

Crime & Disorder Implications:

- 5.5 There are no specific implications

Risk and Opportunity Management Implications:

- 5.6 There are no specific implications

Corporate / Citywide Implications:

- 5.7 There are no specific implications

## **SUPPORTING DOCUMENTATION**

**Appendices:**

None

**Documents In Members' Rooms**

None

**Background Documents**

None