Brighton & Hove City Council

JOINT COMMISSIONING BOARD ADDENDUM

5.00PM, MONDAY, 23 FEBRUARY 2009

COMMITTEE ROOM 1, HOVE TOWN HALL

ADDENDUM

ITEM **Page**

43. DEMENTIA CARE AT HOME - FUTURE OPTIONS PAPER **1 – 16**

Report of the Director of Strategy, Brighton and Hove PCT (copy attached).

Contact Officer: *Kathy Caley* *Tel: 545467*

Wards affected: *All*

JOINT COMMISSIONING BOARD	**Agenda Item 43** Brighton & Hove City NHS Teaching Primary Care Trust Brighton & Hove City Council

Subject:		***Dementia Care at Home – Future Options Paper***		
Date of Meeting:		**Monday 23rd February 2009**		
Report of:		***Director of Strategy, Brighton and Hove PCT***		
Contact Officer:	Name:	***Kathy Caley***	**Tel:**	**01273 545467**
	E-mail:	Kathy.caley@bhcpct.nhs.uk		
Key Decision:	Yes/No	Forward Plan No. (*7 Digit Ref):*		
Wards Affected:	All			

FOR GENERAL RELEASE

Note: The Special Circumstances for non-compliance with Council Procedure Rule 23, Access to Information and Section 100B(4) of the Local Government Act as amended (items not considered unless the agenda is open to inspection at least 5 days in advance of the meeting) are that the legal implications of the report had not been finalised in time for the despatch of the agenda.

1. SUMMARY AND POLICY CONTEXT:

1.1 In October 2007 the JCB approved the development of the Dementia Care at Home (DCAH) service. The service was intended to provide an alternative to specialist long term Older People Mental Health (OPMH) nursing home placements through the provision of intensive home care support twenty four hours a day, seven days a week.

1.2 In December 2008 a report was brought to the JCB regarding the performance of DCAH. The paper advised that as the service was not delivering against expected outcomes or delivering value for money, the interim measure of modifying the referral criteria had been taken. This allowed DCAH to provide support to people with less intensive need earlier in the care pathway, thereby increasing the number of people supported by DCAH, and maximising efficiency of the service. In light of the identified performance issues, the JCB approved the continuation of the interim arrangements whilst an options paper for the future of the service was developed. It was agreed that the options paper would return to the JCB in February 2009.

1.3 This report sets out the options for the future of DCAH. The paper recommends the approval of option four - cessation of the modified DCAH service with the existing ICAST service enhanced, utilising the skills and capacity of the existing DCAH staff. Details of all options, with benefits and risks for each, are outlined below.

1.4 The JCB should note that there are national and local policy developments within OPMH service provision, and that these developments may have a direct impact on dementia services. A new National Dementia Strategy has been published

(03/02/09), which focuses on earlier intervention, better access to appropriate support and information upon diagnosis, and improvement in the quality of services delivered. Locally, an OPMH Planning Framework has been developed, and will come to the JCB for ratification in March 2009. The key themes in the draft local health economy framework are to maximise independence and quality of life, to intervene earlier in the care pathway, and to develop personalised services which promote reablement and reduce inequalities. These principles must underpin any future service model and therefore are fully reflected within the recommended option.

2. RECOMMENDATIONS:

2.1 It is recommended that the JCB approve option four – cessation of the modified DCAH service with the existing ICAST service enhanced, utilising the skills and capacity of the existing DCAH staff. Most of the staff employed by DCAH will be transferred to the 'Enhanced ICAST' service, with only three RMNs redeployed into other services within SPFT. This will ensure that the skills of the existing workforce are retained.

2.2 A service specification will be drawn up for the Enhanced ICAST service to ensure that clear outcomes are specified and performance can be appropriately monitored. This will be complete in time for the start of the next financial year. Once the service has been operational for six months, a full evaluation will be carried out, and commissioners will decide whether or not to tender the service at that point. A paper will then be brought to the JCB, setting out the recommendation for the future of the service.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

Summary of Models Discussed Throughout Paper

3.1 The table below summaries the different service models discussed throughout the paper.

Service Model	Summary	Key Comments
1. **Original** Dementia Care at Home service	- Began in April 2008 - Intended to provide direct alternative to long term nursing home placement - Providing 24/7 care for individuals in their own home	- High intensity of need meant that very small number of people could be supported at one time - Did not offer value for money - Unsustainable and inequitable
2. **Modified** Dementia Care at Home service	- Operational since October 2008 and interim measure approved by JCB in December 2008 whilst options paper for future drawn up - Using staff already employed in original DCAH service - Referral criteria amended to include those requiring	- More people supported at one time - Better value for money but still high cost

	residential placements and those in times of crisis - Providing specialist home care support but not as intensive as in original model	
3. Proposed model recommended within in paper – '**Enhanced ICAST'**	- Adding capacity to existing ICAST team to enable more people to be supported at one time - Creation of specialist dementia home care service offering short team, crisis service	- Meets the requirements of the National Dementia Strategy - Much better value for money - Utilises the skills of the staff employed by DCAH to boost and extend a successful existing service

History of Dementia Care at Home Development

Original Service Model

3.2 The original DCAH service was developed in response to the suspension of OPMH nursing placements in a local home, and because of the historic lack of OPMH nursing placements within the city. The service began in April 2008 with the aim of providing a direct alternative to long term OPMH nursing home placements, for up to twenty people with dementia at an estimated unit cost of £840 per week. This compared favourably with the option of purchasing additional specialist beds outside of the city. As a result of the lower than anticipated number of people that could be supported at any one time, the actual unit cost of the service was significantly higher and did not represent value for money.

Performance of the original DCAH model

3.3 In the six months from April 2008 to September 2008, and in its original form, the DCAH team supported a total of nine service users, with up to three service users supported at any one time.

Finance of original DCAH model

3.4 The total cost of the DCAH service is £891,401 per annum. For the original DCAH model this equated to £814.06 per person per day, as the service only supported three people at one time.

Modified Service Model

3.5 As the original service model was failing to meet the intended outcomes, the referral criteria were temporarily modified to maximise efficiency and increase value for money as an interim measure, whilst an options paper for the future of the service was developed. The modified DCAH service has been operational since October 2008.

Performance of the modified DCAH model

3.6 In the three and a half months from October 2008 to January 2009 (data available up to 18th Jan 2009) the modified DCAH model supported a total of sixteen service users. Extrapolating this figure across a comparable six month period would give an estimate of approximately twenty seven service users being supported by the modified DCAH service. The modified DCAH service has been able to support up to eight service users at one time. Of the sixteen service users supported by the modified service, eleven were able to remain at home given the support provided and only five were eventually referred for long term care placement. Therefore the short term intervention service provided by the modified DCAH service prevented two thirds of the case load from requiring admission to residential/nursing placement.

Finance of the modified DCAH model

3.7 For the modified service model, the cost is reduced to £305.27 per person per day as eight people were supported at one time. Although this is better value for money, it is still a high daily rate and is neither sustainable nor equitable. N.B. The 2008/09 fee for a placement in an older people mental health nursing home is £565 per week.

Lessons learnt from the Dementia Care at Home service development

3.8 A number of positive aspects of the modified DCAH service have been identified. The personalised nature of the service and the fact that it can adapt to the needs of the service users and carers are valued features of the service. The specialist skills of the team mean that individuals receive expert care in their own home. If the service were completely decommissioned, these elements would be lost.

3.9 Neither the original DCAH service or the modified DCAH service have had a demonstrable impact on delayed transfers of care or entirely removed the need for long term care placements. However, it is worth noting that two thirds of individuals supported by the modified service were able to remain at home, when they would otherwise have had no alternative to long term placements. It is possible that continuation of a similar specialist home care service, providing earlier interventions, could eventually lead to an increase in the length of time a person can remain in their own home. The impact could be that admission to long term care is delayed by a significant period. As evidence indicates that there can be a 22% decrease in institutionalisation by early provision of support in a persons home[1], a service model providing more crisis support is beneficial. If the service were to be stopped completely, the valuable skills of the team members would be lost, and the eight people currently supported by the service would have to be managed elsewhere in the system.

[1] Transforming the Quality of Dementia Care – Consultation on a National Dementia Strategy. Department of Health (June 2008)

3.10 Development of the service has indicated that there are other ways in which people with dementia can be cared for and enabled to remain at home. Having a service which provides home care support to those with dementia should assist in meeting the key local health economy agendas of personalisation, choice and reablement. It should also allow the complex needs of people with dementia and their carers to be met, delivering the outcomes of the National Dementia Strategy. Applying the knowledge gained to future commissioning, to ensure that the benefits of this service are not lost, will be vital in the future.

National and local service developments with implications for OPMH services

National Dementia Strategy

3.11 The Government has recently prioritised the improvement of dementia services by the publication of the National Dementia Strategy (published 03/02/09). The three broad themes of the national strategy are:

- raising awareness and understanding
- early diagnosis and support
- living well with dementia

3.12 Under the third theme, a number of objectives set out the expectations for services in the future. Of particular relevance is objective 6 *'Improved community personal support services'*. This sets out:

> *'Provision of an appropriate range of services to support people with dementia living at home and their carers. Access to flexible and reliable services, ranging from early intervention to specialist home care services, which are responsive to the personal needs and preferences of each individual and take account of their broader family circumstances. Accessible to people living alone or with carers, people who pay for their care privately, through personal budgets, or through local authority arranged services.'*

3.13 The national strategy states that this can be delivered by implementing the *Putting People First* changes for people with dementia and sets out that there will be the need to establish an evidence base for effective specialist services to support people with dementia at home. Once this evidence base has been established, commissioners will be able to implement the best practice models.

3.14 As the result of a crisis situation is often the permanent move to long term care, effective crisis management can assist in helping a person to remain in their own home and to avoid inappropriate admissions. A specialist service providing short term home care could avert the immediate need for residential or nursing placement, reduce stress experienced by carers and extend the capacity for independent living for people with dementia[2].

[2] Living well with Dementia: A National Dementia Strategy. Department of Health (February 2009)

3.15 In 2006 the Department of Health and Care Services Efficiency Delivery Programme (CSED) began work investigating the longer term effect and impact of home care reablement services[3]. The study found that after receiving reablement focused homecare services for a short period of time, service users went on to require less generic homecare support in the future. The team managers involved in the scheme also fed back that the perceived impact of the reablement service was a reduction in the demand for social care. The study indicates a more robust evaluation of the longer term impacts of reablement is required.

3.16 As the National Dementia Strategy specifies the need to develop a specialist dementia home care service once an evidence base is established, it may be opportune for Brighton and Hove to develop a small scale version of this service whilst the infrastructure is in place. This would provide scope to further develop the service in the future, if the expected benefits are realised. It would also enable Brighton and Hove to be advanced in taking forward the recommendations of the National Dementia Strategy, whilst the supporting evidence is still being gathered.

3.17 The Commission for Social Care Inspection (CSCI) indicates that to reduce social isolation, maintain independence, support carers and prevent admissions to care homes and hospitals, appropriate home care services are vital. Of particular importance for people with dementia are home care services offering continuity, reliability and flexibility.

Local

3.18 Brighton and Hove has 36000 people aged 65 or over, or 14 percent of the total population. The projected population for Brighton and Hove differs to other areas in England. An increase in the working age population is expected, with the percentage of those aged over 65 decreasing. However there will be a slight increase in the percentage of people aged over 85 in Brighton and Hove. As dementia has a much higher prevalence in those aged 85 and over, it is possible that this slight rise in the population aged over 85 could increase the need for specialist dementia services.

3.19 Locally, an Older People Mental Health Planning Framework (2009 – 2012) has been developed, and will be brought to the JCB for ratification in March 2009. The planning framework sets out the vision for the future development and commissioning of services to support older people with mental health needs, and their carers. It is a joint strategy across Brighton & Hove PCT and Brighton & Hove Local Authority. The key aims of the strategy are to have OPMH services which:

- are person centred and based on an individual's need
- promote choice
- support reablement
- maximise independence and quality of life
- reduce inequalities

[3] Research into the Longer Term Effects/Impacts of Reablement Services. Department of Health/CSED. (October 2006)

- enable earlier diagnosis
- are of high quality
- maximise efficiency of capacity available within Brighton and Hove
- provide value for money

3.20 If approved, it is anticipated that a number of service developments specific to dementia will follow. The expectation is that there will be a greater emphasis on community support services for people earlier in the care pathway to avert crisis and on reablement to support people to maintain independence. In addition, increased support and information for carers will be prioritised to ensure that they are given adequate support to manage both their needs and those of the individuals they care for.

3.21 Telecare is one form of support that can enable an individual to safely remain in their own home. CareLink Telecare is a service used in Brighton and Hove to support people in their own home. The Commission for Social Care Inspection (CSCI) telecare profile report for Brighton and Hove in December 2008[4] identified some barriers to people taking up the service e.g. requirement to have a telephone line and a key holder. Work is underway to resolve these issues, as well as looking at response services and alternative devices, to increase the success of the service. The development of telecare services in the future will play a vital role in enabling people to remain in their own home, and this will explored as part of the proposed option.

3.22 Home care services in Brighton and Hove are currently provided by an in-house Local Authority run service, and by the independent sector. The in-house team is in the process of changing their focus and in the future will provide a reablement focused service. Independent providers can offer home care packages for people with mild dementia. Both of these are generic services, and are not supported by RMNs. Therefore there is currently no specialist provider of home care for those with dementia.

Capacity in OPMH Care Homes

3.23 Within Brighton and Hove generally OPMH service users can be placed within residential care homes in the city. Currently there is an inadequate number of OPMH nursing care home places. However, this could change in the future as there are plans for a number of new and existing providers to develop. For example, Bupa have plans to open a 75 bed unit, with registration for dementia. Another provider has plans to open a 100 bed unit with a mix of OP and OPMH nursing provision. These developments both have planning permission and providers are optimistic for a 2009 opening, but given the current economic climate the timeframes for development are uncertain.

3.24 Market development work via the Fairer Contracting and Preferred Provider initiatives should assist in driving up the quality of care homes and should

[4] *Telecare Profile for Brighton and Hove.* CSCI report (December 2008)

also assist in increasing capacity because of improved rates and benefits. Further development of short term services, along with the outlined developments in the OPMH care home market, mean that the needs of older people with dementia in Brighton and Hove could be more adequately met. Developments in care home services would compliment the other developments and increase the choice of service available to those with dementia.

Proposed Service Model

Current ICAST Service

3.25 The Integrated Community Advice and Support Team (ICAST) provides a varied and flexible service to older people who are experiencing functional or organic mental health issues. The main function of ICAST is to provide support to individuals and those involved in their care for a short term basis (up to six weeks). This includes assessing the mental health and social care and support needs of an individual, providing a care plan to meet the identified needs on a short term basis and supporting hospital discharge. ICAST currently operates seven days a week from 9am to 5pm and has an open access system. A limitation of the service includes the need to redirect cases when working to full capacity due to limited staffing levels. Providing personal care is considered vital to assist the service user in remaining in their own home, however, ICAST does not currently provide personal care to service users. In its current form, ICAST does not meet the ambitions set out in the National Dementia Strategy.

Proposed enhancement to ICAST (Recommended Option 4)

3.26 The proposal is to increase the capacity of the current ICAST team by stopping the DCAH service and transferring staff into the existing ICAST team. The proposal will meet the objectives of the National Dementia Strategy in two ways:

I. The development will increase the operational hours of the current ICAST team from 9am - 5pm to 7am - 10pm, seven days a week and increase the number of staff available on each shift from three to five or six. This will ensure more older people with mental health needs receive short term interventions (for up to six weeks), earlier in the care pathway, thereby assisting them to retain their independence. The additional capacity in ICAST will also mean that greater mental health support will be available to mainstream services. ICAST will continue to be responsible for clinical management of the caseload. The clinical care aspect of ICAST is monitored by the Health Care Commission.

II. The creation of a short term, specialist home care service for people with dementia. This specialist service will provide home care support at times of crisis, to reable individuals, help them maintain their independence and remain in their own homes for longer. This should help reduce the need for residential/nursing placements and inpatient admissions. The home care element of Enhanced ICAST will be registered with the Commission for Social Care Inspection (CSCI). Once the Care Quality Commission (CQC) is established in April 2009, it will take over the work of the Health Care Commission and the Commission for Social Care Inspection. Therefore, there will be one inspection regime for both elements of the service.

3.27 The enhanced service should:

- increase interventions earlier in the care pathway
- increase rapid assessment, support and advice to all service users
- reduce admissions to acute hospitals and improve discharge delays
- reduce transfer of care to OPMH residential and nursing homes
- increase quality and length of time an individual is supported at home
- provide temporary home care in an emergency situation whilst a private provider is identified e.g. family member suddenly admitted to hospital and care required urgently
- ensure value for money by providing a service that is less expensive, but which still provides the positive aspects identified in the modified DCAH service
- be in line with national and local policy developments

3.28 The assessment element of the service will be free of charge. The specialist dementia home care element of the service will be free up to the point of an agreed Home Care Plan being devised and registered with the Care Matching Team. Once the care plan is implemented by homecare support worker from the Enhanced ICAST team charging will be in line with the Council's financial standing instructions. No charge will be made for any element of the nursing intervention.

Finance

3.29 The estimated full year cost of the proposed enhancement is £439,376. The home care element of the service will provide approximately 200 hours of homecare per week. To allow comparison with the original and modified DCAH models, Sussex Partnership Foundation Trust have given an indicative figure for the number of service users which could be supported at one time. If the service were to support twelve individuals this would equate to a daily rate of £100.31 per person per day. This compares favourably with the cost of the other DCAH service models. However, a more substantial evidence base would be required to allow a full value for money review to be undertaken. It will also be important to investigate qualitative performance indicators and establish the value of these to service users.

3.30 Sussex Partnership Foundation Trust have provided indicative information on the cost of the enhanced service. The proposal provides for both an improved service, and transfer of existing staff to appropriate roles, remaining within the service. By co-locating the specialist dementia home care service within the existing ICAST service, it is possible to provide a service which offers better value for money. It also increases the capacity of ICAST to meet service user need and provide support to mainstream services.

3.31 Establishing the 'value for money' of a complex service such as this is challenging. However, the key statistics are shown below. The unit

costings for the modified DCAH service and the specialist dementia home care service as provided by the enhanced ICAST team is set out below:

	Modified DCAH	**Enhanced ICAST specialist dementia home care service**
Social care element	£44.26 per hour of direct client care	£34.48 per hour of direct client care
Health element	£73.89 per client contact	£67.46 per client contact

3.32 The proposed service provides a significant reduction in unit costs, and meets the needs of the local commissioners for enhanced, focused care in this area. However, to fully establish value for money more detailed information and analysis is required, working in partnership with Sussex Partnership Foundation Trust.

3.33 To this end, therefore, the commissioners have proposed 'stepping back' from the provider proposals and the development of a full service specification before the commencement of the next financial year, in the light of the fuller information available about service possibilities and the ongoing work on the OPMH planning framework. This should provide both commissioners and the providers with a clearer framework for analysis and an opportunity to fully establish the costs and benefits of the new system. This also provides benefits in terms of staff continuity and continued service for key individuals. After the new service has been operational for six months commissioners will undertake a further review of value for money, review national and local evidence from the implementation of the National Dementia Strategy and take an informed decision around the next steps.

3.34 A key facet of the proposal is that it also provides for a return of funds to the section 75 Older People Mental Health budget of £450,000 per annum. Commissioners are considering a range of options for this funding, which will remain within the pooled budget. The current direction of travel is a specialised 'commissioning fund' to enable development of new services to support the National Dementia Strategy. The fund would be accessed via the preparation of a business case, with a recommendation to the Joint Commissioning Board to approve investment.

<u>Conclusions</u>

3.35 Sussex Partnership Foundation Trust have engaged positively with the discussions around value for money of the Dementia Care at Home Service, and both commissioners and the provider have learnt valuable lessons about how to take this work forward. The new proposal takes account of the key benefits of the modified service, reflects the recommendations within the National Dementia Strategy and provides some good assurance around value for money, but allows for commissioners to work alongside Sussex Partnership Foundation Trust to establish a more robust set of baseline data, and to form a clearer view on the way forward for services specific to service users with Dementia.

Options

3.36 There are four options:

3.36.1 Option 1 – Revert to original Dementia Care at Home model

3.36.2 Option 2 – Continue with the modified DCAH service model

3.36.3 Option 3 – Complete cessation of DCAH service

3.36.4 Option 4 – Cessation of modified DCAH and an 'Enhanced ICAST' service developed, utilising the skills and capacity of the existing DCAH staff. The majority of staff employed by DCAH will be transferred to the Enhanced ICAST service. Three RMNs will be redeployed into other services within SPFT, thereby ensuring that the capacity and skills of the existing team are retained to support mental health services.

Consideration of Options

Option	Benefits	Risks	Indicative Unit Cost
1. Revert to original DCAH service model	• Carer satisfaction high and positive feedback received • Person centred and individually tailored	• Proven to be extremely high unit cost • Very small number of people can be supported at any one time within current resources, so inequities will result • Not seen to have an impact on DTOCs or in reducing the need for long term placements which still require funding, increasing pressure on the budget	£814.06 per person per day
2. Continue with modified service model	• Carer satisfaction high and positive feedback received • Person centred and individually tailored • Increased number of individuals supported via modified service model compared to original service model • Provides support to carers in a time of crisis	• No existing evidence base to support modified service specification • Could still prove not to be cost effective and carry a high financial risk • Risk that modified DCHT could not have an impact on reducing the number of placements into OPMH residential or nursing homes, thereby adding pressure onto the community care budget • Difficult to predict impact on long term placement need and	£305.27 per person per day

		timeframe for return on investment • Unable to support sufficient number of service users to be equitable and represent value for money	
3. Cessation of DCAH service	• Development work in local care home market will mean an increase in the number of good quality OPMH care home providers and increase capacity of in city placements	• Staff redeployment and possible redundancy payments • Impact on LHE's reputation and image • Possible increase in DTOCs • Increase in hospital length of stay • Adds to lack of capacity in OPMH nursing sector • Does not embrace lessons learnt, National Dementia Strategy, or LA objectives of personalisation and choice • Will be a time lag if staff consultation required • Reverting to original position prior to DCAH development • Not in line with national and local policy developments	Unit cost based on existing OPMH placement fees. For 2008/09 is £565 per week
4. Cessation of modified DCAH service and an 'Enhanced ICAST' service developed	• In line with recommendations in National Dementia Strategy • In line with LA personalisation agenda • Develops existing workforce alongside retaining existing DCAH staff with skills required to meet new agenda • Would increase the support ICAST is able to provide • Ensures LA fulfils statutory duty of providing care required and VFM for public money • Allows flexibility in enhanced service which over time could expand as move to full implementation of personalisation • Development of service	• Areas of uncertainty around estimated unit costs and activity levels could result in service not offering value for money. But until service has been operational for six months, it will be difficult to be certain of any outcomes. • Enhanced ICAST development will not deliver intended outcomes when original DCAH set up e.g. will not be a direct alternative to OPMH nursing home placements	£100.31 per person per day

	specification and evaluation in six months will ensure that service is carefully monitored. • Will allow local evidence base to be drawn up whilst national evidence based is developed • Ensures that lessons learnt in terms of what people value are maintained in new model • By adopting this model there will be no redeployment of the contracted homecare workers. Three nursing staff will need to be redeployed, which can easily be achieved within the Brighton and Hove Services. This will mean that there will be no costs associated with redundancy and the capacity and expertise of the existing workforce are retained. • Will provide support for mainstream services to better manage mild to moderate mental health needs		

4. CONSULTATION

4.1 Local consultation carried out as part of the Older People Mental Health Planning Framework development indicated that service users and carers value flexible community support services, which enable individuals to maintain independence and remain in their own home for as long as possible. Continuity of home care provision, and an understanding of the needs of individuals with mental health issues were identified as the key requirements to do this.

4.2 There has been a vast amount of national consultation as part of development of the National Dementia Strategy, and the views of individuals have been fully incorporated into this document.

4.3 Consultation on the more appropriate way forward has been extensive and included senior managers from the PCT, Local Authority and Sussex Partnership Foundation Trust.

4.4 If agreed, as the service specification for the new model of service provision is developed, consultation with various stakeholders will be undertaken. Once operational, the service will be carefully monitored and reviewed.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The paper sets out proposals to address concerns over value for money raised in respect of the Dementia Care at Home Service, recognising the benefits to a small number of high-need individuals which the service has provided. The paper proposes a number of options for moving forward to secure both improved value for money and continued, focused specialist services. The recommended approach is expected to deliver unit costs which are acceptable compared to service alternatives and will deliver efficiencies within the 2009/10 budget for Older People Mental Health services. The costs and activity of the proposed service model will be monitored and evaluated further over the next six months, and reported back to the JCB.

Finance Officer Consulted:

Jonathan Reid, Deputy Director of Finance, NHS Brighton and Hove/Anne Silley Head of Financial Services BHCC 9/02/09

Legal Implications:

5.2 Information in the body of this report details how the proposal is in keeping with national and local policy concerning delivery of services relating to Dementia. In particular regard is paid to increased personalisation of services, early intervention and care at home. This accords with the outcomes of consultation and individuals' Right to Privacy and Family Life (Article 8 European Convention on Human Rights as contained in Human Rights Act 1998).

Consultation has been undertaken and it is essential that further consultation takes place in light of any further proposed changes following monitoring and review.

Specific attention is paid to value for money and equity in best service provision*;* this is in accordance with the duty to the public purse and principle of fairness whilst ensuring adherence to statutory responsibility to provide Care and Health services.

Special attention must be paid to the impact, if any, on individuals currently in receipt of the modified DCAH service in the transition to the proposed enhanced ICAST service. Any doubt or question as to the legal implications of this transitional process on an individual case basis should be directed to legal advisers.

Lawyer Consulted: Sandra O'Brien 13/02/09

Equalities Implications:

5.3 In its original form, the Dementia Care at Home service, whilst offering a service of high quality, has been highly inequitable. The Enhanced ICAST service model outlined in this paper will ensure a greater number of older people with mental health needs receive short term interventions, earlier in the care pathway, thereby assisting them to maintain their independence. This is in line with national and local policy developments.

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 By proposing a service model which offers better value for money, the financial risks have been reduced. The development of a service specification, and a review after the service has been operational for six months, will further allow financial risks to be monitored.

The service model offers a number of opportunities for the local health economy including early implementation of the recommendations set out in the National Dementia Strategy, providing earlier interventions to support people with dementia to retain their independence and to reduce/delay the need for care home or inpatient admissions.

Corporate / Citywide Implications:

5.7 The aim of the proposed service model is to support people with dementia to remain in their own homes for as long as possible, and to support them to maintain their independence and quality of life. This is fully in line with the priorities of the local health economy.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 The alternative options are outlined in the main body of the paper and have been evaluated in the 'Consideration of Options' section.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 The Enhanced ICAST service model is the recommended option as it:

- Is fully in line with national and local policy development
- Utilises the specialist skills and capacity of the existing DCAH staff

- Puts a greater emphasis on community support services being available to a higher number of people, at an earlier stage in the care pathway

- Helps to avert crisis and delay the need for care home or inpatient admissions
- Offers improved value for money and provides a return of funds to the section 75 Older People Mental Health budget

- Identifies the development of a service specification to ensure outcomes are clear and can be monitored

- Specifies the need to review the service after six months to further review value for money and take an informed decision around the next steps

SUPPORTING DOCUMENTATION

Appendices:
None

Documents In Members' Rooms
None

Background Documents
None