

<b>Project Title</b>	<b>Delivering “Better Lives – Dementia Strategy” Resources allocation – options appraisal – commercial approach – amended due to COVID19</b>		
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### **Recommendation**

It is recommended that the available BCF funding for dementia of £376,000 per annum is used to fund a Sandwell-wide pre and post diagnosis dementia support programme for a minimum of two years from 1<sup>st</sup> April 2021. The services commissioned within the programme will be accessible between 8am and 10pm seven days per week. Additional activity relating to training, awareness-raising and developing and celebrating dementia friendly communities will be funded in future years from the underspend on the BCF dementia budget in 2020/21. This is Option 1 of the options appraisal set out towards the end of the paper.

### **Executive Summary**

The purpose of this business case is to:

- Quantify the costs of delivering the actions set out in Sandwell “Better Lives” dementia strategy 2019 – 2025.
- Set out the case for a new pre and post diagnostic support service with options appraisal and commercial approach

The strategy was developed through a comprehensive co-design process during 2019. The actions within the strategy to deliver the nine promises were developed and have now been categorised into four themes for ease of quantifying the associated costs; training, improved information advice and sign-posting, pre and post diagnostic support, dementia friendly communities

It is proposed that the available funding envelope of £376,000 per annum is allocated to securing a pre and post diagnostic support service which will include elements of the other three themes. Additional resources funded from the 2020/21 underspend on dementia support funded by the BCF will be provided in addition for training and to support the delivery of dementia-friendly communities.

The outline business case in December 2019 made the case for change to commission a new Sandwell-wide dementia support service. To facilitate the transition process, reduce risk of no

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access to specialist support service and respond to financial challenges within the third sector, it was agreed to fund Agewell and Crossroads for six months from April 2020 to provide a dementia navigator service. Due to COVID19 this was reviewed in April 2020 and the Joint Partnership Board agreed that these services should be extended until 31<sup>st</sup> March 2021. This approach will enable the Council to continue to focus resources during these challenging times on the management of COVID19 and enable a formal procurement process to be undertaken later in the year.

In this full business case, increasing demographic pressures and demand profiling clearly show that “do nothing” is not an option and a case is made for an enhanced community-based model that ensures early diagnosis and good post diagnostic support. A community model delivered through the effective collaboration of system partners is considered optimal and can respond proactively to those with dementia, suspected dementia and their carers, providing vital services and interventions in their own homes and community settings.

As a system we are seeking to drive through changes that put those living with the effects of dementia at the centre of their care. These changes will be achieved by making the best use of the whole system resource across health, social care and the third sector, delivering a community asset-based approach. The premise is wellbeing and living longer, fulfilling lives in the community for as long as possible. We want to manage rising risks, take a preventative approach and avoid crisis by deploying resources proactively and more efficiently to improve outcomes for individuals while supporting the delivery of key deliverables.

- Support achieving and maintaining the national ambition of 67% diagnostic rate
- Support the delivery of 0-6-week referral to diagnosis and treatment
- Support increased percentage of those with a care plan and advanced care plan in place

The specification is being designed based on what local people have told us, Nice guidance, best practice models, achieving parity of esteem, interdependencies with other local initiatives E.g. Public Health (frailty pathway), end of life care etc to reduce the risk of the following top five reasons for those living with the effects of dementia going into crisis:

- Falls
- Infections
- Challenging behaviours
- Carer unable to cope any longer
- Care providers unable to cope

### **Introduction and Background**

Sandwell Borough Council and Sandwell and West Birmingham Clinical Commissioning Group (the CCG) are committed to improving pre and post diagnostic support for those living with the

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effects of dementia across the Borough. As part of this commitment a refreshed “Better Lives” strategy was launched in November 2019 and included a comprehensive engagement report and implementation plan.

The purpose of this business case is to set out the evidence and options to agree the allocation of resources to deliver the Sandwell “Better Lives” dementia strategy including procuring and implementing a new community-based support service for dementia to provide pre and post diagnosis support.

The 9 promises within the strategy have been shaped by the national transformational pathway “Living Well with Dementia” which covers:

- Preventing Well
- Diagnosing Well
- Living Well
- Supporting Well
- Dying Well

The actions within the strategy have now been categorised into four themes for ease of resource allocation;

- Training and awareness raising
- Improved information advice and sign-posting
- Pre and post diagnostic support
- Dementia Friendly Communities

### **Training**

A draft training strategy and skills matrix has been developed and a local pathway is currently being constructed. A significant number of free “Dementia Friend’s” sessions have been held to raise awareness within the CCG for both clinical and non-clinical staff. This equates to NHSE Tier 1 training.

The CCG has invested in training during 19/20 to support GPs to recognise dementia and confidently diagnose in non- complex cases. This equates to NHSE Tier 2 training. Sandwell MBC’s Quality in Care Team provides dementia training spanning NHSE Tier 1 and Tier 2 for care providers based on identified need. An investment of £1,200 from the Better Care Fund was committed for the “Dementia Virtual Reality Bus” event in May 2020 to provide 36 training places for local GPs, community dementia champions from across the Sandwell Borough and local system leaders. However, this has now been postponed until later in the year due to COVID-19. This provision will support the achievement of NHSE Tier 3 training for decision makers. The Community Champions will undertake free Dementia Champions training to enable

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them to deliver Dementia Friend sessions within their own communities. It is proposed that three educational and promotional films covering the following topical areas should be produced at a total cost of £6000 to complement and embed the training delivered via the Dementia Bus:

- i. Sandwell's commitment to improving dementia support and making Sandwell "the best place to live" in England for those living with the effects of dementia including carers
- ii. The importance of an early diagnosis and what people living in Sandwell can expect to be offered in terms of pre and post diagnosis support
- iii. Sandwell's ambition to support "Dementia Friendly Communities"

NHSE invested two years ago in two 'age simulation' suits per area nationally. These suits enable the wearers to experience a range of age-related impairments and gain some insight into what life may be like for our elderly population and for those living with some dementia symptoms. It is unclear where these suits are in the Black Country but following attempts to locate the suits, the Sandwell MBC Quality in Care Team and Sandwell Dementia Action Alliance have expressed how valuable such a resource would be for them to use with care providers and businesses as part of their training offer.

The suits cost around £1,210 plus VAT each. Purchasing two suits could provide a cost-effective way of building on the Dementia Friends sessions (Tier 1) to achieve Tier 2 training. However, due to COVID this has been put on hold and will be reviewed in 2021. Training will also be provided by the new Pre and Post Diagnostic Support Service for people, including carers and professionals, and those living with the effects of dementia.

The Alzheimer's Society provide training for professionals which equates to Tier 2 training at a cost of £795 for one day of training for a maximum of 16 people. It is proposed that a training budget of £5,000 should be set aside to continue training for Primary Care and to deliver ongoing training for Social Care from 2020/2021 for around 100 workers who have regular contact with people living with the effects of dementia and their carers. This training will help to ensure improved understanding and support across the community health and social care workforce.

It is proposed that some of the investment should fund an annual awards event during National Dementia week (May 2021) for Sandwell best champions and the best Dementia Friendly Town in recognition of individual and community contributions in making Sandwell the best place to live in England for those living with the effects of dementia and their families or carers.

It is proposed that a project officer is recruited via an internal secondment opportunity for a fixed term of 18 months to support the delivery of the strategy, including the communication and engagement element and function. This proposal supports the re-set and recovery of the dementia workstream following the impacts of the Covid constraints, delivery of the strategy

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outcomes within the original planned timeframe and addresses the issue of resource availability within the Council and CCG to undertake the communication and engagement work with stakeholders.

### **Improved Information, advice and sign-posting**

Investment was made through the 2019/20 BCF winter pressure funds to develop a Sandwell “Dementia Road Map” which went live on 31<sup>st</sup> March 2020. Investment in the “New Community Offer” will support people with dementia and their families and carers with information, advice and sign-posting with non- dementia specific support. Dementia specific information, advice and sign-posting will be provided by the new Pre and Post Diagnostic Support Programme which will also continue to fund and maintain the Sandwell Dementia Road Map.

During the co-production of the strategy during 2019 stakeholder feedback indicated that people want access to information in different formats, i.e. some people want hard copies of information as they don’t use or have access to the internet. It is proposed that investment is made in developing a local dementia handbook for those living with the effects of dementia including carers, as an alternative to the Dementia Road map.

### **Pre and Post Diagnostic Support**

Dementia community support services have grown organically, being funded either through the lottery or BCF grants which ended in March 2020. In December 2019 the Joint Partnership Board [JPB] agreed to continue to fund two providers to deliver dementia navigator services from April 2020 to September 2020 to ensure stability while a decision is made about the future model of community dementia support in Sandwell. In June 2020 due to COVID the JPB agreed for this funding to be continued until March 2021.

Most of the actions within the Sandwell Dementia Strategy delivery plan relate to delivering an integrated pre and post diagnostic support programme across Primary Care and Mental Health services to make the best use of the available resources across the system. It is proposed to fund the new service within the existing £376,000 annual BCF allocation for dementia.

### **Dementia Friendly Communities**

The Sandwell Dementia Action Alliance (SDAA) has been in existence since 2017/18 but has struggled to become properly established and has limited reach. The Alliance is supported by staff from Sandwell MBC who co-ordinate all communications and meetings, taking and producing minutes and arranging meeting rooms within the Council. Sandwell MBC are also supporting the Alliance with a small amount of one-off funding to produce promotional materials. The Alliance has struggled to recruit volunteers to support their work due to a lack of resources to pay expenses i.e. venues, events and travelling expenses.

Following a recruitment exercise twelve champions; two from each of Sandwell’s six towns will take part in the “Dementia Virtual Reality” bus event to experience what it is like to live with the effects of dementia. They will then undertake free “Dementia Champions” training to enable them to provide free “Dementia Friends” sessions within their own communities. The champions will then be supported to establish a Dementia Action Alliance within their own town to deliver the work of the Sandwell DAA at greater pace.

It is proposed that one-off seed funding of £7000 is provided to support the delivery of this agenda in 2021/22 whilst the SDAA works to become self-sufficient and raise its own funds. The funds will be held by a third sector partner of the SDAA and will administer the funding as approved by the SDAA. The funding will be utilised for venue hire and traveling expenses as required. It is also proposed that funding is committed in 2020/21 for promotional material originally costed at £5000 to support the development of the Dementia Friendly Communities agenda.

### COVID19 Community Crisis Response

In response to COVID the JPB considered and agreed to fund the following provision to support people living with the effects of dementia in the community.

- Activity Boxes
- Emergency Respite [ Day Sitting Service]

### The Case for Change

Sandwell “Better Lives 2019 -2025” strategy states: *“The Local Authority estimates that there are approximately 3,900 people living with the effects of dementia in Sandwell. By 2039 this is projected to increase by 46% to 5,408 people.”*

National expectations are that local areas diagnose a minimum of 67% of all those anticipated to be living with dementia as set out by the national prevalence figures. The CCG had a diagnosis rate of 62.5% (Dec 2019) in June 2020 the diagnostic rate had reduced even further to 59.6%, due to COVID. The variance in rate from practice to practice is considerable, ranging from 32% through to 167% diagnostic rate. In accordance with NICE guidance, pre and post diagnostic support is critical to driving up diagnostic rates and improving wellbeing.

The Commissioning Support Unit’s (CSU) projected population change for Sandwell from 2016 to 2030 shows that the biggest increase is among those age 60-65 (38.9%) and 65-69 (29.3%). There is also a notable projected increase in the 80 plus age groups with an increase of 23.7%. Estimated and projected dementia prevalence by stage of condition 2018 to 2028

	2018	% Increase	2028
Mild	2,910	13%	3,348

Moderate	1,623	13.4%	1,873
Advanced	556	14.9%	650

Source: CSU Business Support Unit

The above table provided by the CSU used a Markov chain model approach to allocate numbers of people to or between different states of the disease over time, using the data from previous years to forecast the future figures up to 2028. The largest increase is within the advanced banding, potentially presenting a significant pressure on the costlier complex services.

Currently, people from BME communities are underrepresented in memory services and are often diagnosed at the later stages of the condition, or not at all. Evidence suggests that there are significant barriers to accessing services for these groups. It has also been widely noted that BME communities are disproportionately affected by COVID.

Two thirds of people with dementia live in the community, whilst a third live in a care home. Approximately 40% of people living with dementia do not have a carer.

Evidence points to the value of early diagnosis and intervention to improve quality of life and to avoid or delay admissions into hospital and care homes.<sup>1</sup> Some of the positive impacts of early diagnosis set out in the national dementia strategy 2009<sup>2</sup> include:

- Reduction in care home placements of up to 28% by providing carer support and counselling at diagnosis.
- Improvement in the quality of life for people with dementia following early diagnosis and intervention.
- Positive effects on the quality of life for family carers following early diagnosis and intervention

Dementia presents a significant and urgent challenge to health and social care both in terms of the number of people affected and the cost of care. It is also a major personal challenge to anyone experiencing symptoms of dementia and to families and carers of people living with the disease. Limited or poor pre and post diagnostic support services present a higher risk of people entering crisis, resulting in poorer outcomes and increased health and social care costs.

Across the UK there are considerable economic costs linked to dementia, which are predicted to triple by 2040 with higher overall costs than cancer, heart disease and stroke. The overall economic impact of dementia is estimated as follows: £14.6 billion in direct costs of which £4.3 billion is spent on healthcare and £10.3 on social care, £11.6 billion in indirect costs associated with inputs from unpaid carers, and approximately £6.2 billion as the imputed cost of

<sup>1</sup> [https://www.clahrc-cp.nihr.ac.uk/wp-content/uploads/2012/10/RU\\_2-Screening-for-dementia-Final4Oct121.pdf](https://www.clahrc-cp.nihr.ac.uk/wp-content/uploads/2012/10/RU_2-Screening-for-dementia-Final4Oct121.pdf)

<sup>2</sup> <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

premature mortality. People with dementia and higher numbers of comorbidities die earlier and have considerably higher health service usage in terms of primary care, hospital admissions and prescribing<sup>3</sup>.

The direct costs of secondary mental health, acute physical and social care for dementia patients are likely to **increase** by around **£13m** annually by 2028 and **£62m** over the whole period for the CCG population unless different strategies are adopted. (Source: CSU Business Unit)

The length of stay in hospital for people living with the effects of dementia are perceived to be longer<sup>4</sup> and outcomes are generally worse as well as increased risk of institutionalisation (to nursing or care home) after admission<sup>5</sup>.

Many admissions are believed to be preventable, although the focus of community treatment for people living with the effects of dementia tends towards minimising psychiatric crisis rather than physical crisis. A greater focus on parity of esteem is required to address this disparity.

Research suggests 61% of people living with the effects of dementia have three or more other co-morbidities with Pneumonia, urinary tract infections and congestive cardiac failure accounting for two-thirds of preventable admissions in Sandwell.

The following table shows the number of hospital contacts by access point during 2017/18 in Sandwell and West Birmingham CCG. When compared to non-dementia patients the unit cost for inpatient care are broadly similar for the two different patient groups; however, the length of stay is longer for patients with dementia.

#### 2017/18 Data - Dementia

Access Point	Activity	Bed Days	Avg LoS	Cost	Unit Cost
A&E attendance	3,592			£574,209	£160
Elective inpatient day case	399			£270,835	£767
Elective inpatient ordinary	167	3,774	23	£496,469	£5,396
None elective	2,379	29,811	13	£5,603,560	£2,667
Outpatients first appointment	5,243			£304,646	£191
Outpatient follow	9,854			£227,947	£90

<sup>3</sup> <https://otorhinolaryngologyblog.wordpress.com/2017/03/09/association-of-comorbidity-and-health-service-usage-among-patients-with-dementia-in-the-uk-a-population-based-study/>

<sup>4</sup> Möllers T et al. Length of hospital stay and dementia: A systematic review of observational studies. Int J Geriatr Psychiatry. 2019 Jan;34(1):8-21.

<sup>5</sup> Dementia Action Alliance (DAA). The right care: creating dementia friendly hospitals. NHS Institute for Innovation and Improvement, 2012.



up					
	Grand total			£7,477,667	

Source: CSU Business Unit

Likely **additional** activity by 2028/29

Access Point	Activity	Bed Days	Cost
A&E attendance	552		£91,895
Elective inpatient day case	61		£59,322
Elective inpatient ordinary	26	580	£124,580
None elective	365	4,580	£1,037,068
Outpatients first appointment	805		£184,670
Outpatient follow up	1,514		£166,096
	Grand total		£1,663,631

Source: CSU Business Unit

The table above shows the projected additional activity numbers by access point and indicative extra costs (assuming tariff and costs will inflate by 2% each year) in Sandwell and West Birmingham CCG by 2028/29 if nothing changes within the dementia pathway in Sandwell.

A range of effective interventions are available to prevent unnecessary hospitalisation or re-hospitalisation of people living with the effects of dementia for time-limited conditions including:

- Face to face assessments for those living with the effects of dementia including carers
- Collaborative care and advanced care plans
- Targeted support and monitoring for those living with the effects of dementia including carers
- Improved education regarding dementia and physical comorbidities

As a system we are seeking to drive through changes that put people living with the effects of dementia at the centre of their care based on the premise of improved wellbeing and living longer, fulfilling lives in the community for as long as possible. We want to manage rising risk, take a preventative approach and avoid crisis by deploying resources pro-actively. The desire includes making best use of the available resources in the system to improve outcomes for all those living with the effects of dementia, regardless of where they live in Sandwell.

## 2. Strategic Case

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## National Drivers

The national drivers considered as part of the development of this business case include:

- The National Dementia Strategy (2009)
- The National Carers Strategy (2008)<sup>6</sup>
- New Deal on Dementia (2017 -2022) The Alzheimer's Society<sup>7</sup>
- Prime Ministers Challenge (2012)
- Dementia Challenge (2020)
- The Health and Social Care Act (2012)
- The Care Bill (2013)
- The Care Act (2014)
- Nice Guidance NG 97
- NHS 10 Year Long Term Plan (2019)

## Local Drivers

The local drivers considered as part of the development of this business case include:

- Better Lives – Dementia Strategy (2019 – 2025) Sandwell MBC & Sandwell and West Birmingham Clinical Commissioning Group (CCG)
- Sandwell MBC Vision 2030
- Health and Wellbeing Strategy (2017-2020) Sandwell
- Joint Strategic Needs Assessment (JSNA) (2018) Sandwell
- Sandwell 2030 Vision
- Market Position Statement (2014)

## Health and Social Care must dos

When considering the above National and Local Drivers some of the clearly defined requirements for Health and Social Care include:

- Dementia services – raising awareness, encouraging earlier diagnosis and improving wellbeing for those with dementia and their carers
- Delivering dementia friendly communities to ensure people living with the effects of dementia continue to live active, meaningful lives in their communities

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<sup>6</sup> <https://www.gov.uk/government/publications/the-national-carers-strategy>

<sup>7</sup> <https://www.alzheimers.org.uk/sites/default/files/2018-05/The%20New%20Deal%20on%20EDI%202018-2023.pdf>

- Access to information in the most appropriate format at the right time
- Improving diagnostic rates
- Equal access to diagnosis for everyone
- GPs playing a lead role in ensuring co-ordination and continuity of care for people with dementia
- Managing the market – stimulating and developing the market to ensure the right services are available to meet local needs.
- Ensure the workforce is suitably skilled and trained to meet the needs of those living with dementia.
- As people live longer the NHS must respond to changing needs, helping frail and older people stay healthy and independent, avoiding hospital stays where possible.

#### **4. Options Appraisal**

The following appraisal considered several options to deliver the “Better Lives” dementia strategy, including pre and post diagnostic support. The options have been developed with reference to a set of commissioning criteria that identify important factors and considerations to take account of when considering the options. These criteria are set out in Appendix 2.

**Options 2 and 3 do not present different services, activities or delivery models to Option 1 but simply attempt to constrain the total costs within the £376k annual dementia budget rather than attempt to use any underspend accrued from 2020/21.**

Option1: <b>Recommended</b>
<p>Description:</p> <p>1.1 Commission a Sandwell-wide pre and post dementia diagnostic support programme to include:</p> <ul style="list-style-type: none"> <li>• Access seven days per week from 8am until 10pm</li> <li>• A single point of access</li> <li>• Information, advice (including benefits advice) and referrals to other services, e.g. the New Community Offer</li> <li>• Care and advanced care planning</li> <li>• Initial screening and safe and well at home checks on behalf of Primary Care</li> <li>• A regularly maintained and updated Sandwell Dementia Roadmap.</li> <li>• Training for people with memory concerns, and those living with the effects of dementia, including carers and professionals.</li> </ul> <p>1.2 The Dementia Friendly Communities and Training work streams identified within the</p>

Strategy will be funded from the anticipated underspend on dementia in 2020/21.

1.3 Due to the impacts of the Covid-19 pandemic on 'Business As Usual' activity it will be necessary to acquire some project officer support to mitigate the risk on the delivery of the outcomes of the strategy within the original two year time frame. We will look to allocate this work internally in the first instance to reduce costs and provide a development opportunity to existing staff.

Funding:

**Pre and Post Diagnostic Support costs of £376K in 2021/22. This fully commits the BCF dementia budget for 2021/22.**

**Additional activities funded from 2020/21 underspend carried forward to 2021/22:**

2 x dementia suits: £2,420 (one-off)

Educational films for training: £6,000 (one-off)

Tier 2 training for up to 100 professionals: £5,000 (per annum)

Dementia-Friendly Communities seed funding: £7,000 (one-off)

Development and printing of dementia handbook: £10,000 (in first year, £5,000 p.a. ongoing)

Dementia Champion event £10,000 (annual for two years then final year at £8,000\_

**Total to fund 2021/22 additional activity from 2020/21 underspend: £40,420**

**Additional activities funded from 2020/21 underspend carried forward to 2022/23:**

Tier 2 training for up to 100 professionals: £5,000

Development and printing of dementia handbook: £5,000

Dementia Champion event £10,000

**Total to fund 2022/23 additional activity from 2020/21 underspend: £20,000**

**Additional activities funded from 2020/21 underspend carried forward to 2023/24:**

Tier 2 training for up to 100 professionals: £5,000

Development and printing of dementia handbook: £5,000

Dementia Champion event £8,000

**Total to fund 2023/24 additional activity from 2020/21 underspend: £18,000**

Advantages:

- Provides a Sandwell-wide service
- Supports the delivery of the Strategy
- Increases capacity in the diagnostic pathway
- Maintains access to improved dementia information

Disadvantages:

- May well not be able to meet future demand

<ul style="list-style-type: none"> <li>• Supports the delivery of majority of the outcomes within the strategy and given time frame</li> <li>• Supports recovery and re-set</li> </ul>	
<p>Risks:</p> <ul style="list-style-type: none"> <li>• Affordability of the service</li> <li>• Unable to meet increase in demand as the service becomes established</li> </ul>	

Option 2	
<p>Description:</p> <p>1.1 Commission a Sandwell wide pre and post dementia diagnostic support service to include:</p> <ul style="list-style-type: none"> <li>• Initial screening and safe and well check on behalf of primary care</li> <li>• Provide information, advice (including benefit advice) and signposting to other services, e.g. the New Community Offer</li> <li>• Care and advanced care planning</li> <li>• Access Monday to Friday from 9am to 5pm</li> <li>• A regularly maintained and updated Sandwell Dementia RoadMap. Training for people with memory concerns, and those living with the effects of dementia including carers and professionals.</li> </ul> <p>1.2 Funding resource allocated to Dementia Friendly Communities and Training work streams in the strategy</p>	
<p>Funding:</p> <p>Pre and post Diagnostic Support Service - £340K            Training - £20K            Dementia Friendly Communities - £16K  <b>Total - £376K</b></p>	
<p>Advantages:</p> <ul style="list-style-type: none"> <li>• Provides a Sandwell-wide service</li> <li>• Supports the delivery of the Strategy</li> <li>• Increases capacity in the diagnostic pathway</li> <li>• Supports the reach of Dementia Friendly Communities</li> <li>• Resource available for training</li> </ul>	<p>Disadvantages:</p> <ul style="list-style-type: none"> <li>• Resources could be spread thinly within the service</li> <li>• May not meet future demand</li> </ul>
<p>Risks:</p> <ul style="list-style-type: none"> <li>• Affordability of the service</li> <li>• Unable to meet increase in demand</li> </ul>	

- Limited resource to deliver all the actions within the strategy

### Option 3

#### 1.1 Commission a Sandwell-wide pre and post dementia diagnostic support service to include:

- Initial screening and safe and well check on behalf of primary care
- Provide information, advice (including benefits advice) and signposting to other services, e.g. the new Community Offer
- Care and advanced care planning
- Access Monday to Friday from 9am to 5pm
- A regularly maintained and updated Sandwell Dementia Roadmap. Training for people with memory concerns, and those living with the effects of dementia, including carers and professionals.

#### 1.2 Funding resource allocated to the training work stream in the strategy.

#### 1.3 Provider to seek further funding through winter pressure resources to increase support via a help line at weekends between 9am and 5pm during the winter months

#### Funding:

Pre and post Diagnostic Support Service - £356K

Training - £20K

Dementia Friendly Communities - £0

**Total - £376K**

#### Advantages:

- Provides a Sandwell wide Service
- Supports the delivery of the strategy
- Increases capacity in the diagnostic pathway
- Resource available for training

#### Disadvantages:

- Resources could be spread to thinly within the service
- May not meet future demand
- Doesn't support the reach of dementia friendly communities

#### Risks:

- Affordability of the service
- Unable to meet increase in demand
- Insufficient resource to deliver all the actions within the strategy

Critical Success Factors	Option 1	Option 2	Option 3
Will the option ensure the delivery of the	✓	✓	X

dementia strategy			
Can the option really be implemented	✓	✓	✓
Does the option deliver services which are safe and sustainable?	✓	✓	X
Will the option be affordable?	✓	X	X
Will this option deliver services which will be acceptable to people?	✓	✓	✓
Is the option based on evidence of best practice?	✓	✓	✓
Will this option result in a better experience for those who use the service?	✓	✓	✓

### **5.0 Management Approach**

The workstreams / projects will be managed through the Better Care Fund governance and using the PM3 tool to manage the projects day to day. Monthly project meetings have been established to deliver the two main work streams applicable to this business case.

- Delivery of the strategy
- Procurement of pre and post diagnostic dementia support

The deliverables from these two work streams include:

- Project plans
- Risk logs
- Action logs
- Business case / options appraisal / commercial approach
- Briefing papers
- PID
- EIA
- QIA
- Communication strategy
- Training and skills matrix
- High level pathway diagram

Progress on the delivery of the work streams will be managed through the BCF commissioning governance arrangements. There is a requirement to report to the Health and Wellbeing Board on a six-monthly basis.

### **6.0 Commercial Approach**

The commercial approach has been designed based on market intelligence, national best practice and bench marking process. This work was put on hold in March 2020 due to COVID. As part of re-set and recovery a review process was undertaken in June and July 2020 to ensure the impact of COVID was also accounted for. A formal tender process is being developed for a lead provider model. Intelligence indicates this to be the best approach to secure a service for pre and post diagnostic dementia support.

The service specification provides the detail for a lead provider model with subcontracting arrangements to be managed through a provider collaborative arrangement. This will enable the provider to sub contract to small local organisations across the six towns in Sandwell, ensuring they are representative of the different communities that they will serve.

The length of the contract needs to be sufficient to enable a service to become established and collect sufficient data to evidence the impact of the service on improving outcomes and use of more costly health and social care services

### **7.0 Cost**

The costs indicated in the table below account for delivering the Sandwell Dementia Strategy 2019 – 2024. It is important to note that some years require an additional financial commitment



above the available resource envelope of £376K. This will be funded through the underspend in 20/21. N.B. The funding proposal for a COVID community crisis response considered and agreed by JPB in June 2020 via the BCF has been included in the table below.

Item	2020 / 2021	2021 / 2022	2022 / 2023	2023 / 2024
<b>Dementia Navigators (12 months)</b>	<b>£176,523.62*</b>	-	-	-
<b>Training / Raising Awareness</b>				
Three Films	-	£6,000	-	-
Training for professionals	£5,000	£5,000	£5,000	£5,000
Dementia Suits		£2,420		
Dementia Champion & Best DFC Town Awards Events		£10,000	£10,000	£8,000
<b>Improved Information, Advice and Sign-posting</b>				
Develop and print a local dementia handbook		£10,000	£5,000	£5,000
<b>Pre and Post Diagnostic Support</b>				

New Service (01.04.2021 – 31.03.2021)		£376,000	£376,000	£376,000
<b>Dementia Friendly Communities</b>				
Seed Funding	-	£7,000	-	-
Promotional Information	£5,000	-	-	-
<b>COVID 19 Response [Agreed June 2020]</b>				
Activity Boxes [Community]	£10,520			
Emergency Respite [Day Sitting Service]	£100,000 # [maximum]			
<b>TOTAL EXPECTED SPEND</b>	<b>£297,043</b>	<b>£416,420</b>	<b>£396,000</b>	<b>£394,000</b>
<b>BCF Dementia Budget</b>	<b>£376,000</b>	<b>£376,000</b>	<b>£376,000</b>	<b>£376,000</b>
<b>Anticipated minimum underspend 2020/21</b>	<b>(£78,957)</b>			
<b>Additional resource cfwd from 2020/21 underspend</b>		<b>£40,420</b>	<b>£20,000</b>	<b>£18,000</b>
<b>TOTAL RESOURCE</b>	<b>£297,043</b>	<b>£416,420</b>	<b>£396,000</b>	<b>£394,000</b>

N.B. \* - Dementia Navigators confirmed actual costs 20/21

# - £50K underspend possible for emergency respite

## 8.0 Timescales

The project plan to deliver a pre and post diagnostic support service has been updated to account for COVID19 and can be seen below. The strategy action plan will be updated to reflect the outcomes of this paper and agreed through the existing governance arrangements.

Date	Activity
Tuesday 3 <sup>rd</sup> March 2020	Provider event
Tuesday 20 <sup>th</sup> Oct 2020	Advertisement
Tuesday 20 <sup>th</sup> Oct 2020	ITT released
Thursday 19 <sup>th</sup> Nov 2020	ITT Closes
23 <sup>rd</sup> & 24 <sup>th</sup> Nov 2020	Individual evaluation
2 <sup>5th</sup> Nov 2020	Virtual event for those living with the effects of dementia
30 <sup>th</sup> Nov & 1 <sup>st</sup> Dec 2020	Moderation
7 <sup>th</sup> Dec 2020	Contract award recommendation developed
14 <sup>th</sup> Dec 2020	Council Approval to Award
21 <sup>st</sup> Dec 2020	Intention to Award and Beginning of Standstill
4 <sup>st</sup> Jan 2021	Contract and Signing
4 <sup>st</sup> Jan 2021	Publish OJEU notice
4h Jan 2021 – 3 <sup>1st</sup> March 2021	Implementation and TUPE period
1 <sup>st</sup> April 2021	Contract commencement

## APPENDIX 1 – Benchmarking data

Members from the Sandwell and West Birmingham CCG comparator group from the Right Care packs were approached during December 2019 and January 2020 to share information on their dementia spending and the types of services offered. Whilst it proved challenging to obtain this information and data, the table below shows the data that was available publicly or that commissioners were prepared to share, by CCG, size of population, spend and types of activity. N.B: the information available was high level.

As can be seen there is significant variation in spend per head of this segment of the population. Sandwell spend is based on current spend through the BCF up to 31<sup>st</sup> March 2020.

	Castle Point	South End	Basildon	Thurrock	Essex (south East)	Suffolk	Dorset	Birmingham & Solihull	Sandwell*
Memory Assessment Service	714	993	1,199	392	-	-	1,211,000	-	-
Local Authority Pre & Post Diagnostic Support Services	192	197	813	397	465	-	596,510	-	-
Pooled Health & Social Care Budgets	-	-	-	-	-	220	-	800	-
Community Dementia Nurses	129	173	173	105	-	-	-	-	-
BCF Dementia Nurses / Navigators	-	-	-	114	-	-	-	-	165,391.75
<b>Total</b>	<b>321,000</b>	<b>331,000</b>	<b>986,000.</b>	<b>616,000</b>	<b>465,000</b>	<b>220,000</b>	<b>596,510</b>	<b>800,000</b>	<b>165,400</b>
Estimated Prevalence	2803	2420	3306	1512	5021	12,800	19,201	13,043	4,554
Spend per head of	£114.52	£136.78	£298.25	£614	£0.10	£17.19	£31	£61.34	£36.31

estimated prevalence										
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\*Please note that the costs of Sandwell Memory Assessment Service are unable to be identified at the time of writing due to the difficulties in disaggregating these costs which form part of a large overarching contract between the CCG and the local Mental Health trust.

N.B. Dementia prevalence as of December 2020 NHS Digital. Memory Assessment line has not been included

**Service Models**

The Mid and South Essex STP is taking a placed based, integrated approach to pre and post diagnostic support. Services are delivered through third sector collaboration with a single point of contact. Providing low level support, information, advice and sign-posting, training, peer support groups. Each of the CCGs are at different stages of development and although most are operating a crisis response model, it is with the intention of moving to a preventative model. Dementia intensive support nurse service models are also in place to avoid crisis for both physical and mental health needs. Models vary from a 24/7 help line, through to direct access Monday to Friday 9am to 5pm

Suffolk are in the process of developing future service options. Currently they provide a single point of contact for any person with a memory concern and those living with the effects of dementia including carers. The third sector provider delivers information, advice and sign-posting to other services and low-level support and works closely with the MAS service. A seven day per week help line is in place 9am to 5pm, all services are delivered via either tier 1 or tier 2 navigators, 1 navigator is for young onset dementia (YOD) A dementia intensive support nurse service 24/7 to avoid crisis for both physical and mental health needs is also in place, but costs are not available.

Dorset pre and post diagnostic support is provided by a third sector organisation and operates as a provider collaborative model. It operates a single point of access, is a preventative service aiming to avoid crisis and when this does occur wherever possible, people are supported in the community avoiding emergency admissions. The service works in partnership across health and social care to deliver an integrated service making best use of available resources to reduce risk of crisis. I.e. expert patient programmes. Carers assessments, screening, care and advanced care planning are all completed by the navigators to ensure every contact counts and avoids duplication. A 24/7 help line run by navigators and specific MH crisis prevention team is in place to support the work of the navigators managing both physical and mental health needs.

Birmingham and Solihull, are currently in the process of changing their pre and post diagnostic support service to the Alzheimers Society national “Dementia Connect” service. They operate a

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tiered system. Tier 1 provides information, advice and sign-posting and 100% phone based. Tier 2 is provided by advisers and consists of two to three interactions usually face to face a maximum of 3 hours. Side by side is if a person is socially isolated they will be allocated a volunteer who will support them to access community groups. Six monthly keep in touch calls are available and are undertaken by volunteers. Self-management resources are being developed online for people to access.

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**APPENDIX 2: Options Appraisal Evaluation Criteria**

<b>Factors to be examined</b>	<b>Issues to be considered when examining the factors</b>
Can the option really be implemented	<p>Will there be sufficient appropriate workforce? Will it be attractive enough to retain the workforce?</p> <p>Will the necessary IT systems be in place? Will all other necessary systems be in place?</p>
Does the option deliver services which are safe and sustainable?	Will there be sufficient staffing and systems to ensure the safety of staff and people who use services in all settings? How vulnerable will the services be to unexpected staff shortages?
Will the option be affordable?	<p>Using high-level estimates, do we believe that the option can be delivered by reshaping existing resources?</p> <p>If there will be short-term transitional costs, do we believe there will be a way of funding them? Will the option be affordable in the long term?</p>
Will this option deliver services which will be acceptable to people?	<p>Will services be acceptable / attractive to people who use services and the families/carers?</p> <p>Will they be acceptable / attractive to all groups – for example, Those with protected characteristics, BME communities?</p>
Is the option based on evidence of best practice?	Is there objective, accepted evidence of the effectiveness of the proposed service model?
Will this option result in a better experience for those who use the service?	Will it promote positive relationships between those who use the service and the clinicians who support them? Will it enable people to live the lives they wish to live?

**JPB Decisions 28-7-2020**

- Agreed contract for 2 years plus 1 for pre and post-diagnosis support service costing £376k per annum
- Contract requires 6 month notice period
- Funding for Dementia Friendly Communities event not agreed (£10k for yrs 1&2, £8k yr 3)
- Monitoring must be based on robust outcome measures capable of demonstrating the effectiveness of the service on improving user outcomes and use of formal health and care services
- Specification must address the Covid environment and demonstrate how the contract will support reductions in social isolation and prevent carer breakdown
- Agreed additional one-off and annual costs with the exception of the annual DFC event.

**Revised Funding Table:**

Item	2020 / 2021	2021 / 2022	2022 / 2023	2023 / 2024
<b>Dementia Navigators (12 months)</b>	<b>£176,523.62*</b>	-	-	-
<b>Training / Raising Awareness</b>				
Three Films	-	£6,000	-	-
Training for professionals	£5,000	£5,000	£5,000	£5,000
Dementia Suits		£2,420		
Dementia Champion & Best DFC Town Awards Events				
<b>Improved Information, Advice</b>				



<b>and Sign-posting</b>				
Develop and print a local dementia handbook		£10,000	£5,000	£5,000
<b>Pre and Post Diagnostic Support</b>				
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<b>BCF Dementia Budget</b>	<b>£376,000</b>	<b>£376,000</b>	<b>£376,000</b>	<b>£376,000</b>
<b>Anticipated</b>	<b>(£78,957)</b>			

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<b>minimum underspend 2020/21</b>				
<b>Additional resource cfwd from 2020/21 underspend</b>		<b>£30,420</b>	<b>£10,000</b>	<b>£10,000</b>
<b>TOTAL RESOURCE</b>	<b>£297,043</b>	<b>£406,420</b>	<b>£386,000</b>	<b>£386,000</b>