

## HAMPSHIRE COUNTY COUNCIL

### Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care
<b>Date:</b>	24 June 2015
<b>Title:</b>	Dementia Advisor Service in Hampshire
<b>Reference:</b>	6653
<b>Report From:</b>	Director of Adult Services

**Contact name:** Catherine Pascoe

**Tel:** 01962 845649

**Email:** catherine.pascoe@hants.gov.uk

#### 1. Summary

- 1.1. The Executive Member for Adult Social Care and Public Health received a report on 27 January and gave approval to put in place a contract on basis of single tender for 1 year, for the continued delivery of the Dementia Advisor Service across Hampshire by the current service providers, to commence on 1 October 2015 with an annual contract value of up to £377,249.
- 1.2. At that time, agreement was reached with the Clinical Commissioning Groups (CCGs) in Hampshire for the funding for the service to stay at the same level for one additional year until end September 2016.
- 1.3. The purpose of this paper is to seek further approval from the Executive Member for Adult Social Care as the CCGs have unexpectedly identified additional funding to support service delivery and the annual contract value will now be £523,499.
- 1.4. This paper seeks to briefly:
  - set out the background
  - consider the finance for this change to the value of the contract
  - consider the legal mechanisms needed to be put in place to transfer the additional funding from CCGs to Adult Services

#### 2. Background

- 2.1. The Executive Member for Adult Social Care and Public Health received a report on 27 January and gave approval to put in place a contract on basis of single tender for 1 year, for the continued delivery of the Dementia Advisor Service across Hampshire by the current service providers.

- 2.2. Since then, the 5 Clinical Commissioning Groups in Hampshire have unexpectedly been able to identify an additional £146, 250 of funding to invest further in the service.
- 2.3. This increase in the contract value means that further approval must be sought from the Executive Member for Adult Social Care to cover this additional expenditure.

### **3. Finance**

- 3.1. The contract is jointly funded by health and social care. All of the funding increase is coming from CCGs and the Adult Services contribution will remain the same.
- 3.2. The annual contract value is now £523,499. £232,521 is provided by Adult Services. The CCG contribution was originally £144,728 but has been increased by £146,250 giving a total of £290,978.
- 3.3. The total contract value since the last tender will now be £1,633,373.

### **4. Legal**

- 4.1. A request for a Single Tender Approval is a request to waiver the Council's Standing Orders and depart from usual practice. As such it may only be used in exceptional circumstances with appropriate approval.
- 4.2. The original funding transfer of £144, 728 from CCGs to Adult Services is covered by legal agreements established to support funding transfer as part of the Better Care Fund. The new additional funding will now need a mechanism for transfer and the development of additional S256 agreements is underway with each of the CCGs.

### **5. Recommendations**

- 5.1 That the Executive Member for Adult Social Care give approval to put in place a contract on basis of single tender for 1 year, for the continued delivery of the Dementia Advisor Service across Hampshire by the current service providers, to commence on 1 October 2015 with a total contract value of up to £523,499.

**CORPORATE OR LEGAL INFORMATION:****Links to the Corporate Strategy**

<b>Hampshire safer and more secure for all:</b>	no
<b>Maximising well-being:</b>	yes
<b>Enhancing our quality of place:</b>	yes

**Other Significant Links**

<b>Links to previous Member decisions:</b>		
<u>Title</u>	<u>Reference</u>	<u>Date</u>
Progressing the Older Persons Mental Health Strategy in Hampshire : Dementia Advisor Services	3552	16 January 2012
Dementia Advisor Service in Hampshire	6355	27 January 2015
<b>Direct links to specific legislation or Government Directives</b>		
<u>Title</u>	<u>Date</u>	

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **Equalities Impact Assessment:**

#### **Purpose for project/proposal**

The Dementia Advisor Service will support the delivery of the Joint Hampshire Commissioning Strategy for Older People's Mental Health. This strategy is underpinned by what older people with mental health needs and their carers told us about how we could improve the delivery of services and support in Hampshire. They told us they wanted choice and control over how they live their lives. In order to do this they require clear accessible information tailored to their individual needs – Dementia Advisor Services provide a mechanism for facilitating access to appropriate care, support, information and advice. This information should focus on the services and support available to people at diagnosis and throughout the course of their care. It is expected that some of this information will be generic and consistent regardless of the geographical area in which it is being delivered but that, in the main, an information pack will be individually prescribed reflecting the needs of the user.

Following the launch of National Dementia Strategy HM Department of Health asked Local Authorities and their partners to bid to become Demonstrator Sites for Dementia Advisor Services, in order to evaluate different models of delivery aimed at meeting this objective. Hampshire County Council and NHS Hampshire,

plus key partners, were successful in their bid and launched a Dementia Advisor Service in September 2009.

It has been decided the service should continue to operate across Hampshire on the basis of feedback from customers and partners and the early results of the service evaluation, as well as information about the success of similar schemes locally and nationally.

### **Consultation**

The development of the dementia adviser service was as a result of the consultation on both the Joint Hampshire Commissioning Strategy for Older People's Mental Health 2008 – 13 and the strategy refresh 2014 – 17. Both these strategies commit to implementing a Dementia Adviser service and were developed with wide engagement from statutory and voluntary agencies and carers, plus support from the Care Services Improvement Partnership. The Alzheimer's Society undertook a consultation exercise to find out what matters to people who use older people's mental health services across Hampshire, including meeting service users and their families/carers from gay, black, minority and ethnic groups.

There was also a full 3 month consultation period before the final version of the strategy was produced and signed off in 2008. Significant effort went into achieving cohesion with other Hampshire strategies, e.g. Older People's Wellbeing, Carers, Extra Care Housing, Day Opportunities and Mental Health for Working Age Adults Strategies.

The refresh is also underpinned by the Development Vision for Improving Services for Older People in Hampshire, Commissioning Outline 2013 - 18, which was coproduced with the Older People's Vision Development Group and the wider Older People's Reference Group.

A further 5 week engagement period aimed to check back that progress had been adequately captured and that stakeholders were happy with the proposed headline actions to be further progressed. This refreshed strategy includes the continuation of a Dementia Adviser Service for residents in Hampshire.

In the implementation of the service the views of people who used the service and family carers were captured using a survey process. The comments from people who use service and their families were overwhelming positive and all saw the need to continue the service.

### **Equality statement**

The Dementia Adviser Service specifically targets a relatively disadvantaged group, i.e. people with dementia, with a view to promoting social inclusion and addressing barriers to accessing services and support that could potentially meet the needs of this group. Impacts around age and disability should be particularly high and should be largely positive.

The following paragraphs highlight the protected characteristics where it is felt that the refreshed strategy could have a medium or high impact for people in these categories and proposes any actions required to mitigate against any negative impacts.

**Age (High Impact):**

**Specific issues:**

- The increasingly ageing population of the county as a whole, and in particular within the New Forest district, will put increasing pressure on health and social care services and budgets
- The rising number of older and vulnerable people living alone has an impact on access to care and support for these groups.
- Demographic changes will lead to a significant increase in the numbers of people with dementia in Hampshire who will require health and social care services
- The needs of younger people who develop dementia must also be taken into account when developing the Dementia Advisor Service

**Actions:**

- It is anticipated that implementation of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on managing increasing demand.
- It is recommended that further more detailed understanding of local need is developed at CCG level to support appropriate targeting of resources and efforts to tackle the impact associated with dementia for individuals and their family carers.
- It is recommended that the lessons from the evaluation of the service are addressed in the reprocurement of the service
- It is recommended that specific focus is given in local implementation plans to improving support for younger people with dementia

**Disability (High Impact):**

**Specific issues:**

- There are increasing numbers of people with a learning disability who are developing dementia and their particular needs will need consideration in implementation planning
- The number of people with long term conditions such as heart disease and diabetes is increasing.
- There is increasing evidence showing that the risk of developing dementia can be reduced by living a healthier life style. In essence, what is good for the heart, is good for the head
- The prevalence of a number of long term conditions is strongly related to deprivation. In response service promotion should include a focus on

neighbourhoods with the most concentrated deprivation: Leigh Park and Wecock Farm in Havant; Rowner and Town in Gosport; and pockets of localised deprivation in Aldershot, Andover, Basingstoke, and Blackfield and Holbury in New Forest.

- The service needs to focus on the diagnosis of disease and supporting self management and lifestyle changes
- People with mental health problems have significantly higher rates of mortality and morbidity from illnesses such as heart disease, stroke, diabetes, respiratory disease and infections. The service should increase opportunities for physical health checks for people with mental health problems
- A significant amount of mental health need in older people is unrecognised and untreated.

**Actions:**

- The delivery of the service as part of the implementation of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on managing demand and supporting those with a range of comorbidities
- It will be necessary to use other change agendas to support delivery, such as the Care at Home Project, Extracare Housing project, Integration project, etc to ensure referral to service comes from the widest of possible social backgrounds
- It is recommended that the service evaluation feeds into planning at CCG level to support priority setting and implementation planning at local level
- It is recommended that specific focus is given in local implementation plans to improving support for people with learning disabilities and dementia
- It is recommended that priority is given to promoting the message that the risk of developing dementia can be reduced by living a healthier lifestyle. What's good for the heart is good for the head.

**Race (Medium impact)**

**Specific issues**

Older people with mental health needs from black and minority ethnic communities face a number of potential barriers to effective assessment of their needs:

V. Seabrooke and A. Milne (2004) Culture and care in dementia: A study of the Asian community in north west Kent, London : Mental Health Foundation.

- There may be little awareness of older people's mental health issues within black and minority ethnic communities, for instance, Asian languages do not have an equivalent word for dementia. Symptoms may therefore be unrecognised or misunderstood.

- In some communities a lack of understanding and the stigma attached to mental illness may prevent families from seeking help. This may particularly be the case where the community culture places great emphasis on self reliance.
- Language barriers may prevent people from receiving information about what is available and how to access help. Even where printed information in minority languages is available, this may not help those older people who have a limited level of literacy in their own language.
- Unfamiliarity with social care services, which may not exist in minority cultures, may prevent people from requesting services or lead to misunderstandings about their role. Medical services, which are better understood, and free from stigma, are often considered more acceptable than social care services. Low uptake of social care services by older people from minority ethnic communities may lead to demand being overlooked or underestimated by commissioners. The delivery of the service by trusted voluntary organisations may increase uptake from these communities.
- The lack of a professional interpreting service may make it difficult for dementia advisors who do not speak the older person's preferred language to offer effective support. The use of friends or family members as interpreters may compromise confidentiality or influence the assessment. Older people affected by dementia, who were once able to speak English as a second language, may lose the skill as their memory deteriorates. Even with good language skills, cultural differences may result in meaning and nuance being lost.
- Standard diagnostic tests for dementia, or depression, may not be culturally appropriate and may lead to inaccurate diagnosis.
- Dementia Advisors may not be able to offer a sensitive and effective assessment because they are not sufficiently familiar with the lifestyles, health, religious and cultural needs of older people and their carers from minority ethnic communities.
- No suitable services may be available where the older person's language is spoken and their cultural, religious and dietary needs met.
- Conversely, Dementia Advisors may make assumptions about the lack of acceptability of mainstream services to older people and their families, and not offer them.

### **Actions**

There is a need to ensure that the service delivery plans take into account the information and support needs of black and minority ethnic communities.

### **Poverty (Medium Impact)**

See above re links with deprivation and illhealth.

### **Rurality (medium impact)**

There are many rural areas of Hampshire where access to services and support can be limited by factors such as availability of transport. In order to promote access, the Dementia Advisor Service is required to provide a range of drop in sites across the county and will visit people in their own homes if they are unable to access the service at drop in sites. It will provide appointments in an evening or at a weekend, where someone may be working and be unavailable during normal working hours.

### **Potential Mitigating Actions**

#### **Strategic**

- It is anticipated that the reprocurement of the Dementia Advisor service as part of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on improving access to services and support for older people with dementia
- The delivery of the service as part of the implementation of the OPMH strategy should help to address the issues highlighted above and should have a positive impact on managing demand and supporting those with a range of comorbidities
- it will be necessary to use other change agendas to support delivery, such as the Care at Home Project, Extracare Housing project, Integration project, etc to ensure referral to service comes from the widest of possible social backgrounds

#### **Tactical**

- It is recommended that priority is given to promoting the message that the risk of developing dementia can be reduced by living a healthier lifestyle. What's good for the heart is good for the head
- It is recommended that promotion of the service should include a focus on neighbourhoods with the most concentrated deprivation: Leigh Park and Wecock Farm in Havant; Rowner and Town in Gosport; pockets of localised deprivation in Aldershot, Andover, Basingstoke, and Blackfield and Holbury in New Forest. There needs to be a focus on the diagnosis of dementia and supporting self management and lifestyle changes

#### **Operational**

- It is recommended that service evaluation feeds into planning at CCG level to support priority setting and implementation planning at local level
- It is recommended that specific focus is given in local implementation plans to improving support for people with learning disabilities and dementia

- It is recommended that specific focus is given in local implementation plans to improving support for younger people with dementia
- There is a need to ensure that the delivery plans of the service take into account the information and support needs of black and minority ethnic communities

**Impact on Crime and Disorder:**

No impact identified

**Climate Change:**

Hampshire County covers a large geographical area. The Dementia Advisor Service provides a number of drop in sites around the county to minimise the need for Dementia Advisors to make car journey's to every individual service user's home. However, to promote access to the service, they do visit people in their own homes if they are not able to travel to the drop in sites.